

Living with care: The older person

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Introduction

- Discussions around end of life and palliative care in the UK for elderly people.
 - Arguments will be formulated for and against euthanasia and assisted dying touching upon legislation and policies surrounding this. Comparisons will be made around other countries.
 - Definitions will be apparent within this PowerPoint to set context around the topic including Self transcendence theory and Maslows hierarchy of needs
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Definition

Palliative Care

- There is no specific definition as to what palliative care is expressing that there appears to be a rising interest and urgent need regarding quality end of life care (Izumi et al, 2015)
 - When we consider end of life care it usually relates to things such as terminal care, palliative care and hospice care which are all based on medical models as well as prognosis and diagnosis (Izumi et al, 2015).
 - Palliative care is inclusive of psychosocial supports and some sort of closure as patients become closer to end of life (Lo, Quill and Tulsky, 1999).
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Self transcendence theory

- Capacity to expand personal boundaries working towards greater awareness intrapersonally of a persons philosophy, values and dreams.
 - Interpersonally – relating to others, nature and ones environment.
 - Temporally – integrating a persons past and future so that it has meaning for the future.
 - Self transcendence is articulated through behaviour and viewpoints which includes sharing wisdom with others taking into account physical changes such as ageing and accepting death as part of life.
 - Vulnerability is a key concept – involves awareness of any risks to ones well being.
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Maslow's hierarchy of needs

- Consists of 5 stages
- Much devotion should be offered to the patients psychological needs in order to be able to provide them with a sense of safety and security.

Palliative Care

- ▶ NHS (2018) advocate that palliative care is about making a patient as comfortable as possible by effectively managing the pain and any distressing symptoms that they may be experiencing.
 - ▶ A holistic approach it seeks to deal with other things not just one's illness or symptoms. This holistic approach is inclusive of social, psychological and spiritual support to not only the family but the patient too.
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doi:<https://doi.org/10.12968/bjca.2021.0052>.

Palliative Care/End of Life Care Setting

- Health care systems does play an integral part of the care
 - There appears to be growing concerns around end-of-life care in relation to policy for the reason that most those patients who are approaching or receiving end of life care, often seek and utilise health care services (Jakobsson et al., 2007).
 - Within the Mental Capacity Act, the end-of-life issues are somewhat regulated by this to some degree according to Menon (2013) as Section 3 specifies that decisions must be made out of the best interests of a person who lacks capacity.
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Palliative Care/End of Life Care Setting

- Hospitals
 - Care Homes
 - Hospices
 - Home Care
 - Residential Care Services - are often occupied by the elderly in relation to both dying and death.
 - Neither hospital care nor residential care services are considered to be settings which are primarily committed to end-of-life care.
 - Residential care provisions lay focus upon rehabilitation and physical needs as opposed to providing the right care for those patients who are dying or have experienced death.
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The gap between need and availability

- Everybody who is receiving end of life care have individual tailored plans to address their health needs.
 - There appears to be a gap between the need and availability of end-of-life care and although the vast majority of health care budgets are spent on people during the last days, this doesn't essentially mean that they receive the appropriate care (Jakobsson et al., 2007).
 - Planning for end of life is important – Wills set out wishes of the patient
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Euthanasia and Assisted Suicide

- Euthanasia - A deliberate act that is undertaken by one person with intentions of ending the life of another person with a view to relieve the person from suffering (Bowman, 2009)
- Assisted suicide is defined as being an intentional act of killing oneself with the assistance of another person who consciously provides the knowledge, means or both (Bowman, 2009)
- A working definition of euthanasia states that it is an action that involves an instant merciful killing by a professional namely a doctor's who is caring for a patient who is ill and experiencing suffering (Menon, 2013).

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Euthanasia and it's laws in the UK

- A number of countries have either practiced or are practicing assisted dying on a civil law system (Scherer and Simon,1999).
 - The UK Suicide Act legislation has been put in place to prohibit the assistance of suicide (Menon, 2013)
 - There have been cases in various parts of the world who have fought to gain authorisation for loved ones to not be held accountable for legal proceedings when supporting assisted dying – Miss Dianne Pretty case
 - Miss Pretty suffered with motor neurone disease was pushing to gain legal immunity from prosecution for her husband.
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Euthanasia and it's laws in the UK in comparison to other countries

- In the United States euthanasia continues to be illegal though, where physician assisted suicide is considered this has been made lawful within Washington, Montana and Oregon (Menon, 2013).
- The laws in Singapore are like that of the law in the US when we consider assisted dying. Attempted suicide is an offence in Singapore (Menon, 2013).
- If suicide is attempted in Singapore or if it succeeds – will receive imprisonment for up to ten years due to 206 of the Penal Code and legally responsible to pay a fine.

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Argument against euthanasia

- As society moves towards the twenty first century questions have been raised whether physicians should have the power to end a patient's life by way of administering a fatal injection (Marker et al., 1991).
- When a patient is under the care of a physician they are responsible for providing the patient with the best quality care and shall do no harm (University, S.C., 2023).

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Argument against euthanasia

- Article 2 of the European Convention on Human Rights states that everyone's right to life should be protected by the law. In following this principle, the state should prevent the deliberate taking of life, and they should protect the vulnerable from action that may jeopardise their lives.
- Physician assisted dying is add odds with the Hippocratic oath namely and the principles of beneficence and non-maleficence. These two principles are centred around not doing any harm to a patient ad acting in the best interest of the patient.
- Physician assisted dying doesn't take into account the ethical beliefs and values of the physician. Physicians shouldn't be required to participate in assisted dying as it may be in opposition to the ethical beliefs and values.
- There is a danger that the unavailability of adequate palliative care, and mental health care may inadvertently become a deciding factor in assisted dying decision.

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Argument against euthanasia

- During their training most practicing physicians have not experienced the concept of assisted dying as an expected duty in the context of patient's autonomy.
- Assisted dying could potentially lead to a society where the population develops the attitude that suffering should not be part of life and that being dependent on others is burden. The lives of disabled and terminal ill individuals might be viewed as less valuable.
- Increasingly health and social care systems are experiencing financial constraints in terms of their budgets. The current trend of budget cutting could potentially impact on the terminally ill who typically require high-cost life prolonging or quality treatments.
- The involvement of doctors in assisted dying may damage or lead to a negative opinion of the profession.

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- Conclusion/ Recommendations
- More understanding is needed surrounding the ethics of medical aids in dying (MAID). A national approach should be taken.
- The current unethical laws need to be reviewed and amended.
- More understanding necessarily within a diverse range of settings. Further knowledge and focus around the care for assisted dying/palliative care.
- Support for families and those suffering with a terminal/long term illness.
- Clear distinctions to be made between withholding and withdrawing treatments and actions of killing and allowing to die (Truog et al., 2008)

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Living with care

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Component 1: Debate

supporting paperwork debate

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It is first fundamental to discuss what is meant by palliative care. Izumi et al (2015) identified that there is no specific definition as to what palliative care is expressing that there appears to be a rising interest and urgent need regarding quality end of life care. It is also suggested that when we consider end of life care it usually relates to things such as terminal care, palliative care and hospice care which are all based on medical models as well as prognosis and diagnosis.

The core focus of palliative care is to reduce one's endurance regarding suffering. Palliative care is inclusive of psychosocial supports and some sort of closure as patients become closer to end of life (Lo, Quill and Tulsky, 1999). Despite professionals being in this field of work it is often said that such complex discussions about palliative care with those patients who are seriously ill and initiating conversations with their family, can be emotionally difficult according to Lo, Quill and Tulsky (1999). NHS (2018) advocate that palliative care is about making a patient as comfortable as possible by effectively managing the pain and any distressing symptoms that they may be experiencing. By offering a holistic approach it seeks to deal with other things not just one's illness or symptoms. This holistic approach is inclusive of social, psychological and spiritual support to not only the family but the patient too. According to the NHS (2018) Palliative care is available from the point in which one learns about a life limiting terminal illness.

End of Life Care Settings

There appears to be growing concerns around end-of-life care in relation to policy for the reason that most those patients who are approaching or receiving end of life care, often seek and utilise health care services (Jakobsson et al., 2007). On the contrary, despite people that are dying choosing to receive health care services during this period of their lives health care systems does play an integral part of the care provided to these individuals.

- Residential care services are often occupied by the elderly in relation to both dying and death.
- Jakobsson et al., 2007 has pointed out that hospital-based care appears to be a growing trend in regard to end-of-life care. Nevertheless, neither of the above are considered to be settings which are primarily committed to end-of-life care. In support of the above-mentioned views the care that is provided

within residential care provisions lay focus upon rehabilitation and physical needs as opposed to providing the right care for those patients who are dying and have experienced death.

Is the sufficient end of life care for everyone?

It is fair to state that everybody who is receiving end of life care have individual tailored plans to address their health needs. The purpose of palliative care is to reduce the suffering of an individual and to maximise the quality of life during the end-of-life period. Despite there being a grave need for effective and helpful end-of-life care, this is not always necessarily the case. There appears to be a gap between the need and availability of end-of-life care and although the vast majority of health care budgets are spent on people during the last days, this doesn't essentially mean that they receive the appropriate care (Jakobsson et al., 2007).

Theories

- Self-transcendence theory speaks about having the capacity to expand personal boundaries working towards greater awareness intrapersonally of a person's philosophy, values and dreams (FAAN, RN and CNE, 2023).
- Vulnerability is a key concept as it involves having awareness of personal mortality or any health risks that may occur. This could involve life threatening or any other health issues. This is where self-transcendence comes in as it equips individuals with survival mechanisms and makes room for having the capacity to deal with difficult situations (FAAN, RN and CNE, 2023).
- Undeniably, Maslow's hierarchy of needs can relate to palliative care of patients and those suffering with long term illnesses. Maslow's hierarchy of needs consists of 5 stages all of which the patient should endure at some point when receiving treatment or coming not contact with health care professionals who are looking after them. Much devotion should be offered to the patients psychological needs in order to be able to provide them with a sense of safety and security. The patient should feel protected at all times and in the process they will receive love and belonging from their family, friends

and feel a sense of connection to those professionals who are caring for them. Moreover, as the low hierarchical stages are met, this then makes provision for managing physical symptoms which will in turn restore self-esteem, transcendence and self-actualisation (Valliani, 2021)

Euthanasia and Assisted Suicide – Laws in the UK compare to other countries

Euthanasia is defined as a deliberate act that is undertaken by one person with intentions of ending the life of another person with a view to relieve the person from suffering (Bowman, 2009). While Bowman (2009) points out that Assisted suicide is defined as being an intentional act of killing oneself with the assistance of another person who consciously provides the knowledge, means or both.

The subject of assisted dying is intensely problematic as there are a number of factors that contribute to its difficulty. Firstly, it is important to capture some of the definitions associated with assisted dying. One of the most common concepts that relate to the debate pertaining to assisted dying has continuously been the 'right to die' (Menon, 2013). It has been pointed out by Menon (2013) that on one hand the notion encapsulates 'sanctity of life whereas on the other hand speaks about 'freedom of choice.' Menon (2013) mentions that euthanasia relates to the termination of a patient's life by another person other than the patient themselves. Moreover, a working definition of euthanasia states that it is an action that involves an instant merciful killing by a professional namely a doctor's who is caring for a patient who is ill and experiencing suffering. The patient would have consented to such an action due to being unable to continue in this way. Euthanasia is a deliberate act to ending the life of a patient with a view to avoid any further suffering (Ball, 2011)

Of course, there are legalities and laws for everything which protects people's human rights. In this instance, there are laws which must be adhered to in regard to assisted dying across a number of jurisdictions (Menon, 2013). It is right to state that a number of countries have either practiced or are practicing assisted dying on a civil law system (Scherer and Simon, 1999).

In the United States euthanasia continues to be illegal though, where physician assisted suicide is considered this has been made lawful within Washington, Montana and Oregon (Menon, 2013). In comparison, within the UK Suicide Act legislation has been put in place to prohibit the assistance of suicide. There have been cases in various parts of the world who have fought to gain authorisation for loved ones to not be held accountable for legal proceedings when supporting assisted dying due to falling ill with a serious condition which inflicted pain and suffering. For example, there was a case involving Mrs Diane Pretty who suffered with motor neurone disease was pushing to gain legal immunity from prosecution for her husband. However, despite her desperation to no longer suffer, this was dismissed by the House of Lords whereby a decision was made that the DPP had no power to reverse any decisions made in relation to the law which has been passed by Parliament (Menon, 2013). It was further stipulated that such a request would not be granted to provide a person with immunity.

The laws in Singapore are like that of the law in the US when we consider assisted dying. Attempted suicide is an offence in Singapore (Menon, 2013). If suicide is attempted and the attempt succeeds, suicide shall be punished with the consequence being imprisonment for up to ten years due to 206 of the Penal Code. In addition to the above, the guilty party will be legally responsible to pay a fine which also includes physicians who assist their patients in committing suicide.

Within the Mental Capacity Act, the end-of-life issues are somewhat regulated by this to some degree according to Menon (2013) as Section 3 specifies that decisions must be made out of the best interests of a person who lacks capacity. If a decision or act is made on behalf of a person who lacks the ability to make their own decisions, these are made by decision makers which includes nurses, doctors, care givers or even court-appointed deputies.

History of Euthanasia

Deliberations concerning the ethics of euthanasia and assisted suicide revert back to ancient Greece and Rome. There have been constant debates around the ethics of euthanasia which initiated rage within the United States and Britain. According to Emanuel (1994) this was culminated in the Ohio Bill to legalise euthanasia in 1906 however, this bill was defeated.

Arguments against this

As society moves towards the twenty first century questions have been raised whether physicians should have the power to end a patient's life by way of administering a fatal injection (Marker et al., 1991). When a patient is under the care of a physician they are responsible for providing the patient with the best quality care and shall do no harm (University, S.C., 2023). If a patient requests for a medical aid in dying (MAID) to prevent them from further suffering the physician will then provide them with the relevant medication to end their life. The question is this, would the physician be violating their ethical obligation as they are to 'do no harm to the patient?' It can be argued that the physician is in fact morally and ethically incompatible according to University, S.C. (2023) as the physician has a duty to restore a patient's health. But instead by following through with a patient's wishes this could cause doctors to become unethical and could be considered to be lacking in compassionateness.

In agreement with Fontalis, Prousalis and Kulkarni (2019) the arguments against euthanasia are as follows:-

- Article 2 of the European Convention on Human Rights states that everyone's right to life should be protected by the law. In following this principle, the state should prevent the deliberate taking of life, and they should protect the vulnerable from action that may jeopardise their lives.
- Physician assisted dying is at odds with the Hippocratic oath namely and the principles of beneficence and non-maleficence. These two principles are centred around not doing any harm to a patient and acting in the best interest of the patient.
- Physician assisted dying doesn't take into account the ethical beliefs and values of the physician. Physicians shouldn't be required to participate in assisted dying as it may be in opposition to the ethical beliefs and values.

- During their training most practicing physicians have not experienced the concept of assisted dying as an expected duty in the context of patient's autonomy.
- Assisted dying could potentially lead to a society where the population develops the attitude that suffering should not be part of life and that being dependent on others is a burden. The lives of disabled and terminal ill individuals might be viewed as less valuable and that their lives aren't worth living. The implications of this type of attitude are that vulnerable individuals could potentially be forced or coerced down the route of assisted dying against their will.
- Increasingly health and social care systems are experiencing financial constraints in terms of their budgets. The current trend of budget cutting could potentially impact on the terminally ill who typically require high-cost life prolonging or quality treatments. Instead of Assisted dying being carried out at the request of the patient to preserve their dignity it could be used as a guise when the real motivation for ending a person's life is to save money by cutting costs of expensive treatments.
- The involvement of doctors in assisted dying may damage or lead to a negative opinion of the profession due to the conflict between the premise that doctors are in the business of saving lives rather than taking lives. It may also risk eroding the perceived integrity of the profession.
- There is a danger that the unavailability of adequate palliative care, and mental health care may inadvertently become a deciding factor in assisted dying decision.
- In the UK and USA several of the professional bodies/ groups representing doctors such as the BMA, Royal College of General Practitioners, Royal College of Surgeons of England, and the American College of Physicians which represents nearly 250,000 members are opposed to assisted dying.

This suggests that the notion of assisted deaths is unpopular within the doctors/physicians who would be expected to carry it out.

Recommendations

- It is fair to say that more understanding needs to occur surrounding the ethics of MAID. Patients will continue to suffer due to the lack of knowledge and research in regards to medical aids in dying. It is no secret that the current unethical laws need to be amended in order to allow equal access to medical aids in dying which can be accessible to all. This will not only improve the care for dying patients but will also enable physicians along with scientists scope to develop a more skilled, uniform approach.
- It has been identified that there appears to be mixed views and confusion around end-of-life care. There does not appear to be a clear view as to what this type of care should look like and consist of so therefore, there needs to be clear distinctions to be made between withholding and withdrawing treatments and actions of killing and allowing to die (Truog et al., 2008)
- Laws need to be reviewed and amended so that there is clear understanding by all parties on what end-life care should look like as the current laws appear to be unethical

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