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Anna P. Rana

Dominican University of California

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Hospice and Oncology Nurses' Perspectives on Legalizing Physician-Assisted Suicide in California: A Pilot Study

People are living with congenital anomalies, chronic diseases, and disabilities. It is universally agreed upon that every human being has a right to life, however, there is no unanimous decision regarding the right to death. Of the hospice nurses and social workers in Oregon, two-thirds of them reported having a patient ask them about the PAS option (Miller, Harvath, Ganzini, Goy, Delorit, & Jackson, 2004) California, Oregon, Vermont, and Washington have all legalized physician-assisted suicide through legislation. California's law, the right to death passed on September 11th, 2015. The purpose of this research study is to examine hospice and oncology nurses' perspectives of Physician-Assisted Suicide. Current research is inconclusive. Further research is necessary to understand how nurse's religion or spiritual framework affects attitudes, what are ethical alternatives, and what are common perceptions of PAS, etc. This research was guided by the research question; how do hospice and oncology nurses describe the positive and negative aspects of PAS? According to the American Nurses Association (ANA) Code of Ethics for Nurses with Interpretive Statements (2001), "the nurse should not participate in assisted suicide. Such an act is in violation of the Code for Nurses with Interpretive Statements and the ethical traditions of the profession. Nurses, individually and collectively, have an obligation to provide comprehensive and compassionate end-of-life care which includes the promotion of comfort and the relief of pain, and at times, foregoing life-sustaining treatments". Yet, the same passage states that nurses must intervene to relieve pain and suffering of the dying patient, even if the interventions hasten death.