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**TESTIMONY RAISED BILL NO. 7015 AN ACT CONCERNING AID IN DYING FOR  
TERMINALLY ILL PATIENTS**

Judiciary Committee

March 18, 2015

Good Morning, Senator Coleman, Representative Tong and esteemed members of the  
Judiciary Committee

Thank you, for the opportunity to provide testimony on behalf of the Connecticut  
Nurses' Association (CNA) related **RAISED BILL NO. 7015 AN ACT CONCERNING AID IN  
DYING FOR TERMINALLY ILL PATIENTS.**

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations  
Committee for the Connecticut Nurses Association; the Connecticut Nurses Association  
is a constituent member of the American Nurses Association the professional  
organization for nursing.

I bring comments based on the American Nurses Associations Position Statements on  
Euthanasia, Assisted Suicide, and Aide in Drying about **RAISED BILL NO. 7015 AN ACT  
CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.**

Historically, nurses have played a key role in caring for patients at end-of-life  
across healthcare settings. Nurses provide expert care throughout life's  
continuum and at end-of-life in managing the bio-psychosocial and spiritual

needs of patients and families both independently and in collaboration with other members of the inter-professional healthcare team. While resources do exist to educate and support nurses in this role, there are limited resources to assist nurses in understanding and responding to patient and family questions related to euthanasia and assisted suicide.

**The purpose of this position statement is to provide information that will describe the nurse's ethical obligations in responding to requests for euthanasia and assisted suicide.**

Statement of ANA Position: **The American Nurses Association (ANA) prohibits nurses' participation in assisted suicide and euthanasia because these acts are in direct violation of Code of Ethics for Nurses with Interpretive Statements (ANA, 2001; herein referred to as The Code), the ethical traditions and goals of the profession, and its covenant with society. Nurses have an obligation to provide humane, comprehensive, and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness and at end-of-life.**

Code of Ethics for Nurses with Interpretive Statements

Provision 1, Interpretive Statement 1.3 of The Code (2001) speaks to the nurse's commitment to the inherent:

"... worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by death, disability, functional status, or proximity of death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying" (p.12).

"... nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and families at the end-of-life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying...Nurses may not act with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations" (p. 12).

ANA's Foundational Documents for the aforementioned statements are based on the Code of Ethics for Nurses with Interpretive Statements

Nursing's Social Policy Statement: The Essence of the Profession states that "Nurses are concerned with human experiences and responses across the life span. Nurses partner with individuals, families, communities, and populations to address issues such as physical, emotional, and spiritual comfort,

discomfort, and pain...emotions related to the experience of birth, growth and development, health, illness, disease, and death....decision-making and the ability to make choices” (2010b, pp.13-14). In its discussion of the Code of Ethics for Nurses, the section entitled, “Standards of Professional Nursing Practice”, Social Policy Statement clearly states that “although the Code of Ethics for Nurses is intended to be a living document for nurses, and health care is becoming more complex, the basic tenets found within this particular code of ethics remains unchanged” (2010b, p. 24).

Standard 7, reiterates the moral obligation of the nurse to practice ethically and to provide care “in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs” and “assists healthcare consumers in self determination and informed decision-making” (2010a, p. 47)

Palliative and hospice care provide individualized, comprehensive, holistic care to meet patient and family needs predicated on goals of care from the time of diagnosis, through death, and into the bereavement period. The following excerpt from this document emphasizes the role of palliative nursing care in the nurse’s recognition and relief of symptoms within his or her professional boundaries and in a manner consistent with safe, competent, ethical nursing practice. (ANA Position Statement (04/24/13).

**“...Palliative care recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life. Palliative care affirms life and neither hastens nor postpones death. Palliative care exists in the hope and belief that through appropriate care and the promotion of a caring community, sensitive to their needs, patients and families may be free to attain a degree of mental, emotional and spiritual preparation for death that is satisfactory to them. (ANA&HPNA, 2007).**

The World Health Organization (WHO) defines palliative care as:  
“... an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual” (National Consensus Project for Quality Palliative Care, 2009, p. 8). **Palliative care “affirms life and regards dying as a normal process” and “intends neither to hasten nor postpone death”** (National Consensus Project for Quality Palliative Care, 2009, p. 8).  
American Nurses Association comments specific to Nursing

Nurses receiving requests for assistance in dying is not new. Many studies have documented such requests. **The number of requests and the nurse's subsequent illegal action was initially startling to some, especially in the Asch (1996) study, where 17% of the critical care nurses received requests and 16% engaged in assisted suicide or euthanasia.** The validity of the study was questioned because the definitions were vague. In Matzo and Emanuel (1997) only 1% of respondents stated that they provided or prescribed drugs they knew would be used for assisted suicide. Ferrell, et al. (2000) found 3% had assisted in helping patients obtain medication and 2% had administered a lethal injection at the patient's request.

**It is clearly stated that the nurse may not administer the medication that will lead to the end of the patient's life.** Also the nurse may not subject patients, families, or colleagues to judgmental comments about the patient's choice. If the nurse believes that assisted suicide is morally justified, but works in a jurisdiction where assisted suicide is illegal, then participating puts the nurse at risk for civil and criminal prosecution, loss of license, and imprisonment (Ersek, 2005).

**Relative to American Nurses Associations position, participation in assisted suicide would be in direct violation of The Code of Ethics.**

In conclusion, based on the above statements from the American Nurses Association the Professional Organization for nursing clearly states "that the Nurse, by virtue of the Code of Ethics for Professional Practice not participate in Assisted Suicide. Nurses have an obligation to provide humane, comprehensive, and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness and at end-of-life. I ask you to carefully examine the issues and the implications of this proposed legislation.

In keeping with and supporting the Ethical Standards of Practice as defined by the Professional Organization I ask the committee to oppose **RAISED BILL NO. 7015 AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.**

Thank You

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