

Medical Professional Associations that Recognize Medical Aid in Dying

A growing number of national and state medical organizations have endorsed or adopted a neutral position regarding medical aid in dying as an end-of-life option for mentally capable, terminally ill adults.

Physician Support for Medical Aid in Dying Is Strong

Medscape Poll, December 2016¹

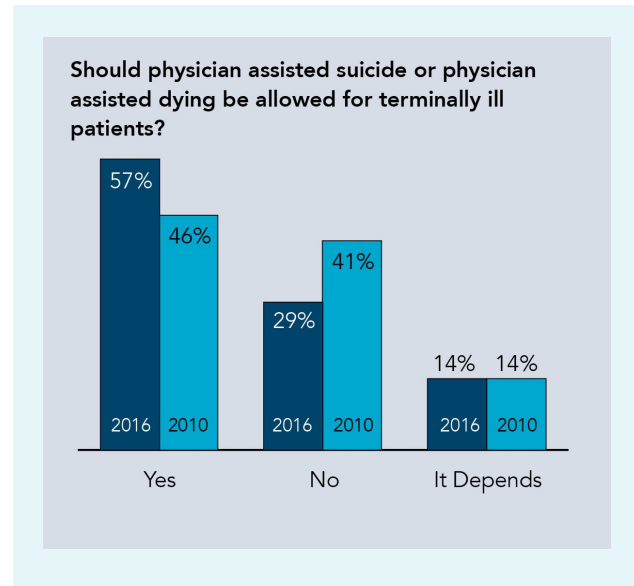
A December 2016 Medscape poll of more than 7,500 U.S. physicians from more than 25 specialties demonstrated a significant increase in support for medical aid in dying from 2010. Today well over half (57%) of the physicians surveyed endorse the idea of medical aid in dying, agreeing that “Physician assisted death should be allowed for terminally ill patients.”

The Colorado Medical Society Member Survey, February 2016²

→ Overall, 56% of CMS members are in favor of “physician-assisted suicide, where adults in Colorado could obtain and use prescriptions from their physicians for self-administered,

¹ Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from <http://www.medscape.com/features/slideshow/ethics2016-part2#page=2>

² Colorado Medical Society Member Survey, On Issues Surrounding Physician-Assisted Death, February 2016, Available from <http://www.cms.org/articles/physician-assisted-death-polling-shows-a-divided-membership>



lethal doses of medications,” 31% “strongly” supported this end-of-life care option.

The Maryland State Medical Society (MedChi) survey, June-July 2016³

- Six out of 10 Maryland physicians (60%) supported changing the Maryland State Medical Society’s position on Maryland’s 2016 aid-in-dying legislation from opposing the bill to supporting it (47%) or adopting a neutral stance (13%).
- Among the physicians surveyed who were current members of the Maryland State Medical Society, 65 percent supported changing the organization’s position to supporting the aid-in-dying bill (50.2%) or adopting a neutral stance (14.6%).

³ MedChi Survey on Physician Assisted Suicide/Aid in Dying, June-July 2016. Available from <http://www.medchi.org/Portals/18/files/Law%20&%20Advocacy/Initiatives%20Page/MedChi%20Survey%20on%20Assisted%20Suicide.pdf?ver=2016-08-09-111636-707>

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The Massachusetts Medical Society (MMS) Survey, September 2017⁵

- MMS members supported or strongly supported medical aid in dying by 2 to 1.
- 62% supported or strongly supported the End-of-Life Options legislation.

New York physicians (WebMD/Medscape) survey, October 2018⁶

- 56% of respondents supported the concept of medical aid in dying/physician-assisted suicide.
- After learning the details of the proposed legislation, support increased

⁴ MedChi Survey on Physician Assisted Suicide/Aid in Dying, June-July 2016. Available from <http://www.medchi.org/Portals/18/files/Law%20&%20Advocacy/Initiatives%20Page/MedChi%20Survey%20on%20Assisted%20Suicide.pdf?ver=2016-08-09-111636-707>

⁵ Massachusetts Medical Society (MMS) Survey on Medical Aid in Dying, September 2017. Available from <http://www.massmed.org/advocacy/state-advocacy/maid-survey-2017/>

⁶ WebMD/Medscape Survey on Medical Aid in Dying in New York, October 2018. Available from <https://www.compassionandchoices.org/new-york-physicians-support-medical-aid-in-dying/>

to 67%, while opposition decreased from 26% to 19%.

- More than 60% of respondents indicated they would want medical aid in dying as an option if they were terminally ill.

National Organizations

American Academy of Family Physicians (AAFP) • 130,000 members • Adopted 2018

RESOLVED, that the American Academy of Family Physicians adopt a position of engaged neutrality toward medical-aid-in-dying as a personal end-of-life decision in the context of the physician-patient relationship, and be it further

“RESOLVED, that the American Academy of Family Physicians reject the use of the phrase ‘assisted suicide’ or ‘physician-assisted suicide’ in formal statements or documents and direct the AAFP’s American Medical Association (AMA) delegation to promote the same in the AMA House of Delegates.”⁷

The American Medical Women’s Association (AMWA) • 4,000 members • Adopted 2007 // Reaffirmed 2018⁸

“1. AMWA supports the right of terminally ill patients to hasten what might otherwise be a protracted, undignified or extremely painful death. 2. AMWA believes the physician should have the right to engage in practice wherein they may provide a terminally ill patient with, but not administer, a lethal dose of medication

⁷American Academy of Family Physicians 2018 Congress of Delegates Available from https://www.aafp.org/news/2018-congress-fmx/20181010_cod-hops.html

⁸AMWA position paper . October 8, s2018. Available from <https://www.amwa-doc.org/wp-content/uploads/2018/09/Medical-Aid-in-Dying-Position-Paper.pdf>

and/or medical knowledge, so that the patient can, without further assistance, hasten his/her death. This practice is known as aid in dying.

11. AMWA supports the passage of aid-in-dying laws that empower mentally competent, terminally ill patients and protect participating physicians, such as that passed in Oregon, the Oregon Death With Dignity Act.”⁹

The American Academy of Neurology (AAN) • 34,000 • Adopted 2018

“In consideration of the Ethics, Law and Humanities Committee recommendations, the AAN Board of Directors carefully deliberated this important issue, taking into account the evolving legal environment, all aspects of the ethical debate, the reported values of AAN members, and expectations of their adult patients dying of neurologic illness. Accordingly, the AAN has decided to retire its 1998 position on “Assisted suicide, euthanasia, and the neurologist” and to leave the decision of whether to practice or not to practice LPHD to the conscientious judgment of its members acting on behalf of their patients. The Ethics, Law and Humanities Committee and the AAN make no attempt to influence an individual member’s conscience in consideration of participation or nonparticipation in LPHD.”¹⁰

GLMA: Health Professionals Advancing LGBT Equality • 1,000 members • Adopted 2015

“With the aging of the LGBT community, end-of-life concerns will continue as an important topic for the community and for GLMA’s work. Aging can be particularly difficult

⁹ American Medical Women’s Association, Excerpted from: Position Paper on Aid in Dying. No date. Available from https://www.amwa-doc.org/wp-content/uploads/2013/12/Aid_in_Dying1.pdf

¹⁰ Lawful physician-hastened death AAN position statement. February 7, 2018. Available from <http://n.neurology.org/content/90/9/420>

for members of the LGBT community due to estranged family situations, being single or not having dependents, and unequal treatment under the law. It is critical then that LGBT patients have a legal framework to discuss all healthcare options, including end-of-life options, with their physicians and healthcare providers.”¹¹

The American College of Legal Medicine (ACLM) • 700 members • Adopted 2008

“BE IT RESOLVED: That the ACLM recognizes patient autonomy and the right of a mentally competent, though terminally ill, person to hasten what might otherwise be objectively considered a protracted, undignified or painful death, provided, however, that such person strictly complies with law specifically enacted to regulate and control such a right; and BE IT FURTHER RESOLVED: That the process initiated by a mentally competent, though terminally ill, person who wishes to end his or her suffering and hasten death according to law specifically enacted to regulate and control such a process shall not be described using the word “suicide”, but, rather, as a process intended to hasten the end of life.”¹²

The American Public Health Association (APHA) • 50,000 Members • Adopted 2008

“The American Public Health Association (APHA) has long recognized patients’ rights to self-determination at the end of life and that for

¹¹ GLMA Letter of Support in AB X2-15, October 2, 2015. Available from <https://drive.google.com/file/d/0B3I72ukJCnvHMnQyem16SXQ3M3pKbHdHTnBjaDM0NmjhNVZv/view>

¹² American Academy of Legal Medicine, Excerpted from: Policy on Aid in Dying. October 6, 2008. Available from http://c.ymcdn.com/sites/www.aclm.org/resource/collecton/11DA4CFE-C8BC-4334-90B0-2ABBE5748D08/Policy_On_Aid_In_Dying.pdf

some terminally ill people, death can sometimes be preferable to any alternative. Accordingly, the American Public Health Association:

Supports allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA are in place. Rejects the use of inaccurate terms such as “suicide” and “assisted suicide” to refer to the choice of a mentally competent, terminally ill patient to seek medications to bring about a peaceful and dignified death.”¹³

The American Academy of Hospice and Palliative Medicine (AAHPM) • 5,000 members • Adopted 2007

“Excellent medical care, including state-of-the-art palliative care, can control most symptoms and augment patients’ psychosocial and spiritual resources to relieve most suffering near the end of life. On occasion, however, severe suffering persists; in such a circumstance a patient may ask his physician for assistance in ending his life by providing physician-assisted death (PAD). PAD is defined as a physician providing, at the patient’s request, a lethal medication that the patient can take by his own hand to end otherwise intolerable suffering. The term PAD is utilized in this document with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged

¹³ American Public Health Association, Excerpted from: Patient’s Rights to Self-Determination at the End. Policy # 20086. October 28, 2008. Available from <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/29/13/28/patients-rights-to-self-determination-at-the-end-of-life>

designation physician-assisted suicide. AAHPM takes a position of ‘studied neutrality’ on the subject of whether PAD should be legally regulated or prohibited, believing its members should instead continue to strive to find the proper response to those patients whose suffering becomes intolerable despite the best possible palliative care. Whether or not legalization occurs, AAHPM supports intense efforts to alleviate suffering and to reduce any perceived need for PAD.”¹⁴

The American Medical Student Association (AMSA) • 30,000+ members • Adopted 2007

“The American Medical Student Association: 1. SUPPORTS passage of aid-in-dying laws that empower terminally ill patients who have decisional capacity to hasten what might otherwise be a protracted, undignified or extremely painful death. Aid in dying should not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide.”¹⁵

State Organizations

The California Academy of Family Physicians (CAFP) • 9,000 members • Adopted 2015

“CAFP recognizes the need for appropriate end-of-life care, which may include Appropriate treatment of physical pain, recognizing that in some cases such treatment may hasten the end

¹⁴ American Academy of Hospice & Palliative Medicine. Excerpted from: Statement on Physician-Assisted Death, February 14, 2007. Available from <http://aahpm.org/positions/pad>

¹⁵ American Medical Student Association, Excerpted from: Preambles, Purposes, Principles: Principles Regarding Physician Aid in Dying. 2008. Available from <http://www.amsa.org/wp-content/uploads/2015/03/PPP-2015.pdf>

of life; Compassionate care which is interpersonal, existential or spiritual, and may include working together with social workers, hospice, clergy, family and friends; and Eliciting and addressing a patient's reasons for considering physician aid-in-dying.

Only through dialogue can family physicians, their patients and society as a whole continue to explore what is reasonable and morally appropriate. The highest-quality health care is an outgrowth of a partnership between the patient, the family and the health professional or professional team. Within the context of this continuing relationship, family physicians must seek the underlying causes of suffering at the end of life, and then aggressively implement measures to correct them. Appropriate education in palliative care and medical management, advanced communication skills to discover the patient's wishes and value choices, and appropriate sharing of decision-making with the patient and the patient's family can go a long way toward alleviating suffering and improving care at the end of life. Family physicians should continue to provide assistance in dealing with dying patients' symptoms, needs and fears."¹⁶

The California Medical Association (CMA) • 40,000+ members • Adopted 2015

"As physicians, we want to provide the best care possible for our patients. However, despite the remarkable medical breakthroughs we've made and the world-class hospice or palliative care we can provide, it isn't always enough. The decision to participate in the [California] End of Life Option Act is a very

¹⁶ California Academy of Family Physicians adopted a neutral position on medical aid in dying, April 24, 2015. Policy statement available at: <http://www.familydocs.org/eol/end-of-life-option-act>

personal one between a doctor and their patient, which is why CMA has removed policy that outright objects to physicians aiding terminally ill patients in end of life options. We believe it is up to the individual physician and their patient to decide voluntarily whether the End of Life Option Act is something in which they want to engage."¹⁷

The Colorado Medical Society (CMS) • 75,000 members • Adopted 2016

"The board of directors of the Colorado Medical Society, out of respect for the strongly held divergent, principled views of our colleagues regarding end-of-life assistance as proposed in Proposition 106, voted to take a neutral public stance. Our position was derived from extensive deliberation and consultation with the state's leading clinical experts on palliative care, our appointed Council on Ethical and Judicial Affairs and a statewide survey of our members. Ultimately, Proposition 106 represents the most personal of decisions that must be left to our patients to determine in November. Should this measure pass we will continue to do our utmost to assure the highest standards and safeguards for our patients."¹⁸

The Connecticut State Medical Society (CSMS) • 7,000+ members • Adopted 2019

"The CSMS adopts a position of engaged neutrality, with the purpose of serving as a

¹⁷ California Medical Association. Excerpted from: CMA changes stance on physician aid in dying, takes neutral position on End of Life Option Act. June 2, 2015. Available from <http://www.cmanet.org/news/detail/?article=cma-changes-stance-on-physician-aid-in-dying>

¹⁸ Colorado Medical Society, Statement by CMS President-elect Katie Lozano, MD, FACR, regarding Ballot Proposition 106. Available from <http://www.cms.org/articles/statement-by-cms-president-elect-katie-lozano-md-facr-regarding-ballot-prop>

medical and scientific resource in policy discussions regarding all legal medical aid-in-dying options. The CSMS is committed to protecting its members' freedom to decide what medical aid-in-dying options to provide to patients in accordance with each physician's personally held values, beliefs and ethical standards, including the decision whether or not to write a prescription for a lethal dose of medication, if legalized in Connecticut."¹⁹

Hawai'i Society of Clinical Oncology (HSCO) • Adopted 2018

"Recognizing that principled physicians disagree about the ethics of Medical Aid in Dying, HSCO is committed to protecting its members' freedom to decide whether to participate in medical aid in dying according to their own values and beliefs. This decision should be between the physician and their patient. HSCO recognizes that medical aid in dying is a legal option that should be made in the context of the physician-patient relationship."²⁰

The Medical Society of the District of Columbia (MSDC) • 2,500 members • Adopted 2016

"The Board found that physician-assisted suicide and end-of-life care are complex issues with no clear consensus. The Board recognized the AMA position on physician-assisted suicide. The Board took no position on the bill."²¹

¹⁹ Connecticut State Medical Society <https://csms.org/>

²⁰ Hawai'i Society of Clinical Oncology (HSCO) Statement on Medical Aid in Dying (MAID) <http://bit.ly/2siwVUY>

²¹ The Medical Society of the District of Columbia takes a neutral position on medical aid in dying, Available from <http://www.msdc.org/?page=MSDCAdvocacy&hhSearchTerms=%22death+and+dignity%22>

The Maine Medical Association (MMA) • 600 members • Adopted 2017

The Board vote came in response to a membership survey in which nearly 600 members voted on the question of whether MMA's standing opposition to physician-assisted suicide or death with dignity should stand. The question also noted that opposition was consistent with the current provisions of the AMA Code of Medical Ethics. The results of the survey showed a sharp division within the membership on the question, with only three votes separating those members wishing to maintain opposition vs. those members supporting a change in the position. Given the division in the membership, with that division of opinion also replicated at the Board, the Board voted to withdraw its opposition but not to support the bill. Instead, MMA will remain neutral this session and review the issue through an ad hoc task force to be appointed by MMA President Charles Pattavina. The task force is expected to review the issue in depth and to prepare a White Paper on the topic for consideration at the MMA general membership meeting on September at the Annual Meeting.²²

The Maryland State Medical Society (MedChi) • 8,000 + members • Adopted 2016

"Whereas, A MedChi-sponsored survey suggests that 60% of Maryland physicians (272 of 451 respondents) and 65% of those who are MedChi members (169 of 261 respondents) advocate either a MedChi position in support of aid-in-dying legislation or a position of "neutral," the survey having been conducted

²² Maine Medical Association (MMA) Board Withdraws Opposition to Death with Dignity Legislation. Available from <http://newsmanager.commpartners.com/mainemed/issues/2017-05-01/index.html>

following passage of a MedChi House of Delegates resolution in April 2016. Whereas, Most adults in Maryland and nationwide support aid in dying, as indicated by surveys conducted by many different organizations. Whereas, Academic healthcare organizations in Oregon, Washington and elsewhere have developed 7 clinical criteria and guidelines to ensure that the process addresses the needs of all parties and prioritizes quality of care and professionalism.... Therefore, be it Resolved, that MedChi change its policy on physician assisted suicide (aid-in-dying) from “oppose” to a position of “neutral” on Maryland aid-in-dying legislation.”²³

The Massachusetts Medical Society (MMS)

• 25,000 • Adopted 2017

At its Interim Meeting, the MMS’s House of Delegates rescinded its longstanding opposition to physician assisted suicide and adopted the position of neutral engagement, which allows the organization to serve as a medical and scientific resource as part of legislative efforts that will support shared decision making between terminally ill patients and their trusted physicians.²⁴

The Minnesota Medical Association (MMA)

• 10,000 members • Adopted 2017

“Physician aid-in-dying raises significant clinical, ethical, and legal issues. A diversity of

opinion exists in society, in medicine, and among members of the Minnesota Medical Association. The MMA acknowledges that principled, ethical physicians hold a broad range of positions on this issue.

“The physician-patient relationship is a sacred trust. This relationship must be protected through all stages of life including the dying process. The trust and honesty central to this relationship applies to the difficult decisions made at end-of-life, and encompasses any decision to engage in aid-in-dying.

“The MMA will oppose any aid-in-dying legislation that fails to adequately safeguard the interests of patients or physicians. Such safeguards include but are not limited to the following:

- must not compel physicians or patients to participate in aid-in-dying against their will;
- must require patient self-administration;
- must not permit patients lacking decisional capacity to utilize aid-in-dying;
- must require mental health referral of patients with a suspected psychological or psychiatric condition; and
- must provide sufficient legal protection for physicians who choose to participate.

All physicians who provide care to dying patients have a duty to make certain their patients are fully aware of hospice and palliative care services and benefits.”²⁵

²³ MEDCHI, The Maryland State Medical Society House of Delegates, Resolution 16-16, Action on Aid in Dying. September, 2016. Available from <http://www.medchi.org/Portals/18/files/Events/Resolution%2016-16.pdf?ver=2016-08-26-140448-047>

²⁴ Massachusetts Medical Society adopts several organizational policies at Interim Meeting. Available from <http://www.massmed.org/News-and-Publications/MMS-News-Releases/Massachusetts-Medical-Society-adopts-several-organizational-policies-at-Interim-Meeting/#.Wno8iOg-c6i>

²⁵ Minnesota Medical Association (MMA) Revises Its Policy on Physician Aid-In-Dying, May 25, 2017. Available from <http://www.mnmed.org/news-and-publications/News/MMA-Revises-Its-Policy-on-Physician-Aid-In-Dying>

The Nevada State Medical Association (NSMA) • 2,000 members • Adopted 2017
Catherine O'Mara, the executive director of the Nevada State Medical Association, said most physicians the organization had talked to were conflicted between two tenets: do no harm versus patient autonomy. "The association doesn't have a majority consensus among its members (on this legislation)," she said. "That's why we've taken a neutral stance."²⁶

The New Mexico Medical Society • Adopted 2018

RESOLVED, that NMMS adopt a position of engaged neutrality regarding medical aid in dying in order to serve as a resource to lawmakers, physicians and the public, to ensure that medical aid in dying be practiced only by a duly licensed physician in conformance with standards of good medical practice and statutory authority, and to protect physicians' freedom to participate or not participate in medical aid in dying according to his or her personal conscience.²⁷

The New York State Academy of Family Physicians (NYSAFP) • 120,900 members • Adopted 2017

"RESOLVED, that the NYSAFP support expansion of options for end-of-life care to include medical aid in dying by means of a patient-directed, patient administered prescription medication." (Resolution 17-15)²⁸

²⁶ Death with Dignity: Nevada Lawmakers consider enabling doctors to prescribe end-life medications, Las Vegas Sun, June 15, 2017, Available from <http://bit.ly/2zPFuNt>

²⁷ New Mexico Medical Society Council Meeting Minutes 1.5.19 <http://bit.ly/2GhwblO>

²⁸ New York State Assembly of Family Physicians, 2017 Policy Manual on Key Health Issues. Available from

The Oregon Medical Association (OMA) • 8,000 members • Adopted 2017

"RESOLVED, that the OMA change its official position on the law from "opposed" to "neutral."²⁹

Vermont Medical Society (VMS) • 2,000 members • Adopted 2017

"Physicians and other health care practitioners must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life should continue to receive emotional support, good communication, comfort care and adequate pain control. Their autonomy should be respected.

Even when physicians use all the tools at hand to care for pain and suffering, a small number of patients still suffer. Each of these patients is unique; each one of the patients will challenge the caregiver's skills in the extreme; and each one's care should be highly individualized and decided in private amongst the patient, physician and family. The Vermont Medical Society recognizes that medical aid in dying, in the form of Vermont Act 39, is a legal option that could be made in the context of the physician-patient relationship. Recognizing that principled physicians disagree about the ethics

<http://www.nysafp.org/NYSAFP/media/PDFs/Policy-Position-Manual-TOC-links-2017.pdf> New York State Assembly of Family Physicians, 2017 Policy Manual on Key Health Issues. Available from <http://www.nysafp.org/NYSAFP/media/PDFs/Policy-Position-Manual-TOC-links-2017.pdf>

²⁹ Oregon Medical Association. Excerpted from: October 27 Board of Trustees report <http://bit.ly/2CYT6Dx>

of Act 39, the Vermont Medical Society is committed to protecting its members' freedom to decide whether to participate in medical aid in dying according to their own values and beliefs."³⁰

Washington Academy of Family Physicians (WAFP) • 3,600 members • Adopted 2018
"WAFP adopts a position of engaged neutrality toward medical aid in dying, which is the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death. WAFP rejects the term "assisted suicide" to describe medical aid in dying. WAFP urges the AAFP to adopt a position of engaged neutrality toward medical aid in dying. WAFP urges the AAFP to reject use of the term "assisted suicide" to describe medical aid in dying and to adopt a position of engaged neutrality toward medical aid in dying."²³

³⁰ Vermont Medical Society Policy on End-of-life-Care. 2017. Available from <http://www.vtmd.org/sites/default/files/2017End-of-Life-Care.pdf>

²³ 2018 — Independent WAFP Policy on Medical Aid in Dying. Available from <https://wafp.net/academy/hod/2018-resolutions/2018-independent-wafp-policy-on-medical-aid-in-dying>