POSITION STATEMENT

Capital Punishment and Nurses' Participation in Capital Punishment

Effective Date: 2016
Status: Revised Position Statement
Written by: ANA Center for Ethics and Human Rights
Adopted by: ANA Board of Directors

Purpose

The purpose of this position statement is twofold. First, to address the role of nurses in capital punishment. Second, to express the American Nurses Association's (ANA) overall views on capital punishment, also referred to as the death penalty. Registered nurses, along with other health care professionals, continue to be called upon to participate in capital punishment, including the use of lethal injection. Since 1983, ANA has clearly held that nurses should not assume any role in the capital punishment of a prisoner. This position statement now extends to opposing capital punishment.

Statement of ANA Position

The American Nurses Association (ANA) opposes both capital punishment and nurse participation in capital punishment. Participation in executions, either directly or indirectly, is viewed as contrary to the fundamental goals and ethical traditions of the nursing profession. This position is in alignment with the International Council of Nurses' (ICN, 2012) position that "considers the death penalty to be cruel, inhuman and unacceptable. . ." (p. 2).

The *Code of Ethics for Nurses with Interpretive Statements* (*Code*) (ANA, 2015) brings to the forefront the importance of the nursing profession's taking a stance against any action that is contrary to the respect for human dignity of all individuals. Since ANA represents individual nurses, the professional organization must communicate to the public the values nurses consider central to the nursing profession (*Code,* Interpretive Statement 9.1). Within the *Code* provisions 8 and 9 (ANA, 2015), the principles of social justice speak to the importance of the nursing profession's taking a stance against the death penalty, due to the preponderance of evidence against the fairness and effectiveness of capital punishment as a deterrent.

Recommendations

In keeping with the nursing profession's commitment to caring; the preservation of human dignity and rights; the ethical principles of justice, nonmaleficence, beneficence and fidelity; and the preservation of trust

that society accords the nursing profession; and in recognition of social inequalities within the judicial, criminal and penal systems; ANA recommends that:

- Nurses abide by the *Code of Ethics for Nurses with Interpretive Statements* and the *Correctional Nursing: Scope and Standards of Practice,* which prohibit nurses from assuming any role in the capital punishment of a prisoner.
- Nurses strive to preserve the human dignity of prisoners regardless of the nature of the crimes they have committed.
- Nurses abide by the social contract to facilitate healing and refuse to participate in capital punishment.
- Nurses act to protect, promote, and restore the health of prisoners and provide comfort care at the end of life, if requested, including pain control, anxiety relief or procuring the services of a chaplain or spiritual advisor.
- Nurses who are invited to witness an execution do not represent themselves as a nurse nor assume any nursing role in that execution.
- Nurses help colleagues balance the moral burdens with professional ethics when specific death penalty cases cause moral turmoil.
- Nurse administrators provide a work environment that allows nurses to abide by the recommendations of the American Correctional Health Services Association, National Commission on Correctional Health Care, and ANA.
- Nurses continue to be involved in national and international dialogue on political, scientific, ethical, legal, social, and economic perspectives leading to legislation that would abolish the death penalty.
- Nurses as individuals and as a professional community maintain awareness that any nurse participation could contribute to the public's acceptance of the death penalty, and their nonparticipation may, in fact, contribute to rejection of the death penalty.
- Nurse educators include and emphasize the knowledge and skills needed to act upon the above recommendations.

Background

Capital punishment "penalizes those convicted of certain classes of crimes by killing them" (Hall et al., 2005, p. 146) and is "the legally authorized killing of someone as punishment for a crime; the death penalty" (Burton, 2007, p. 1). Human rights organizations state that the use of capital punishment is denial of the ultimate human right, the right to life. Professions have realized that allowing individual members to "follow their conscience" in the area of killing, torture, or cruel, inhuman, or degrading treatment is an abrogation of their collective responsibility (World Medical Association, 2012). It is not sufficient to say, "I didn't do it." The ethical standards of the nursing profession require that all members of the profession refuse to use their professional skills and capabilities to kill, torture, or degrade another human being. In order to retain professional dignity and ethical stature, the nursing profession as a whole must agree not to do it.

History/Previous Position Statements

- *Code of Ethics for Nurses with Interpretive Statements* (1985, 2001, 2015)
- ANA Position Statement: *Nurses' Participation in Capital Punishment* (1983, 1984, 1988)

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- ANA Position Statement: *Nurses' Role in Capital Punishment* (2010)
- House of Delegates Resolution: Acts of Torture and Abuse (2005)
- ANA Position Statement: *The Nurse's Role in Ethics and Human Rights: Protecting and Promoting Individual Worth, Dignity, and Human Rights in Practice Settings* (2010, 2016)

Supporting Material

Amnesty International "opposes the death penalty in all cases without exception regardless of the nature or circumstances of the crime; guilt, innocence or other characteristics of the individual; or the method used by the state to carry out the execution" (Amnesty International, 2015, p. 2). According to an Amnesty International (2015) report on death sentences and executions, fifty-eight countries retain the death penalty. Mass sentencing in Egypt and Nigeria in the context of internal conflict and political instability, resulted in the number of death sentences jumped by almost 500 from 2013 to 2014. Because of the secrecy of executions in China and increased focus on executions for state defined acts of terrorism, it is difficult to compare the number of executions in China in 2013 and 2014 with previous numbers. Iran, Iraq, and Saudi Arabia were responsible for 72 percent of executions in 2014 (Amnesty International, 2014). In 2015, the United States was one of five countries with the highest rate of executions, the four others being China, Iran, Saudi Arabia, and Iraq (Amnesty International, 2015). However, executions were recorded in 22 countries in 2014, the same number as the year before. This is a significant decrease from 20 years ago when Amnesty International recorded executions in 42 countries, highlighting the clear global trend of countries moving away from the death penalty.

The U.S. insists that the decision to use the death penalty must lie with each nation and that the use of the death penalty is not prohibited under international law. Of the 35 member states of the Organization of American States, only the U.S. carried out executions in 2014 (Amnesty International, 2015). The U.S. is unique among western countries for its retention of the death penalty. The last execution in Western Europe took place in France in 1977. Abolition of the death penalty is a prerequisite for membership in the European Union, comprising of 28 member countries (Sheriff, 2014).

The United Nations General Assembly first adopted a resolution in 2007 calling for member countries that still maintain the death penalty to establish a moratorium on executions with a view to abolishing the death penalty. The fifth time the member countries voted was in 2014, with only 36 countries opposed to the resolution, the U.S. being one of them (Sheriff, 2014).

The death penalty is legal in 31 U.S. states. Nineteen states, plus the District of Columbia, do not support capital punishment (Death Penalty Information Center, 2015a). Seven states were responsible for the 35 executions that took place in 2014 and Texas, Missouri, Florida, and Oklahoma were responsible for 89 percent of all executions (Amnesty International, 2015).

In 1972, the U.S. Supreme Court ruled in *Furman v. Georgia* that capital punishment violated the Constitution's Eighth and Fourteenth amendments protecting individuals against "cruel and unusual punishments." The moratorium on the death penalty remained in place until 1976, when the Supreme Court upheld a death sentence in *Gregg v. Georgia*, ruling that the death penalty does not, in all cases, violate the Eighth and Fourteenth amendments. This ruling was supported in the 2008 *Baze v. Rees* Supreme Court case, which ruled that the "lethal injection cocktail" did not violate the Eighth or Fourteenth amendment and was not deemed cruel and unusual punishment. In the 2015 Supreme Court case of *Glossip v. Gross*, the court ruled 5-4 against inmates in Oklahoma and concluded that the sedative Midazolam substitution was not a violation of the Constitution's prohibition on cruel and unusual punishment. Two longstanding Supreme Court justices wrote in a dissenting opinion that it was time for the court to take another look at whether the death penalty could ever be carried out in accordance with the Constitution.

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Professional and international organizations such as the American Medical Association (2016), American Psychiatric Association (2014), American Society of Anesthesiologists (2010), American Public Health Association (1986; 2001), American Correctional Health Services Association (1996), World Medical Association (2012), National Commission on Correctional Health Care (2014), and International Council of Nurses (2012) all address the role of health care professionals in capital punishment. These organizations support one of the principles of the American Correctional Health Services Association to "not be involved in any aspect of the execution of the death penalty" (p. 1). In summary, health care professionals' participation in capital punishment is a breach of professional ethics, but some organizations have gone further and taken a stance against the death penalty itself.

The American Psychological Association (2001) calls upon each jurisdiction in the U.S. that imposes capital punishment not to carry out the death penalty until the jurisdiction implements policies and procedures that can be shown through psychological and other social science research to ameliorate the problems associated with capital punishment. Mental Health America (2011) calls upon states to suspend using the death penalty until more just, accurate, and systematic ways of determining guilt and considering a defendant's mental status are developed.

The American Public Health Association policy statements, *Abolition of the Death Penalty* (1986) and *Participation of Health Professionals in Capital Punishment* (2001), call upon the legislative branches at national and state levels to abolish capital punishment; urge executive officials to use their power to prevent the imposition or execution of the death sentence; and encourages professional organizations of health workers to work for the abolition of capital punishment and to discourage members from participating in or contributing to the carrying out of the death penalty.

Historically, the role of the nurse has been to promote, preserve, and protect human health. The *Code of Ethics for Nurses with Interpretive Statements* outlines nursing's commitment to the "welfare of the sick, injured, and vulnerable in society and to social justice" (ANA, 2015, p. vii). This array of concerns extends to the community and "encompasses the ...protection, promotion, and restoration of health" (p. vii). The Code is grounded in the basic principles of respect for persons, nonmaleficence, beneficence, and justice. Furthermore, "nurses must always stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as the poor, the homeless, the elderly, the mentally ill, prisoners, refugees, women, children, and socially stigmatized groups" (ANA, 2015, p. 33). Addressing end-of-life care, the ANA position statement *Euthanasia, Assisted Suicide, and Aid in Dying* (2013) states, "The nurse may not administer the medication that will lead to the end of a patient's life" (p. 8). ANA's position statement *The Nurse's Role in Ethics and Human Rights: Protecting and Promoting Individual Worth, Dignity, and Human Rights in Practice Settings* (2010) suggests we must go "beyond the rhetoric of universal human rights to include attention to duties, social justice, and interdependence" (p. 3). The obligation for nurses to refrain from causing death is a longstanding and explicit ethical norm.

ANA acknowledges that a recent Gallup poll (Jones, 2014) shows that 63 percent of U.S. respondents favor the death penalty for convicted murderers. "The broader trend over the past two decades has been diminished support for the death penalty, including a 60 percent reading last year, the lowest since 1972" (Jones, 2014, p. 2). The poll also revealed that the public has shown only a slight preference for the death penalty over life imprisonment with absolutely no possibility of parole.

ANA articulates its ethical stance as opposed to capital punishment for the following reasons:

1. The death penalty is racially biased. Both in the U.S. and around the world, it is discriminatory and used disproportionately against the poor, minorities, and members of minority racial, ethnic, and religious communities. African-American defendants are four times more likely to receive a death sentence than are white defendants (Amnesty International, 2015; Dieter, 1998). The Death Penalty Information Center (2015b) has found correlations between sentencing and race. A New Jersey Supreme Court study found evidence indicating that cases involving killers of white victims are more

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likely to progress to a death penalty sentence than cases involving killers of African-American victims.

2. The death penalty can claim innocent lives. Since 1973, over 155 people have been exonerated and freed from death row (Death Penalty Information Center, 2015c). Since humans are fallible, the risk of executing the innocent can never be eliminated. The libertarian argument of capital punishment is thus that the death penalty is unjust (World Medical Association, 2012).
3. The death penalty costs more and diverts resources from genuine crime control, rehabilitation, and restoration for victims. Costs associated with putting a person on death row, including criminal investigations, lengthy trials, and appeals, are leading many states to reevaluate and reconsider having this flawed and unjust system on the books. In California, the cost of confining one inmate on death row is $90,000 more per year than the cost of maximum security prison (Death Penalty Information Center, 2009a, p.16). In another example, a study in North Carolina showed that the cost of a death penalty sentence was $216,000 and the total cost per execution was $2.16 million, more than the cost of life imprisonment (World Medical Association, 2012).
4. The death penalty is not a deterrent. In April 2012, the National Research Council concluded that studies claiming that the death penalty affects murder rates were "fundamentally flawed" because they did not consider the effects of noncapital punishments and used "incomplete or implausible models" (Death Penalty Information Center, 2015d). A 2009 survey of criminologists revealed that over 88 percent believed the death penalty was NOT a deterrent to murder (Death Penalty Information Center, 2015e). According to Amnesty International, U.S. studies have shown that, under past and present death penalty statutes, the murder rate in death penalty states has differed little from that in other states with similar populations and social and economic conditions (World Medical Association, 2012).
5. The death penalty is arbitrary and unfair. Almost all death row inmates could not afford their own attorneys at trial. Justice Breyer, in his dissent on the 2015 Supreme Court decision on lethal injection drugs, pleaded for someone to bring a case where the court could reconsider capital punishment for the first time since 1977, noting that the death penalty is both cruel (massive inequities and the likelihood of false conviction and execution) and unusual (barely one-third of the U.S. population now lives in states with an active death penalty) (Shapiro, 2015).
6. The death penalty disregards mental illness. The threat of execution is unlikely deter those who suffer from mental illness or mental retardation and do not fully understand the gravity of their crimes. The Supreme Court held in *Ford v. Wainwright* (1986) that executing the insane is unconstitutional. In 2006, the American Bar Association passed Resolution 122A, exempting those with severe mental illness from the death penalty. An almost identical resolution has been endorsed by the American Psychiatric Association, the American Psychological Association, and the National Alliance for the Mentally Ill (Death Penalty Information Center, 2015e).
7. The death penalty differs from state to state; therefore, whether a person is executed (loses his or her life) depends on geography. A just system ought not to have death sentences concentrated in only one region. Eighty-three percent of all executions since 1976 have taken place in the South. In 2008, 95 percent of executions occurred in the South (Death Penalty Information Center, 2009b; 2015g). Baumgartner (2010) reported that since the reinstatement of capital punishment by the Supreme Court in 1976, 17 states have executed no one. However, Texas (463), Virginia (108) and Oklahoma (91) combine for more than half the total (Baumgartner, 2010). Nebraska's legislature became the most recent to repeal its state's death penalty and replace it with a sentence of life without parole (Schubert, 2015). On May 20, 2015, the bill passed its third and final round of debate with a 32-15 vote, receiving bipartisan support.

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8. The death penalty undermines human dignity. It is based on the religious premise of vengeance ("an eye for an eye"), rather than on fair distribution of justice as outlined in the seven items above. To kill the person who has killed someone is simply to continue the cycle of violence. It is an ultimate violation of human rights. All criminals remain human beings and deserving of being treated with human dignity.
9. Some death penalty executions have resulted in prisoners suffering. After a number of poorly managed executions, in which the person being executed agonized for several minutes, the U.S. death penalty debate has been revived. Also, states have struggled to obtain the drugs necessary for lethal injections, as European and some U.S. suppliers refused to sell the drugs if they are being used for executions.

The ANA *Correctional Nursing: Scope and Standards of Practice:* (2013) states:

> It is inappropriate for nurses to be involved in the security aspects of the facility and disciplinary decisions or committees. Correctional nurses must be vigilant in maintaining a healthcare role and not participate in non-therapeutic court-ordered procedures such as but not limited to body entry searches or executions by lethal injections, performed solely for correctional purposes and without informed consent (p. 86).

This scope of practice indicates that registered nurse in the corrections environment are bound by the profession's *Code* (ANA, 2015). Standard 12 states, "The corrections nurse integrates ethical provisions in all areas of practice" (ANA, 2013, p. 117).

ANA's opposition extends to all forms of participation by nurses in capital punishment, by whatever means, whether under civil or military legal authority. The ethical principle of nonmaleficence requires that nurses act in such a way as to prevent harm, not to inflict it. The act of participating in capital punishment clearly inflicts harm; nurses are ethically bound to abstain from any activities in carrying out the death penalty process. Nurses must not participate in capital punishment, whether by chemical, electrical, or mechanical means. Consistent with this directive is a standard of the National Commission on Correctional Health Care prohibiting correctional health services staff from participation in inmate executions (2014).

Nurses, in their professional roles, including advanced practice, should not take part in assessing the prisoner or the equipment; supervising or monitoring the procedure or the prisoner; procuring, prescribing or preparing medications or solutions; inserting the intravenous catheter; injecting the lethal solution; attending or witnessing the execution; or pronouncing the prisoner dead. Nurses should not train paraprofessionals in any of the activities listed above for the purpose of their use in capital punishment. The NCCHC (2014) specifies that health services staff does not assist, supervise, or contribute to the ability of another to directly cause the death of an inmate.

Summary

ANA opposes nurse participation in any phase of capital punishment. Participation of nurses in capital punishment is contrary to ethical precepts of the Code and several ANA position statements. The *Correctional Nursing: Scope and Standards of Practice* (2013) specifically states that nurses should not participate in the execution process (p. 12). While many states still have legalized the death penalty, nurses should strive for social changes that recognize the human dignity of all individuals and uphold right to be free from cruel and unusual punishment.

References

American Correctional Health Services Association (ACHSA). (1996). *Mission and ethics statement*. Retrieved from http://www.achsa.org/mission-ethics-statement/.

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www.nursingworld.org

American Medical Association. (2016). Chapter 9: Opinions on Professional Self-regulation, Provision 9.7.3., p. 23-26. Retrieved from https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-9.pdf

American Nurses Association. (2001). *Code of ethics for nurses with interpretive statements.* Silver Spring, MD: Author.

American Nurses Association. (2015*). Code of ethics for nurses with interpretive statements*. Silver Spring, MD: www.nursingworld.org/code-of-ethics.

American Nurses Association. (1991). *Ethics and human rights (position statement)*. Washington, DC: Author.

American Nurses Association. (2013). *Euthanasia, assisted suicide, and aid in dying*. Silver Spring, MD: Author.

American Nurses Association. (1983). *Nurses' participation in capital punishment.* Washington, DC: Author.

American Nurses Association. (1984). *Nurses' participation in capital punishment.* Washington, DC: Author.

American Nurses Association. (1988). *Nurses' participation in capital punishment.* Washington, DC: Author.

American Nurses Association. (2010). *Nurses' role in capital punishment*. Silver Spring, MD: Author.

American Nurses Association. (2010). *The nurse's role in ethics and human rights: Protecting and promoting individual worth, dignity, and human rights in practice settings*. Silver Spring, MD: Author.

American Nurses Association. (2013). *Correctional nursing*: *Scope and standards of practice.* Silver Spring, MD: Nursesbooks.org.

American Psychiatric Association. (2014). *Position statement on moratorium on capital punishment in the United States.* Retrieved from https://psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2014-Moratorium-Capital-Punishment.pdf?_ga=1.181328367.993038841.1481053743-Policies/Policies/Position-2014-Moratorium-Capital-Punishment.pdf?_ga=1.181328367.993038841.1481053743.

American Psychological Association. (2001). *The death penalty in the United States*. Retrieved from http://www.apa.org/about/policy/death-penalty.aspx.

American Public Health Association. (1986) *Abolition of the death penalty*. Retrieved from http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/14/13/50/abolition-of-the-death-penalty.

American Public Health Association. (2001). *Participation of health professionals incapital punishment.* Retrieved from http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/13/02/participation-of-health-professionals-in-capital-punishment.

American Society of Anesthesiologists. (2010). *Professional standing policy: Anesthesiologists and capital punishment.* Retrieved from http://www.deathpenaltyinfo.org/documents/CapitalPunishmentCommentary.pdf.

Amnesty International.org. (2014). Death sentences and executions in 2014. Retrieved from https://www.amnesty.org/en/latest/research/2015/02/death-sentences-and-executions-2014.

Amnesty International.org. (2015). *Report: Death sentences and executions in 2014.* Retrieved from http://www.amnestyusa.org/research/reports/death-sentences-and-executions-2014.

Baumgartner, F.R. (October, 2010). *The geography of the death penalty*. Retrieved from http://www.unc.edu/~fbaum/Innocence/NC/Baumgartner-geography-of-capital-punishment-oct-17-2010.pdf.

Baze v. Rees, U.S. 553 (2008).

Burton, W.C. (2007). *Burton's legal thesaurus*. Retrieved from http://legal-dictionary.thefreedictionary.com/capital+punishment.

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Death Penalty Information Center. (2009a). *Smart on crime: Reconsidering the death penalty in a time of economic crisis.* Retrieved from http://www.deathpenaltyinfo.org/documents/CostsRptFinal.pdf.

Death Penalty Information Center. (2009b). *Facts about the death penalty.* Retrieved from http://www.deathpenaltyinfo.org/documents/FactSheet.pdf.

Death Penalty Information Center. (2015a). *States with and without the death penalty*. Retrieved from http://www.deathpenaltyinfo.org/states-and-without-death-penalty.

Death Penalty Information Center. (2015b). *Arbitrariness*. Retrieved from http://www.deathpenaltyinfo.org/arbitrariness.

Death Penalty Information Center. (2015c). *Innocence and the death penalty*. Retrieved from http://www.deathpenaltyinfo.org/innocence-and-death-penalty.

Death Penalty Information Center. (2015d). *Discussion of recent deterrence studies*. Retrieved from http://www.deathpenaltyinfo.org/discussion-recent-deterrence-studies.

Death Penalty Information Center. (2015e). *Study: 88% of criminologists do not believe the death penalty is an effective deterrent.* Retrieved from http://www.deathpenaltyinfo.org/study-88-criminologists-do-not-believe-death-penalty-effective-deterrent.

Death Penalty Information Center. (2015f). *Mental illness and the death penalty*. Retrieved from http://www.deathpenaltyinfo.org/mental-illness-and-death-penalty.

de Vogue, A. (March 16, 2015). *New documents reveal botched Oklahoma execution details.* Retrieved from http://www.cnn.com/2015/03/16/politics/clayton-lockett-oklahoma-execution/.

Dieter, R. (1998). *The death penalty in black and white: Who lives, who dies, who decides.* Death Penalty Resource Center. Retrieved from http://www.deathpenaltyinfo.org/death-penalty-black-and-white-who-lives-who-dies-who-decides.

Ford vs. Wainwright, 477 U.S. (1986).

Furman v. Georgia, 408 U. S. 238 (1972).

Garner, B. A. (2004). *Black's Law Dictionary*, (Ed.). (8th ed.). (p. 223). St Paul, MN: West Group.

Glossip v. Gross, 576 U.S. (2015).

Gregg v. Georgia, 428 U. S. 153 (1976).

Hall, K. L., Ely, J. W., & Grossman, J. B. (2005). *The Oxford Companion to the Supreme Court of the United States*. Oxford University Press on Demand.

International Council of Nurses. (2012). *Torture, death penalty and participation by nurses in executions.* Retrieved from http://www.icn.ch/images/stories/documents/publications/position_statements/E13_Torture_Death_Penalty_Executions.pdf.

Jones, J.M. (October 23, 2014). *Americans' support for death penalty stable*. Gallup. Retrieved from http://www.gallup.com/poll/178790/americans-support-death-penalty-stable.aspx?version=print.

Mental Health America. (2011). *Position statement 54: Death penalty and people with mental illness* Retrieved from http://www.mentalhealthamerica.net/positions/death-penalty.

National Commission on Correctional Health Care. (2014). *Standards for health services in prisons.* Chicago, IL: Author. Retrieved from http://orders.ncchc.org/core/store/product.aspx?prod=01tF0000002xiaKIAQ.

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Schubert, K. (May 20, 2015). *Conservative Nebraska moves toward death penalty repeal.* Retrieved from http://www.reuters.com/article/2015/05/20/us-usa-nebraska-deathpenalty-idUSKBN0O525X20150520.

Shapiro, B. (June, 2015). The good news buried in the Supreme Court's lethal injection decision. *The Nation*. Retrieved from http://www.thenation.com/article/the-good-news-buried-in-the-supreme-courts-lethal-injection-decision/.

Sheriff, N. (2014). *United Nations vote on death penalty moratorium puts US in awkward spot*. Retrieved from http://america.aljazeera.com/articles/2014/12/17/death-penalty-unitednations.html.

U.S. CONST. amend VIII.

U.S. CONST. amend XIV.

World Medical Association. (2012). *White paper on ethical issues concerning capital punishment*. Retrieved from http://www.wma.net/en/20activities/20humanrights/50other/Final_WMA_white_Paper_capital_punishment-June20121.pdf.

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