
Professional Integrity and Assisted Suicide: A Nursing View

by Anne Young

Nurses have a special relationship with patients because of their knowledge of the patient's status and the time spent with patients and their families. The ANA has affirmed that nursing's primary obligation is to the patient, but nursing must balance this allegiance with professional obligations to the institution and physicians as well. This essay explores the nature of professional integrity in nursing and the role of professional integrity in decisions to participate in assisted dying.

Assisted suicide is an issue that challenges the traditional thinking of health care professionals. The debate is complex and answers are not easily found. Does helping a terminally-ill patient die well include assisting his or her suicide, if that is the patient's request? Issues I will address surrounding this debate are (1) the nature of professional integrity in nursing, and (2) the role of professional integrity in decisions to participate in assisted dying.

Integrity is a moral characteristic assumed to be inherent in professional practice. Persons with integrity are upright, honest and able to act on their convictions. Mitchell (1987) suggests that moral integrity incorporates five aspects: truthfulness, fairness, pureness, fittingness and wholeness. Truthfulness encompasses honesty to others and oneself. Fairness requires that individuals treat others with impartiality and without bias. Pureness speaks to consistency and incorruptibility of behavior. Fittingness refers to coherency of convictions and commitments. Wholeness is a solidarity of self or group and a completeness in which no essential components are missing.

Integrity reflects the character of individuals as well as professional groups. In order to practice with integrity, professionals must act on convictions that are based on truthful, impartial consideration. Actions should be consistent and based on a coherency of beliefs that represent an integrated whole. Through such consideration and action, the integrity of both individual and collective consciences can be expressed.

Integrity is an essential ethical standard for professional practice. Jennings, Callahan and Wolf (1987) indicate that "patients rely on the ethical integrity of professional practitioners—on their dedication to scrupulous standards of conduct and to basic ethical principles and virtues, such as respect

for the rights of others, justice, and beneficence" (3). Therefore, when considering assisted dying, it is important to weigh the impact of personal and professional integrity.

Because of the nature of nursing, integrity in practice requires a delicate balance. To understand the complexities inherent in professional integrity for nursing, the role of nursing needs to be explored.

Henderson (1961) offers a conception of nursing that seems fitting for our discussion of assisted dying. She suggests that it is the responsibility of nurses "to assist the individual (sick or well) in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge. It is likewise the unique contribution of nursing to help the individual to be independent of such assistance as soon as possible" (42). Henderson's definition exemplifies the commitment of nursing to patients and their well-being. The American Nurses Association (ANA) *Code for Nurses* (1985) extends nursing's commitment and suggests that there is an implicit contract between society and the nursing profession that emphasizes respect for human dignity and enhancement of client responsibility and self-determination to the greatest extent possible.

So what do these writings tell us about the nursing profession? Foremost is that nursing is directly related to human concerns, though this facet is not unique to nursing. However, the manner in which nurses interact with patients and their families dif-

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fer. Nurses have continuing relationships with patients that extend around the clock. They see patients and their families more consistently and for greater periods of time than any other health care provider. Patients or families may share information or concerns with nurses that they do not mention to other health care providers. Consequently, nurses often have more detailed knowledge regarding patient preferences and family concerns. As such, nurses possess valuable perspectives about patient care and are in a position to facilitate decision making.

Nurses are responsible and accountable for their actions, not simply to someone in an hierarchy, but to themselves as well. The time when "good nurses" simply followed physicians' orders no longer exists. According to the ANA *Code for Nurses*, nurses ought to assume responsibility and accountability for individual nursing judgments and actions (ANA, 1985). As such, nurses are moral agents who are responsible for making decisions after considering the potential consequences of those decisions. Once again, accountability alone does not differentiate nursing from other health care professionals. However, nurses have a unique set of circumstances in which their accountability and obligations are enacted.

Although nurses have rights inherent in their professional role, they also encounter conflicting obligations to patients, institutions, physicians and themselves. For example, a nurse caring for a terminally-ill patient who has physician orders for a full code in the event of cardiac arrest, may experience a conflict if she believes that such treatment is futile and would fail to benefit the patient. In the event of a cardiac arrest, the nurse would be expected by the physician and institution to initiate a code even though the inevitable outcome will be the patient's death. By fulfilling her obligation to the physician and institution, the nurse negates obligations to herself and her patient by failing to practice in a manner she believes promotes the patient's welfare.

Jameton (1977) recognizes this situation when he describes "the nurse in the middle" phenomenon when nurses have the responsibility for care but sometimes lack the power to influence decisions governing the care process. Yet, in spite of potential conflicts, nurses are expected to support the rights of patients, promote patient welfare and alleviate suffering (ANA, 1985).

Nurses play a special role in symptom management for patients. While the focus of physicians tends to be curative, nursing tends to focus on caring with the goal of promoting the overall well-being of patients. Nurses are committed to improving

patients' quality of life. Because of continuing close relationships with patients, nurses can readily identify factors causing patients distress such as poorly relieved pain, fatigue, exhaustion, nausea, vomiting, shortness of breath, sleeplessness, loss of strength, incontinence, anxiety, grief or despair. Because of their focus on symptom management and promotion of patient well-being, nurses have a detailed understanding regarding the patient's status and the quality of life experienced.

To summarize, a professional nursing identity focuses on human concerns and is caring in nature. Because of the time spent with patients, nurses are able to gather detailed information regarding a patient's status and learn about patient and family concerns of which others may be unaware. Nursing care occurs within a setting where there are many

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competing demands for the nurse's allegiance. Although nurses believe their primary obligation is to patients, physicians and the institution also have expectations regarding nursing activities. To practice with integrity, nurses must examine competing demands carefully and make decisions that are congruent with their personal moral beliefs and within professional guidelines.

How does professional integrity influence a decision to participate in assisted suicide? Both sides of the assisted suicide argument are persuasive. How can health care providers best support patient autonomy and well-being, permitting patients to make judgments about their quality of life, while at the same time protecting vulnerable individuals from having their lives terminated prematurely, possibly against their wishes? Determining what constitutes compassionate and ethical behavior is difficult at best. Decisions become even more complex when policies that would protect the rights of vulnerable populations are considered.

Professional integrity demands that nurses support patient self-determination—maintaining a sensitivity to patients' perceptions of their personal situations, goals, quality of life and the meaning that life holds for them. Through respect for the autonomy of patients, human dignity is affirmed. When working with terminally-ill patients, Bandman and Bandman (1985) suggest that "helping an individual die well is to support that person's sense

of self-respect, dignity and choice until the last moment of life" (261). Therefore, nurses must treat patient concerns and requests seriously.

To function with integrity, nurses must treat patients compassionately and alleviate suffering (ANA, 1985). So by virtue of their obligation to patients, nurses have a responsibility to relieve the pain and suffering of dying patients. Indeed, symptom management has been established as an important role of nurses.

However, difficulty arises when patients have severe, unremitting symptoms, either physical or psychological. Withdrawal of treatment may bring about death but fail to alleviate suffering associated with dying (Battin, 1991). At this point, efforts to maintain life for as long as possible do not necessarily benefit patients or affirm their dignity as human beings. Therefore, in circumstances where all possible comfort measures have been made available to patients, but life remains burdensome and of poor quality, then assisted suicide may be an option (Wanzer *et al.*, 1989; Brock, 1992).

Can nurses ethically assist in a suicide for a competent, terminally-ill patient and maintain their professional integrity? The answer is yes, in very

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selected circumstances when there is absolutely no other acceptable choice for the patient. The patient's request must be fully voluntary and informed (Quill, Cassel and Meier, 1992). Additionally, care providers need to be protected by new policies that remove legal constraints against assisted dying in specific circumstances.

Should nurses be required to participate in a patient's suicide if such an act contradicts their moral beliefs? The answer to this question is no. Health care providers should not be required to violate their personal integrity through the performance of an act they consider morally objectionable. To function with integrity, nurses must act consistent with personal convictions. Therefore, the personal beliefs of health care providers must be honored. Nurses and other health care providers are worthy of respect. To ignore their beliefs would be equivalent to treating them as a means to the end of others. How-

ever, professional integrity would not permit a nurse to simply abandon a patient under these circumstances. Arrangements must be made to provide continuity of patient care.

If efforts are made to provide symptom control and palliative care, then assisted suicide should rarely be a necessary option (Wanzer *et al.*, 1989). Professional integrity demands that methods to improve quality at the end of life be pursued aggressively. Practitioners must recognize that suffering in terminally-ill patients has many sources. Accomplishing this goal requires education of practitioners and the public alike. Symptom management needs to be a major focus of research. Current methods for symptom management must be available to all who are experiencing terminal illness. Finally, and most importantly, patients must never be abandoned and left feeling that their only option is suicide.

However, when aggressive measures to maintain an adequate quality of life for terminally-ill patients are unsuccessful, we must examine compassionate alternatives that extend even to assisting a patient to end his or her life.

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This paper was adapted from remarks presented in May 1993 at "Assisted Suicide: Professional Integrity, Religious Fidelity, and Public Policy," a conference sponsored by the Institute of Religion at Texas Medical Center, Houston, Texas.