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**TESTIMONY OF MARY JANE WILLIAMS, PhD., RN
HB 5898 – AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS
PUBLIC HEALTH COMMITTEE – MONDAY, MARCH 18, 2019**

Good Morning Representative Steinberg, Senator Abrams, Ranking Member Petit, Ranking Member Somers and esteemed members of the Public Health Committee.

I want to thank-you for the opportunity to provide testimony on HB 5898, AAC Aid in Dying for Terminally Ill Patients, on behalf of the Connecticut Nurses' Association (CNA). I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association.

After careful review of current research and literature, I am speaking on the implications HB 5898 may have for the Nursing Practice of Terminally Ill Patients. My comments are specifically based on the American Nurses Associations Code of Ethics related to End of Life Care.

Historically, nurses have played a key role in caring for patients at end-of-life across a wide variety of 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 professional healthcare team.

The purpose of this position statement is to provide information that will describe the nurses' role. Nurses have an ethical obligation in responding to requests for "Aid in Dying". 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 at end-of-life. (Code of Ethics, ANA)

"... 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.”

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. 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.”

The nurse has a moral obligation 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.** (ANA 2001, 2010, 2013)

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). 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.

In keeping with and supporting the Ethical Standards of Practice as defined by the Professional Organization, I ask the committee to carefully consider the full implications of this proposed legislation on all Health Care Practitioners.

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