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In recent years, physician assisted death has become a great debate in healthcare, with only 11 states in the U.S. have legalized physician assisted death. Physician assisted death is a process where a patient receives a prescription for a medication that they must administer to themselves. Before qualifying a patient must have less than six months to live; this must be confirmed by two physicians. In addition, the patient must be mentally competent and make the request on multiple occasions. Opponents argue that physician assisted death completely contradicts the basis of healthcare and the Hippocratic oath, while supporters suggest that it allows patient autonomy and mercy (Quill).

In regards to ethics, supporters of physician assisted death argue that it should be accessible based on patient autonomy. Autonomy is a patient's right to self-determination; it allows an individual the freedom to make decisions regarding their care without interference (Zerwekh, 2023, p. 440). Physician assisted death allows a patient the right to determine the circumstances of his or her death and how much suffering they are willing to endure at the end of their life (Quill, 2023). Before qualifying, the patient is thoroughly assessed to ensure they are mentally competent and able to make their own healthcare decisions (Lawatsch, 2023).

According to principle one of the ANA Code of Ethics for Nurses, the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person. For some, physician assisted death is a way to maintain their dignity before their illness renders them incapacitated. Although this is not a widely accepted practice, nurses should

understand that every patient has different values. An important role of the nurse is to provide compassionate and respectful care even when a patient's beliefs differ from your own.

References

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