

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 005  
(1-23)

Introduced by: Resident and Fellow Section

Subject: Adopting a Neutral Stance on Medical Aid in Dying

Referred to: Reference Committee on Amendments to Constitution and Bylaws

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- 1 Whereas, medical aid in dying is an end-of-life care option that allows a competent adult with a  
2 terminal illness to obtain a prescription to self-administer medication to hasten death in a  
3 peaceful and dignified manner<sup>1</sup>; and  
4  
5 Whereas, the American Medical Association has long held strong opposition to the practice of  
6 medical aid in dying; and  
7  
8 Whereas, medical aid in dying is being legalized in an increasing number of states, with 1 in 5  
9 Americans living in a state where it is legal<sup>2</sup>; and  
10  
11 Whereas, medical aid in dying is a matter of personal autonomy and the right to self-  
12 determination; and  
13  
14 Whereas, 61% of US adults support allowing medical assistance in dying<sup>3</sup>; and  
15  
16 Whereas, medical aid in dying can provide comfort and dignity for terminally ill patients who are  
17 suffering and have exhausted all other treatment options; and  
18  
19 Whereas, when state laws do not support a terminally ill person's ability to make their own end-  
20 of-life decisions based on their own preferences and desires, there can be moral conflicts with  
21 the existing ethical principles that can contribute to additional distress and anxiety in the  
22 terminally ill patient<sup>4</sup>; and  
23  
24 Whereas, our AMA's opposition to medical aid in dying further creates conflict in the ethical  
25 obligations of physicians who may be asked to provide guidance or participate in the process;  
26 therefore be it  
27  
28 RESOLVED, that our American Medical Association adopt a neutral stance on medical aid in  
29 dying and respect the autonomy and right of self-determination of patients and physicians in this  
30 matter. (New HOD Policy)

Fiscal Note: Modest - between \$1,000 - \$5,000

Received: 9/26/23

## REFERENCES

1. Buchbinder M. Access to Aid-in-Dying in the United States: Shifting the Debate From Rights to Justice. *Am J Public Health*. 2018 Jun;108(6):754-759. doi: 10.2105/AJPH.2018.304352. Epub 2018 Apr 19. PMID: 29672149; PMCID: PMC5944872.
2. Campbell EG, Kini V, Ressalam J, Mosley BS, Bolcic-Jankovic D, Lum HD, Kessler ER, DeCamp M. Physicians' Attitudes and Experiences with Medical Aid in Dying in Colorado: a "Hidden Population" Survey. *J Gen Intern Med*. 2022 Oct;37(13):3310-3317. doi: 10.1007/s11606-021-07300-8. Epub 2022 Jan 11. PMID: 35018562; PMCID: PMC8751472.
3. The Gallup Organization. (2022, November 29). Prevalence of living wills in U.S. up slightly. Gallup.com. Retrieved April 10, 2023, from <https://news.gallup.com/poll/312209/prevalence-living-wills-slightly.aspx>
4. Atkinson Smith, Mary DNP, MSL, APRN, FAANP; Torres, Lisa DNP, MSN, FNP, PNP; Burton, Terry C.. Patient Rights at the End of Life: The Ethics of Aid-in-Dying. *Professional Case Management* 25(2):p 77-84, March/April 2020. | DOI: 10.1097/NCM.0000000000000392

## RELEVANT AMA POLICY

### Decisions Near the End of Life H-140.966

Our AMA believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration.

(2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment.

(3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide.

(4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time.

(5) Our AMA supports continued research into and education concerning pain management.

Citation: [CEJA Rep. B, A-91; Reaffirmed by BOT Rep. 59, A-96; Reaffirmation A-97; Appended: Sub. Res. 514, I-00; Reaffirmed: CEJA Rep. 6, A-10; Reaffirmed in lieu of Res. 211, I-13; Reaffirmed: BOT Rep. 05, I-16]

### Physician-Assisted Suicide H-270.965

Our AMA strongly opposes any bill to legalize physician-assisted suicide or euthanasia, as these practices are fundamentally inconsistent with the physician's role as healer.

Citation: [Sub. Res. 5, I-98; Reaffirmed: CEJA Rep. 11, A-08; Reaffirmed: BOT Rep. 09, A-18]

### Code of Medical Ethics: 5.8 Euthanasia

Euthanasia is the administration of a lethal agent by another person to a patient for the purpose of relieving the patient's intolerable and incurable suffering.

It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.

However, permitting physicians to engage in euthanasia would ultimately cause more harm than good. Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could readily be extended to incompetent patients and other vulnerable populations.

The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Instead of engaging in euthanasia, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

- (a) Should not abandon a patient once it is determined that a cure is impossible.
- (b) Must respect patient autonomy.
- (c) Must provide good communication and emotional support.
- (d) Must provide appropriate comfort care and adequate pain control.