The profession should oppose calls to legalise assisted suicide

As nurses are now specifically mentioned in new policy on assisted suicide, they must consider their ethical obligation to patients in this debate, says Frances Trowell

New policy on the prosecution in cases of assisted suicide, which is outlined in more detail in the Guidance in Brief article on page 12, specifically mentions nurses.

Assisted suicide is against the law in the UK and has been since the Suicide Act 1961. The new policy, launched earlier this year, provides guidance on whether a prosecution should take place, based on a number of “public interest factors” (Director of Public Prosecutions, 2010). These factors were drawn up after nearly 5,000 responses from a public consultation launched last September were taken into account.

The policy focuses on the motivation of the suspect (the person who encourages or assists another’s suicide or attempt) rather than the characteristics of the victim (the person who commits or attempts to commit suicide).

This policy specifically mentions nurses in the section covering the public interest factors tending in favour of prosecution. It states: “A prosecution is more likely to be required if… the suspect was acting in his or her capacity as a medical doctor, nurse or other health-care professional, a professional carer (whether for payment or not), or as a person in authority, such as a prison officer, and the victim was in his or her care.”

This is an important issue for frontline nurses caring for people with long term and terminal conditions. A distinction is made between the ending of a life by a professional rather than by a family member, even on compassionate grounds.

Nurses may find themselves being asked about methods of suicide and even for assistance in carrying the act out. Nurses need to understand that the above clause in the DPP (2010) policy is a clear indication that their primary role is to protect the people they care for; the NMC (2008) states that “nurses must act in patients’ best interests”.

I would argue nurses should strongly resist moves to legalise assisted suicide until all people with long term and terminal conditions have care that is properly funded and expertly delivered, and all healthcare professionals are able to practise good quality end of life care. We live in an ageing society with increasingly limited resources; in such a society, assisted suicide could become a viable economic choice.

The Royal College of Nursing’s (2009) decision to adopt a neutral stance – neither supporting nor opposing a change in the law regarding assisted suicide – may increase the dilemmas nurses face when coping with the ethical difficulties of this subject. This position was made after a three month consultation involving 1,200 members, which represents a small proportion of the total membership.

The subject requires vigorous, ethical analysis and I do not believe the nursing profession has properly researched how the legalisation of assisted suicide would affect nurses’ professional role. Until this is achieved, I do not see how the profession can effectively take part in a debate that is, by nature, emotive and difficult.

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REFERENCES