

# Euthanasia: an emerging argument



**ASSIGN  
BUSTER**

## **Introduction**

Euthanasia is an emerging argument seen all over the world. In this argument includes the role of the nurse and the four ethics the nurse is to abide by, justice, beneficence, autonomy and non-maleficence. This paper will explore how these four ethics can play a part in how the nurse may feel about the idea of euthanasia, and how these four ethics can play a part in the deciding factor of whether euthanasia of humans is something that should be carried out or not, regardless of person's physical health. It will examine which ethical principles is the argument for or against euthanasia, is the involvement of the nurse ethically justified, and if so, can it be considered good nursing care?

The practice of nursing has long had a high regard for, and treasuring, of life. If it is the job of the nurses to save and protect lives, then how can the consideration of euthanasia fit into nursing practice? Many consider helping a person to find peace and to gain some control over their death as a means of treasuring life. It provides the person with the chance to die in a dignified manner, and to not suffer. The nurse infarcts four moral codes into everyday practice; respect for autonomy, non maleficence, beneficence and justice. These moral codes are brought into light exponentially when the request for euthanasia has been made by a patient and the nurse must find a way to not only adhere to the ethics of practice, and advocate for the patient, but to be in tune with their own ethical thoughts and feelings.

In regards to respect for autonomy, euthanasia can be argued as a good practice. It can be justified from the basis of respect for the individuals'

autonomy (Quaghebeur, Dierckx de Casterle & Gastmans, 2009). Providing care for the patient and respecting their autonomy means respecting the request of euthanasia from the patient, though it may not correlate with the nurse's personal feelings of euthanasia, or their ability (physical or mental) to carry out the requested task (Quaghebeur, et al 2009) Professional integrity of nurses can be used to support euthanasia from the standpoint of autonomy as well. It is this integrity that is responsible for fellow humans, therefore having respect for their autonomy. In congruence with this responsibility for fellow humans, euthanasia is now compatible with the integrity of nursing. The nurse with this professional integrity respects the patient autonomy, therefore providing compassionate care and promoting optimal well being of the patient. As a result of this care, euthanasia is now in accordance to the idea of the nursing profession, as human dignity is protected, patient interest is promoted, and the patient is being cared for (White, 1999)

In accordance to the moral point of justice, in order to protect the patients interests, euthanasia can be seen as good care for the patient, ethically justified as a form of a good death. It could be argued that it would be not only unjust, but cruel to refuse the request of euthanasia (Quaghebeur, et al 2009).

The ethical principle of non-maleficence means to do no harm (Potter and Perry, 2010). However, nurses harm their patients everyday simply by administering treatments such as chemotherapy for a patient with cancer. These treatments are seen as acceptable however, because the benefit is greater than the initial harm (McCabe, 2007). The Hippocratic oath, an oath

<https://assignbuster.com/euthanasia-an-emerging-argument/>

that is traditionally upheld by all nurses and medical professionals, has proscribed the event of abortion and surgery. Despite the true definition of this oath to do no harm, these practices are allowed because they serve the ability to promote patient well being. Along the same instance of promoting patient well being, a patient may need the nurse to assist them to die when prolonging life is indeed harming the patient. In this situation, death would be a benefit (White, 1999)

This brings around the idea of beneficence, the nurse is the patient advocate who must do good, promulgate the best interest of others (Quaghebeur et al 2009). The nurse is very often the first to receive the request of euthanasia from the patient due to the closeness and depth of involvement the nurse has in a person's life. In a study of American nurses, the reasons claimed for having even participated in euthanasia was a feeling of responsibility for their patients welfare, and a way to help relieve the patient of their pain and suffering (De Bal, Gastmas, Dierckx de Casterle, 2008). Indeed, ending pain and suffering can be seen as doing no harm, but bringing about peace and comfort. For instance, the right thing for a nurse to do when confronted by the pain of a patient is to alleviate that pain, because healing is what the activity of nursing is directed at, easing the suffering and restore the sense of well-being to a patient. This is to act morally well, because this act assuaged the pain of the patient. (McCabe, 2007) Nurses are committed to not only preventing and minimizing the effects of disease and promoting health, but to relieve pain and suffering that can be brought about by these maladies (White, 1999)

Several criticisms can be seen going against the idea of euthanasia being a morally good practice because it is based upon respect for the patient's autonomy (Quahgebeur et al 2009). It is argued that the nurse who is obliging to advocate for the patient wishing for euthanasia, while respecting the patients autonomy, is not respecting their own autonomy. Respecting a patients autonomy in regards to life, or the lack thereof, is undermining the importance of social community, as dying as a social practice, much as life is a social practice (Quaghebeur et al, 2009) Euthanasia is argued to in fact not administer justice to the autonomy of a patient (Quaghbeur et al 2009). If a patient does indeed receive euthanasia, though it may be respecting their autonomy by carrying out the request, once the patient has passed on, they are no longer able to enjoy that autonomy (Quaghebeur et al 2009).

In the literature of nursing ethics, the principle of non-maleficence outright rejects euthanasia, due to the irreversible damage made to the patient's life, it is seen as too drastic of an intervention to be even used (Quaghebeur et al 2009). According to the principle of non-maleficence, euthanasia is not considered good ethical nursing practice owing to the sanctity of human life Human life is deserving of respect, despite a growing population and people now living longer than before due to the advances of technology. Each human life is of both equal dignity and sacrosanct(Quaghebeur et al 2009). The American Nurses Association holds the position on this issue that assisting an individual to die is not compatible with the nurse's role in society. Non-maleficence means to do no harm and this is the pledge nurses make to society. By assisting the patient in suicide, the trust between the nurse and the patient is destroyed. (ANA 2001)

Doing good for the patient doesn't always mean ending their life when they have stated they want to die, as there is a difference between stating the desire to die as opposed to actually having the desire to be killed (Quaghebeur et al 2009). If the nurse wants to do good by the way of the patient, then quality and dignity of life must be examined. A patient's interests are never served by fulfilling the request of death, even if the patient believes otherwise. Is it possible to actually judge how worthwhile someone's life actually is, that there is a life that is not worth being lived? (Quaghebeur et al 2009). Ethics of desire may outshine the ethics of reason, and with that, a threat of moral relativism disseminating a patient's interest determines good ethical nursing practice (McCabe 2007).

In a case where preservation of life can no longer be attained, then the nurse will continue to heal through practice of ensuring physical and emotional comfort, support of the patient and their loved ones, assisting the patient to a place of security, comfort and peace (McCabe, 2007). Society places a great deal of trust upon the nursing profession and by engaging in measures to end a patient's life, this professional integrity contravenes and undermines this trust that has been placed upon them. (McCabe, 2007)

A nurse as an individual will need to clarify their own values, as the implications of euthanasia are enormous. As a nurse, a definitive decision on their position in regards to this issue must be made. All aspects of the issue must be looked at, fully understood, and only then a decision on position should be made. A nurse needs to respect not only a patient's autonomy, but their own as well, and need to remain true to their own values as well.

Many different controversial issues will be confronted during the career of a nurse, including assisted suicide. The nurse needs to be not only educated on the implications of such actions, but educated in their own opinions, with the ability to think critically about these controversial issues. A nurse will need to be involved in their politics to maintain their emotional integrity when confronted with a situation that may or may not be ethical to them. Within time, there is a greater chance of more and more states passing laws allowing human euthanasia to occur, as well as against, and the the ability to apply the oath to do no harm will be examined again and again.

This writer believes that the act of euthanasia in nursing is a subject that needs to be considered very deeply. If the values of nursing ethics include autonomy, beneficence, justice, and non-maleficence, then the concept of euthanasia, in a positive way, reflects all four ethics. A patient who is hurting, and a nurse who continues to prolong a life that is physically demoralizing and painful (indeed causing the patient harm, when a nurse is to do no harm), has a duty to that patient to ease the pain and suffering to the furthest extent possible to the request of the patient.

Though it may seem irrelevant to the care of the patient, this writer has always had a firm belief of euthanasia. If a person puts their pet to sleep because the pet is no longer able to live a good quality of life, the owner does right by the pet by euthanizing it, though the pet cannot say in so many words that it is suffering and wants this to be over. A human being has the ability to express what his or her feelings on continuing their life, regardless of the quality, is. To deny a person who is fully capable of making their own decisions, the ability to end a life that will be soon be over and is wrought

with pain and suffering, is wrong. To not allow the patient peace and comfort, and relief from pain that a nurse is supposed to give, impedes on the top ethic of medical practice, do no harm. Indeed by not complying with the patients wish of the pain to end, the nurse is doing harm, mentally and physically, and not just with the patient, but with the patients family as well.

Though this writer will have to continue to educate herself on the practices that may or may not involve human euthanasia, it is the belief that this is a subject that will be brought up again and again, especially in the critical care settings, where pain, death and dying is at its greatest.

## Conclusion

While there many arguments for and against assisted suicide, the answer to the question of whether it is right or wrong remains ambiguous. One reason for the lack of clear cut answers is that assisted suicide is an ethical issue which is dependent on a person's values, morals, religion, and experiences. In general, the topic of end-of-life decision making is very sensitive and evokes strong emotions and opinions. Instead of debating the issues involved with assisted suicide, this paper merely describes pertinent arguments that have been presented by both sides.

There are many nursing implications that are associated with assisted suicide. Among these is the importance for nurses to be aware of their own beliefs about end-of-life care. Self-awareness will prepare nurses for obstacles they will face when dealing with death. Another implication is that nurses need to be cognizant of politics and legal authority. Becoming active



in political processes, nurses can work to ensure that they will not be forced into doing procedures that come in direct conflict with their beliefs.

In final conclusion, the code of ethics a nurse is to oblige by can come across as a very gray area. There does not seem to be any cut and dry reasoning behind whether the practice of euthanasia is good or bad, or something that a nurse should or should not participate in. The ethics can be construed to fit any need necessary, whether it is in favor of the act of euthanasia, which can be argued that by ending a life one is removing the pain. Or it can be argued that by administration of such lethal drugs to carry out the act, one is indeed harming by bringing about death.