

Vulnerable Population: Assisted Suicide Within the Terminally Ill

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I have neither given nor receive, nor will I tolerate others' use of unauthorized aid

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Throughout a nurse's career, he or she will without a doubt see a wide variety of patients ranging from many different ethnic, cultural, and socioeconomic backgrounds. The nurse that treats his or her patients all the same with no regard for the many potential needs of the patient will most likely be an ineffective nurse. It is for this reason that every nurse should strive for cultural competence and put it into practice as much as possible. Cultural competence is the constant ongoing development process that seeks to increase the knowledge and improve the skills application of a nurse by being more culturally aware in terms of understanding, sensitivity, and interactions (Hood, 2018, p. 280).

Cultural competence is important because it helps nurses and healthcare, in general, adapt to the constantly changing population of the world and be more aware of the many needs and considerations that come with it (Hood, 2018). For example, An American nurse should not expect to provide the same care to a Muslim patient as he or she would for an American patient; Americans don't usually have preferences for the gender of the staff that is giving care to them or mind which hand is being used to administer medication. In many Muslim cultures, it is ideal that men and women receive care from caretakers of their same-sex (Attum et al., 2020). In addition, it is important to use the right hand when feeding, administering medication, and handling items and belongings of the Muslim patient because in many Muslim cultures, the left hand is considered unclean (Attum et al., 2020).

Regardless of which background a patient may come from, it is key to successful nursing that a nurse reflects on his or her limits, values, and beliefs before providing care to any patient (Hood, 2018). Doing so prevents barriers, complications, and any feelings of discomfort that may arise when providing care to patients (Hood, 2018). If a nurse does not carefully reflect on

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his or her values; beliefs; strengths and weaknesses; feelings of inadequacy and discomfort may become apparent in the care provided by the nurse, and the patient may feel uncomfortable, distrustful, and may even resent the nurse, thus putting a strain on the nurse-patient relationship.

The nurse will encounter patients from all walks of life in his or her career that will require reflection upon values and beliefs. Some patients will be from more vulnerable populations than others and may be more emotionally and mentally taxing for the nurse to care for. Among these populations are the terminally ill patients that require end-of-life care (Woo et al., 2006). Nurses caring for terminally ill patients must be aware that they are dying and may be in pain, depressed, and hopeless, so the care provided must address these issues (Woo et al., 2006). The quality of life for these patients is bleak, and patients are usually in pain (Woo et al., 2006). Some patients may request to have assisted suicide done to end their suffering, which can make some people uneasy.

Like suicide, there is a great deal of controversy and negative stigma towards assisted suicide as it is seen as unethical to aid in ending someone else's life (Sulmasy et al., 2016). Doctors and physicians frown down upon assisted suicide as it goes against the Hippocrates oath to do no harm (Greek Oath, 2002). Assisted suicide also goes against the ethical value of preserving human life and that all life is sacred for nurses (Hood, 2018). Despite these reasons, there is still room to debate.

While most of the healthcare field generally share negative feelings towards the idea of helping someone commit suicide, I believe that as long as there is a valid reason for the suicide, then it can be accepted. It is said sometimes that there are fates worse than death, and I believe in this. While the idea of dying sounds frightening, spending the last few moments of your life in agony sounds scarier to me. Where would the quality of life be in spending the last fleeting

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moments of your life in agony bound to a bed. It is a fate I would not want to experience. Like most things man-made, the Hippocratic oath was made by man. It was not written in the stars that states that one should not be able to assist someone with suicide should there be a good reason. In addition, the Hippocrates oath isn't even required, and it has been changed over time (Greek Oath, 2002). As a student nurse, we are taught the ethical principle to do only good, but good can be defined differently by anyone, and to me, there is no good in forcing someone in a prolonged state of pain bound to a bed.

The nurse's career consists of providing care to people from many different backgrounds. The world and its population are constantly changing, so adhering to one way of providing care would not give the best outcome for everyone. It is best to strive to be culturally competent as it is key to success in nursing. In the long career of a nurse, an encounter with someone from a vulnerable population is bound to happen, and it can be emotionally and mentally draining on the nurse, which is why the nurse will have to reflect on his or her values. This is especially important when handling patients with terminal illness. These patients are in pain and are nearing the end of their lives. A nurse may have to face the difficult choice to either aid a terminally ill patient with assisted suicide. It is a difficult and controversial decision to make for anyone, but if a patient were to ask me to assist him or her with suicide, then I would understand, and I would advocate for the decision. After all, it is a nurse's duty to be the patient's advocate

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