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Undergraduate Nursing Students Attitudes Toward Physician Assisted Suicide

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**UNDERGRADUATE NURSING STUDENTS' ATTITUDES
TOWARD PHYSICIAN ASSISTED SUICIDE**

Honors Thesis

**Presented in Partial Fulfillment of the Requirements
for the Degree of Bachelor of Science in Nursing**

In the Maguire Meservey
College of Health and Human Services
at Salem State University

By

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Abstract

Physician assisted suicide consists of a doctor providing a patient with the lethal means of a medication (usually the barbituate secobarbital) to administer themselves at their own will. Euthanasia is a slightly different form of physician assisted suicide, where the doctor takes an active role and administers the lethal dose of a medication (usually secobarbital) to the patient. As expected, this practice abounds with controversy. This research sought to study baccalaureate student nurses' opinions on physician assisted suicide.

This research sought to understand if nursing students feel physician assisted suicide is ethical amongst certain situations, and whether or not they believe if it should be legalized in the United States. Using student nurses as the participants in this study seemed best because they most likely have, or will have, treated a critically or terminally ill patient. Nurses work the closest with these specific patients, and therefore their opinions on whether or not physician assisted suicide should be an option is extremely valuable. Survey methodology was used to conduct this research. The survey contained a few demographic questions and two scenarios for the students to state whether they agreed or not, and a space for their thoughts on the matter. Mostly all of the students, by the end of the survey, made it clear that they believe physician assisted suicide can and should be used within certain ethical situations.

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Introduction

The topic of physician assisted suicide is a very controversial one amongst people. Opinions on this subject are very widespread, and conversations this researcher had with others reveals that attitudes tend to be polarized towards it. There are many reasons why people have the beliefs that they do when it comes to physician assisted suicide (religion, culture, ethnic background, etc.). “The highly publicized debate over physician-assisted suicide (PAS) has challenged both the public and healthcare providers to evaluate their beliefs and values about death and dying” (Kowalski, 1997). Much argument exists related to the ethics of the subject impacting decisions on whether it should or should not be legal. The problem, however, is “death with dignity” among dying and terminally ill patients remains a challenge.

The ability to choose suicide can be valuable to some patients, and it can be argued that they deserve that option. Having the option of physician assisted death may even lower the suicide rates. “More than 300 terminally ill people in England a year could be taking their own lives because there is no possibility of assisted suicide” (Bingham, 2014). Physician assisted suicide needs further research, and the option needs to be given to certain patients. The purpose of this research was to gain insight regarding student nurse beliefs about physician-assisted suicide. Additionally, this work aimed to bring about more knowledge to others on this topic and help them shape their own opinions on the matter.

Methods

This mixed-methods research used survey methodology to collect data. The researcher-designed survey was sent out to all of the undergraduate nursing students at a public university in

northeastern United States. Sixty-two nursing students responded. The questions consisted of a few demographic questions, as well as simple questions regarding physician assisted suicide, and two scenarios requiring participants to answer whether or not they agree with physician assisted suicide in that situation. Data was collected using an online survey tool. The link to the survey was sent out to the undergraduate nursing students, for them to choose whether or not they would like to take it. The survey was completely anonymous. The data was collected within a 3-month period. The purpose of this study was to increase awareness regarding the topic of physician assisted suicide.

Ethical Considerations

No identifying data was collected. Surveys were anonymous. Completing the survey implied consent to participate. Researcher obtained IRB approval from Salem State University prior to any data collection. Participants were free to end participation at any point without repercussion. A link to support services was given in case of emotional upset related to the topic.

Results

A total of 62 undergraduate nursing students completed the online survey. Ages of participants ranged from 18-57 years (mean of 24 years). The majority of the students were female and Caucasian. Exactly 50 percent of the participants were seniors in the nursing program and currently work as a CNA or a nursing technician. See Table 1.

Findings

The survey proceeded to ask a few questions about physician assisted suicide. After analysis of the answers to the questions within the survey, it became clear that the majority of the students who took the survey had good understanding of physician assisted suicide. It was also

evident that most of the students agreed with physician assisted suicide when it came to terminal illness and have partaken in the care of a terminally ill or dying patient or have witnessed the care of a terminally ill or dying patient. See table 2.

Table 1

Demographics of the Sample (N = 62)

Characteristic	Responses	
	(n)	%
<u>Sex</u>		
Female	59	95.2
Male	3	4.8
<u>Ethnicity</u>		
White	50	80.7
Hispanic	7	11.3
African American	3	4.8
Asian	2	3.2
<u>Year of College</u>		
Freshman	8	12.9
Sophomore	10	16.1
Junior	13	21.0
Senior	31	50.0
<u>Work as CNA/tech</u>		
Yes	31	50.0
No	31	50.0

Table 2

Student Nurse Responses

Question	Yes (%)	No (%)
Have you ever heard of physician assisted suicide?	96.8	3.23
In cases of terminal illness, do you believe that PAS is appropriate?	88.5	11.5

Have you ever cared for or witnessed the care of a terminally ill or dying patient?	74.2	25.8
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Findings related to specific scenarios

After answering the above few simple questions, subjects were given two scenarios that included a terminal patient and resulted in physician assisted suicide. The questions with their respective results were as follows:

Scenario 1: A 55-year-old with stage 4 terminally ill cancer has been undergoing chemotherapy and radiation for years due to her family's persistence. She is becoming visibly weaker and struggling to keep fighting. She tells the doctor "I don't want to fight like this anymore, I don't want my family to see me this way. I want to die now with my pride and dignity still intact." She is mentally competent. The physician gives her information on physician assisted suicide, and the patient makes the decision to undergo PAS. The procedure consists of the doctor obtaining a lethal dose of Seconal tabs and giving to the patient to administer themselves at their own will. Students could choose one of three options: agree (76.9%), disagree (12.5%), or unsure (10.7%). The following question asks the subjects to share their perspectives on the matter. Some poignant responses:

"She, the patient, wants to be able to make her own decisions and pass while her dignity and mind are still intact. And since her mental ability is still intact, she has the ability to make those decisions."

"It seems unusual that the patient would take these lethal doses of medication on their own."

“Decision to die is not in the hands of anyone, especially when it comes to elective death. I want to believe, until the last breath, even if you choose palliative care only, there may be a chance of one having happy and fulfilling situations, moments. Life is always good.”

“People should have the right to decide for themselves whether they would like to stay alive or not. It’s their life. Not assisting the patient on a merciful painless suicide is denying a patient to die with dignity and maybe putting them in a situation where they would try to do it themselves.”

Scenario 2: A 60-year-old has just undergone an assessment with his physician and has been diagnosed with early stage Alzheimer’s disease. He is told by the physician what to expect for the years to come and knows that the disease is progressive, with deteriorating living conditions, ultimately resulting in death. However, everyone’s prognosis remains different. A few years later, the signs and symptoms of dementia have progressed, and he does not want to struggle when the disease gets worse. He finds a physician and undergoes PAS. The procedure consists of the doctor obtaining a lethal dose of Seconal tabs and giving to the patient to administer at their own will. Students could choose one of three options: agree (35.7%), disagree (30.4%), or unsure (33.9%).

Subjects were asked to share their perspectives on the matter. Some responses that stood out are:

“Because he is mentally compromised, I am not sure that this is the best choice for him to make at this time. I am an LPN and I have seen those with Alzheimer’s live a good life in an assisted living/long term care setting.”

“Patient autonomy comes first, as long as they are of sound mind and able to make decisions for themselves.”

“The patient is aware of the disease process and knows he will continue. I feel it should be an individual’s choice to live only if it’s a progressive, irreversible condition and they are competent when making the decision.”

“From this perspective, I don’t know how much he is suffering, and I would be unsure about providing him with physician assisted death.”

Both questions asked about the subjects’ perspectives, and a few respondents stated that more information was needed for them to make a proper decision. Some subjects also stated that they believe the provider should be the one administering the Seconal, and thought it was wrong for the patients to be doing it themselves. However, in that case, it would be considered euthanasia, not physician assisted suicide.

Discussion

Student response was both valuable to the research of this topic and supported an increased awareness. Physician assisted suicide is a subject that is extremely difficult to discuss but is something that is beginning to become more and more discussed. The controversy of PAS creates difficulty for people to form opinions on the matter. The first example of PAS that was presented involved a patient with terminal cancer. The majority of nursing students agreed to allow that patient to undergo PAS, mainly because they were almost certain that she still had the mental capacity to understand the extent of the situation. However, in the next example, their opinions became more varied. In the second example, the patient had Alzheimer’s disease, and was deteriorating quickly. The responses on whether or not the nursing students agreed or disagreed were fairly equal. An Alzheimer’s case study cause the students to consider if the patient was mentally capable of making such a decision. This discrepancy showed how much

information needs to be taken into account before a patient can undergo PAS, and the reasons why it is so controversial.

Limitations

Limitations to this study existed, including the use of convenience sampling, and self-selection to participate. The sample size was limited, and recruitment occurred at only one site. The survey was a researcher designed survey, and it was not tested for psychometric soundness.

Suggestions for Future Research

Future research should be directed toward further exploration of ethical positions of provider assisted suicide. This can be done by conducting a much larger study. Integrating opinions from various persons with different backgrounds would be crucial in determining the legality of PAS. Researchers could also conduct multiple smaller studies within differing populations, including those not in the healthcare field.

Implications for Nursing Practice

Physician assisted suicide has slowly become legal in different countries across the world. It is not legal at the federal level of the United States, but it is legal in a few states, such as Oregon, Montana, Washington, Vermont, California, and Colorado. This research is beneficial to inform and prepare nurses if they should ever have to participate in the act of PAS or even if PAS becomes legal where they are practicing. Understanding other peoples' opinions regarding the matter can be helpful in making an individual stance. Also, this study can be helpful in educating student nurses. It can also increase awareness if practicing nurses if the survey were sent to them.

Conclusion

When it comes to physician assisted suicide, student nurses' opinions varied immensely. The goal of this study was to examine many aspects to better understand how it shaped student nurses' opinions towards PAS. Improving understanding of PAS can aid in the discussion of whether or not it should be legalized. Decisions regarding ethical appropriateness of PAS were impacted by patient cognitive status. Other areas impacting student nurses' discussions have included religion, culture, and prior experience in caring for end of life patients. Further research surrounding this important topic is necessary.

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