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.”¹

The Colorado Medical Society (CMS) 7,500 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. 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.”²

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.”³

Healthcare Professional Associations Recognize Medical Aid in Dying

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.
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.”

GLMA: Health Professionals Advancing LGBT Equality 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.”

The 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.”

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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.⁹

The Maryland State Medical Society (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.”¹⁰

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.
The New York State Academy of Family Physicians (NYSAFP)  
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.”

Resources


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