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

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THE RIGHT TO DIE VS. RIGHT TO LIVE

- 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)

DEATH WITH DIGNITY

- 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.

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.

ASSISTED SUICIDE AND NURSING

- 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.

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.

ADVANTAGES AND DISADVANTAGES

- 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).

SLIPPERY SLOPE

- 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?

CONCLUSION

- 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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