Responding to a request to hasten death

By Erin Dean

Essential facts
Intense media interest and a number of high-profile court cases have kept the assisted suicide debate in the public eye.

Nurses and care support workers are often the members of staff that patients feel comfortable to talk to about a desire to actively hasten death.

Assisted suicide is a divisive issue, so it can be difficult for nurses to know how to respond professionally and compassionately to such a request, as well as continuing to support patients in their care.

The RCN has published new guidance to help nurses respond to requests about assisted suicide.

Support for nurses
Updating guidance from five years ago, the document reinforces the fact that assisting a suicide is illegal but also provides advice on dealing with difficult conversations and delivering good quality end of life care.

It has been revised to reflect changes to organisations and sources of support for nurses, and changes to palliative care such as the phasing out of the Liverpool Care Pathway. It clearly sets out the laws in all four UK countries.

According to the guidance, assisted suicide is when someone is given the means and assistance (for example using drugs or equipment) to take their own life.

The RCN has a neutral position on the issue. It says there is a clear distinction between therapeutic decisions taken as part of palliative and end of life care, and actively taking actions to end life which is a feature of assisted suicide or euthanasia (defined in the guidance as ‘the taking of direct action by a doctor to end a patient’s life’), both of which are unlawful.

Difficult conversations
Nurses should feel confident that asking a patient who discusses a wish to die about these comments is not assisting or encouraging them to take their own life.

Such conversations might be the only time a patient discusses their worries and it is an essential part of nursing practice to recognise and explore concerns.

Recent calls for changes in law to allow physician-assisted suicide have so far been rejected by UK parliaments.

Implications for nurses
Conducting difficult conversations is central to the provision of high-quality palliative and end of life care. Take time to explore the background to the request because understanding the thoughts behind it allows you to formulate a professional response and an appropriate plan of action.

Do not abandon, judge or chastise a patient for voicing their feelings. Ask questions that draw out emotional or practical concerns, and encourage the patient to have a voice in their future care.

Be gentle but direct in reflecting back what you have heard, and clarify what is being asked.

Amanda Cheesley
RCN professional lead for long-term conditions and end of life care

‘It is vital that nurses know their legal position and feel able to have difficult conversations about end of life care. It can be challenging for nurses, but if they do not have these discussions with patients then they cannot find out what is really concerning them. This is even more important if someone is asking for help to end their life. Patients are often bewildered and afraid and one of the most difficult things for nurses is that they cannot guarantee that someone’s death will be completely comfortable and without pain. But a nurse can reassure them and the people important to them that they will do everything they can to ensure the best quality of life and the best death possible.

The experience of patients and families can be improved if people discuss their wishes in advance in terms of what care and treatment they would prefer towards the end of their life.’