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Nurses' Attitudes Toward Physician-Assisted Suicide

Honors Thesis Literature Review

Cheyenne Star Lowrey-LaGrone

University of Arkansas

Introduction

Background

Physician-assisted suicide (PAS) is a highly controversial healthcare practice intended to limit individuals' suffering from terminal and progressive or incurable disease in the end-of-life. Healthcare professionals are essential stakeholders in caring for individuals in the end-of-life, facilitating conversations about end-of-life care decisions, and collaborating with other health care professionals. Unclear legal and professional guidelines, state jurisdiction variations, and moral and ethical uncertainty further complicate health professionals' collaborative practice in caring for individuals in the end-of-life. The purpose of this literature review is to synthesize data on health professionals' attitudes toward PAS with relevant findings related to policy, ethics, and legalities. Understanding is the first step towards building a healthcare community that stands unified on the practice.

Terminology Distinctions

PAS should be differentiated between euthanasia and palliative sedation. The primary difference between euthanasia and PAS is that in euthanasia, the physician or other party plays an active role in the administration of the lethal medication to end a person's life, whereas, in PAS, the physician is merely a facilitator for the patient to actively end their own life through legal means (Cohen & Chambaere, 2018). Therefore, the patient must be physically able to self-administer the lethal drug in the manner prescribed.

Healthcare professionals must also be aware of the differences between palliative sedation and PAS. The purpose of palliative sedation is to reduce pain and anxiety during the

final stages of death with the intended effect of sedating the patient until death (Riisfeldt, 2019). The medication is titrated based on the severity of symptoms to alleviate dyspnea, delirium, pain, the psychological distress of both the patient and family, gastrointestinal problems, and nutritional problems (Spineli, et al., 2015). While the medication effects can inadvertently hasten death, the purpose is to promote comfort and minimize suffering.

Legal Implications

Law plays a part in defining public attitudes towards specific policies, and in the case of PAS, state law towards the practice falls into one of four categories including states that explicitly outlaw the practice, states with established legal precedence, states that do not address the issue at all, states that are working towards legislation, and states that do not have a law in place but have court-case standards with which to compare. State legislation towards the practice shapes attitudes and accessibility of PAS.

Currently, California, Colorado, Washington, D.C., Hawaii, Maine, Montana, New Jersey, Oregon, Vermont, and Washington are the only states licensed in practice. Of these states, all have strict circumstances for PAS to be used, including residency requirements, minimum age of 18, six months or less until expected death, two oral requests a set number of days apart, and one written request (ProCon.org, 2019). Montana's practice is based on a previous court hearing, *Baxter v. Montana*, rather than set laws, in which the judge decided that physician-aided death for a terminally ill patient was not against public policy (Rich, 2011). This case only addresses physicians, and not the entirety of the healthcare community involved, however.

While not all states allow PAS, nurses' knowledge of legal and practice implications influences patients' access to information, health care services, and continuity of care (Dzeng, 2018, para. 10). Patient-right advocacy requires nurses to communicate transparently and have adequate role preparation in educating patients. A better relationship can be built with the patient by educating them on the practice, even if the patient is not eligible, because of the relationship between patient education and perceived quality of care (Gröndahl, et al., 2019).

There is a need for further clarification and education in the nursing community. Law ambiguity or a lack of understanding of the law contributes to uncertainty in nurses' attitudes, such as with minors and the mentally ill (Pesut, et al., 2019). Currently, legal frameworks do not allow either group to be participants in PAS, but the amount of support that varies shows a need for further study as well as a need for unity and clarity on the practice itself. There are discrepancies within the literature that show that while there is support for PAS, fewer people support minors as candidates, and even fewer support the mentally ill as being candidates (Vogel, 2017).

Ethical Considerations

Following a discussion of the laws related to PAS and leading into the discussion of healthcare providers' attitudes, it is worth mentioning ethical considerations related to the ANA Code of Ethics for nurses. Nurses are bound by certain ethical principles that should guide their actions and behaviors towards patients. Three key principles are applicable when discussing the practice of PAS: nonmaleficence, autonomy, and beneficence.

Nonmaleficence is the principle that nurses should make a commitment to do no harm. The argument can be made for both opposition and support for PAS when applying this ethical

principle to the practice. While some may argue that to practice nonmaleficence, the patient should remain alive but the pain controlled, other may argue that less harm is done if the patient is allowed to complete PAS. This ethical dilemma is one that is a key factor in debates on the topic.

Patients have a right to autonomy, or their right to make their personal decisions about their health, even when the decisions are not deemed the most beneficial for the patient. In the case of PAS, it can be argued that patients should have the option (although this should not be encouraged or promoted by the healthcare team any more than other options) to end their life through PAS. However, the right to autonomy can be legally obstructed, as in the case of minors who are not able to make their own health choices. The question that arises is at what point should the patient be allowed to make a life-ending decision such as PAS?

Finally, the ethical principle of beneficence applies in the discussion of PAS. Nurses should practice beneficence, or actions that are selfless and in the best interest of the patient. This is very similar to the idea of nonmaleficence in that it can be argued either way, depending on the individual's own internal beliefs about what constitutes the morally better choice (American Nurses Association, 2015).

Analyzing the ethical principles at play leads into important background for understanding the ethical dilemmas that nurses who are involved in the discussion of PAS face. Without having further education to build a stance on the topic, the ethical principles at play create challenges for developing a united attitude toward the practice.

Nurse's Role in Participation of PAS

When discussing attitudes that some nurses have, particularly those working in areas that PAS is legalized, the nurse role in the decision-making process is significant, which is important to consider concerning the nurse's choice in participation. In a survey given in the Netherlands, it was found that nurses, and in particular nurses who have stronger religious beliefs, contend that physicians should involve the nurse directly in the decision-making process of "euthanasia" (Francke, et al., 2015). It is important to note that in this study, PAS is not differentiated from euthanasia, but the article states that the administration of the drug is illegal, despite some nurses incidentally having administered it before without knowing that it is illegal to administer lethal drugs. The involvement of the nurse is important because the nurse can serve as a liaison between the family, patient, and doctor, and can aid communication (Francke, et al., 2015). Perhaps if this were more commonly seen or expressly stated in the building of laws legalizing PAS, the nurse would feel more autonomy and therefore be more willing to support legislation for PAS, no matter what his or her personal attitudes. If the nurse feels he or she has a voice in the decision-making process and is a key supporter of the patient, some moral and ethical reservations can be negated.

The understanding of the nurses' role in PAS is one challenge that proponents of PAS face when attempting to build a united stance on the issue, partly because of the specific challenges nurses face in their roles caring for patients who elect to use PAS. In a survey conducted specific to hospice and palliative care nurses, although administered to a relatively small group, opposition was found towards PAS, despite nearly 20% of nurses being asked to administer lethal medication or contribute to patient death (Chilmończyk, 2019). The study looks at different aspects of the act, including immorality in which over half of nurses considered asking help from someone to be immoral, the cure for suffering in which one-third of nurses

cited as natural death, ethical justification for assisted suicide in which 24% of nurses cited no justification at all and 46% cited no justification for older patients or the terminally ill (Chilmończyk, 2019). Perhaps the most interesting result of the study is that 40% of nurses who responded oppose the introduction of a law permitting patients to ask a doctor to help them end their lives, even if the doctors appointed by the court have agreed that the patient cannot be cured (Chilmończyk, 2019). This article is an interesting one to begin the breakdown of nurse attitudes towards PAS because of the statistical data that was found with the attitudes, with a large percentage of nurses working in a palliative care setting being opposed to the practice.

The role of the nurse in PAS extends beyond that of actual participation in the practice, to encompass that of education for the client as well. However, before a nurse can take the role of educator, she must be knowledgeable herself. If a nurse is not informed of the practice and its specific details, she cannot collaborate effectively with the interdisciplinary team, as well as safely guide and inform patients. Although this literature review will focus more on the themes that guide nurses' attitudes toward the practice, it is undeniable that the goal of unity for nurses on the topic is driven by a need to have informed, competent nurses working with patients who elect to use or who are interested in using PAS.

Organized medical associations in the United States have increasingly adopted a position of neutrality on PAS, which signals the need for further exploration and represents a shift toward broadened acceptance of PAS (Sulmasy, et al., 2018). This paper looks at the factors that shape nurses' attitudes in favor of or opposed to PAS, thus representing the factors that should be analyzed to move away from one of neutrality based on a lack of knowledge. Suppose the move towards neutrality is based on a lack of knowledge of the topic. In that case, professional

organizations such as the state Boards of Nursing can be called upon to be responsible for ensuring that members are well-informed of the topic so that their role in practice can be adequately filled, rather than passively accepted.

The concept of neutrality as it relates to a negative stance in the attitudes toward PAS can be related to a lack of education. Some nurses develop a stance of neutrality due to a lack of understanding of the practice and its implications for the healthcare system and the patients as a whole. Nurses need to take a stance, ideally one that is united, and that begins with education. By studying the literature regarding current attitudes toward the issue, we can see that education is a key component to expanding the possibilities of a united stance among nurses. The education must take into account current attitudes and the forces that influence those attitudes. If a nurse does not have an opinion (whether it be opposition or support), patient care suffers because the nurse cannot adequately advocate for patient rights.

Methods

While preparing the literature review related to PAS, a variety of methods and resources were utilized. Using the University Libraries resource, relevant articles were found by searching for key words including: PAS... physician-assisted suicide... PAD... physician-assisted death... euthanasia... healthcare opinions...attitudes... This gave the broader topic of PAS articles. University Libraries databases included: CINAHL Complete, MEDLINE Complete (Ebsco), APA PsycINFO, Health Source Nursing Academic, and LWW Health Library Advanced Practice Nursing. The results were furthered narrowed by including only articles published within the past five years. This ensured that the articles that appeared would be the most updated and least likely to be outdated and therefore not applicable to current attitudes. Articles were not

excluded based on their origin of journal type (such as only including nursing journals), geographical region, etc. Appendix A outlines a matrix of evidence related to the findings from the literature review. The flow chart in Appendix B shows a visual depiction of the process used to identify my three main articles for the literature review.

Results

Gaps in the Literature

The influence of syntax should be considered when designing studies and analyzing data to identify the true concerns and supportive arguments different nurses have relating to the practice. One issue that occurs when looking at studies of nurses' attitudes is wording and question order effects, specifically, framing effects. In one study specifically related to assisted dying of all forms, including euthanasia, PAS, and assisted suicide, researchers found that participants' responses were influenced by the question wording and order. Participants who were given a more contextual version of the questions, a description of a theoretical patient was given, responded more positively to the questions than did those who received a concept-focused version (Magelssen, et al., 2016).

Factors Influencing Personal Attitudes

The personal attitudes that influence PAS's general attitude into four key themes: geographical location, religious and moral background, practice experiences, and level of education that guide the nurses' attitudes.

Geographical location

In one study conducted, it was found that although there were individual nurses who still did not support the practice when working in a state or country in which it was legal, higher levels of disapproval were found in countries that had stronger religious backgrounds or in countries in which a lack of anonymity for responses could put the nurses “at-risk” (Evans, 2015). In fact, the differences brought about by geography can be nearly negated when nurses have personal experiences and roles that are similar when it comes to the nurse’s involvement in PAS. A study examining nurses’ experiences with PAS in Canada, Belgium, and the Netherlands found common themes despite the relative regional differences (Pesut, et al., 2019). Areas of consensus included the nurse’s role in discerning and negotiating patient questions toward the practice, care provided for the patients and their families, and the personal, moral, and professional impact for the nurse.

Religious and Moral Background

Religion is a significant factor in nurses’ attitude toward the practice. Nearly one-half of the nurses in the research who responded negatively towards PAS cited religious reasons as their purpose in doing so (Pesut, et al., 2020). It is important to note, here, however, that the type of religion also influences the attitudes, with certain groups such as those who practice Judaism showing stronger support for the practice than other Abrahamic religions. More research should be done on other religions beyond these to truly determine the significance of religion on support or opposition of PAS.

Beyond religion, a nurses’ ethics and moral basis create opposition or support towards PAS. However, in one article that synthesized the influencing factors on nurses’ opinions, the moral basis was entirely dependent on the individual. For example, compassion is one moral

stance cited as both a reason to support and oppose PAS (Pesut, et al., 2020). The application of the common moral concepts has different interpretations for different people, and therefore, it influences the nurses in a unique way to the individual. Although most of the factors noted having intersectionality with one another, it can be argued that moral influence is affected by the individual entirely. However, it is also likely that the individual's reasons for using one moral concept to argue one side or the other is due to the other factors mentioned, such as geography, personal experiences, and religion.

Practice Experiences and Level of Education

The nurse's practice experiences, including specialty and education is another driving force for support. As mentioned previously, there is still a high degree of resistance for hospice nurses (Chilmończyk, 2019). However, it was found that within the hospital setting, ICU and CCU nurses were more likely to support the practice, perhaps due to more frequent involvement with passive assisted suicide, withholding treatment or switching off life-support machines (Evans, 2015). Finally, greater support for the practice is seen in nurses with higher education as compared to those with lower levels of education. The article mentions that this is possibly due to a greater level of evidence-based research found in those with higher levels of education, and due to the evidence supporting the practice, they are more likely to be open to the idea (Evans, 2015).

Using these four key themes when looking at nurse opposition is varied if they are considered within the context of intersectionality. For example, although ICU nurses are more likely to support the practice, it can be reasonably assumed that an ICU nurse practicing in the Netherlands and without religious objections will be more supportive of PAS than an ICU nurse

practicing in Japan who is a devout Christian. By considering the intersection of factors influencing nurses' attitudes, rather than just the four themes, a broader picture of the attitudes and their reasons can be appreciated.

Intersectionality plays a large part in the discussion of PAS. Advocates and leaders of the PAS legalization movement are primarily educated white women. Also, this group is the primary user of PAS as an end-of-life option (Canetto, 2019). The reason behind this group being the largest subgroup of advocates is due to a combination of factors. White women have privilege held by having positive medical experiences as compared to racial and ethnic minorities but a disadvantage of economic and financial gain as compared to males. They also have a dominant rhetoric of PAS being considered more dignified than suicide and dominant feminine ideals that support the concept of grace symbolizing femininity (Canetto, 2019). The complex and unique experiences of this population contribute to their more supportive stance on the topic. White, educated females disproportionately hold PAS advocacy leadership positions and utilize PAS services. The resulting imbalance of representation contributes to disparities in access to services and advocacy efforts. Perhaps in the future, this should be closely considered to prevent some of the fears that people have of PAS legalization resulting in euthanasia tactics to limit specific populations.

Discussion

Strengths and Limitations

To synthesize the information found during the literature review, one can learn that there are a variety of attitudes related to PAS among those working in healthcare. These attitudes are

rooted in personal ethical beliefs as well as affected by a variety of factors, such as geography. The literature on the attitudes of nurses regarding the practice of PAS shows that the attitudes vary widely, but that common themes are found, such as that of the themes among those who are opposed and among others who are supportive. However, understanding the themes of attitudes of nurses must inform nursing education and practice. Further research is valuable to informing practice standards, health policy, nursing education, and patient outcomes.

Developing a United Front

Unity can be achieved by developing a “middle ground” regarding an attitude toward the practice. In a New Zealand study, 67% of nurses were found to be supportive of PAS (Oliver, Wilson, & Mapas, 2017). The study looked at the common reasons nurses cited for being in support of PAS, which included reasons such as the right to autonomy, beliefs about dignity and pain and suffering, personal experiences witnessing severe suffering, and a failure of medical experts to recognize futility (Oliver, Wilson, & Mapas, 2017).

Oppositional forces found to negatively influence nurses’ attitudes toward PAS include a disconnect between the role of a health practitioner in PAS, worry of vulnerable people being pressured, support of adequacy of current palliative care, moral and ethical objections, “slippery slope” arguments that practitioners will begin performing unauthorized PAS, and belief in the spiritual importance of suffering (Oliver, Wilson, & Mapas, 2017). The number of supporters for PAS in New Zealand could, of course, be influenced by question bias. By having to give reasons for or against the practice, it can cause respondents to be more polarized in their answers. However, it is important to categorize the responses about the reasons for support or opposition to learn more about how the process can become more accepted in terms of the nurse’s role.

When analyzing the responses, the supportive arguments counterbalance that of the oppositional ones. For example, respondents are in support of PAS due to the right to autonomy, unless vulnerable people are pressured. Beliefs about dignity and pain and suffering are counteracted by others' beliefs about the adequacy of current palliative care and moral and ethical objections. The failure of medical experts to recognize futility is counteracted by the idea that health practitioners should not have or do not have a right to have a role in PAS as well as the "slippery slope" arguments. Personal experiences witnessing severe suffering counteract beliefs about the spiritual importance of suffering.

Mentioned above are examples of the direct relationship between supportive arguments and oppositional arguments. Using these, we can delve further into the steps necessary to educate people on the issue further. The goal of this would not be to polarize the people further, but to promote further reflection into the opposing attitude's arguments. Looking further into the issue, three clear solutions to the issues emerge: further education about end-of-life care, detailed laws surrounding PAS, and optional participation on the part of the nurse.

Education is vital to understand fully the issue that is palliative and end-of-life care. Further research is needed on nursing education relative to PAS and end-of-life care options, including the length of time until death, family-rated suffering scores, and quality of life after a terminal diagnosis. Although some meaningful research is occurring in these areas, it is not universal to all countries, regions, and states, and so more research for a specific area a nurse is practicing is important.

Education is necessary not only with the nurses who work in the area, but also with the general public. Word order and linguistic changes impact the public's opinion. The term PAS,

specifically the “suicide” component offers an emotionally charged descriptor that impacts the public’s perception of the practice. There is a need for consistency in language across healthcare disciplines as well as with what the public understands that is free from value-based or emotional terminology. If there is a shared vocabulary that remains neutral of judgment among public consumer health information, discipline sources, and education that nurses receive, there is likely to be greater unity of attitude among the healthcare workers and the public.

The second element, detailed laws, work to prevent any “grey areas” that can lead to misunderstanding of practitioner roles in PAS, as well as to prevent coercion of the vulnerable or leading healthcare providers into performing unsanctioned PAS procedures. By having clear-cut laws, there is no mistake as to the roles of the different parties in the PAS process.

Finally, the areas of personal experience and moral beliefs are the areas that should not be attempted to be swayed either direction. Instead, nurses, no matter the reason behind their attitudes, should be given a choice to participate in the PAS process or to decline to participate. Even a country where the process is legal will have individuals who oppose the process for personal reasons. These nurses should not feel obligated to participate, but the job should be voluntary for someone working in end-of-life care.

By following these three elements of change, more support can be shown for PAS in such a way that it addresses the actual issues presented by the nurses. Taking away some of the “extremes” related to concern about the practice or support for it creates a clear-cut, more reasonable middle ground that is likely to cause more unity among nurses.

Conclusion

There are a wide variety of attitudes and assertions that Americans, as well as those of other nationalities, have towards PAS. Regardless of nurse participation in PAS, their roles in the discussion of the practice are clear. Nurses should be firm in their attitudes towards PAS based on their own education of the topic. By understanding how their attitudes towards the practice impacts their roles, nurses show greater understanding of the complexities of death and dying go into someone deciding to end their life through PAS. As laws change, with perhaps the possibility of PAS being an advanced directive under certain conditions, nurses who are against the practice should remember their codes of ethics and the tenet to “do no harm” that drives healthcare. While some may feel that the practice is contrary to that statement, for the patients who chose to use PAS as an end-of-life choice, it can and should be argued that for that individual patient, support in their decision is the best way to do no harm.

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Appendix A

Matrix of Evidence: Resource Information

<u>Aim:</u> Analyze the attitudes of nurses on the topic of PAS to develop a better understanding of the spectrum of attitudes towards the practice					
Citation	Canetto, S. S. (2019). If physician-assisted suicide is the modern woman's last powerful choice, why are white women its leading advocates and main users? <i>Professional Psychology, Research and Practice</i> , 50(1), 39-50. doi:	Magelssen, M., Supphellen, M., Nortvedt, P., & Materstvedt, L. J. (2016). Attitudes towards assisted dying are influenced by question wording and order: A survey experiment. <i>BMC</i>	Evans, L. (2015). Nurses' attitudes to assisted suicide: Sociodemographic factors. <i>British Journal of Nursing</i> , 24(12), 629-632. doi: 10.12968/bjon.2015.24.12.629	Pesut, B., Thorne, S., Greig, M., Fulton, A., Janke, R., & Vis-Dunbar, M. (2019). Ethical, policy, and practice implications of nurses' experiences with assisted death: A synthesis. <i>Advances in Nursing Science</i> , 42(3), 216-230. doi:10.1097/ANNS.0000000000000276	Pesut, B., Greig, M., Thorne, S., Storch, J., Burgess, M., Tishelman, C., ... Janke, R. (2020). Nursing and euthanasia: A narrative review of the nursing ethics literature. <i>Nursing Ethics</i> , 27(1), 152-167. doi: 10.1177/0969733019845127

	10.1037/pro0000210	<i>Medical Ethics, 17(1), 24.</i> doi: 10.1186/s12910-016-0107-3			
<u>Level of Evidence</u>	Level 5 (Burns, Rohrich,, & Chung, 2011)	Level 2 (Burns, Rohrich, & Chung, 2011)	Level 5 (Burns, Rohrich, & Chung, 2011)	Level 1 (Burns, Rohrich, & Chung, 2011)	Level 5 (Burns, Rohrich, & Chung, 2011)
<u>Hypothesis, Question, or Purpose of Study</u>	The purpose of the study is to analyze the concept of choice in PAS in the lives of women, along with the professional psychological implications of the impact of the unique lives of	The purpose of the survey is to analyze the effect that question wording and order has on responses focused on examining the	The purpose of the article is to analyze the factors that contribute to nurses' attitudes towards assisted suicide, including identifying key variables that support different attitudes.	The purpose of the article is to synthesize findings from other research to analyze the role of the nurse in relation to PAS as well as to look at the experiences of the nurses in their practice and the role of ethics and policy on the attitudes of the practice.	The purpose of the article is to analyze the attitudes of nurses on the topic of PAS, specifically looking at the role of ethics on the discussion.

	women that causes white women to be the most common population to utilize PAS in end-of-life.	attitudes toward assisted dying.			
<u>Design</u>	Qualitative Descriptive Study; Peer-Reviewed Journal	Experimental Parallel Study	Systematic Literature Review	Systematic Review, Meta-Analysis	Systematic Literature Review
<u>Sample</u>	The article uses several different literature sources to synthesize findings related to the topic of white women and PAS. The article does not	The study included an eight-question survey (four different variations were given) that was given to Norwegia	The literature review utilizes 16 articles that were found relevant for use in data synthesis. Inclusion criteria set in the article are nurses' attitudes, both qualitative and quantitative studies, published no later than 1995, and	The review synthesizes data from numerous articles through the search of 9 electronic databases using the Joanna Briggs Institute method and MEDLINE and CINAHL strategies. 3352 unique articles were located for review. Further inclusion criteria is that the articles had to address policy, practice,	The literature review utilizes 43 articles that were found relevant for use in data synthesis. The articles were then divided into four key themes from which the data was derived. The articles were found using

include specific inclusion and exclusion criteria or procedures used to find the information. Instead, the article synthesizes the articles by following path related to the discussion of the articles and the interpretation of those individual articles as they apply to the topic.	n citizens. The survey was web-based. Of the 22,660 people that were invited to take the survey, the sample size of surveys returned was 3050. The sample did not have exclusion or inclusion criteria other than that of submitted	global studies. Exclusion criteria are articles dated before 1995, the role of the nurse in assisted suicide, doctors' perspectives, and philosophical papers. The papers were then taken and thematic analyses were conducted.	or ethical implications related to PAS and nursing. Exclusion criteria included opinion pieces, news, legislation and lobbying, and book reviews, as well as commentaries and issue overviews that did not address a focused ethical question. The articles that were then utilized were analyzed and coded with NVivo. A total of 6 articles were identified as relevant to the study.	electronic database searches and specific vocabulary usage from Medline and CINAHL. Inclusion criteria is articles that analyze a focused ethical question in relation to euthanasia and nursing.
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		surveys that were not completed being taken from the data retrieved.			
<u>Statistical Results or Findings</u>	Women choose to support or utilize PAS more commonly than men as a result of the gender and racial context that makes women's lives unique. By having the power of a choice, as well as the feminine narratives related to PAS,	Framing effects are present when surveys are administered toward the attitudes of assisted death. MANOVA tests for both question wording and word	The study concludes that there is a connection between a nurse's level of education, geographical location, religion, and workplace and differences in attitudes toward PAS.	The study concludes that despite geographic differences in data discovered, common findings were associated with the role and experiences of the nurses. To conclude the data, three key points were made. The nurses' role in relation to PAS is one that is central to identifying and discussing patient concerns about PAS. The role extends beyond that of just the patients to also include family and other	The study identifies four key themes from the data, to include arguments from the nature of nursing, from ethics, for moral consistency, and from the nature of social good. Each of these four themes have personal overlaps that can influence the individual interpretation of the role of the key

	white women are more likely to support the option.	order showed significant effects on the outcome of attitudes reported.		healthcare providers who are involved in PAS, even if direct care is not given. Finally, when nurses participate in PAS, it plays an impactful role in their personal experiences and professional moral beliefs.	theme on the support or opposition of the practice. Further analysis of the themes shows that there are many different interworking parts that contribute to the understanding of the practice.
<u>Implications or Conclusions</u>	An understanding of the support or opposition by women in relation to healthcare is important in determining the patient population most likely to use PAS, and therefore implicates healthcare professionals	Understanding the impact of framing effects is important particularly related to legislation because of the possibility of swaying	Although a nurse should be understanding of his or her own feelings toward the issue, the nurse still has to provide patient-centered care that empowers and protects the patient, despite any personal biases. However, by having a basic understanding of	Understanding the role of the nurse in relation to the patients, families, and others involved in PAS is invaluable when understanding the necessity for education of the nurses. As shown in the results, nurses have a central role in negotiating the question and concerns patients have toward the practice, and even without direct contact with the practice itself,	By analyzing the influencing factors on the nurse's attitudes towards PAS, as well as the fact that some of the same factors can be cited as both reasons for opposition as well as support, we can see that individual differences plays a role in the

	to become understanding, knowledgeable, and united on the topic.	votes towards a policy based simply on question order or wording. Nurses should use this knowledge when teaching patients about the topic as well, understanding the impact that the presentation of the information has.	the potential risk factors for being biased for or against PAS, nurses have greater ability to unify in their attitudes.	nurses play a part in care for the patient. If the nurse does not understand the practice and its implications, it can be argued that she is not qualified to be in the role of guiding patients without adequate knowledge of the topic.	interpretation of the ethical and moral boundaries of the practice. The individual differences are arguably caused by personal experiences that differ from individual to individual.
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Appendix B

Flow Chart of Search Parameters

