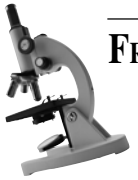

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Addressing Patients' End-of-Life Needs: The Role of the Oncology Nurse

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Requests for Assisted Dying

Volker, D. (2001). Perspectives on assisted dying: Oncology nurses' experiences with requests for assisted dying from terminally ill patients with cancer. ***Oncology Nursing Forum, 28,*** **39–49.**

Study Summary

The purpose of this qualitative study was to explore oncology nurses' experiences of requests for assisted dying from patients with cancer at the end stage of disease. Nurses who identified themselves as direct care providers or clinical nurse specialist members of the Oncology Nursing Society were asked to submit a written account or story of receiving a request for assistance in dying from a patient with advanced cancer with a limited life expectancy. Forty oncology nurses submitted 48 stories that were analyzed using Denzin's process of interpretive interactionism. The majority of the participants were master's prepared females with a mean age of 45 and a mean of 14 years in oncology. Four main themes and 11 subthemes emerged from the data analysis of the 48 stories. The first main theme was control. Subthemes for control were cry for help, hastening the process, what if, managing the morphine, and countering with palliative care. Patient and family requests often were attempts to control intense pain, suffering, and the dying process. Many nurses responded by offering palliative care or hospice referrals. The second main theme was conflict. Subthemes for conflict were a collision of values and sense of distress. Nurses described a sense of uncertainty and distress in receiving requests for assisted dying because of their conflict between meeting the patient and family needs and maintaining their professional values. The third main theme was covert communication. Subthemes for covert communication were the dialogue around the request and the silent knowing. Nurses described communication with family members regarding assisted dying as covert, perplexing, and complex. The fourth main theme was enduring influence. The subthemes for enduring influence were the unforgettable and reflections on lessons learned. Nurses described the lasting impact that requests for dying had on their personal and professional lives. Some expressed a change in values and felt they would be more comfortable in meeting patient and family requests for assisted dying in the future.

Applications to Patient Care

- **Study findings indicated that patient and family requests often were communicated in a covert manner.**

Some nurses described a "silent knowing" that patients or family members were seeking information about assisted dying and not necessarily making a specific formal request. Clearly, nurses cannot address assisted dying requests in a simple, straightforward manner. As nurses reflect on such situations, numerous other factors and emotions are present in real-life nursing situations. Reflection and storytelling about patient and family assisted dying requests may assist oncology nurses in clarifying their nursing philosophy in caring for patients who are at the end stage of disease. Sharing the encounter and openly discussing the patient and family dynamics with other healthcare providers may provide nurses with other perspectives and direction in caring for patients who request assistance in dying.

- **Participants experienced a sense of uncertainty, conflict, and distress with requests for assisted dying. Participants, through reflection on their situation, gained invaluable knowledge and expressed a change in their nursing interventions with possible future requests for assisted dying.**

As nurses in the specialty of oncology, contact with and nursing care of patients with advanced disease is inevitable. Education and nursing care experience working with patients with limited life expectancies may assist nurses in clarifying their feelings and values and assist with conflict resolution. Additional education regarding end-of-life care should be included in basic nursing programs. Workshops and continuing-education programs should be provided in the work setting on a frequent basis. This is especially important for new oncology nurses who have limited experiences in caring for patients with advanced disease but also may support more experienced oncology nurses by providing a forum for open discussion. Patient vignettes and role-playing involving patients and requests for assisted dying can facilitate learning and model real-life situations. Experienced oncology nurses also should be readily available to mentor new oncology nurses faced with such situations.