It Is the Position of ONS That

- A terminal illness can cause intense physical symptoms as well as fear of unrelieved symptoms. Individuals may experience depression and hopelessness and fear the loss of control over themselves and their environment. A potential “loss of self” requires that the dying are cared for by compassionate, sensitive, and knowledgeable professionals who will attempt to identify, understand, and meet individual needs.

- Physical suffering may not always be alleviated, and only a dying individual can judge what is a tolerable or acceptable level of personal suffering. Nevertheless, nursing is charged with supporting the ethical mandates of the profession while simultaneously seeking to understand the meaning behind the request for hastening death.

- A request for hastening death prompts a frank discussion of the rationale for the request, a thorough and nonjudgmental multidisciplinary assessment of the patient’s unmet needs, and prompt and intensive intervention for previously unrecognized or unmet needs.

- Nurses refrain from using judgmental language in the presence of patients, family members, significant others, and professional colleagues when hastened death is requested.

- Nurses have the right, on moral and ethical grounds, to refuse to be involved in the care of patients who choose hastened death as a course of action, even in jurisdictions where patients are allowed to hasten their own deaths by taking legally prescribed medication. When a request for hastened death is made,
nurses listen compassionately, resist the inclination to abandon (i.e., withdraw physically or emotionally from patients), and explain that they are unable to provide assistance. This does not constitute abandonment. In those circumstances, however, care must continue until alternative sources of care are available to patients. Those who choose to continue care may remain with patients if patients and nurses are comfortable with the arrangement (Oregon Nurses Association, 2001).

References

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