POSITION STATEMENT ON VOLUNTARY ASSISTED DYING

Re-Endorsed by Annual Conference 2018

Note: This position statement has been adapted from the ANMF Position Statement on Assisted Dying
Position Statement on Voluntary Assisted Dying

For the purposes of this position statement voluntary assisted dying is defined as a regulated medical intervention by one person to end or to assist to end the life of another person, at that person’s request, with the primary intent of ending pain and suffering.

Voluntary assisted dying is a complex social issue which causes debate in the community. Those contributing to the debate include: providers of health care, people seeking to end their lives due to pain and illness and their families, advocates for assisted dying, ethicists, disability advocates, religious organisations and the broader community.

Presently, over 10 countries, and more than seven states within the United States of America, have legalised voluntary assisted dying. This means that over 300 million people in the world have the option of accessing voluntary assisted dying if they are suffering a terminal illness.

In 2017, the Victorian Parliament passed the Voluntary Assisted Dying Act (Vic). This Act comes into effect on 19 June 2019. This law will give terminally ill people in Victoria the ability to request assistance to die.

There have been nine unsuccessful attempts to introduce voluntary assisted dying legislation in New South Wales. It is anticipated that there will be future attempts to introduce this legislation in NSW.

IT IS THE POSITION OF THE NSW NURSES AND MIDWIVES’ ASSOCIATION THAT:

1. People receiving end-of-life care have a right to maintain their dignity, comfort and privacy, and to be cared for respectfully and with compassion.

2. Nurses must provide culturally appropriate end-of-life care and recognise when efforts to prolong life may not be in the best interest of the person.

3. Nurses must accept that a person has the right to refuse treatment, or to request withdrawal of treatment, while ensuring the person receives relief from distress.

4. Inherent in nursing is a respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect.

5. Our approach to voluntary assisted dying is informed by the moral and ethical dimensions of:
• respect for self-determination;
• primacy of quality of life; and
• compassion for those who suffer.

6. Currently, voluntary assisted dying is illegal in New South Wales. Nurses are required by both the law and their professional codes of conduct and ethics, to practice within the law.

7. Refusal of medical treatment is not voluntary assisted dying and is legal. Adults with decision-making capacity have a common law right to consent to or refuse medical treatment which is prolonging their life.

8. Our membership comes from diverse cultural, religious, and ethnic backgrounds, and our members hold a range of ethical views on the subject of voluntary assisted dying. Nurses, midwives and assistants in nursing/midwifery have the right to hold their own opinion and for their opinion to be respected.

9. We support legislative reform so that persons with a terminal or incurable illness that creates unrelieved, profound suffering shall have the right to choose to die with dignity in a manner acceptable to them and shall not be compelled to suffer beyond their wishes.

10. Legislative reform must ensure that no individual, group or organisation shall be compelled against their will to either participate or not participate in an assisted or supported death of a person.

11. Legislative reform must ensure that it shall not be an offence to confidentially advise a person regarding a voluntarily chosen death, assist or support such a death, or to be present at the time of that death.

12. In the event that voluntary assisted dying is legislated in New South Wales, nurses and assistants in nursing:

• have the right to conscientiously object on moral, ethical or religious grounds to participate or have involvement in assistance with dying;
• must be protected from litigation when they are requested to assist with the process.

13. Where a person expresses a wish for assistance with dying, nurses should be educationally prepared to discuss the legal and medical parameters of this request and must consider what referrals need to be made in accordance with the Nursing practice decision flowchart.

14. We have a role in providing nurses, midwives and assistants in nursing/midwifery with information about issues related to voluntary assisted dying and providing a forum for members to debate those issues. Our role is also to participate in the broader debate as an appropriate
organisation to ensure that the nursing and midwifery voice is heard in the public and political domains.

15. Irrespective of whether voluntary assisted dying is legislated in New South Wales, as a branch of the ANMF, the Association will continue to lobby for adequate resourcing of palliative care (including suitably qualified and adequate numbers of nurses and midwives) for those requesting and/or requiring palliation.

REFERENCES

1. Willmott et al, (Failed) Voluntary Euthanasia Law Reform In Australia: Two Decades Of Trends, Models And Politics (2016) 39(1) University of NSW Law Journal 1
3. Adapted from the ANMF position statement ‘Assisted Dying’, 2017
5. Code of conduct for nurses, Nursing and Midwifery Board of Australia, 2018, Melbourne, Australia.
6. Ibid.
9. Nursing practice decision flowchart, Nursing and Midwifery Board of Australia, 2013, Melbourne, Australia.

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3. Code of conduct for nurses, Nursing and Midwifery Board of Australia, 2018, Melbourne, Australia.