

Nurses views on medical aid in dying



■ Record-breaking runner ■ Burnout resources

Nurses and medical aid in dying

New surveys report a range of opinions, need for further education

Nurses have strong feelings about medical aid in dying (MAID), according to two comprehensive studies of more than 2,300 nurses in the United States from the American Nurses Association (ANA) Center for Ethics and Human Rights and the University of California, San Diego Health.

Both qualitative and quantitative responses explored and described nurses' values, perceptions, and perspectives on MAID. Nurse respondents reported a need and desire for more guidance on the expectations of their role to provide competent and quality care where MAID is legal.

"These are important, first-of-their-kind studies," said Liz Stokes, PhD, JD, MA, RN, director of Nursing Programs at ANA and director of the ANA Center for Ethics and Human Rights. "They provide insight into the values and perspectives of ANA members and help to shape best practices for a very complex end-of-life option."

Quantitative survey shows nurse support

A slight majority of nurses (57%) who participated in a quantitative survey published in the *Journal of Hospice and Palliative Nursing* said they support MAID in the context of their professional role. Another 49% said they personally support MAID, the highly regulated process in which a patient requests assistance in dying. MAID is not considered euthanasia or suicide, as defined in the article. The patient must be competent at the time of making the decision to enact MAID and physically able to take the medications independently.

In this study, Judy E. Davidson, DNP, RN, FAAN, Genesis Bojorquez, PhD, RN, NE-BC, and five colleagues sent a cross-sectional electronic survey to ANA; 2,390 responded. The authors used 2,043 complete data sets for their analysis.

"To avoid moral distress and moral injury, education coupled with personal introspection is needed for nurses to make informed decisions regarding the decision of whether or not to work in areas where MAID is practiced," said Davidson, a nurse scientist in the department of nursing at the University of California San Diego in La Jolla and an ANA\California member.

Other key findings include the following:

- 86% of nurses would care for a patient contemplating MAID.
- 67% of nurses would care for a patient in the final act of MAID.
- 38% of nurses believe a patient should be required to self-administer life-ending medications.

- 49% of nurses believe MAID should be allowed by advance directive.
- Nurses were more likely to support the concept of MAID if they felt knowledgeable about it.
- Nurses who described themselves as spiritual were more likely to support MAID than those who described themselves as religious.

A qualitative analysis

In a second study published in *Nursing Ethics*, Davidson, Stokes, and five colleagues explored nurses' values and perceptions involving MAID. They sent a cross-sectional electronic survey to ANA members, receiving 3,639 open-ended comments from 1,213 respondents. The authors' investigation centered around four major values:

- Honoring patient autonomy without judgment
- Honoring with limitations
- Not until...
- Adamantly against

Honoring patient autonomy without judgment

The researchers found that participants held respect for patient choices while maintaining boundaries with their personal beliefs. Some participants reported seeing MAID as a sacred duty. As one observed, "I would be honored to be present as a witness and comfort to a person whose suffering is unbearable to them."

Participants also perceived MAID to be an obligatory part of nursing care, citing their covenant to the profession to serve all without judgment. They expressed their duty to provide care in terms of nonmaleficence and nonabandonment.

Honoring with limitations

Nurses who participated in the study expressed fear of litigation, being accused of murder, and inadequate legal protection. Respondents stated they would consider participating in MAID if these concerns were addressed. They also expressed concern about the psychological burden MAID would place not only on themselves, but also on a patient's family and loved ones. Other respondents said that they would consider participating in MAID if certain restrictions were in place, such as allowing only physicians or specialists to administer medications. Others reported that they would consider participating on a case-by-case basis.

Not until...

The authors found that some nurses didn't feel ready to decide about MAID, citing a need for more information, along with concerns about policies and processes. They felt that they, as nurses, as well as the

patient and patient's family members, should have a better understanding about the roles, methods, consequences, and complexities involved in MAID.

The authors reported that other respondents were troubled by what they perceived as unfair inclusion and exclusion criteria and expressed concern that MAID policies discriminate against the disabled. As one participant wrote: "Is (MAID) just? What if the patient is physically unable to administer their own medication? Does this limit MAID to only able-bodied patients?"

The study revealed that some respondents believed that MAID would be requested less if people had more awareness of and education about hospice care.

Adamantly against

The surveys showed that respondents completely opposed to MAID cited religious beliefs, personal values, and interpretation of nursing ethics.

"I cannot endorse MAID," wrote one respondent. "I believe God gives life and any suicide or MAID is taking life that only God gives or can take."

The study found that some nurses equated MAID with suicide or murder or believed it could be a steppingstone to euthanasia. Others saw MAID as anathema to their nursing duty. As one participant wrote: "As nurses we took the Florence Nightingale pledge—that does not involve helping a patient end their own life."

More knowledge needed

Davidson, Stokes, and colleagues believe that nurses, as the largest healthcare workforce and the most trusted profession, can play a critical role in MAID legislation. However, they pointed out that "knowledge gaps need to be filled before nurses take an active role in policy formation." The survey findings indicated that nurses frequently are unaware of the laws and nuances of MAID, and some respondents cited their lack of knowledge about the policies and processes as reasons for indecision about participation.

"Education is necessary pre- and post-licensure to ensure that nurses are familiar with the concepts, expectations, and scope of practice related to MAID," the authors stated. "Competencies are needed for nurses caring for patients receiving MAID."

The quantitative analysis showed that nurses who had more knowledge about MAID were more likely to endorse the practice.

ANA statements on MAID

ANA's position on MAID has evolved. In 1994, the association released two position statements: Assisted Suicide and Active Euthanasia. Both affirmed that nurses would not participate in actively taking a human life. A revised, combined position statement,



Euthanasia, Assisted Suicide and Aid in Dying, was published in 2013, stating that nurse participation in assisted suicide and euthanasia was in direct violation of the *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/coe-view-only).

In 2019, ANA released *The Nurse's Role When a Patient Requests Medical Aid in Dying*, a position statement that aims to address the growing ethical questions and challenges that nurses face when responding to a patient's request for MAID (bit.ly/3FebMQs). Although nurses are still ethically prohibited from administering aid-in-dying medication, ANA advises nurses to remain objective when patients are exploring end-of-life options.

The future of nurses' involvement in MAID

The studies found that MAID continues to be a serious, yet misunderstood topic among the public, nurses, other healthcare professionals, and policy-makers. Nurses must receive and have access to education about their role in MAID, which currently is legal in 10 states plus the District of Columbia with legislation pending in additional states, including Connecticut, Arizona, and Massachusetts. Nurses must be able to confidently respond to a patient's request for MAID and care for them competently within the legal and defined scope of their practice. Nurses are encouraged to participate in policy discussions as MAID becomes legal in more states. Careful construction of institutional policy and standards will help minimize conflict, moral distress, and psychological harm among nurses.

References

- Davidson JE, Bojorquez G, Upvall M, et al. Nurses' values and perspectives on medical aid in dying: A survey of nurses in the United States. *Journal Hosp Palliat Nurs*. 2022;24(1):5-14. doi:10.1097/NJH.0000000000000820
- Davidson JE, Stokes L, DeWolf B, et al. Nurses' values on medical aid in dying: A qualitative analysis. *Nurs Ethics*. 2022. doi:10.1177/09697330211051029

Education design process brings tailored IPC training to nurses

By Rasheda Jones, PhD, RN; Sandy Cayo, DNP, FNP-BC; Katie Boston-Leary, PhD, MBA, MHA, NEA-BC; Kendra McMillan, MPH, RN

A core aspect of Project Firstline—a national training collaborative for healthcare infection control led by the Centers for Disease Control and Prevention (CDC)—is content tailored specifically to its intended healthcare worker audience. As one of 64 organizations partnering with CDC to create innovative and engaging infection prevention and control (IPC) education materials, the American Nurses Association (ANA) has developed state-of-the-art modules for nurses to refresh their IPC knowledge and earn continuing nursing education credits. This effective and appealing content, geared directly to nurses, aims to prevent the spread of infection in clinical settings.

To achieve this goal, the ANA Project Firstline team, guided by education specialist Rasheda Jones, PhD, RN, combined tried and true education design processes and the latest learning theories in developing this rich and readily accessible content.

Listening to nurses

Before planning any educational intervention, a needs assessment can help identify knowledge gaps and determine the full spectrum of learning needs. After ANA released three insight surveys to its constituents, approximately 1,500 registered nurses responded with crucial feedback. These surveys addressed hospital-acquired infections, emergency and disaster preparedness, personal protective equipment, and safe injection practices. Each survey response revealed quantitative and qualitative insights that helped the team develop IPC-focused content for nurses.

The education design process, like the nursing process that systematically guides nursing care, requires assessment, planning, implementation, and evaluation. When using the process for education design, nurse educators' first tasks are to determine a learner's needs and the appropriate implementation modality to meet those needs. In view of nurses' busy schedules—especially during the COVID-19 pandemic—the team concluded that brief, easy-to-access instructional modules would be most effective. With this in mind, they designed each module to be less than 15 minutes and always accessible on ANA's website at ANAProjectFirstline.org.

ANA deployed nurse subject matter experts (SMEs) representing a range

of specialties and roles to ensure that the educational resources would be relevant and tailored to nurses' unique needs. These SMEs provided detailed knowledge and expertise on specific IPC subjects that arose from the surveys and worked closely with Jones in refining this content. Along with CDC's Project Firstline leaders, Jones reviewed the content to ensure that it aligned with CDC's peer review recommendations. Nurses in clinical, academic, executive, and researcher roles participated in this process to provide an inclusive and comprehensive perspective for the content. The team also followed guidelines to ensure that the content met the American Nurses Credentialing Center accreditation standards for nursing continuing professional development.

Innovation for lasting results

IPC core principles, integrated in the foundation of nursing education curriculum, guide nursing practice. Within this context, Jones aimed to present Project Firstline IPC content innovatively by applying the IGNITE model, an evidence-based, brain-based learning theory for online course design that increases learning retention. The IGNITE model incorporates emerging trends in neuro education and intervals of intense focus followed by frequent breaks, repetition, and novelty, such as humor and frequent design change. Instructional designers further elevated end users' experience by implementing engagement strategies and creative visual design elements. ANA Project Firstline's innovative IPC continuing education aims to build competency and close knowledge gaps to achieve lasting positive results on the care and safety of nurses and patients.

— Rasheda Jones is education specialist and Sandy Cayo is project coordinator for ANA Project Firstline. Katie Boston-Leary is director of Nursing Programs and Kendra McMillan is senior policy advisor in Nursing Practice and Work Environment at ANA—both are co-leads for ANA Project Firstline.



EARN FREE CNE CREDITS!

COURSES NOW AVAILABLE

Developed for nurses, by nurses.

ANA
AMERICAN NURSES ASSOCIATION

PROJECT FIRSTLINE
CDC's National Training Collaborative
for Healthcare Infection Prevention & Control

INFECTION PREVENTION & CONTROL TRAINING

GET STARTED

Nurse Samantha Roecker runs in support of the Well-Being Initiative

Distance runner and registered nurse Samantha Roecker, MS, BSN, RN, celebrated her April 18 finish at the Boston Marathon with a Guinness World Record and a sizeable contribution to the American Nurses Foundation (the Foundation).

Roecker, who began competitive running while in middle school, has finished 12 marathons. As she began preparing for the 2022 Boston Marathon, she set her sights not only on making good time but also on a higher purpose—calling attention to nurses' mental health challenges caused by the COVID-19 pandemic. Roecker landed on the idea of breaking the Guinness World Record for "fastest marathon run in a nurse's uniform" and started a fundraising campaign to support the Foundation's Well-Being Initiative.

The Well-Being Initiative—launched by the Foundation in partnership with leading nursing organizations, including the American Nurses Association—offers a suite of resources that support nurses' mental health (nursingworld.org/thewellbeinginitiative). For example, the Happy app enables nurses to call support givers at any time without charge, and the Moodfit Mobile App features tools such as mood and gratitude journals, mindfulness meditations, and breathing exercises. Gratitude Practice for Nurses sponsors gratitude journaling and other evidence-based practices that promote physical and psychological health.

"I was trying to think of what I could do to make running not a selfish thing, but a meaningful thing," said Roecker, who works part-time as a clinical nurse in the otorhinolaryngology practice at the Perelman Center for Advanced Medicine at Penn Medicine in Philadelphia and also is enrolled in the family nurse practitioner program at the University of Pennsylvania School of Nursing.

Roecker has seen friends and coworkers battle post-traumatic stress disorder, anxiety, and depression resulting from their work during the pandemic. "It seems like every day there's a new story about nurse burnout or healthcare workers struggling," she said.



Photo credit: Allen Panglman

"They've been called healthcare heroes, but we're seeing the detrimental effect that it has had on so many people."

Roecker experienced firsthand the challenges nurses are facing during her up to 20 hours per week clinical rotation at Cooper University Hospital in Camden, New Jersey. Running has strengthened her own mental health by keeping anxiety and stress at bay.

Even with her job, studies, and clinical rotation, Roecker managed to run between 90 and 100 miles per week as she trained for the Boston Marathon, sometimes at 10 p.m. followed by an early morning run the next day. She was aiming for a time of about 2:45, short of her personal best of 2:29:59 but ahead of the existing Guinness World Record for fastest marathon run in a nurse's uniform (3:08:22) set by nurse Jessica Anderson in 2019 at the London Marathon.

Roecker's original fundraising goal for the Foundation was \$26,200, mirroring the marathon's length of 26.2 miles. On race day she crossed the finish line at 2:48:02 while wearing Moxie Scrubs, securing her place in the record books. She also raised more than \$43,000. Given this strong showing, Roecker bumped her fundraising goal to \$52,400, seeking to double the impact by raising \$1,000 per mile for the equivalent of two marathons. As *ANA on the Frontline* went to publication, Roecker had raised more than \$47,000. Her campaign was open through May in honor of Nurses Month.

"I definitely didn't go into this marathon my fittest or fastest," said Roecker. "But this race just served a different purpose for me, to support and represent nurses and other healthcare workers who have struggled the past 2 years."

New member benefit tackles burnout

Burnout in nursing is real, especially given the stresses and strains of providing care for more than 2 years during a global pandemic. The American Nurses Foundation COVID-19 Impact Assessment Survey – The Second Year found that 52% of respondents definitely or maybe intend to leave their positions within 6 months. After insufficient staffing, negative effects of work on health/well-being was the second most common reason cited for these intended departures.

Strategies to address burnout include:

- assessing the scope and severity of burnout using a validated measure with national benchmarking
- providing nursing-specific resources for personal well-being
- monitoring effectiveness and continuously pursuing improvement.

In support of this framework and in recognition of Nurses Month in May, the American Nurses Association (ANA) partnered with SE Healthcare to provide ANA members up to 4 months of free access to SE Healthcare's Burnout Prevention Program. This web-based program includes the Enrichment Center, which offers nursing-specific educational content and skills-based tools to prevent burnout.



The Enrichment Center houses a collection of video and audio recordings with up to 22 continuing nursing education contact hours. The content focuses on the most common stressors for nurses and offers targeted mitigation tactics culminating in a personal burnout prevention strategy. Topics include burnout pathophysiology; improving teamwork and collaboration, efficiency; work-life balance; managing one's feelings after an adverse outcome; diversity, equity, and inclusion; and meditation/guided imagery. The program aims to coach individuals to change simple behaviors.

Registration for this exclusive and valuable resource for ANA members is open until June 30, 2022, with complimentary access to the Enrichment Center available through August 31, 2022. ANA members will receive instructions for accessing the Enrichment Center via email.

Research grant awarded to nurse practitioner-pharmacist collaboration

Anurse practitioner and pharmacist will pilot a telemedicine-based clinic with the aim of decreasing hospitalizations in patients with heart failure thanks to a grant from the American Nurses Foundation (the Foundation) and the American Society of Health System Pharmacists (ASHP) Foundation.

The 2021 Collaborative Care Grant for Nurses and Pharmacists supports innovative projects co-led by nursing and pharmacy to stimulate and demonstrate the impact of team-based care that enhances safe and effective medication use.

The 2021 recipients of the \$75,000 grant are Jennifer Kliner, CRNP, ACNP-BC, and James C. Coons, PharmD, FACC, FCCP, BCCP, for their proposal, "Achieving Medication Optimization for Patients with Heart Failure through an Innovative Nurse Practitioner-Pharmacist Collaboration."

The funded research is piloting a telemedicine-based medication optimization clinic (MOC) using an innovative nurse practitioner-pharmacist collaboration to determine scalability and whether the MOC practice

model decreases heart failure hospitalization and mortality.

Kliner is an advanced practice nurse at the Heart and Vascular Institute of the University of Pittsburgh. Her focus is on acute care/critical care. Coons is an associate professor in the Department of Pharmacy and Therapeutics at the University of Pittsburgh School of Pharmacy and a clinical pharmacist specializing in cardiovascular medicine at the University of Pittsburgh Medical Center.

"The pandemic has illuminated the need for even greater collaboration among clinicians. Collaboration among funders is needed too. We are delighted to partner with ASHP Foundation to support the best research from nursing and pharmacist teams," said Kate Judge, executive director of the Foundation.

The teams' collaborative research began in late 2021 and the results of the pilot will be shared in 2023.

Additional information about the grant is available at ashpfoundation.org/ccg.

Considering the COVID-19 syndemic

To: Ethics Advisory Board

From: An alarmed nurse

Subject: Nursing's responses to pandemic-fueled inequities

I'm troubled that the COVID-19 pandemic has not only exposed but also worsened health and social inequities that existed before 2020. What are nursing's responsibilities in addressing these disparities?



From: ANA Center for Ethics and Human Rights

In March 2020 the World Health Organization declared the COVID-19 outbreak a pandemic. Since then, COVID-19 has spread worldwide but with stark differences in prevalence, severity, and mortality across various regions and communities. For example, in the United States, cumulative data show persistent disparities in cases of COVID-19 for Hispanic people and deaths for Black people, who also have higher burdens of hypertension and diabetes than the White population. In patients with severe COVID-19, these two diseases are among the most prevalent chronic comorbidities.

Systemic racism in economic distribution and housing access was found to directly contribute to more essential workers living together in small homes, and exposure to COVID-19 was significantly more prevalent in households with one or more essential workers and fewer rooms than inhabitants. These examples illustrate that the story of COVID-19 is more nuanced than simple epidemiologic models of viral spread. Disparities embedded in our societies and the syndemic nature of disease are critical to address as we strive to close the book on COVID-19.

Syndemic, a word coined by medical anthropologist Merrill Singer, PhD, reflects how disease is characterized by biological and social interactions among conditions, states, and interactions that increase a person's susceptibility to harm or negative health

outcomes. The syndemic model examines the health consequences of disease interactions and the social, environmental, and economic factors that ultimately worsen disease outcomes.

Treating a syndemic with only biological solutions, such as a vaccine, might not eradicate the disease in question. Managing a syndemic requires investigating why and how the disease is presenting in inequitable ways, along with the social environments and inequalities contributing to the global presentation of the disease. The COVID-19 pandemic has unveiled many ways in which political, social, environmental, and economic forces play considerable roles in spreading disease. As a result, the health and wellness of a population can't be achieved without addressing widespread social forces that drive inequity.

Provision 8 of the *Code of Ethics for Nurses with Interpretive Statements* affirms that the right to health has economic, political, social, and cultural dimensions, including access to healthcare, education, control of prevailing health problems, and prevention and control of locally endemic diseases and vectors (nursingworld.org/coe-view-only). A nurse's commitment to advancing health, welfare, and safety includes understanding that the lived experiences of inequality, poverty, and social marginalization contribute to the deterioration of health globally. As echoed in the syndemic methodology of disease prevention, Provision 8 further describes that "Nurses must address the context of health, including social determinants of health such as poverty, access to clean water and clean air, sanitation, human rights violations, hunger, nutritionally sound food, education, safe medications, and healthcare disparities." Each nurse has an obligation to advance health and reduce disparities and may achieve this by collaborating to address barriers, such as economic injustices, homelessness, unsafe living conditions, and lack of access.

— Response by Danisha Jenkins, PhD, RN, CCRN, NEA-BC, NHDP-BC, member of the ANA Ethics and Human Rights Advisory Board.

References

- Courtin E Vineis P. COVID-19 as a syndemic. *Front Public Health*. 2021;9:763830. doi:10.3389/fpubh.2021.763830
- Horton R. Offline: COVID-19 is not a pandemic. *The Lancet*. 2020;396(10255):874. doi:10.1016/S0140-6736(20)32000-6
- Zhou Y, Yang Q, Chi J, et al. Comorbidities and the risk of severe or fatal outcomes associated with coronavirus disease 2019: A systematic review. *Int J Infect Dis*. 2020;99:47-56. doi:10.1016/j.ijid.2020.07.029

Do you have a question for the Ethics Inbox?
Submit at ethics@ana.org.

The RN Initiative: Funding bold ideas to transform healthcare

By Michelle Greanias

Nurses, as the largest number of and most trusted healthcare professionals, are a natural catalytic force for accelerating the evolution of healthcare delivery to more personal, community-based, and evidence-driven service—one that holds enormous potential to improve equitable access to care. This evolution also would ensure value by making care affordable and producing consistent and high-quality outcomes.

Nurses have unique insights and momentum to change healthcare delivery and to reimagine the education, regulation, and practice of nursing. The American Nurses Foundation (the Foundation) Reimagining Nursing (RN) Initiative was established to facilitate these new changes.

The RN Initiative equips nurses with skills and resources to meet the healthcare needs of the future. In fall 2021, the Foundation received 347 highly inventive proposals developed and led by nurses to transform nursing for improved access, care, and outcomes for all. From these submissions, in May the RN Initiative announced 10 bold nurse-led projects that address key challenges nurses face in areas that present unique opportunities for large-scale, replicable change. The RN Initiative is granting \$15 million over 3 years to these pilot programs, which impact healthcare in 20 states and already are sparking new ideas and testing solutions to challenges facing nurses.

For example, one pilot project uses robots equipped with artificial intelligence to predict and deliver what nurses need based on a patient's electronic health record. Another pilot makes nurse-led primary care accessible to individuals living with dementia.

"We selected the boldest ideas we received because this is what it will take to reimagine the profession," said American Nurses Foundation Executive Director Kate Judge. "We're going to support these projects and see which can be scaled and broadly implemented to create a future where nurses—in hospitals, schools, clinics, and communities—drive change, use their skills, and, most importantly, are valued and compensated for the care they provide."



A world where nurses lead

Nurses are well-positioned to drive healthcare transformation. All 10 pilots lean into nurses' knowledge and expertise to develop solutions that work for them, rather than solutions that make their lives more challenging.

Electronic health records are an incredible innovation and have universally improved healthcare. However, after they were rolled out, nurses spent 23% of their time updating patients' records, up from 9%. This is an example of why we need nurses to lead innovations and create solutions that work for them, so that they can spend more time doing what they do best—caring for patients.

The Foundation seeks to achieve a healthy world through the power of nursing. The RN Initiative is doing exactly that.

"The nurses' projects we've selected are transformational, such as using immersive extended reality technologies to prepare nursing students for real-life situations, creating ways for people to pay for nurses' services directly through their health insurance, and ensuring nursing expertise is a valued factor in care team decision-making," Judge said. "We look forward to enjoying the healthcare that nurses are creating."

Access a full list of the pilot projects funded by the RN Initiative and the organizations leading these efforts at nursingworld.org/rninitiative.

The RN Initiative is made possible through the generous support of our funders: Kaiser Permanente National Community Benefit Fund at East Bay Community Foundation, AMN Healthcare, Omnicell, and the Salka Impact Fund.

— Michelle Greanias is program director of the Reimagining Nursing Initiative at the American Nurses Foundation.

