



NURSING AND EUTHANASIA: A REVIEW OF ARGUMENT-BASED ETHICS LITERATURE

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This article gives an overview of the nursing ethics arguments on euthanasia in general, and on nurses' involvement in euthanasia in particular, through an argument-based literature review. An in-depth study of these arguments in this literature will enable nurses to engage in the euthanasia debate. We critically appraised 41 publications published between January 1987 and June 2007. Nursing ethics arguments on (nurses' involvement in) euthanasia are guided primarily by the principles of respect for autonomy, non-maleficence, beneficence and justice. Ethical arguments related to the nursing profession are described. From a care perspective, we discuss arguments that evaluate to what degree euthanasia can be considered positively or negatively as a form of good nursing care. Most arguments in the principle-, profession- and care-orientated approaches to nursing ethics are used both pro and contra euthanasia in general, and nurses' involvement in euthanasia in particular.

Introduction

Euthanasia continues to be a subject of ethical debate. It is defined as the administration of lethal drugs by someone other than the person concerned with the explicit intention of ending a patient's life, at the latter's explicit request.¹⁻⁷ Of all deaths, 0.04% (Italy), 0.06% (Denmark), 0.27% (Switzerland), 0.3–1.2% (Flanders, Belgium), 1.7% (Australia) and 1.7% (the Netherlands) are reported due to euthanasia.³⁻⁸ Since 2002, only the Netherlands and Belgium have permitted euthanasia by law under specified conditions.

Dutch and Belgian euthanasia legislation, and the literature on euthanasia, mainly consider the role and responsibility of doctors in the process. However, euthanasia also concerns nurses. Empirical research in Belgium and the Netherlands, as well as in countries with no legislation on euthanasia, such as the USA, Australia, Japan, Canada

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and New Zealand, refers to the involvement of nurses in euthanasia.⁹ Owing to their specific position in the care of dying patients, and expertise in palliative care, they are intimately involved in the entire process of caring for patients who have requested euthanasia.^{10–12} Nurses' role in caring for these patients, as well as their feelings about their involvement in euthanasia, is very complex. Personal conflict, moral uncertainty, frustration, fear, secrecy and guilt all exist.^{9,13}

On a theoretical level, nurses need to develop a nursing ethics view on euthanasia in order to voice their views in the debate.¹⁴ The need for a nursing ethics view does not imply a single view. From empirical studies on nurses' attitudes towards euthanasia,^{15,16} it is obvious that there is no consensus on euthanasia in general, or on nurses' involvement in euthanasia in particular. Reviews of the argument-based ethics literature on nursing and euthanasia are lacking when compared with reviews of the empirical literature. An in-depth study of the ideas and deliberation in the argument-based nursing ethics literature will enable nurses to clarify their view on (their involvement in) euthanasia and to engage in the euthanasia debate.

Aim

In this article, our aim is to gain insight into the nursing ethics arguments on (nurses' involvement in) euthanasia by means of a thorough review of the argument-based ethics literature.

Method

We conducted an argument-based ethics literature review guided by the method of McCullough *et al.*¹⁷ comprising four steps: (1) identify focused question(s); (2) conduct a literature search to identify articles relevant to the focused question(s); (3) assess the adequacy of the ethical arguments; and (4) identify the conclusions and the position of the author(s) in connection with the focused question(s). The outcomes of the third and fourth steps are presented in the results section of this article.

Focused questions

Examination of the pertinent literature led us to formulate the following three questions:

- On the basis of which ethical principles is an argument for or against (involvement of nurses in) euthanasia built?
- From the perspective of the nursing profession, is the involvement of nurses in euthanasia ethically justified?
- To what degree can euthanasia be considered a form of good nursing care?

Search methods

The electronic databases PubMed, CINAHL, Philosopher's Index, Scopus and Invert were searched using a combination of the following key words: 'active euthanasia', 'voluntary euthanasia', 'euthanasia', 'assisted suicide', 'nurs*', 'ethic*', and 'argument'. Among nursing ethics arguments on euthanasia, we include ethical arguments on

euthanasia from a nursing perspective and ethical arguments on the involvement of nurses in the euthanasia care process. In addition to articles published in scientific journals from January 1987 to June 2007, we also examined relevant book chapters published during the same period. The reliability of our choices of book chapters to include in our review was confirmed by the expertise of the co-authors. We included only literature (scientific articles, opinions, book chapters) that met the standards for argument-based ethics literature identified by McCullough *et al.*¹⁸ and in which nursing ethics arguments on euthanasia were described. Empirical studies, editorials, case studies, position papers of nursing organizations, and codes of ethics of the nursing profession were not included. Only literature published in English, French, German and Dutch that used the same definition of euthanasia given in appropriate Dutch and Belgian legislation was considered. The reference lists of all articles and book chapters were searched to identify additional relevant publications.

Search outcome and quality appraisal

We identified 41 publications that met our inclusion criteria. These comprise 28 articles (Table 1), four opinions (Table 2), and nine book chapters (Table 3). In line with the standards for critically appraising argument-based ethics literature identified by McCullough *et al.*,¹⁸ we included only literature that addressed a focused ethics question, was based on a literature search, and reported the analysis and arguments clearly and accurately. Some of the literature included also offered conclusions and clinical applications. Since the argument-based ethics literature retrieved scores highly on the criteria for critical appraisal offered by McCullough *et al.*,¹⁸ we selected the best analyses of arguments from the nursing ethics literature on euthanasia in general, and nurses' involvement in euthanasia in particular.

Most authors of the included studies originated from the UK ($n = 13$) and the USA ($n = 10$). The remaining studies were written by authors from Canada ($n = 5$), Australia ($n = 6$), Germany ($n = 4$), the Netherlands ($n = 2$) and Singapore ($n = 1$). Of the 41 studies, 30 had a nurse as first author. Thirty-three studies were published in nursing journals or nursing books.

All the studies included apply the definition of euthanasia given in Dutch and Belgian legislation on euthanasia. In the majority of the articles this is quite clear; in a small number the definition of euthanasia could not be literally identified with the Dutch or Belgian definition (Tables 1–3). However, the context made clear that these articles could be included because they considered euthanasia as in line with Dutch and Belgian legislation.

Data abstraction and synthesis

The data abstraction and synthesis process consisted of re-reading, isolating, comparing, categorizing and relating the data to each other. Initially, we re-read the articles, opinions and book chapters several times to obtain an overall understanding of the material. Significant passages explicitly addressing nursing ethics arguments on euthanasia were marked and transcribed literally by the reviewer on a data extraction form. This form was regularly discussed with the co-authors. Subsequently, using thematic analysis, we divided the data into three groups, which enabled us to elucidate ethical arguments on euthanasia related to principles, the profession and care. This analysis was also discussed several times among the co-authors.

Table 1 Articles included in the literature review (date order)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Otte and Allen, 1987 ²⁵	USA	'active euthanasia' – 'killing someone' – 'mercy killing' ^a	No opinion	Autonomy, non-maleficence, beneficence		
Kuhse and Singer, 1989 ⁴⁷	Australia	'taking active steps to end a patient's life' – 'killing a patient'	Pro euthanasia	Non-maleficence, beneficence		
Ellis, 1991 ⁴⁹	UK	'active euthanasia' – 'killing the patient' – 'purposeful shortening of human life through active or direct assistance, with or without medical assistance'	Pro euthanasia	Beneficence		Euthanasia is compatible with care
Simpson, 1992 ²⁶	Canada	'active euthanasia' – 'using techniques and procedures deliberately intended to interrupt a patient's ability to sustain life'	Contra euthanasia	Autonomy, non-maleficence, beneficence	Trust in the role of the nurse as healer	
Coyle, 1992 ³⁷	USA	'the deliberate action by a physician (or another individual) to kill a patient at the patient's request'	Contra euthanasia	Autonomy, non-maleficence, beneficence		Euthanasia is incompatible with care
Kowalski, 1993 ³²	USA	'injecting a consenting patient with a lethal injection for the purpose of causing death' – 'voluntary active euthanasia'	Contra euthanasia	Beneficence	Trust in the role of the nurse as healer	
Allmark, 1993 ²¹	UK	'a death, brought about by someone else, which is a benefit for the person killed'	Pro euthanasia	Autonomy, justice		
Zimbelman, 1994 ⁴⁴	USA	'an intentional (wilful), causally significant (either through omission of commission), foreseeable, and direct action undertaken for the purpose of ending the life of a person, for whatever reason'	No opinion	Non-maleficence, beneficence, justice	Trust in the role of the nurse as healer	

Table 1 (Continued)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Davis, 1994 ²³	USA	'the direct termination of a competent adult patient's life at the patient's request'	No opinion	Autonomy, beneficence		
Ericksen <i>et al.</i> , 1995 ³⁹	Canada	'active euthanasia ... helping to die ... adequate and informed consent' ^a	Contra euthanasia	Autonomy, beneficence		
Beech, 1995 ³³	UK	'the intentional bringing about of persons' death, at their own request in the absence of coercion'	Contra euthanasia	Autonomy		Euthanasia is incompatible with care
Ogden, 1996 ²⁴	UK	'killing someone at the end stages of life'	No opinion	Autonomy		
Goodman, 1996 ²⁴	UK	'a patient's death being brought about at his/her own request ... Voluntary euthanasia is often linked with the idea of a positive or direct action that is required to bring about death.'	Contra euthanasia	Autonomy, beneficence		Euthanasia is incompatible with care
Farsides, 1996 ²⁷	UK	'active euthanasia' ^a	Pro euthanasia	Autonomy		Euthanasia is compatible with care
Remmers, 1996 ⁵⁷	Germany	'active forms of euthanasia (limited legalized practice in the Netherlands)'	Contra euthanasia			Euthanasia is incompatible with care
Willard, 1997 ²⁸	UK	'voluntary active euthanasia ... given with the patient's consent and often at his request ... an action which brings about a patient's death (e.g. the administration of a lethal drug)'	Pro euthanasia	Autonomy, beneficence		Euthanasia is compatible with care
Gauthier, 1997 ⁵⁸	Canada	'euthanasie' ['euthanasia'] ^a	Contra euthanasia			Euthanasia is incompatible with care

Table 1 (Continued)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Van der Arend, 1998 ⁵¹	Netherlands	'intentionally ending the life of a person, upon his or her explicit request with the act being performed by someone other than the person concerned'	Contra euthanasia		Nurse as moral actor	
Begley, 1998 ⁴⁰	UK	'beneficent voluntary active euthanasia: "beneficent" from the prima facie principle of beneficence, to do good, and "voluntary" to indicate that this must be carried out at the request of a competent client'	Pro euthanasia	Autonomy, non-maleficence, justice		Euthanasia is compatible with care
Volkenandt, 1998 ⁵⁹	Germany	'In the case of active euthanasia, the physician actively terminates the life of the patient, for example by a lethal injection – thus directly killing the patient.'	Contra euthanasia			Euthanasia is incompatible with care
Low and Pang, 1999 ³⁵	Singapore	'the deliberate action to terminate life by someone other than, and at the request of, the patient'	Contra euthanasia	Autonomy, beneficence		Euthanasia is incompatible with care
White, 1999 ⁵⁵	USA	'euthanasia in response to patients' requests'	Pro euthanasia	Autonomy, beneficence	Professional integrity	Euthanasia is compatible with care
Gauthier, 2001 ³⁸	Canada	'the termination of a competent adult patient's life, through the administration of medication, by a healthcare provider at the patient's request.'	Contra euthanasia	Autonomy	Trust in the role of the nurse as healer	

Table 1 (Continued)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Moody, 2003 ⁴⁸	UK	'Active euthanasia is classified as causing death by commission: that is, directly intervening to cause the death of the individual. In active euthanasia the death is the desirable end result that is foreseen and intended.'	Pro euthanasia	Non-maleficence		
Oduncu, 2003 ⁶²	Germany	'the termination of life by a doctor at the request of a patient'	Contra euthanasia			Euthanasia is incompatible with care
Snelling, 2004 ²⁰	UK	'active euthanasia ... an act that intentionally causes the death of an innocent person ...'	Pro euthanasia	Autonomy, non-maleficence, beneficence		
McCabe, 2007 ⁵²	Australia	'a deliberate act that causes death undertaken by one person with the primary intention of ending the life of another person in order to [either] relieve that person's suffering [or] on the grounds that [that person's life] is not worth living'	Contra euthanasia	Autonomy, beneficence	Nurse as moral actor	
McCabe, 2007 ⁵³	Australia	'a deliberate act that causes death undertaken by one person with the primary intention of ending the life of another person in order to [either] relieve that person's suffering [or] on the grounds that [that person's life] is not worth living'	Contra euthanasia		Trust in the role of the nurse as healer Nurse as moral actor	Euthanasia is incompatible with care

^aThese definitions are not explicit. The context made clear that the articles could be included because they considered euthanasia as in line with Dutch and Belgian legislation.

Table 2 Opinions included in the literature review (date order)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Pollard and Winton, 1993 ⁴¹	Australia	'euthanasia as intentional killing at the patient's request'	Contra euthanasia	Autonomy		Euthanasia is incompatible with care
Aroskar, 1994 ⁵⁴	USA	'Active euthanasia ... indicates the intentional bringing about of death through means such as the administration of a lethal drug dose.'	No opinion		Professional integrity	
Karkheck, 2002 ⁶¹	USA	'Voluntary euthanasia is when a physician intentionally administers a treatment (usually medication) to cause an individual's death, with fully informed consent ... Active euthanasia is actively bringing death to an individual.'	Contra euthanasia			Euthanasia is incompatible with care
Milliken, 2004 ⁴³	Australia	'Active euthanasia' ^a	Contra euthanasia	Non-maleficence, justice		

^aThis definition is not explicit. The context made clear that the opinion could be included because it considered euthanasia as in line with Dutch and Belgian legislation.

Table 3 Book chapters included in the literature review (date order)

Reference	Country	Definition of euthanasia	General position	Arguments related to principles	Arguments related to profession	Arguments related to care
Fitzpatrick, 1988 ⁴⁶	UK	'euthanasia involves the deliberate bringing-about of someone's death'	Contra euthanasia	Non-maleficence, beneficence		
Schaart and Boer, 1988 ³⁰	Netherlands	'het opzettelijk levensbeëindigend handelen door een andere dan de betrokkene op diens verzoek' ('intentional life-terminating action by someone other than the person concerned, at the latter's request')	No opinion	Autonomy, non-maleficence		
Arndt, 1996 ²²	Germany	'freiwillige Euthanasie' ^a ('voluntary euthanasia')	Contra euthanasia	Autonomy, non-maleficence		Euthanasia is incompatible with care
Davis <i>et al.</i> , 1997 ⁵⁰	USA	'euthanasia of the good death: allowing to die and helping to die' ^a	No opinion	Beneficence		
Kuhse, 1997 ²⁹	Australia	'voluntary euthanasia or the intentional termination of life'	Pro euthanasia	Autonomy, justice		Euthanasia is compatible with care
Blondeau, 1999 ³¹	Canada	'l'acte médical qui provoque directement la mort' ('the medical act leading directly to death')	Contra euthanasia	Autonomy		
Bandman and Bandman, 2002 ⁴⁵	USA	'voluntary euthanasia' ^a	Contra euthanasia	Non-maleficence		Euthanasia is incompatible with care
Rumbold, 2002 ³⁶	UK	'active euthanasia ... as those techniques and procedures deliberately intended to interrupt the patient's ability to sustain life'	No opinion	Autonomy, non-maleficence, beneficence		
Woods, 2007 ⁵⁶	UK	'active voluntary euthanasia'	Pro euthanasia	Autonomy		Euthanasia is compatible with care

^aThese definitions are not explicit. The context made clear that these book chapters could be included because they considered euthanasia as in line with Dutch and Belgian legislation.

Results

Ethical arguments about euthanasia related to principles

The four principles of medical ethics – respect for autonomy, non-maleficence, beneficence and justice¹⁹ – comprise, in large measure, the nursing ethics debate on euthanasia. However, it seems too simple to state, as Snelling²⁰ did, that the justification for euthanasia is based on the principles of beneficence and respect for autonomy, while its opponents rely on the principle of non-maleficence. The nursing ethics literature reveals that these principles are put forward, manipulated and interpreted to support arguments both for and against euthanasia.

Respect for autonomy

In the nursing ethics literature, euthanasia as an ethically good practice is often justified on the basis of respect for an individual's autonomy. A person organizes his or her own private life so that the government, doctors and nurses cannot counteract what a euthanasia requester considers as the individual realization of his or her autonomous choice.^{21–26} Farsides²⁷ states that doctors and nurses must respect a request for euthanasia as an expression of the patient's autonomy, even if they do not consider themselves capable of or want to carry out this request. Similarly, Willard²⁸ indicated that caring for a patient is best achieved by respecting the patient's autonomy, even if he or she requests euthanasia. According to Kuhse,²⁹ a good death is an autonomous death. Thus, the autonomous choice to die must not be counteracted by the maternal attitude of an unprincipled, feminine nursing ethics of care.

However, the nursing ethics literature also offers four criticisms against the characterization of euthanasia as a morally good practice on the basis of respect for a patient's autonomy. Appeals to autonomy in order to justify euthanasia seem problematic. The first criticism is that euthanasia itself, at least in part, carries the connotation of having too little respect for the autonomy of others. Schaart and Boer³⁰ stated that euthanasia not only deals with a patient's autonomy regarding life in general or his or her life in particular, but also, and above all, deals with a patient's autonomy over and against other people. Blondeau³¹ argued that respect for a patient's autonomy cannot simply erase the importance of the social community. Just as life is a social practice, dying is also a social practice: it does not happen outside of a social network. McCabe³² stated that a one-sided choice to support a patient's autonomy undermines the autonomy of the nurses involved in caring for that patient. They are not obliged to honour every preference that a patient may express. Nurses do not have to advocate anything and everything a patient may want. Beech³³ therefore argues that, for full respect of autonomy to occur, nurses as well as patients must be allowed an equal opportunity to exercise their autonomy. Similarly, Goodman³⁴ also has problems with the notion that nurses' autonomy is violated by the act of euthanasia on the basis of respect for a patient's autonomy.

The second criticism is based on the idea that euthanasia does not really administer justice to the autonomy of the patient. Low and Pang³⁵ consider respect for a patient's autonomy as important, but not absolute. They found it strange that advocates of euthanasia support patient autonomy by making this same autonomy senseless, because after euthanasia is completed the patient no longer enjoys his or her autonomy. Low and Pang thus consider euthanasia to be an escape, in which pain is alleviated by

eliminating the patient. Euthanasia therefore illustrates an inability to deal with death. Blondeau³¹ also questions the quality of autonomy for a patient who flees from uncertainty and anxiety by choosing to die. According to Rumbold,³⁶ on the basis of a patient's autonomy, euthanasia only confirms a defeatist perspective, in which there is no room for a positive answer to personal suffering. According to McCabe,³² respect for a patient's individual autonomy as justification for the act of euthanasia considers only those who can make, or have made, their wishes clear. The 'non-autonomous' patient, who can no longer communicate with his or her environment, is made to suffer. One who uses the principle of respect for autonomy as justification for euthanasia therefore runs the risk of denying a person dignity once he or she is incapable of expressing himself or herself as an autonomous individual.

The third criticism lies in the argument that, if one considers euthanasia at least as a socially justified possibility of choice, a patient's autonomy is in danger because of growing social pressure on some specific patient populations.^{37,38} This type of social climate hinders a patient from making a well-considered and free decision. The possible occurrence of discrimination against vulnerable groups makes euthanasia dangerous.³⁹ Begley⁴⁰ fears that, because of the growing focus on the 'procedure of care', a patient may be afraid to withdraw his or her euthanasia request once the procedure has started. Pollard and Winton,⁴¹ as well as Low and Pang,³⁵ point out that the so-called free request for euthanasia does not always happen freely.

The last criticism is based on the misuse of autonomy to justify euthanasia. Indeed, McCabe³² criticizes how the nursing ethics literature currently uses the concept of autonomy to justify a link between nursing care and euthanasia. This type of autonomy concerns an asocial, individualistic concept of autonomy based on desires rather than on reason or understanding. According to McCabe,³² the application of autonomy in this way leads to a one-sided preference-utilitarianism or forced ethic of consequences in which 'morally good' corresponds with 'autonomously chosen'.

Non-maleficence

In the nursing ethics literature, a rejection of euthanasia mostly occurs on the basis of the non-maleficence principle. Owing to irreversible damage to patients' lives, McInerney and Seibold⁴² ardently plead against euthanasia. According to this perspective, euthanasia is too drastic an intervention to be used in end-of-life care. It makes dealing correctly with death almost impossible; it is also irreversible.³⁷

The principle of non-maleficence is applied in two ways. First, the sanctity and inviolability of life and the human person do not allow euthanasia to be considered as good ethical nursing practice.^{22,36} According to nurses, human life deserves respect, especially now when society is confronted with the problems of a population that is growing older and health care costs that are increasing.⁴³

Second, using this argument the gift character of life is often translated into a religious stance. The religiously interpreted resistance to euthanasia starts from the presupposition that life lies in God's hands and that our life is not our own.⁴⁴ Religion helps us to see ourselves and others as persons.⁴⁵ Fitzpatrick⁴⁶ emphasizes that the problem with such reasoning is that it works only for those who share the same religious presupposition.

The principle of non-maleficence also has its opponents. Schaart and Boer³⁰ and Zimelman⁴⁴ suggest that the fundamental norm, 'respect for life', is not absolute. Kuhse

and Singer⁴⁷ reject the sanctity-of-life principle, which states that each human life is of equal dignity and inviolable. According to these authors, one must have good reasons for preferring the condition of allowing one to die over the condition of helping one to die. Moody⁴⁸ also sweeps aside the sanctity-of-life principle and views it as an illusion.

Beneficence

Nurses are also portrayed as patient advocates who must do good. The principle of beneficence generates an obligation to promulgate the important and legitimate interests of others. In the ethical debate on euthanasia, the principle of beneficence functions also as a two-edged sword that can be used for support or opposition.

If nurses want to do good for patients, then, according to some authors, quality-of-life arguments have to be employed, whereby the quality of one's life and its dignity is worth more than the length of life.^{47,49} In line with respect for the beneficence principle as an argument for euthanasia, Simpson²⁶ refers to the concept of 'wrongful life', which implies that a particular life is bad, intrinsically wrong, and harmful in comparison to death. Death is then precisely considered as good and right. According to Zimbelman,⁴⁴ the quality-of-life argument ensures that health care workers do not become subject to biological idolatry – the error of vitalism – or therapeutic obstinacy. In this respect, Davis *et al.*⁵⁰ discuss 'the overall good of an individual patient' and state that what is medically good for a patient is not always what the patient wants.

Nevertheless, there are sharp remarks in the nursing ethics literature with respect to this argument in favour of euthanasia. These remarks question the direct link between doing good for a patient and euthanasia. The concept of beneficence carries with it an indistinctness: how is one to consider the 'patient's best interests', and which necessary actions does one have to fulfil to meet them?²⁸ In interpreting the significance of doing good for a patient, the patient's desire to die may not simply be identified with a desire to be killed.³⁷ Van der Arend⁵¹ states that patients' interests are never served by causing their death, even if they believe so and if they desire to die. Goodman³⁴ calls compassion an insufficiently strong motive for justifying euthanasia.

The nursing ethics literature on euthanasia poses many more questions. Can one rationally judge the worthlessness of someone's life?^{39,46} Is there something like a life not worth being lived?^{35,36} Is it not a contradiction to eliminate a life on the basis of seeking quality of that life?³⁶ McCabe³² warns about ethics of desire that outstrip ethics of reason. When the feelings and wishes of patients or of other persons involved attain the upper hand, there is a threat of moral relativism whereby the feelings of the majority promulgating the patient's interests determine what is good ethical nursing practice.

Justice

In promoting or protecting patients' interests, Kuhse²⁹ defends the notion that euthanasia can be necessary from the point of view of justice. Here the principle of justice appears as an expression of good care for the patient.

Allmark²¹ states that one does not have to resort to a utilitarian way of thinking wherein euthanasia is considered to be an ethically justified form of good dying; for example, in cases in which it would be unjust and cruel to refuse a request for euthanasia. Justice here means that everyone receives according to their need and gives according to their possibilities.

The literature offers two warnings about using the principle of justice in the argument for euthanasia. First, the danger of being self-righteous (or the danger of calling something 'just' to fit in its own domain) is very real. Self-gratification and self-serving behaviour are the characteristics of a new social movement, of which euthanasia is but a part.⁴³ Second, the right to die does not morally obligate nurses actually to carry out patients' requests for euthanasia.⁴⁴

Ethical arguments about euthanasia related to the profession

According to some authors, violation of the non-maleficence principle is not only detrimental to the gift character of life, but it can also seriously harm the integrity of the nursing profession.^{35,38} Several ethical arguments for and against euthanasia emerge from the literature, and they prompt the nursing profession to reflect deeply on its attitude towards this problem.

Nursing practice based on trust

Simpson²⁶ and Kowalski⁵² both plead in favour of the argument that patients should always be able to trust that a nurse will not kill them. Euthanasia as such can create a dimension of suspicion that changes the very character of a nurse's role as healer and advocate. In this context, Zimbelman⁴⁴ also warns of the distrust that can arise in institutions that co-opt into their policy the possibility of euthanasia. Confidence in the relationship between patient and nurse suffers from this type of policy. McCabe⁵³ states that nurses' involvement in the execution of euthanasia truly harms society's trust in the nursing profession.

The nurse as independent moral actor

In the same profession-orientated perspective, Aroskar⁵⁴ refers to the integrity of nurses, who should never be used merely as means to achieving patients' goals, here meaning patients' wish for death. According to McCabe,^{32,53} when euthanasia is justified through utilitarian use of the principle of respect for autonomy, this runs counter to nursing's moral practice. Nurses are more than simple executors of patients' wishes. When nurses become involved in carrying out euthanasia, many issues are at stake: the true nature of nursing, the professional dignity of nurses and, above all, the autonomous character of nursing with regard to doctors and patients.

Professional integrity in the function of euthanasia

Nevertheless, the professional integrity argument is also used to support euthanasia to the extent that professional integrity can be thought of as responsibility for a fellow human being and as respect for a patient's autonomy. In this context, White⁵⁵ clearly states that assisted suicide, which in her article is understood to be euthanasia, is compatible with the professional integrity of nursing. This integrity specifically underlies nurses' motivation for respecting patient autonomy, promoting patient well-being and providing compassionate care. Here, euthanasia is in line with the proper character of the nursing profession, which focuses on protecting human dignity, promoting patients' interests and caring for patients.

Ethical arguments about euthanasia related to the concept of care

Framing euthanasia as an ethical problem from a care-orientated perspective has a different starting point from that of a principle- and profession-orientated perspective. The main question from this viewpoint is how to define good care.

Euthanasia as the pinnacle of care

In the nursing ethics literature, some authors plead for the case that euthanasia is an expression of care for patients in distress. Ellis⁴⁹ is in favour of permitting euthanasia so that dignified care can be delivered during dying in the same way that nurses strive to deliver patient care in life. Farsides²⁷ therefore stresses that requests for euthanasia should not be considered a sign of care failure. Willard²⁸ advances the notion that euthanasia is certainly not incompatible with care and is a moral possibility, even though other treatment options, such as palliative care, now exist. Particularly during the terminal phase of life it is critical that nurses acknowledge that patients are fellow human beings who are worthy of dignity and respect. This is crucial for all caring. For Kuhse,²⁹ who sees no clear line separating palliative care and euthanasia, euthanasia is best seen as a form of specialized care. However, this view challenges some long-accepted principles, rules and laws that are unjust and stand in the way of good patient care. For Begley,⁴⁰ who considers euthanasia to be part of terminal care, euthanasia is not opposed to care. In line with Kuhse, she even calls euthanasia a challenge for health care workers: 'The challenge of euthanasia ... is clear: are those who claim to be the advocates of the dying person ready to accept this challenge?' (p. 305).⁴⁰ According to Begley, comprehensive care has to imply the possibility of euthanasia. Woods⁵⁶ defends the idea that euthanasia should be an integral part of palliative care. For him, euthanasia is consistent with palliative care ethics because he regards it as being on a continuum with the use of palliative sedation.

Care as a challenge for euthanasia?

There are also those who challenge Begley's position. It is not euthanasia that poses a challenge but the development of care for the patient in need. According to several nursing ethicists, euthanasia is in direct opposition to care. For them it is unthinkable that euthanasia would comprise a part of nursing caring practice.

The idea that care for a dying person should be improved is an argument often heard in the literature against making a link between euthanasia and good care. Coyle³⁷ states that conditional legalization of euthanasia does not advance the goal of improving care for dying people. She offers some tools for nursing management. The basic condition for good care is the empathic attitude a nurse shows towards a patient. Suffering is not denied, and patients and their families actually feel that they are not left alone or abandoned. Nurses do not let their patients down; feelings of abandonment or despair have to be heard. Consistent with the principle of beneficence against euthanasia but from the care perspective, Coyle³⁷ states that wanting to die is not the same as wanting to be killed. There is a difference between 'I wish I was dead' and 'kill me'. According to Beech³³ it can be argued that euthanasia is not conducive to care for dying people; it even undermines this kind of care. In carrying out euthanasia, health care professionals may become weary of death in general, which could lead to a less compassionate attitude towards caring for dying patients.

Similarly, Pollard and Winton⁴¹ accuse many of unjustly considering euthanasia as a rational alternative, a possibility in the care of elderly, dying and severely disabled people. According to both authors, a better care alternative is possible. Remmers⁵⁷ interprets the longing for death as a cry for more attention and support in the dying process. Goodman³⁴ therefore sees that the most important role of nurses is to offer the fittest, most respectful, supportive, skilled and compassionate care. She refuses to consider euthanasia as care and to justify it as a way of pain control. In this context, Gauthier⁵⁸ asks himself, 'whose pain does euthanasia really aim to relieve: that of the patient or that of the healthcare worker and the relatives?' Volkenandt⁵⁹ also does not consider the choice between supportive care and euthanasia to be an ethical dilemma. Euthanasia does not meet his vision of good care, which acknowledges pain without eliminating the patient.

Low and Pang³⁵ reject the idea that euthanasia is an option or possibility of choice in palliative care. They state that euthanasia radically counteracts the fundamental principles of medicine and nursing in general, and of palliative care in particular. For them, unconditional care is the cornerstone of palliative care – defined as care that does not unnecessarily postpone or hasten the end of life⁶⁰ – and is incompatible with the possibility of euthanasia. These nurse ethicists consider euthanasia to be the opposite of palliative care. Killing opposes the most fundamental principles of palliative care, such as 'doing good' and 'not harming'. From their perspective, euthanasia cannot be considered to be a confirmation of life; it degrades life and deprives a patient of his or her final growth in humanity.

This plea among nurse ethicists for adequate care that does not point at termination of life is also supported by Karkheck.⁶¹ To her, the issue of euthanasia illustrates the shortcomings in our care of terminally ill patients. As such, ethically justified end-of-life decisions do not include assisting with euthanasia, which denies patients their final stage of life. Bandman and Bandman⁴⁵ are more explicit and believe that, in general, not intervening in the dying process is ethically preferable to killing. They consider euthanasia to be an intervention that is too aggressive and prefer the hospice concept of Cicely Saunders. These views also inspired Oduncu,⁶² who rejects killing as due care. Euthanasia relieves pain by eliminating the patient. According to Oduncu, it is not possible for euthanasia to be part of the duty of care giving. He pleads for skilled and compassionate care in accompanying dying people and prefers optimal instead of 'maximal' (euthanasia included) but incomplete care. Along these lines, Arndt²² pleads for the development of '*individualisierende Pflege*' (individualizing care), which makes euthanasia superfluous. McCabe⁵³ also believes that the ultimate concern of nursing care, that is, healing of patients, excludes euthanasia. For her, euthanasia is antithetical to nursing activity and cannot be considered to be a 'nursing-as-healing praxis'.

Discussion

Before discussing the main results of our review, we would like to make the following remark. It can be taken for granted that the arguments described are influenced by religious and other attitudes of the authors. In some cases, this religious background is incorporated and made explicit in the arguments.⁴⁴⁻⁴⁶ However, in other cases, the religious or personal underlying attitudes are not made explicit by the authors. In these cases, in order to avoid misinterpretation, we have chosen to present the arguments as

they are described by the authors, without any reference to personal or other underlying attitudes.

Another observation we made is that only two studies originate from the Netherlands, the first country in the world to have passed an Act on euthanasia. From Belgium, the second country with euthanasia legislation, no study is included in our review. Most of those included were published before euthanasia legislation came into force in the Netherlands and Belgium. Based on these observations, we should be very cautious in interpreting the described arguments in the context of current (Dutch or Belgian) euthanasia legislation.

Principle- and care-orientated approaches to nursing ethics

The nursing ethics debate on euthanasia seems mostly to be influenced by two important approaches in nursing ethics: the principle-orientated approach and the care-orientated approach. It is striking that the concepts used in nursing ethics literature on euthanasia are substantially allied to principlism, a perspective expressed in the 1970s by Beauchamp and Childress.¹⁹ In the majority of the studies included (35 of 41), principle-based arguments are apparent. This observation could be partially explained by the fact that the main body of literature in this study is Anglo-Saxon in origin. The principle of respect for autonomy is predominant in the included studies and generally leads to an argument for euthanasia.

Until now, this principle-based thinking invited much criticism from the care perspective or care philosophy, among others. A care-based approach to ethics is a challenge to the principle-based approach.⁶³ Indeed, the conceptual relationship between nursing ethics arguments and care-based arguments is becoming increasingly clear. In approximately half of the studies included (20 of 41), care-based arguments are advanced. This care-orientated literature mostly considers euthanasia as being incompatible with care (13 of 20).

Different from the principle-based arguments, those referring to the concept of care do not have such a clear definition of the main concept used. This makes these arguments more difficult to interpret. It is clear that publications using the concept of care do not share the same meaning of this concept. Some studies refer to care in the meaning of 'clinical care', 'palliative care', 'terminal care' or 'nursing care',^{34,35,40,59} while others refer to a more normative concept of care, as used in 'care ethics literature'.^{53,58,62} This 'care literature' is the most difficult (and confusing) but at the same time the most interesting (and innovative) writing to be studied in the context of nursing and euthanasia. Further research is thus needed to clarify and interpret the exact meaning of the ethical arguments on euthanasia related to the concept of care.

As such, we state that the nursing ethics debate on euthanasia is strongly influenced by the fundamental ethical discussion of a principle-orientated approach and the care approach in nursing ethics. Ethical arguments related to the profession emerged in only nine studies. These arguments may be more apparent in position papers of professional organizations and codes of ethics, but these documents were not considered in this study.

Argument-based and empirical literature

Focusing on the interplay between empirical and philosophical ethics may contribute to a better understanding of ethical issues.⁶⁴ In comparing the results of this review of

argument-based ethics literature with those of reviews of empirical studies on nurses' attitudes to euthanasia,^{15,16} some similarities emerge. Many principle-based ethical arguments from the nursing ethics literature correspond with those presented in the empirical studies. The principles of respect for autonomy, non-maleficence, beneficence and justice are prominently advanced in both these types of literature.^{15,16} However, the present review offers a more nuanced and more profound image of the ethical arguments on euthanasia in the context of argument-based ethics literature. Principles such as respect for autonomy, beneficence and justice are not used exclusively for or against euthanasia, but are applied, interpreted and manipulated in both positions. Our literature study also presents relevant insight into the reasoning of a certain argument, focusing attention on the formulated strengths and weaknesses. This nuanced analysis contrasts with the categorical arguments apparent in some empirical studies.¹⁵

In comparison to the empirical literature, the argument-based ethics literature, as we have shown in this review, presents many additional arguments for and against euthanasia from the nursing ethics perspective. Specifically, argument-based ethics offers both profession- and care-orientated arguments, which are new in comparison with the empirical research that mainly offers principle-based ethical arguments.

Ethical arguments and contextual embeddedness of clinical practice

In this article, theoretical principle-based arguments were mainly advanced. However in clinical practice, ethical positions are always embedded in a specific institutional and social context. Tronto⁶⁵ and Walker⁶⁶ involve the context of morality in their search for the intelligibility of human practice because the contextual embeddedness not only colours moral practice but also often forms part of the ethical problem itself.

Empirical research precisely illustrates the importance of this contextual embeddedness. The aim of the medical act of doctors, the deliberation structures of the care unit, the time available for patient care, the legal context, and the internal institutional ethics policy on euthanasia all seem to be important determinants of how and to what degree nurses are involved in caring for patients requesting euthanasia.¹³ Despite the fact that nurses are increasingly conscious of the ethical importance of their caring task, the realization of this in the present institutional context seems to be absent. Today, many nurses believe they are unable to provide the kind of care they would like to give. They perceive shortcomings not so much on a medical-technical level, but on an ethical level.^{67,68} This uneasiness is further reinforced by the fragmentation of team decisions on euthanasia³⁹ and a lack of communication and deliberation between doctors and nurses owing to time pressures and hierarchical relationships.^{13,69,70}

Because of this complex contextual embeddedness of clinical practice and ethical decision-making processes, this study aimed to contribute to the development of ethical arguments regarding euthanasia from a nursing perspective. Although position papers of professional organizations and codes of ethics were not included, this literature study also aimed to contribute to the development of a professional ethical viewpoint on nursing care and euthanasia. Professional nursing organizations must clarify the degree to which nurses' involvement in caring for a patient requesting euthanasia can be brought in line with professional ethical values and norms. They must support nurses when confronted with a euthanasia request, both in countries in which euthanasia is legal and in those in which it is not. Another way to help nurses to deal with euthanasia requests is the development of written institutional ethics policies on end-of-life decisions, in which nurses' role is explicitly stated.⁷¹⁻⁷³

Implications

The lack of consensus among nurses on euthanasia in general, and on their involvement in particular, points to the necessity for continuing this debate in nursing. We suggest that attention needs to be focused on four areas:

- 1) A better analysis of the essence of care in general, and palliative care in particular, has to refine the relationship between care and euthanasia. In this respect, nurses can offer an original and specific contribution by explicitly stating, re-thinking and making public the exploration of their own experiences and perceptions in caring for people who request euthanasia. Hidden or unknown aspects of the caring process should emerge and inform the ethical debate.
- 2) A sound dialogue between the results of argument-based ethics studies and empirical studies on euthanasia is also necessary. These research methods complement each other, leading to better insight into the phenomenon studied.
- 3) Position papers of professional nursing organizations and professional codes of ethics must be studied in order to map the professional ethical viewpoint on nursing care and euthanasia. Consideration of these should also answer the question: To what degree does nurses' involvement in caring for a patient requesting euthanasia correspond with professional ethical values and norms?
- 4) Owing to the specificity of nursing expertise and experiences in end-of-life care, nurses have to be inspired to participate more in the public ethical debate on euthanasia through research and publication of their own viewpoints.

Conflict of interest statement

The authors declare that there is no conflict of interest.

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