Caution yes, but not at the expense of compassion in medically assisted dying (Letter)

Author

Bloomer, MJ, Hewitt, J, Bonner, A

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Authors:
Melissa J Bloomer[1,2,3*] ORCID 0000-0003-1170-3951
Jayne Hewitt[1,3,4,5] ORCID 0000-0002-6888-2666
Ann Bonner[1,3,6] ORCID 0000-0001-9920-6743

1. School of Nursing and Midwifery, Griffith University, Queensland, Australia

2. Intensive Care Unit, Princess Alexandra Hospital, Metro South Health, Queensland Health, Australia

3. Menzies Health Institute Queensland, Griffith University, Queensland, Australia

4. Queen Elizabeth II Hospital, Metro South Health, Queensland Health, Australia

5. Law Futures Centre, Griffith University, Queensland, Australia

6. Kidney Health Service, Metro North Hospital and Health Service, Queensland, Australia

*Corresponding author

Dear Editor

We thank the authors for their letter titled 'Medically assisted dying in critical care: Proceed with caution'. In response, there are several points we wish to make.

We agree that it is important to proceed with caution in the sense that actions should be taken after careful consideration. The same should be said for all critical care practice, particularly when balancing critical care treatment intensity against potential benefit for a critically ill person, and in end-of-life decision-making. Whilst there are clear differences between medically assisted dying and end-of-life care in critical care, respecting a person's autonomy, careful consideration of their values and goals, and the implications for their diagnosis and care preferences are the same. The argument we presented in our Current Insights article is neither for nor against medically assisted dying in critical care. Our stance is more pragmatic, in that clinicians and broader health care systems must operate in accordance with law, and where the law allows for medically assisted dying in critical care, clinicians must be informed and prepared.

The authors make links between the experiences of the Liverpool Care Pathway (LCP) and medically assisted dying, with which we must disagree. The LCP was introduced more than 20 years ago as a best practice initiative to improve end-of-life care quality (UK Department of Health, 2008). Whilst the LCP may have guided the provision of end-of-life care, there was also criticism that it reduced end-of-life care to a tick-box exercise (Neuberger et al., 2013). Our position is not that medically assisted dying diminishes end-of-life care. Rather, given that death in critical care is not uncommon, critical care clinicians are skilled at managing the complex physical needs of a critically ill or dying patient, and in navigating communication with families with sensitivity (Bloomer et al., 2017).

How an expert critical care nurse is defined is subject to local definitions and expectations. But some core features of the critical care nurses' role in end-of-life care are universal. Critical care nurses understand the fragility of life (Bloomer et al., 2022), the importance of communicating with cultural

sensitivity (Brooks et al., 2019) meeting patients' and family's cultural needs, and honouring the deceased (Bloomer et al., 2022). The universality of these perspectives means they are just as relevant for those who may choose medically assisted dying, , and hence this legal end of life option should not be ignored.

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