**INFORMATIVE SPEECH**

**FOR**

**DINA JONES**

Hello everyone. I’m about to discuss a topic that is at the core of our mission as nurses, and that is the importance of administering compassionate, informative, considerate, support in end of life care and treatment. When we find the strength within ourselves to answer the calling to enter the nursing professions, it is done with optimism, enthusiasm, and good faith. We mentally plot our course... we graduate, and get to work. We have plans to attend to patients to aid in all stages, from diagnosis to treatment and healing, from the very beginning of life to... yes... the very end.... when reality sets in, no matter how much practice and study and field work we do, the bulk of critical experience is gained on the job.... and that’s when we must turn inward, assess the pledges and promises made and given, and constantly recommit to our purpose. Sir Winston Churchill once said, “I am ready to meet my maker, but whether my maker is prepared for the great ordeal of meeting me is another matter.” As nurses that offer palliative and end of life care, we are the ones that need to be as prepared as possible to keep the patient as comfortable as possible, and to insure they go with dignity and peace.

The Online Journal of Issues in Nursing features an article titled, “ANA Position Statement: The Nurse’s Role When a Patient Requests Medical Aid in Dying,” We have the chance to review what is ethically, morally, and professionally called for in end of life matters. The article states, “The delivery of high-quality, compassionate, holistic and patient-centered care, including end-of-life care, is central to nursing practice. Hallmarks of end-of-life care include respect for patient self-determination, nonjudgmental support for patients’ end-of-life preferences and values, and prevention and alleviation of suffering. In states where medical aid in dying is legal, patient self-determination extends to include a terminally ill patient’s autonomous, voluntary choice and informed request to self-administer medication to hasten death.” It’s critical to remember that, ”Medical aid in dying is not synonymous with euthanasia. There is a key distinction between the two terms. Laws that allow medical aid in dying permit an adult patient with a terminal illness and the capacity for medical decision-making to self-administer oral or enteral medication when certain criteria are met. Euthanasia, which is not legal in the United States, occurs when someone other than the patient administers medication...” The article goes on to clarify, “Yet they must be comfortable supporting patients with end-of-life conversations, assessing the context of a medical aid in dying request (e.g., concern about treatable depression or coercion), advocating optimized palliative and hospice care services, and knowing about aid in dying laws and how those affect practice.”

this is a subject that is very close to my heart. I am passionate about the importance of allowing patients to die in peace. I am dedicated to the mission that every patient in the end of life process, go through every phase with dignity. It is our job as nurses to assure this happens. I remember the time I worked with a nurse that was not comfortable with providing sufficient, compassionate, end of life care and was afraid to “overdose” the patient with Morphine, even though the patient was actively dying and was in excessive pain. The nurse did not want to give the Morphine because he was afraid it would “hasten her death.” I was so outraged that he could not put his own considerations aside in the service of a dying patient, in order to do what was best for that person, that I asked the nurse to switch assignments with me so that I could provide the comfort and care that the patient needed... and **DESERVED**. As nurses we are sometimes confronted with situations that are uncomfortable, but we must be able to put our own feelings on hold in order to do what is best for the patient. It’s **WHAT** **WE DO.**.. It’s our **PURPOSE**. If you find some action or required treatment is against your morals or values, then I urge you to please find the courage to ask another nurse to take over for you so that the patient does not suffer needlessly. Please remember that we are a **team**.... that in most situations, we can find colleague support... even if it may require being creative or insistent. When we are on duty, we are there to serve the needs of the patient... **period**.

The article goes on to assert, “Arguments for medical aid in dying are based on respect for patients’ self-determination, a desire to prevent unnecessary suffering, assurance that patients have access to the full range of care options at the end of life, and consideration that medical aid in dying is a last act of **autonomy**.”

According to the World Health Organization, palliative care is intended to improve whatever quality of life that still exists for the patient... “it provides relief from pain, affirms life and regards dying as a ‘normal’ process... intends to neither hasten or postpone death... integrates psychological and spiritual aspects of patient care... offers a support system to the family as well as the patient that may include bereavement counseling and other means of constructive advice.”

In an impossible, terminal situation, the compassionate, thoughtful, selfless care administered by the attending nurse will be the actions that provide a true and lasting **peace**. Our actions make a tremendous difference in the lives of all that we meet and serve. It’s an honor to be entrusted with such an auspicious part of life’s journey.

It’s been said that “Nurses are there when the last breath is taken and nurses are there when the first breath is taken. Although it’s more enjoyable to celebrate birth, it’s just as important to comfort in death.” I want to acknowledge all of you for the integral services you provide to **all** patients and especially those to whom your actions will be the final gifts of care they will receive. Thank you all.