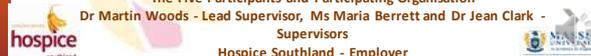


Research Question:
What are the perceptions of SPC nurses on the legalisation of euthanasia/physician assisted suicide in NZ?

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Overview

- *Specialist Palliative Care Nurses*
- *Methodology*
- *Maryan Street's Proposed Draft Bill*
- *Results*
- *Implications and Recommendations*
- *Conclusion*



Specialist Palliative Care Nurses

- *Experts in the care of the dying*
- *Postgraduate studies specific to end-of-life care*
- *Multidisciplinary Team*
- *Provide care to those with complex end-of-life needs*
- *Given their expertise they are in a key position warranting exploration and understanding*



Methodology: A Qualitative Approach

- *Ethical considerations: Euthanasia is emotionally laden and controversial – Massey University Human Ethics Committee approval obtained*
- *Participants: Purposeful sampling, five SPC nurses with 5+ years experience and post graduate qualification*
- *Data collection: Semi-structured interviews, open ended questions*
- *Data analysis: Inductive Thematic Analysis – highlights patterns and ensures valid research (Braun & Clarke, 2006)*



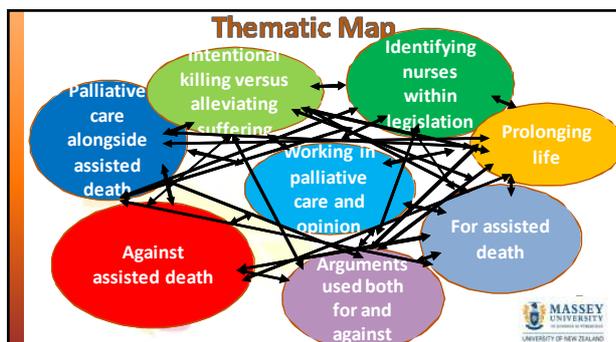
Maryan Street's Draft End-of-Life Choice Bill

- ✓ *Offer medically assisted death to mentally competent individuals 18 years and over suffering from a terminal illness and likely to die within 12 months*
- ✓ *Or from an irreversible physical or mental condition believed to be unbearable - administration of medication orally, injection, or nasogastric tube*
- ✓ *End-of-life directive - Refreshed every 5 years*



Characteristics of Participants

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5
Age	50-55yrs	40-45yrs	46-50yrs	50-55yrs	46-50yrs
Gender	Female	Female	Female	Female	Female
Ethnicity (self identified)	NZ European	NZ European	New Zealander	NZ European	NZ European
Spiritual/religious association	Christian	No belief	Belief in spiritual world	Atheist	Spiritual
Post grad Education in PC	PG Dip	Masters Degree	PG Dip	Masters Degree	Masters Degree
Pall Care Experience	10-15yrs	15-20yrs	15-20yrs	15-20yrs	20+yrs



Working in Palliative Care and Opinion of Assisted Death

I suppose yes, I have been able to see how good death can be... because of how we manage it... (Participant 2)

I would not be as anti the bill...than when I first started my nursing career in palliative care (Participant 4)



Identifying Nurses within Potential Legislation

- *If I was a nurse practitioner...would that fall back on me (Participant 4).*
- *It doesn't mention them...I am not sure how they perceive this would be carried out without some nursing input... (Participant 5).*
- *I got the impression that the delegation could be a nurse...That is actually very unclear...(Participant 2).*



Palliative Care alongside Assisted Death

Should Sit Alongside

- *It should walk alongside so that all suffering has been explored and dealt with. (Participant 3)*

Shouldn't Sit Alongside

- *I think that the pro choice advocates, have got themselves exceedingly muddled ...they are very different. (Participant 5)*



Prolonging life

- *We've seen people live longer, suffer more, because of treatment...(Participant 4).*
- *If the person decides and has as advanced directive... We are allowed to take away anything that is an artificial means of keeping someone alive (Participant 1).*



Intentional Killing versus Alleviating Suffering

- *The intention of what we are doing is not to kill but to give relief (Participant 1).*
- *The intent is not to end their life, it is to reduce suffering and allow a natural process (Participant 3).*



Against Assisted Death:

Palliative Care Nursing Philosophy Doesn't Support Assisted Death

- *It goes against why nurses become nurses (Participant 4).*
- *The aim is always that people don't feel so desperate that they want to die (Participant 2).*
- *I would not feel comfortable assisting somebody...It's totally outside our philosophy (Participant 3).*

Belief in Palliative Care and Palliative Care Nursing

- *...Somebody choosing to end their life suggests that they are not possibly getting maximal palliative care... (Participant 2).*
- *We had a man come in wanting euthanasia, he died a peaceful natural death, his family were with him, it was actually lovely (Participant 1)*
- *We are much better at managing symptoms now... (Participant 5).*

"Being a Burden" not Acceptable Reason for Assisted Death

- *That could make people think they should get euthanasia, they think they are going to be a burden...(Participant 1).*
- *We need to be promoting a society that cares for each other...(Participant 5).*

Respect for Life and Death

- *Dying should be natural...we all have to die...death is just part of life (Participant 1).*
- *We will just go for the easy option because it is actually quicker and cheaper (Participant 5).*
- *Don't have a bill like this...It would be more important to invest in palliative care (Participant 1).*

Concern at a Medically Assisted Death

- *...They don't actually give or consider the person who is ending the life...at the other end of the syringe or prescription is a person...(Participant 2).*

A NEWLY IDENTIFIED ARGUMENT FROM NURSES IN
OPPOSITION TO ASSISTED DEATH

Difficulties Predicting Prognosis and Assessing Competence

- *It's not as straight forward as just putting a time frame on it (Participant 2).*
- *At what stage does cognitive impairment versus competence play in such decision-making (Participant 5).*



The Uncertainty of End-of-Life Directives

- *When they have got Alzheimer's they don't know. How do you know they are even suffering? We are suffering, but are they?...Anybody that is mentally unable to make that decision, they should not be allowed, they can't be (Participant 4).*

NEWLY IDENTIFIED ARGUMENT



Varied Public Understanding

- *...Even John Key with his wonderful exclamation, "Oh well, they do it anyway" (Participant 5).*
- *I was astounded that it made it to the front page...There is a lot of misconception...if they were just given the opportunity to hear all sides (Participant 5).*
- *If you communicate well, will people even want this (Participant 4).*

NEWLY IDENTIFIED ARGUMENT



Concern at Effect on Families and Youth

- *It is left up to the children to make that decision...I don't think that we have done any sort of research on how that is for those children (Participant 5).*
- *At 18 what do you know...how many commit suicide from 18 to 25 (Participant 4).*



Concern at Preventing Coercion and Abuse

- *....Patients may feel coerced by a family member, even if family are not there (Participant 2).*
- *Its people's acceptance of what's right and what's not right, for example, abortion, over the years it has become much more accepted, and it is probably done in circumstances that are the easier choice, rather than as a good reason (Participant 2).*
- *What a saving for our health system...(Participant 4).*



Support For Assisted Death



Legalisation offers Protection

- *But to have some framework rather than it go under the table...that might be something that is required (Participant 3).*
- *There are double checks to make sure that you are feeling comfortable (Participant 3).*



Arguments used Both For and Against



Choice

Autonomy:

- *I'm for choice, I'm supporting the choice (Participant 3).*
- *There are circumstances...I would swing more...that person has a right to make that choice (Participant 4)*

Collective Decision Making:

- *It's not based on collective decision making which for some population groups is more important than autonomous decision making. (Participant 5).*



Suffering

- *There are times you think, this suffering that I am seeing is huge, what would I be thinking if I was suffering like that (Participant 4).*
- *It's more the suffering of the person that is watching... (Participant 3).*
- *If the person who is dying wants to have this...I don't have a problem, as long as we have tried (Participant 3)*



Quality-of-Life

For

- *I think my quality would be that I could still engage... (Participant 4).*

Against

- *It will end up abusing peoples rights...people struggle with somebody that is disabled, mental disability, intellectual. What happens then? That is another area where we will say, that quality of life is not what we would want...(Participant 4).*



Implications

➤ *Not fully considered by participants*

"Its been helpful for me as to where I actually sit in all this, at the beginning when I said that I went through and thought yeah, there are some really good points in this...but the more you talk about it...actually, I'm not sitting on the fence in that sense" (Participant 4).

- *Ethical disquiet captured within research*
- *A law change needs to protect the role nurses may be required to play*
- *Do nurses want this?*



