



Juliana L'Heureux, BS, RN, MHSA
American Nurses Association of Maine
P O Box 647 Kennebunk, ME 04043

Nurses advancing our profession to improve health for all.
May 15, 2015

Joint Standing Committee on Health and Human Services

Senator Eric Brakey, Chair
Senator Anne Haskell
Senator Earle McCormick
Representative Andrew Gattine, Chair
Representative Christine Burstein
Representative Scott Hamann
Representative Frances Head
Representative Patricia Hymanson
Representative Richard Malaby
Representative Matthew Peterson
Representative Deborah Sanderson
Representative Peter Stuckey
Representative Karen Vachon

Dear Senator Brakey and Representative Gattine and members of the Joint Standing Committee on Health and Human Services.

My name is Juliana L'Heureux. I am a nurse and a resident of Topsham, ME. I am speaking today to for the *American Nurses Association of Maine* in opposition to LD 1270 An Act Regarding Patient-directed Care at the End of Life.

Historically, nurses have played a key role in caring for patients at end-of-life across healthcare settings. Nurses provide expert care throughout life's continuum and at end-of-life, in managing the bio-psychosocial and spiritual needs of patients and families both independently and in collaboration with other members of the interprofessional healthcare team. In this important responsibility, nurses are expert educators for families and care givers of the patients with life ending illnesses. In fact, nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and families at the end-

of-life, to prevent and relieve the cascade of symptoms and suffering that are often associated with dying. In the ANA code of ethics, nurses may not act with the sole intent of ending a patient's life, even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations. Palliative and hospice care provides individualized, comprehensive, holistic care to meet patient and family needs predicated on goals of care from the time of diagnosis, through death, and into the bereavement period.

Nurses support the rights of people who are diagnosed with chronic or life shortening illnesses to have access to Palliative Care, up until the end of life. We agree with the World Health Organization statement about the importance of providing Palliative Care. In other words, Palliative Care recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life. Palliative care affirms life and neither hastens nor postpones death. Palliative care exists in the hope and belief that through appropriate care and the promotion of a caring community, sensitive to their needs, patients and families may be free to attain a degree of mental, emotional, and spiritual preparation for death that is satisfactory to them.

There is no need for physician assisted dying when patients and families who are faced with end of life decisions can be counseled about advance directives, receive palliative care and hospice. Presently, the access to these essential programs are, unfortunately, not universally available. Sincere compassion for the dying is evident when hospice is available to all who are in need of end of life care.

Additionally, the regulatory burden of providing the toxic chemicals needed to hasten death is another ethical burden on those who will be philosophically opposed to contributing to the mortality of others. It can be especially unethical at a time when suicide is already dreadfully evident in our state's causes of mortality

...

ANA Maine wants to work with the hospice and palliative care givers to help provide access to all who need end of life care. Oppose LD 1270 and, instead, support LD 782, to assure all Maine people have quality of life up until the end of life when necessary. Thank you.