



Irish Nurses and Midwives Organisation

Cumann Altraí agus Ban Cabhrach na hÉireann

Working Together

INMO Submission to the Oireachtas Committee on Assisted Dying

28th November 2023

1.0 Introduction

1.1 The Irish Nurses and Midwives Organisation (INMO) represents 45,000 Registered Nurses and Midwives in Ireland. We represent the vast majority of Nurses and Midwives engaged in both public and private practice.

We want to thank the Committee for facilitating our contribution on this important issue.

1.2 Assisted dying is a highly contentious and much debated topic, both in the public and in nursing and midwifery arenas. Research in international nursing literature in this area discloses perspectives on this issue have been raised regarding compassion, poor management of uncontrolled pain or other symptoms, patient autonomy, care-provider autonomy, the potential for coercion and abuse and the vulnerability of people with disabilities and others. The assisted dying debate is complex, involving many and varying legal, ethical, medical, socio-cultural, and religious issues and views.

1.3 In this context the Irish Nurses and Midwives Organisation takes a **neutral stance** in relation to assisted dying and whether there should be a change in the law.

1.4 However, what is clear from the experience of all other jurisdictions is that where there has been a change in the law to allow assisted dying, there are significant implications for nursing practice which must be considered from legislative, regulatory, professional practice, and employment perspectives.

1.5 The INMO, in taking a **neutral stance**, believe that:

- **It is imperative to invest more in palliative care services, significantly improve nurse staffing levels, and maximise nurse-led services to enhance accessibility, as these are key requirements for better end-of-life care.**
- **The Nursing and Midwifery Board of Ireland's Code of Professional Conduct and Ethics recognises the right to conscientious objection; therefore, any legislative changes should also uphold this fundamental right.**
- **In the event of a change in the law on assisted dying, consistent and clear guidance at a regulatory and employment level are essential.**
- **Employers have the primary responsibility to support nurses' professional practice. Any changes in the law should be accompanied by crucial steps to ensure effective nursing practice and the protection of nurses.**

2.0 Palliative Care

2.1 Whatever decision is made in this area, the importance of palliative care must not be underestimated. The need to improve, expand and ensure access to appropriate palliative care services is something recommended in all discussions around assisted

dying. It is recognised that difficult conversations revolve around and are central to the provision of high-quality palliative and end of life care. However, the distinction between therapeutic end of life decisions as part of palliative and end of life care on one hand and assisted dying on the other must remain clear (RCN 2016).

2.2 According to new research from the Irish Hospice Foundation (2023) a good death is one which is comfortable, calm and free from pain and suffering. It is also one which honours the end of life wishes of a person, and which facilitates a dignified death in a chosen place in the presence of chosen persons.

2.3 Despite the tireless work of families, carers, medical and nursing teams, systemic gaps in the provision of end-of-life care in Ireland can lead to unmet patient wishes and needless suffering for both adults and children. Barriers to care included:

- Lack of co-ordination including incomplete referral and communication pathways.
- Disparate and incomplete sources of information on end-of-life care.
- Lack of 24-hour support.
- Unequal access to palliative care services; understaffed and under-resourced teams.
- Lack of integration with social services.

2.4 These issues are further exacerbated with respect to communities who already experience inequitable access to healthcare in Ireland, highlighting the lack of suitability of current services.

2.5 Therefore, whatever decision is made in this area improved palliative care services, with increased investment, improved nurse staffing levels, and the maximisation of nurse led services to increase accessibility are key requirements.

3.0 Specific Issues for Nurses and Midwives

3.1 Research shows that in all jurisdictions which have introduced legislative changes to facilitate access to assisted dying nurses are likely to be the first point of contact for patients making requests for information about assisted dying. Consequently, the impact of any change in the law on nursing practice requires careful consideration, and consequent planning and clear interventions to avoid interference with the quality of care a person can expect.

3.2 Drawing on the experience of nurses and midwives in other countries, there will be a significant impact specifically on nurses and nursing in Ireland if assisted dying is introduced in Ireland.

3.2.0 Legislative

3.2.1 There are deeply held views from a personal, moral, ethical, and religious viewpoint in this area and the right of nurses to conscientiously object to participating in care associated with assisted dying must be protected. In keeping with current conscientious objection provisions in the Code of Professional Conduct and Ethics for Nurses and Midwives (the Code), issued by the Nursing and Midwifery Board of Ireland (NMBI), such a right exists as a matter of professional practice, this should as

well be reflected in any legislative change. This is of course subject to the requirement of referring a patient to a competent colleague to discuss their wishes where such an objection exists.

3.2.2 International research also points to the role of Advanced Nurse Practitioners where a change in the law has occurred, and consideration should be given by the Committee to this in circumstances where Advanced Nurse Practitioners provide an ever-increasing range of services across health and social service.

3.2.3 Finally in this context, it is important that if there is to be a legislative change that either in the context of the legislation, and/or in the context of regulatory advice, that the intersections between assisted dying and both assisted decision making and advanced healthcare directives are addressed to provide clarity to both professionals and those seeking assistance and to avoid unintended consequences which have manifested themselves in other jurisdictions.

3.3.0 *Regulatory*

3.3.1 In the event of a change in the law consistent and clear guidance at a regulatory and employment level are essential.

3.3.2 The Code of Professional Conduct and Ethics for Nurses and Midwives provides ethical and practice guidance for nursing and midwifery practice in Ireland. While not entirely clear, it would seem necessary that the Code would be amended if there is a change in law in this area. The Code in its current format, at Principle 1 Value 2, requires a nurse or midwife to respect and defend the dignity of every stage of human life. Principle 1 Standard 2 also requires that a nurse or midwife respect and maintain the dignity of every stage of human life. While not explicit, on one reading these provisions may contradict actions associated with assisted dying. This is not the only possible reading of these provisions, however, ambiguities in professional guidance have been identified in jurisdictions where the law has changed as contributing to increases in moral, ethical, and personal distress among nurses as well as impeding effective changes to practice and effective service provision.

3.3.3 Furthermore, and again, guidance from the NMBI would play an essential part in making clear what is permitted and not permitted on the part of a nurse in the assisted dying process, again ambiguities in these areas have had a negative impact on both nurses and the provision of services where clarity has not been provided by both regulators and employers.

3.4.0 *Professional Practice and Employment*

3.4.1 The primary responsibility to support the professional practice of nurse's rests with their employer, therefore there are a number of crucial steps which would need to accompany any change in the law, if that is what is decided, to ensure the effectiveness of nursing practice and the protection of nurses.

3.4.2 Again, drawing on research and international nursing perspectives where legislative changes have been introduced, if there is a change in the law **employers** must:

- **Provide clear policy and procedural guidelines** on assisted dying services to support nurses' confidence in responding to requests and supporting persons availing of services. Confusion and ambiguities leads to moral and professional challenges which is damaging for the nurses involved and the service sought to be provided.
- **Provide education and training** will be required to support nurses in this new area of practice, including in conducting open conversations in response to assisted dying service requests.
- **Provide ongoing professional supervision** must be available for nurses involved in assisted dying service provisions.
- Recognise that nurses are often profoundly impacted by either discussing assisted dying or participating in the provision of assisted dying services. It is recognised in the literature that nurses are often the professional with the greatest involvement in end-of-life care and consequently have the highest exposure to patient suffering and requests for information about assisted dying. Therefore, **professional, and personal support, including debriefing sessions, must be provided by employers.**
- **Respect those who have a conscientious objection**, those persons should be understood and supported in their decision, they should not be judged, and their professional safety must be assured.
- **Assist persons to explore their concerns if they have an objection and facilitate them to make a decision** as to whether they have an objection or are satisfied to participate in such a service.

4.0 Conclusion

Considering the many, varied, and complex issues and views associated with assisted dying the INMO takes a **neutral stance** in relation to assisted dying and whether there should be a change in the law.

However, if the law does change this will impact nursing practice in a significant way which must be addressed from legislative, regulatory, professional practice and employment perspectives.

If there is to be a change, this must be planned and introduced in a clear and supported manner to protect all concerned.

Finally, palliative care services must receive investment, increased staffing and support notwithstanding any decision on legislative change.

5.0 References

Royal College of Nursing (2016) When Someone Asks For Your Assistance To Die RCN guidance on responding to a request to hasten death. 2nd (ed). Available at: <https://www.rcn.org.uk/-/media/Royal-College-Of-Nursing/Documents/Publications/Obselete/2021/April/005822.pdf>.

Irish Hospice Foundation (2023) Dying Well At Home Focus Group Report. Available at: <https://hospicefoundation.ie/wp-content/uploads/2023/09/Dying-Well-at-Home-Report-Irish-Hospice-Foundation.pdf>.