

Israeli Oncology and Nononcology Nurses' Attitudes Toward Physician-Assisted Dying: A Comparison Study

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Purpose/Objectives: To compare the attitudes of Israeli oncology and nononcology nurses toward physician-assisted dying (PAD) and its legalization and to determine the factors that may be related to their attitudes.

Design: Nonrandomized, correlational study.

Setting: A teaching hospital in Jerusalem, Israel.

Sample: 71 oncology nurses and 52 nurses working in the maternity and nursery departments.

Results: The majority of nurses supported PAD and its legalization, with the greatest support being given when a suffering patient was involved. In the vignettes dealing with the nurse-patient relationship, oncology nurses were significantly less likely than nononcology nurses to agree with PAD but more likely to stay with their patients while the lethal drug was being given. Nononcology nurses were more supportive of legalization than oncology nurses. Religious nurses and nurses who observed religious traditions were significantly less likely to support PAD or vote for its legalization.

Conclusion: Israeli nurses generally are supportive of PAD. However, oncology nurses were less likely to support its practice. In addition, the more religious nurses considered themselves, the less likely they were to support the practice.

Implications for Nursing Practice: Israeli nurses need to be made aware of the ethical, social, and legal implications of PAD and its legalization for the Israeli nursing profession. In addition, more cross-cultural research on attitudes toward PAD needs to be conducted.

Ethical questions surrounding the right of patients who are terminally ill to end their life have become increasingly prominent in the literature, and the issue is gaining national and international support. Since the Dutch courts acquitted a doctor who actively helped her mother to die in 1973 (Smit, 1997), the incidence of physician-assisted dying (PAD) has increased in Holland. Results of a 1995 Dutch study on the incidence of deaths resulting from active physician interventions showed that 4.7% of all deaths in Holland were the result of such interventions (Hendin, Rutenfrans, & Zylicz, 1997). These acts included actively performing euthanasia, assisting with suicide, ending patients' lives without their knowledge, and giving opioids with the explicit intention of ending life (Hendin et al.). In a 1997 referendum, the people of the state of Oregon opposed the repeal of the state's Death with Dignity Act, thereby sanctioning the legalization of PAD (Woolfrey, 1998).

With the increasing focus on the issues of active euthanasia (a deliberate action to hasten the death of another being) (Sumodi, 1995) and PAD (a medical procedure carried out by a physician or physician's designee that will terminate the life of a competent, terminally ill adult who requests such as-

Key Points . . .

- ▶ Legalization of physician-assisted dying (PAD) and active euthanasia might contribute to abuse in a climate of rationed care.
- ▶ Oncology nurses who are involved in the care of patients who are suffering and dying need to take a proactive stance regarding legalized PAD and active euthanasia.
- ▶ Nurses who disagree with PAD and active euthanasia and who are thinking of practicing in an institution in which they are being performed have to reflect on how institutional practices may impinge on their personal values.

sistance) (Young, Volker, Rieger, & Thorpe, 1993), nurses will become intimately concerned with these issues. As the caring clinicians who often act as patient counselor and advocate, nurses may be asked to become involved with acts that deliberately cause patient deaths (Davis et al., 1993). Therefore, as a fundamental responsibility, all nurses must begin to examine their personal attitudes toward active euthanasia and PAD.

Literature Review

Research around the world has begun to focus on nurses' attitudes toward active euthanasia and PAD. Two studies have examined the incidence of active euthanasia among two populations of nurses. Nineteen percent of the nurses involved in an Australian study admitted to taking active steps that brought about a patient's death (Stevens & Hassan, 1994). A recent American study, although unclear in its definitional differentiation among euthanasia, assisted suicide, and palliative care, revealed that 16% of the intensive care nursing population in the study had performed active euthanasia (Asch, 1996).

Investigators from Japan (Richardson, 1994), the United States (Davis et al., 1993; Young et al., 1993), Australia (Kitchener, 1998; Kuhse & Singer, 1993; Stevens & Hassan,

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