

Response of the National Association of Pro-life Nurses to the recent policy Statement of the American Nurses Association on voluntary holding of Food and Hydration

NAPN Response

The National Association of Pro-life Nurses (NAPN) is deeply saddened to learn of the recent position statement of the American Nurses Association (ANA) regarding the withholding of food and hydration as a means of hastening death. Our organization had hoped that the announcement of the study of the issue would result in a better decision, but based on the ANA revised code of ethics of 2015, it does not come as a surprise. The ANA continues to show its complicity in promoting the culture of death.

[\[http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Nutrition-and-Hydration-at-End-of-Life.pdf\]](http://nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and-Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Nutrition-and-Hydration-at-End-of-Life.pdf).

The new position claims that “people with decision making capacity have the right to stop eating and drinking as a means of hastening death.” (Termed VSED for “Voluntary Stopping of Eating and Drinking.) Unfortunately, for us as pro-life nurses, that means that the ANA will expect that nurses will comply with this decision and “honor” this decision, making us complicit with this form of suicide. As with other positions, the ANA will not come to the defense of any nurse holding a conscience objection to this policy. The ANA has effectively given up its previous position, weak as it was, of opposing assisted suicide.

The entire list of recommendations regarding food and water reads:

"ANA Recommends that:

- Nurses recognize those situations when nutrition and hydration can no longer benefit a patient, and adhere to clinical standards that include **providing nutrition and hydration only to patients for whom it is indicated**.
- Patients with decision-making capacity—**or their surrogates, who are relying on the patients’ preference or have knowledge of the person’s values and beliefs**—will be supported in decision-making about accepting or refusing clinically appropriate nutrition and hydration at the end of life.
- Nurses will have **adequate and accurate information to understand patients’ cultural, ethnic, and religious beliefs and values**

regarding nutrition and hydration at the end of life. Patients' views and beliefs should be respected.

- Nurses will support patients and surrogates in the decision-making process by providing accurate, precise and understandable information about risks, benefits and alternatives.
- Decisions about accepting or forgoing nutrition and hydration **will be honored**, including those decisions about artificially delivered nutrition as well as VSED.
- People with decision-making capacity **have the right to stop eating and drinking as a means of hastening death.**" (All emphasis added)

The ANA statement goes on to admit that "There is some consensus (**though not universal agreement**) that VSED can be an ethical and legal decision", but in regard to conscience rights, the document only states that "Nurses who have an **informed moral objection** to either the initiation or withdrawal of nutrition or hydration **should communicate their objections whenever possible, to provide safe alternative nursing care for patients and avoid concerns of patient abandonment.**" (Emphasis added)

Communication of the nurse's objection to compliance "whenever possible" leaves the pro-life nurse adherent to the patient's wishes if there is no other nurse to assume the task of the Grim Reaper. In cases where this is impossible, charges of "abandonment" can be filed resulting in loss of employment and or license and even to lawsuits.

The statement that "providing nutrition and hydration only to patients for whom it is indicated" is problematic in view of the removal of feeding tubes from the severely brain-injured like those said to be in the so-called "persistent vegetative state" and not dying could be starved to death with impunity.

The ANA claims to be the "voice of nursing" and "the nation's only full-serviced professional organization that represents the interests of the nation's 3.6 million registered nurses." Yet, in reality, when the ANA last released its membership numbers in 2011, actual membership was less than 7% of registered nurses in this country. The 2015 Annual Report does cite a 9% increase in membership, but no figures are available. They certainly do not speak for the numbers of us who do not share their disregard for the lives of the vulnerable.

At the very least, we health care professionals need our conscience rights honored and protected so that we can truly and ethically care for our patients. With positions like that of the ANA, nurses with an true respect for

the sanctity of human life and the protection of it in all its forms are placed in a distinct disadvantage and are pressured to abandon our profession of caring.

For further information, please contact the Executive Director, Marianne Linane, at director@nursesforlife.org.

For a critique of the Code of Ethics for Nurses with Interpretive Statement by Ms. Linane, visit <http://nebula.wsimg.com/965e1586107b8bb64bd85a66a0f5df4a?AccessKeyId=B6FE1B941C60E44DBD2D&disposition=0&alloworigin=1>

The ANA document can be viewed at <http://nursingworld.org/MainMenuCategories/ANAMarketplace/Factsheets-and-Toolkits/Code-of-Ethics-For-Nurses.html>