A LIFE-OR-DEATH SITUATION: THE RIGHT TO DIE VS. RIGHT TO LIVE DEBATE

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Death is not something one wakes up thinking about.
- Terminal diagnoses are given every day.
- Desire to remain in control of undesirable circumstances.
  - Voluntary euthanasia and assisted suicide.

(Lavery, Dickens, Boyle, Singer, 1997)
Controversial laws are found in various U.S. states that allow certain eligible individuals to receive medications to hasten death.

Requirements:
- 18 years of age.
- Mentally fit.
- Terminal illness diagnosis.
- All other options are explored first.
MORAL DILEMMA

- Terminally ill patients unlikely to benefit from the discovery of a cure in their remaining lifespan.
  - Wish to exercise their right to:
    - Autonomy.
    - Self-determination.
  - Wish to avoid losing one’s dignity.

(Young, 2014)
PURPOSE

- Evaluation of this controversial topic is needed.
  - Increasing pressure to utilize this lethal intervention.
- Death is a key component of the nursing profession.
  - Nurses learn to comprehend what death really is and how it affects each patient.
- Nurses must remain a patient advocate.
  - Nurses recognize the options available for their patients.
  - Ensure all information is given to the patient.

(Getter, 2013)
Nurses act as a key component in ensuring that a patient and their family is cared for physically, emotionally, and spiritually.

Moral distress can be brought about when all other interventions have been implemented.

(Sullivan, 1999)
CONFLICTING ETHICAL PRINCIPLES

- Individuals spend their entire lives making their own choices.
  - These decisions shape one’s unique life.
- Right to autonomy allows an individual to pursue the right to self-determination.
- A terminal illness does not take away an individual’s right to make decisions and uphold one’s autonomy.

(Karlsson, Milberg, & Strang, 2011)
CONFLICTING ETHICAL PRINCIPLES

- Beneficence:
  - If a healthcare provider allows assisted death to be a viable option, then the principle of beneficence is truly upheld.
    - Most serious need of the patient is met – end of suffering.
  - Non-maleficence involves a physician refraining from causing pain to a patient.

(Nathan, 2015)
Advantages:

- Allows a patient to “make autonomous choices about the time and manner of their own death” (Lavery et al., 1997, p. 1406).
- Extreme pain and suffering is alleviated (Wolff, 2016).

Disadvantages:

- Risk of error.
- Risk of abuse or coercion (Lavery et al., 1997).
When should autonomy be upheld?

- At all times, including during the end-of-life.
  - If it is not upheld for one’s most serious decision, what does this mean for other biomedical decisions?
Today, there is an increased life expectancy.
- Maintain life or allow for a dignified death?

Nurses act as primary caregivers that witness a patient’s pain and suffering.
- Advocacy is crucial.
- All options must be given to a patient.


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**REFERENCES**


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