

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES (please excuse formatting errors)

Resolution: 020 (A-19)

Introduced by: New Mexico Subject: Request to the AMA Council on Ethical and Judicial Affairs (CEJA) to Consider Specific Changes to the Code of Medical Ethics Opinion E-5.7, "Physician-Assisted Suicide", in Order to Remove Inherent Conflicts Within the Code, to Delete Pejorative, Stigmatizing Language, and to Adopt an Ethical Position of Engaged Neutrality Referred to: Reference Committee on Amendments to Constitution and Bylaws (William Reha, MD, MBA, Chair)

1 Whereas, Our American Medical Association House of Delegates at the 2018 Interim Meeting
2 rejected the recommendation in CEJA Report 2-I-18 that the Code of Medical Ethics Opinion
3 E-5.7 "Physician-Assisted Suicide" (PAS) not be amended, and therefore did not adopt CEJA
4 Report 2-I-18; and

5 6 Whereas,

7 • The Code of Medical Ethics Opinion E-5.7 1 states, 'Physician-assisted suicide is
8 fundamentally incompatible with the physician's role as healer, would be difficult or
9 impossible to control, and would pose serious societal risks" – a characterization that
10 clearly expresses the opinion that PAS is unethical; yet,

11 • The Code of Medical Ethics Opinion E-1.1.7 2 "Physician Exercise of Conscience" creates
12 the clear understanding, not disputed by CEJA, that physicians participating in PAS are
13 acting based on a thoughtful moral basis that is not outside the boundaries of ethical
14 behavior; thereby,

15 • Creating an inherent contradiction within the Code of Medical Ethics: that physicians may
16 ethically participate in something that is described as unethical; and

17

18 Whereas, It is important to recognize that ethical physicians can disagree, but that all
19 perspectives be respected and none disparaged; and

20 21 Whereas, In addition to the inherent contradiction noted above, the decision that "the Code of
22 Medical Ethics not be amended" is not consistent with the tenor of CEJA Report 2, and does not

23 adequately address concerns about the implications of existing language in Opinion E-5.7; and

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25 Whereas, The terms that stakeholders use to refer to the practice of physicians prescribing

26 lethal medication to be self-administered by terminally ill patients reflect differing ethical

27 perspectives, for the purposes of this resolution where existing language is not being cited, we

28 have chosen to use “Physician-Assisted Dying” (PAD) as adopted by the American Academy of
Hospice and Palliative Medicine³

29 as being much more consistent with the goal of being

30 respectful and non-disparaging; and

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32 Whereas, CEJA Report 2 cites a specific example of irreconcilable differences in principled core

33 beliefs, but neglects to note that CEJA in that instance had very wisely adopted a non

34 judgmental and non-stigmatizing approach that has served the profession well; and Resolution: 020
(A-19)

1 Whereas, PAD is a decision made by a competent adult about how, when, where and with

2 whom to end life in the face of an irreversible terminal illness where continued living is not an

3 option, and therefore is not equivalent to or appropriately described as “suicide”, which can be

4 most accurately defined as a decision by a person to take his or her own life rather than to

5 continue living; and

6 Whereas, The American Association of Suicidology, in a treatise cited by CEJA¹²

7 , clearly states

8 that, “Suicide and physician aid in dying are conceptually, medically, and legally different

9 phenomena... the term ‘physician-assisted suicide’ in itself constitutes a critical reason why

10 these distinct death categories are so often conflated, and should be deleted from use.”; and

11

12 Whereas, Eight states and a federal district currently authorize PAD as an end-of-life option,

13 making PAD available to 21% of Americans, and sixteen additional states have introduced

14 legislation to enact it; and

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16 Whereas, As determined by numerous polls and surveys, the overwhelming majority of the public,
consistently over 70% 4

17 supports PAD; and

18 Whereas, National surveys^{5,6,7,8,11}

19 of physicians demonstrate increasing support for PAD (from

20 46% in 2010 to 57% in 2016) and decreasing opposition to PAD (from 41% in 2010 to 29% in

21 2016); and

22 Whereas, Surveys of physicians conducted by the Colorado Medical Society 6

23 , the Maryland State Medical Society 7 , and the Massachusetts Medical Society⁸

24 found majorities in support of

25 PAD (56%, 54%, and 60% respectively); and

26

27 Whereas, There is no empirical evidence to substantiate the current description of PAD in

28 Opinion E-5.7 as a form of abandonment “of a patient once it is determined that cure is

29 impossible”, and in fact CEJA acknowledges that PAD is also considered to be “an expression

30 of care and compassion”; and

31

32 Whereas, Claims in the Code of Medical Ethics Opinion 5-7 that characterize PAD as “difficult or

33 impossible to control”, causing “more harm than good,” and posing “serious societal risks”, are
unsubstantiated and speculative based on data reviews 9

34 cited in CEJA Report-2 that find

35 conflicting interpretations but no definitive evidence to justify concerns for potential abuse; and

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37 Whereas, It is widely acknowledged by patients, physicians and ethicists that suffering is not
38 limited to physical pain, but equally includes emotional suffering due to loss of autonomy, and a
39 loss of control over one's destiny while an opportunity for such control clearly exists, as 40 evidenced
by overwhelming attestations on the part of patients who have chosen the option of 41 PAD as having a
sense of enormous relief and comfort, even by patients who in the end never 42 take the cocktail
they've been prescribed; and 43 Whereas, "Engaged Neutrality"¹⁰ 44 is a position that is neither "pro"
nor "con", but allows for the 45 expression of diverse views while ensuring safeguards and appropriate
standards, educating 46 the public, care givers and physicians, and protecting physicians' freedom to
participate in or opt 47 out of PAD according to their own personal values; therefore be it Resolution:
020 (A-19) Page 3 of 3 1 RESOLVED, That our American Medical Association Council on Judicial and
Ethical Affairs be 2 strongly encouraged to remove from the Code of Medical Ethics Opinion E-5.7
"Physician³ Assisted Suicide" judgmental, stigmatizing language that is not evidence based, is at odds
with 4 the conclusions of CEJA Report 2 in recognizing shared values of care, compassion, respect 5 and
dignity, and creates an ethical conflict with the Code of Medical Ethics Opinion E-1.1.7 6 "Physician
Exercise of Conscience"; specifically by: 7 8 (a) Deleting all references to "suicide", including "Physician-
assisted suicide" and replacing 9 such language by referring to "Physician-assisted dying (PAD)";
10 (b) Deleting language that suggests that PAD is a form of doing harm and is therefore
11 antithetical to the admonition to "do no harm", such as "assisted suicide would ultimately
12 cause more harm than good";
13 (c) Deleting language that characterizes PAD as a choice by a patient "that death is preferable
14 to life" and replacing that language with a description of PAD as giving a terminally ill patient
15 the option of being in control of the manner of his or her death, without assigning a value
16 judgment to that option;
17 (d) Deleting language that characterizes PAD as "fundamentally incompatible with the
18 physician's role as healer", and instead recognizing that a physician who participates in PAD
19 is doing so as an act of compassion and caring for patients who have no prospect of healing
20 their fatal illness;
21 (e) Delete language that suggests that PAD is not compatible with "responding to the needs of
22 patients at the end of life" or that PAD is "abandonment" (Directive to Take Action); and be it
23 further
24 25 RESOLVED, In recognition of the fact that highly ethical physicians may have differing opinions

26 on Physician Assisted Dying (PAD), but also in recognition of our respect for patient autonomy
27 and the growing numbers of patients who wish to exercise choice over the manner of imminent
28 death, that our American Medical Association’s Council on Judicial and Ethical Affairs (CEJA)
29 be strongly encouraged to modify Code of Medical Ethics Opinion E-5.7 “Physicians-Assisted
30 Suicide” to follow the lead of a number of state and national medical societies by adopting the
31 ethical position of “Engaged Neutrality”, defined as neither in favor of nor or in opposition to
32 PAD, while providing reassurance that our AMA will be a resource to lawmakers, physicians and
33 the public to ensure compliance with standards of lawful medical practice, and to protect
34 physicians’ freedom to participate or not participate in PAD in accordance with their personal
35 beliefs and our AMA’s Opinion E-1.1.7 “Physician Exercise of Conscience”.

(Directive to Take 36 Action) Fiscal Note: Modest - between \$1,000 - \$5,000. Received: 05/09/19 1 AMA
Code of Medical Ethics, Opinion E-5.7, Physician-Assisted Suicide, <https://tinyurl.com/y27hy743> 2 AMA
Code of Medical Ethics, Opinion E-1.1.7, Physician Exercise of Conscience, <https://tinyurl.com/y4odsvfm>
3 Statement on Physician-Assisted Dying, AAHPM Board of Directors, Jun 24, 2016
<https://tinyurl.com/y3e4fka7> 4 72% of Americans Support Medical Aid in Dying, Gallup Poll May 31,
2018 <https://tinyurl.com/ycaon4zw> 5 Medscape Ethics Report 2016: Life, Death, and Pain, Dec 23, 2016
<https://tinyurl.com/y3u63b8c> 6 Colorado Medical Society Member Survey, On Issues Surrounding
Physician-Assisted Death, Feb 2016 <https://tinyurl.com/y54b947y> 7 MedChi Survey on Physician
Assisted Suicide/Aid in Dying, June-July 2016 <https://tinyurl.com/y5dl4plg> 8 Massachusetts Medical
Society (MMS) Survey on Medical Aid in Dying, August 2017 <https://tinyurl.com/y34wqrrz> 9 Battin MP,
van der Heide A, Ganzini L, et al, Legal physician-assisted dying in Oregon and the Netherlands: evidence
concerning the impact on patients in “vulnerable” groups, Journal of Medical Ethics 2007;33:591-597
<https://tinyurl.com/yxharp6k> 10 Frye J, Youngner SJ. A Call for a Patient-Centered Response to Legalized
Assisted Dying, Ann Intern Med. 2016;165:733–734. doi: 10.7326/M16-1319
<https://tinyurl.com/yyzqmexo> 11 Assisted Death: Physician Support Continues to Grow, Medscape, Dec
2016 <https://tinyurl.com/y3a6k2bl> 12 Statement of the American Association of Suicidology, Oct 2017:
Suicide is not the same as “Physician Aid in Dying” <https://tinyurl.com/yxholm6f>