Attitudes of Nurses toward Patient-Directed Dying: Determining the Significance of the Data

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Objectives

- Discuss personal and professional values held by nurses regarding patient-directed dying.
- Discuss the impact sample size and instrument validity and reliability have on the significance of the research findings.
Background

- In 2013, Vermont became the 4th state to legalize a version of Patient-directed dying (PDD)
- This spring, ANA sought input regarding need to revise the (2001) *Code of Ethics for Nurses with Interpretive Statements (The Code)*

Background

- Jannette (2013) found
  - 75% of APRNs viewed personal and professional opinions regarding PDD to be synonymous
  - Majority were unsure whether PDD is consistent with *The Code*
- However, APRN stance (pro or con) on PDD was not described
Purposes

- Describe nurse's self-reported attitudes and values (both personal and professional) regarding PDD as a legal option
- Identify whether nurses believe PDD is ethically consistent with *The Code*

Method

- Purposive sample
- Non-experimental descriptive survey
  - 8 structured questions
    - 7 multiple choice
    - 1 interval scale
    - 1 open-ended (unstructured) question
Subjects

- 13 persons self-selected from a population of registrants at a national ethic conference
  - 12 registered nurses (1 no response)
    - 4 APRN
  - 61.5% were 52-69 years of age
  - None lived/worked in OR, WA or MT
  - 4 had hospice/palliative care experience

Nurse’s Attitudes & Values Regarding PDD

- 76.9% personally support PDD
- 84.6% professionally support PDD
- 38.5% believe APRNs should have prescriptive authority
  - 38.5% unsure
- 69.2% disagreed that PDD would decrease utilization of palliative care or long-term services
How Well Do You Believe You Understand *The Code*?

- 23.1% Not at all
- 15.4% Somewhat
- 23.1% Well
- 38.5% Very well

Do you believe PDD is ethically consistent with *The Code*?

- 46.2% Yes
- 53.8% No/Unsure
Is this statement ethically consistent with PDD?

“Nursing care aims to maximize the values that the patient has treasured... prevent the cascade of symptoms and suffering that are commonly associated with dying”

84.6% Yes

Is this statement ethically consistent with PDD?

“Patients have the moral and ethical right to determine what will be done with their own person... to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion... and to be given necessary support throughout the decision-making...”

76.9% Yes
Qualitative Data/ Open Ended Question

- Insuring quality of care regardless of patient choice
- Patient education should also include the family
- Impact of public commentary on professional positions regarding PDD

Discussion

- If faced with a PDD situation, how will nurses embrace the commitment to “guard the patient’s best interests”? 
- How do linguistic origins, such as physician assisted suicide, shape perceptions of RN and APRN roles in PDD?
Discussion Continued

- Belief that PDD would not decrease palliative care services is consistent with previous studies
- Assumption that this population would be ethically more aware than Jannette's (2013) sample was unfounded

Discussion Continued

- Subjects were divided on whether PDD is ethically consistent with *The Code*,
- ANA (2013) “prohibits nurses’ participation in assisted suicide” as a direct violation of:
  - *The Code*
  - Ethical traditions and goals of the profession
  - Nursing’s covenant with society
Future Research

- How are professional values formed?
- What are nursing's *current* ethical traditions & covenant with society?
- Longitudinal study to describe relationship of variables, such as pain, on patient and HCP decision-making once a patient initiates the PDD process

Conclusions

- This small sample supports PDD both personally and professionally
- Despite being unsure if PDD is ethically consistent with *The Code*, these nurses found relief of suffering to be a more compelling rationale for PDD over patient autonomy
Limitations

- Two flaws
  - Insufficient number of research participants to draw inferences
    - Mix of RNs and APRNs in the findings diminishes the ability to lend insight to either level of practice
  - Lack of reliability and validity of the research instrument

Methodological and Research Ethics Implications

- What can a researcher do in the midst of data collection to attempt to improve response rate?
Determining Significance

- What is the ideal sample size?
- Is there a specific number that is too small to report from a non-experimental descriptive design?
- Is it legitimate to label a study with small sample size as a “Pilot Study” when attempting to publish?

Determining Significance

What is the purpose of establishing:
- Validity?
- Reliability?

How do these concepts apply to a non-experimental descriptive design?
Questions?

References