“Beware the implications for nurses of assisted dying law”

Public and professional reaction to the recent report from the Commission on Assisted Dying has been predictably emotive. Whatever your opinion of the findings, the authors are to be commended for the thoroughness with which they addressed the issues, and the humanity that comes through their arguments for revised legislation.

Unfortunately, this can lull the unwary into acceptance of what seems on paper to be perfectly reasonable – namely to allow terminally ill people of sound mind the option of active help to commit suicide.

The report is clear that the primary responsibility for consulting, drug prescription, assistance at the bedside and follow-up support lies with doctors. There is a naivety here that fails to acknowledge nurses’ role in supporting patients and families, and whether they are required to be present when the intervention takes place.

The authors expect that, should legislation be forthcoming, most assisted suicide will be in the home, which puts district and community palliative care nurses at the forefront of this proposal.

A colleague and I recently taught a mixed group of health professionals and gave them a questionnaire that presumed that such legislation was in place. We asked about the place of the suicide, who would attend, the licensing and inspection of premises other than the home, conflict with codes of conduct, clinical protocols and procedures, education and whether they would consider taking part.

Few had even considered that assisted suicide might take place outside the home, and many felt some other health professional should be there as a safeguard.

No one wanted to be part of it, while acknowledging that no conscience clause exists. No one had thought about the need for procedures and protocols and fears were voiced about the legal ramifications.

The session was a success because the participants had been confronted with a potential future reality, which none had considered.

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Reference