patients are fortunate to have many new and sophisticated tools to deal with pain. Dr. James Rathmell, a pain specialist from Vermont, says, "Not once in the course of caring for many patients, even those suffering severe pain at the end of life, have I as a physician wished I had a tool where I could accelerate my patient's death."

Unfortunately, Oregon and Washington have legalized PAS. Legalization has been considered and defeated either by ballot initiatives or legislation measures in Alaska, Arizona, California, Colorado, Connecticut, Michigan, Mississippi, Montana, Nebraska, New Hampshire, New Mexico, New York, Hawaii, Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Pennsylvania, Rhode Island, Vermont, Washington, Wisconsin and Wyoming. For the most up to date information on these efforts, visit www.patientsrightscouncil.org/site/failed-attempts-usa.

As nurses, we are called to respect the dignity of each human life. Relief of suffering respects that life, not the destruction of it. We must be good stewards of the abilities and resources we have been given to accomplish our tasks and not resort to pressures of society reflecting the vicissitudes of currently popular notions.

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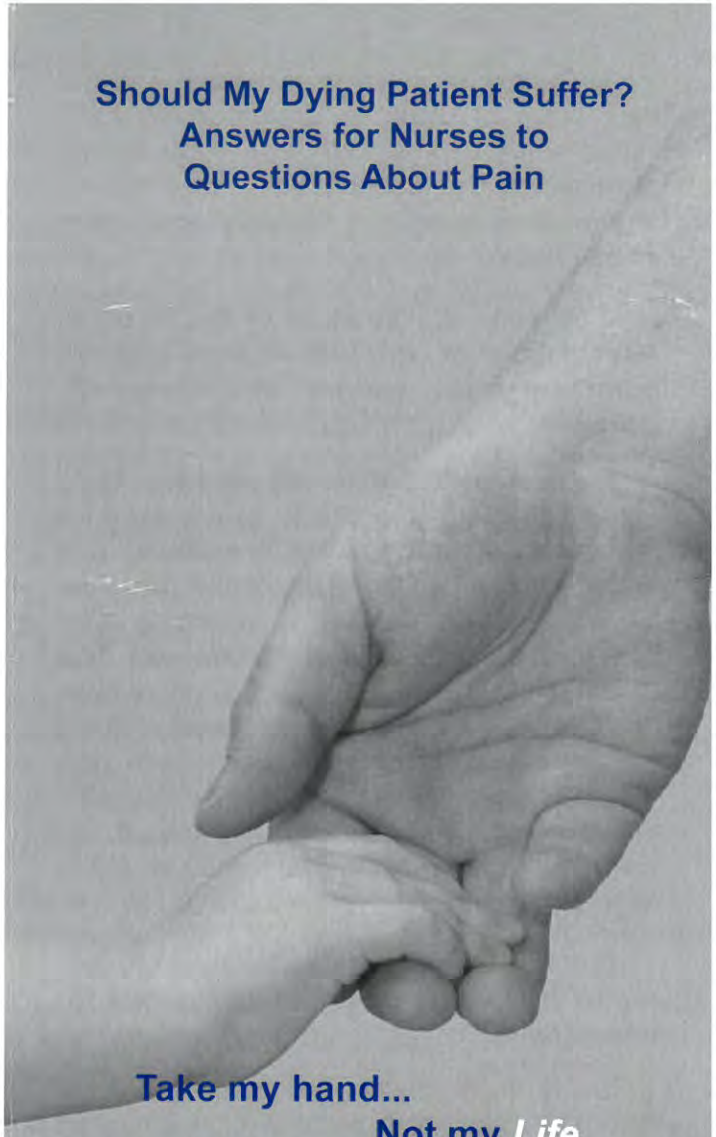
Should My Dying Patient Suffer? Answers for Nurses to Questions About Pain



Take my hand...
Not my *Life*

National Association of Pro-Life Nurses

As nurses we often hear patients express their fears of dying in uncontrollable pain. Patients may express their wish to die instead of remaining in intractable pain. How can we answer their questions truthfully about pain and suffering?

What is the position of the National Association of Pro-Life Nurses (NAPN) regarding pain control and end-of-life issues?

NAPN believes that nurses are never to be agents of death, regardless of the patient's prognosis. When the patient is suffering from an incurable disease or prolonged pain, our care is primarily directed at providing relief through symptom and pain management. This is usually termed palliative, or comfort care. The focus is not on death, but on achieving the highest quality of living for the patient. With adequate pain management, suicide becomes a less attractive alternative. "We believe," as one nurse aptly said, "in assisted living, not in assisted suicide."

How can I help my patient with excruciating pain? Aren't narcotics dangerous for the patient?

NAPN supports the use of narcotics, or opiods to control pain, particularly in advanced illness. Many studies done have refuted the claim that use of narcotics in severe pain will cause addiction. Also challenged by scientific studies is the belief that giving an opioid will cause death. Experts in pain management state that in only a small percentage of patients is there a danger of addiction. Additionally, in a terminal illness, addiction is a moot point.

Also challenged by scientific studies is the belief that giving an opioid will cause death. The argument is that giving narcotics to control pain will depress respirations resulting in death. The Cleveland Clinic Foundation in Ohio conducted a study which found that when cancer patients are given appropriate doses of morphine to relieve severe pain, the treatment doesn't lead to the shortening of their lives. Noted author and attorney Wesley J. Smith, who monitors end-of life issues commented on the study, "One of the most insidious and selfish arguments of assisted suicide advocates is that pain control hastens death so that it is no different than assisted suicide. This can keep patients from accepting aggressive pain control and doctors reluctant to prescribe it."

Drs. Rob George of University College London and Claud Regnard of St. Oswald's Hospice wrote a commentary in association with the Cleveland study, published in the March 2007 issue of Palliative Medicine. "We urge those in the medical community to understand the facts about morphine and other opioids - it's time to set the record straight," they said. "Doctors should feel free to manage pain with doses adjusted to individual patients so that the patients can be comfortable and be able to live with dignity until they die."

The terminally ill patient who suffers from terrible pain may need high doses of narcotics to relieve his or her pain. Using narcotic medications for the terminally ill patient is truly compassionate and humane. It is for this purpose that such narcotic medications exist. Nobody should feel ashamed about taking medications to ease the pain of a terminal illness and nobody should deny a patient these medications when they need them.

As nurses who respect life, we can never err or be unethical by administering seemingly large doses of narcotics when the nurse's objective is to relieve pain, not to "end his misery" by shortening the patient's life.

Some states have passed or are considering legislation to allow physician assisted suicide. Should this be offered as a last resort for those in excruciating pain?

Physicians will sometime, often at the urging of family members who are watching helplessly, agree to "put the patient to sleep", or "out of his/her misery". This is euthanasia and NAPN believes that they assume a role belonging to God.

Keep in mind that there are many pain control specialists who insist that there is no pain which cannot be controlled if the correct measures are employed. Their advice: if a patient is suffering excruciating intractable pain, he should seek a new pain specialist. It was found some years ago that only about 2% of a medical student's time is focused on the treatment of pain while a significant portion of the physician's time practice is spent in finding relief from pain. Clearly, this needs to be addressed as part of the curriculum for all medical students.

Many states are considering physician assisted suicide (PAS) with proponents claiming it as a compassionate choice for terminal illness. Oregon legalized the practice several years ago when voters there were led to believe that PAS was needed for those suffering uncontrollable pain. In fact, after the passage of the law allowing PAS, not one case was documented as being performed because the patient had unbearable pain. Instead of pain relief, patients are given lethal doses of medications because of social and psychological concerns. What should be clearly understood by all patients and families is that there are definite standards of practice about how to treat pain, how to increase dosages, and what medications to use, or when to begin new medications. Physicians that work with dying