

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

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, 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-5.7¹ states, “Physician-assisted suicide is
8 fundamentally incompatible with the physician’s role as healer, would be difficult or impossible
9 to control, and would pose serious societal risks” – a characterization that clearly expresses
10 the opinion that PAS is unethical; yet,
- 11 • The Code of Medical Ethics Opinion E-1.1.7² “Physician Exercise of Conscience” creates the
12 clear understanding, not disputed by CEJA, that physicians participating in PAS are acting
13 based on a thoughtful moral basis that is not outside the boundaries of ethical behavior;
14 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

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

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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

24

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
29 Hospice and Palliative Medicine³ as being much more consistent with the goal of being
30 respectful and non-disparaging; and

31

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

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

7 Whereas, The American Association of Suicidology, in a treatise cited by CEJA¹², 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
15

16 Whereas, As determined by numerous polls and surveys, the overwhelming majority of the
17 public, consistently over 70%⁴, supports PAD; and
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19 Whereas, National surveys^{5,6,7,8,11} 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

23 Whereas, Surveys of physicians conducted by the Colorado Medical Society⁶, the Maryland
24 State Medical Society⁷, and the Massachusetts Medical Society⁸ 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
34 unsubstantiated and speculative based on data reviews⁹ cited in CEJA Report-2 that find
35 conflicting interpretations but no definitive evidence to justify concerns for potential abuse; and
36

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

44 Whereas, “Engaged Neutrality”¹⁰ 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

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 “Physician-
3 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 (a) Deleting all references to “suicide”, including “Physician-assisted suicide” and replacing
8 such language by referring to “Physician-assisted dying (PAD)”;
- 9 (b) Deleting language that suggests that PAD is a form of doing harm and is therefore
10 antithetical to the admonition to “do no harm”, such as “assisted suicide would ultimately
11 cause more harm than good”;
- 12 (c) Deleting language that characterizes PAD as a choice by a patient “that death is preferable
13 to life” and replacing that language with a description of PAD as giving a terminally ill patient
14 the option of being in control of the manner of his or her death, without assigning a value
15 judgment to that option;
- 16 (d) Deleting language that characterizes PAD as “fundamentally incompatible with the
17 physician’s role as healer”, and instead recognizing that a physician who participates in PAD
18 is doing so as an act of compassion and caring for patients who have no prospect of healing
19 their fatal illness;
- 20 (e) Delete language that suggests that PAD is not compatible with “responding to the needs of
21 patients at the end of life” or that PAD is “abandonment” (Directive to Take Action); and be it
22 further

23
24 RESOLVED, In recognition of the fact that highly ethical physicians may have differing opinions
25 on Physician Assisted Dying (PAD), but also in recognition of our respect for patient autonomy
26 and the growing numbers of patients who wish to exercise choice over the manner of imminent
27 death, that our American Medical Association’s Council on Judicial and Ethical Affairs (CEJA)
28 be strongly encouraged to modify Code of Medical Ethics Opinion E-5.7 “Physicians-Assisted
29 Suicide” to follow the lead of a number of state and national medical societies by adopting the
30 ethical position of “Engaged Neutrality”, defined as neither in favor of nor or in opposition to
31 PAD, while providing reassurance that our AMA will be a resource to lawmakers, physicians and
32 the public to ensure compliance with standards of lawful medical practice, and to protect
33 physicians’ freedom to participate or not participate in PAD in accordance with their personal
34 beliefs and our AMA’s Opinion E-1.1.7 “Physician Exercise of Conscience”. (Directive to Take
35 Action)

Fiscal Note: Not yet determined

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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/y4odsvmf>

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>