

# A Death With Dignity in Oregon

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**Purpose/Objectives:** To inform readers about the Oregon Death With Dignity Act and present a compilation and summary of major arguments in debates regarding physician assistance in dying for the terminally ill.

**Data Sources:** Experience, medical records, the patient's physician and family, books, periodicals, legislative documents, and publications.

**Data Synthesis:** The Oregon Death With Dignity Act became a legal option for terminally ill Oregon residents in October 1997. Persuasive psychological, theological, philosophical, and pragmatic arguments protest the Act as being irrational, immoral, contrary to medical ethics, and dangerous. Equally persuasive arguments advocate the Act as rational, moral, consistent with the practice of healing, and safe.

**Conclusions:** Physician assistance in dying is a legal option for terminally ill patients in the State of Oregon. For such a practice to be "out of the closet," as well as legal, is novel. The debate about the appropriateness of this Act revolves around values and beliefs that are seasoned and cherished.

**Implications for Nursing Practice:** As the practice of the terminally ill requesting physician assistance to die moves into the realm of a rational patient choice and legal physician action, nurses increasingly will be faced with having to deal with their own beliefs, attitudes, and emotions regarding this issue. Nurses cannot hide behind glib responses, quick referrals, institutional policies, or organizational standards to cover their own discomfort or confusion. They must discuss and formulate an understanding of healing and caring in situations that may challenge their core values.

On Saturday, June 12, 1999, at 8:15 am, PH died. Twenty-three hours and 45 minutes prior to his death, he willingly and cheerfully ingested 90 grams of secobarbital with the full intent that the drug would kill him. He was 79 years old and dying of widespread metastatic prostate cancer.

PH had lived with prostate cancer for four years and had undergone hormonal treatment, radiation, and chemotherapy, all of which had controlled his disease and allowed him to live quite normally throughout those years. But, the cancer persisted and, finally, no treatment options remained. Five weeks prior to his death, PH was admitted to hospice to live the remainder of his life as comfortably as possible and to die in peace.

PH was a mannered gentleman, a prolific reader, a well-educated scholar, and an articulate conversationalist. By profession and by avocation, he was a teacher, a musician, and an artist. His first wife, the mother of his only child, died of cancer after 41 years of marriage. His second wife died of cancer after a three-year marriage. PH remained close to his son, his sister, and his nieces, and he lived with his sister at the time of his death. He was financially secure in retirement and socially active in music and art.

## Key Points . . .

- ▶ Though restricted to one state (Oregon) and limited to specific criteria, physician-assisted dying is now in the realm of medical practice, social acceptance, and public policy.
- ▶ Persuasive psychological, theological, philosophical, and pragmatic arguments protest the Death With Dignity Act as being irrational, immoral, contrary to medical ethics, and dangerous. Equally persuasive arguments advocate the Act to be rational, moral, consistent with the practice of health, and safe.
- ▶ Nurses must be cognizant of this issue and begin discussing and formulating an understanding of healing and caring in situations that may challenge their core values.

On May 4, 1999, PH went to his lawyer's office to finalize his will. This would be his last trip out of the house. Three days later, on May 7, he was admitted to hospice. He was becoming progressively weaker and was using a golf club as a cane because of his wobbly gait. Hospice supplied him with some medical equipment, including a much-appreciated walker to replace his golf club. Within a few days of hospice admission, PH was without pain and remained so up to the time of his death. He developed a close relationship with the hospice staff, including the doctor, nurse, chaplain, and bath aide.

PH was dying, and he knew it. He was not afraid of death. He visualized his death as a ship sailing off into the unknown. As death became more imminent, he welcomed it and longed for it. He wanted to die while he was still in control of his body and mind. He began to talk openly, first with his sister and eventually with all the hospice staff, about taking charge of his death. He had long talks with his hospice nurse and chaplain. He and his son had an extensive discussion about the Oregon Death with Dignity Act and the seriousness of his intent to pursue this manner of death.

Fifteen days prior to obtaining the drugs intended to cause his death, in accordance with the legal requirements of the Oregon Death With Dignity Act, PH officially requested assistance from his doctor to die. He had already had an extensive discussion with his doctor about his wishes. With some reluctance, his

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