Patient Education and Counseling 99 (2016) 783–789

Contents lists available at ScienceDirect

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou

Provider perspectives

Nursing staff and euthanasia in the Netherlands. A nation-wide survey on attitudes and involvement in decision making and the performance of euthanasia

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ARTICLE INFO

Article history:
Received 5 May 2015
Received in revised form 30 October 2015
Accepted 7 November 2015

Keywords:
Euthanasia
Decisions
Palliative care
Nursing

ABSTRACT

Objectives: To give insight into Dutch nursing staff's attitudes and involvement regarding euthanasia.
Methods: The sample was recruited from a nation-wide existent research panel of registered nurses and certified nursing assistants. Descriptive analyses and multivariate logistic regression analyses were performed.
Results: 587 respondents (response of 65%) completed the questionnaire. The majority (83%) state that physicians have to discuss the decision about euthanasia with the nurses involved. Besides, 69% state that a physician should discuss a euthanasia request with nurses who have regular contact with a patient. Nursing staff who have religious or other beliefs that they consider important for their attitude towards end-of-life decisions, and staff working in a hospital or home care, are most likely to have this opinion. Being present during the euthanasia is quite unusual: only a small group (7%) report that this has ever been the case in their entire working life. Seven% (incorrectly) think they are allowed to administer the lethal drugs.
Conclusion: The majority want to be involved in decision-making processes about euthanasia. Not all are aware that they are not legally allowed to administer the lethal drugs.
Practice implications: Nursing staff should be informed of relevant existing legislation and professional guidelines.

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1. Introduction

As of 2002, euthanasia in the Netherlands has been regulated by the Termination of Life on Request and Assisted Suicide Act, often called the 'euthanasia act' [1]. In the '80s' and '90s' of the previous century, euthanasia practices were still a crime according to the Dutch Penal code. However, due to the development of jurisprudence, Dutch courts tolerated if a physician had performed the euthanasia in an unbearably suffering patient with a voluntary euthanasia request, and after consultation with an independent physician [2]. In the euthanasia act – and accordingly in this paper – euthanasia is defined as the administering of lethal drugs by a physician with the explicit intention to end a patient's life at the patient's explicit request. Comparable euthanasia acts exist in Belgium and Luxembourg.

The legal conditions and actual practice of euthanasia in the aforementioned countries have been the subject of much international debate [3]. Yet there are no indications that after euthanasia has been made legal, the number of euthanasia cases increased. In 2010, of all deaths in the Netherlands, 2.8% were the result of euthanasia. This rate is comparable with those in 2001 and 1995 [4]. Euthanasia is only possible in The Netherlands under very strict conditions. Only physicians are legally allowed to give lethal drugs to terminate the life of a patient, and only when criteria of due care are met [1]. In addition, only physicians have the legal authority to make the decision to perform euthanasia and they are

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http://dx.doi.org/10.1016/j.pec.2015.11.008
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also the only persons who are allowed to administer the lethal drugs. Nursing staff, or other non-doctors who administer lethal drugs, risk prosecution and disciplinary measures.

Nonetheless, nursing staff often have frequent and close contacts with patients at the end of life. They may therefore be confronted with patients with a euthanasia request and could be one of the first people with whom the patient discusses the euthanasia request [5]. Only the Belgian euthanasia act, however, pays attention to the nursing role in the decision-making process, stating that the physician has to discuss the euthanasia request with the nursing team involved in the care for the patient. Although the role of nursing staff is not described in the Dutch euthanasia act, this role is clarified and demarcated in the professional guidelines of the Dutch national nurses' and physicians' associations [6,7]. These guidelines also recommend that if nursing staff (registered nurses or certified nursing assistants) are involved in the daily care of a patient with a euthanasia request, they should also be involved in decision-making. In addition, the guidelines clearly state that nursing staff are not allowed to administer the lethal drugs. Nursing staff are advised that if they are present during the administration of euthanasia, they should only perform tasks whereby at least one other act must follow to end the life of the patient [7]. This means, for example, that a registered nurse or a certified nursing assistant may prepare the lethal drugs when a physician asks them to do so, but they should never turn on the drip valve or perform other actions directly resulting in the death of the patient.

Six relevant international literature reviews shed some light on nursing staff's attitudes and involvement regarding euthanasia [5,8–12]. Some of the international reviews focused on attitudes regarding euthanasia, and on factors affecting these attitudes. For instance, the Gielen et al. review [10] found a relationship between staff's religious beliefs or world view and negative attitudes regarding euthanasia. The review of Verpoort et al. [11] also pointed to an influence of religion, besides other influential background characteristics: nursing staff with a strong religious faith, older nurses and those with many contacts with terminally ill patients appeared to be more likely to oppose euthanasia. The most recent review, the one by Vézina-Im et al. [12], however, found no significant relationship between having religious beliefs and attitudes regarding euthanasia in more than half of the studies included in their review, which contradicts the earlier reviews of Gielen et al. [10] and Verpoort et al. [11].

Hence the relationship between nurses' characteristics and attitudes is addressed, but the relationship between nurses' characteristics and actual euthanasia practices is absent in existent reviews. Nevertheless, the international review of De Beer et al. [5] revealed that nursing staff are often involved in decision making, but also on some occasions in the actual administration of the lethal drugs. Furthermore, the review of De Beer et al. included a Dutch study of Muller et al. published in 1997 [13], in which general practitioners and nursing-home physicians indicated that nursing staff administered the lethal drug(s) to the patients in 4% and 3% of the euthanasia cases respectively; the corresponding figure for medical specialists in hospitals was 21%.

The aforementioned six literature reviews included just a small number of research publications of Dutch origin, despite the fact that euthanasia policy and practices in the Netherlands have received much international attention. After going through all the reference lists in the reviews, we could identify only six underlying Dutch studies addressing nursing staff's attitudes or practices in relation to euthanasia [13–18]. However, data collection in all these studies was performed before or around the year 2002 (the year when the Dutch euthanasia act came into force). Hence these studies do not give a topical picture anymore. Therefore this paper addresses the following research questions:

1. What views and attitudes do Dutch nursing staff have regarding involvement in decision making about euthanasia and regarding involvement in the actual performance of euthanasia?
2. To what extent and in what way are Dutch nursing staff actually involved in decision making about euthanasia and the performance of euthanasia?

Table 1
Characteristics of the respondents ($n = 587$).

Socio demographics	*n*	%
Sex, female (%)	553	94
Age in years		
Mean (SD):47 (10)		
Median and range: 49 [20–65]		
Age <40	129	22
Age 41>	458	78
Education level		
Certified nursing assistant (3 years)	310	53
Registered nurse (associate degree level)	181	31
Registered nurse (bachelor level)	96	16
Having belief/religion that is important for attitude towards end-of-life decisions (%)	162	28
Work related characteristics		
Years of nursing experience,		
mean(SD):22 (10)		
Median and range: 22 [0–46]		
Part-time work status	507	90
Work setting		
General hospital	122	21
Academic hospital	36	6
Homecare	211	36
Elderly care home	115	20
Nursing home	103	18
Working in a team or at a department specialized in palliative care[a] (yes)	77	14
Cared for terminally ill patients in the last 2 years (yes)	491	84
Received training in end-of-life decisions and/or palliative care (yes)	301	55

[a] In The Netherlands, specialized palliative care departments are relatively often part of nursing homes, while specialized palliative care teams are often working in hospitals.

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