Healthcare Professional Organizations Recognize Medical Aid in Dying

The California Medical Association (CMA) • 40,000+ members
Promotes the science and art of medicine, the care and well-being of patients, the protection of the public health and the betterment of the medical profession.

“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 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.”

The Colorado Medical Society (CMS) • 75,000 members
Committed to administering and financially managing programs that seek to improve access to health care and health services, with the potential to improve the health of Colorado.

“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.

A growing number of national and state organizations representing healthcare professionals have endorsed or taken a neutral position on medical aid in dying as an end-of-life option for mentally capable, terminally ill adults. The complete statements also express Compassion & Choices’ view that terminally ill people deserve information about and access to the full range of end-of-life options, including hospice and palliative care, terminal sedation, voluntarily stopping eating and drinking (VSED), and medical aid in dying.

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.”

The American Medical Student Association (AMSA) • 30,000+ members
Committed to improving healthcare and healthcare delivery; improving medical education; involving its members in the social, moral and ethical obligations of the profession of medicine.

“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.”
American Public Health Association (APHA) • 50,000 Members
Committed to improving health of the public and achieving equity in health status.
“The American Public Health Association (APHA) has long recognized patients’ rights to self-determination at the end of life and that for 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.”

American Medical Women’s Association (AMWA) • 4,000 members
Physicians, residents, medical students and healthcare professionals dedicated to advancing women in medicine and improving women’s health.

“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 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.”

Gay & Lesbian Medical Association (GLMA) • 1,000 members
The world’s largest and oldest association of lesbian, gay, bisexual and transgender (LGBT) healthcare professionals dedicated to the full scope of the LGBT health agenda including equity in healthcare. GLMA wrote a letter of support in the matter of the California Death with Dignity bill, AB X2-15.

“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 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.”

American College of Legal Medicine (ACLM) • 700 members
Professional society concerned with addressing issues that arise at the interface of law and medicine.

“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.”

American Academy of Hospice & Palliative Medicine (AAHPM) • 1,000 members
Organization for physicians, nurses and others specializing in hospice and palliative medicine.

“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 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.”

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

An organization of physicians, physician assistants, medical and PA students organized to serve and support physicians in their efforts to improve the health of Oregonians.

“The Oregon Medical Association does not approve of any legislation, which condones the deliberate act of precipitating the death of a patient, or confers upon that act the status of legality. This does not imply, however, that a physician using his or her best judgment should not allow a patient to die with dignity.

OMA neither affirms nor rejects AMA policy opposing the participation of physicians in the termination of a patient’s life and neither endorses nor opposes the initiative seeking to decriminalize physician-assisted suicide.

OMA’s position on the issue of physician assisted suicide - that it neither opposes nor supports it - is as adopted in May 1994. Its opposition to ORS Chapter 127.800.897 (Oregon’s physician assisted suicide law) is as adopted in May 1997. OMA affirms its policy on death with dignity, legal definition of death and palliative care as stated.”

The Maryland Medical Association (MedChi) • 8,000 + members

A statewide professional association for licensed physicians, dedicated to our mission to serve as Maryland’s foremost advocate and resource for physicians, their patients, and the public health.

“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 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.”

The New York State Academy of Family Physicians (NYSAPP) • 120,900 members

The NYSAFP strives to improve the health of patients, families and communities by serving members of the Academy through education and advocacy. NYSAFP has been a consistent and uncompromising advocate for patients in the public policy arena and has worked successfully for the development of family medicine at medical schools and hospitals throughout New York State.
“RESOLVED, that NYSAFP will remain neutral on state or federal legislation regarding aid-in-dying by means of a patient-directed, patient-administered prescription medication, and further be it RESOLVED, that the NYSAFP delegation to the AAFP COD bring a resolution to the AAFP urging that the AAFP remain neutral on physician aid in dying for terminally ill patients who have the capacity to make medical decisions.”

Maine Medical Association (MMA) • 600 members
The Maine Medical Association is the premier healthcare organization in Maine, recognized by all physicians and the public as the leader and the voice of the physician community.

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.

The D.C. Commission on Aging endorsed the D.C. Death with Dignity Act • 15 members
The District of Columbia Commission on Aging is a citizen’s advisory group to the Mayor, District Council, Office on Aging, and the general public on the needs and concerns of older Washingtonians. The Commissioners serve as advocates on behalf of the District’s nearly 100,000 elderly and accomplish their responsibilities through outreach to individuals and institutions, as well as to groups and governments.

On September 28, 2016, The D.C. Commission on Aging endorsed the D.C. Death with Dignity Act stating, “…The D.C. Commission on Aging supports the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths; and the D.C. Commission on Aging urges legislated safeguards against abuses by those who would hasten death contrary to an individual’s desires; and the D.C. Commission on Aging supports legal protection for the right to die with dignity, in accordance with one’s own choice.”

The Medical Society of the District of Columbia (MSDC) • 2,500 members
MSDC is the largest medical organization representing metropolitan Washington physicians in the District. The Medical Society is dedicated to the well-being of the physicians in metropolitan Washington and their patients.

“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.”

The California Academy of Family Physicians (CAFP) • 9,300+ members
The California Academy of Family Physicians (CAFP) recognizes you are a life-long learner who has chosen to engage in continuing medical education to identify or fill a gap in knowledge or skill; and to attain or enhance a desired competency. The CAFP Board of Directors adopted a neutral policy on medical aid in dying on April 24 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 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.

Resources