

AAFP Congress of Delegates 2018

REPORT: Reference Committee on Health of the Public and Science 10.09.18

Re: Substitute Resolutions 402 as amended

Those providing testimony highlighted similar issues which threaded throughout the discussion of the four resolutions. While the testimony was mixed regarding specific terminology, there was a significant amount of testimony in support of medical-aid-in-dying as the preferred terminology in the context of the physician/patient relationship.

Those that testified in opposition to the resolutions focused on the use of the term “ethical” as it may be subjective and implies that a physician who does not support medical aid in dying may be unethical. There was also concern that having a stance in support of medical aid in dying may imply that all physicians should provide the service.

Overall, the testimony provided in the hearing supported development of an AAFP position of engaged neutrality toward medical aid in dying as a personal decision made by the patient in the context of the physician-patient relationship. Testimony included personal stories of experiences with family members of patients, highlighting the importance and value of giving those with terminal illnesses control over their death. While it is a polarizing topic, with a variety of opinions, a neutral position better represents the views of those that testified.

For many members, medical aid in dying is part of their practice and is legal in several states. By supporting the AMA’s opposition to medical aid in dying, some members feel the AAFP is telling them that they are unethical. Several members testified that they were personally opposed to medical aid in dying but were supportive of the AAFP taking a neutral position, recognizing that several of their colleagues and patients had differing perspectives. Some testimony expressed concern about the possible criminal prosecution and civil liability of those physicians who assist patients in ending their suffering; however AAFP currently has policy which opposes the criminalization of medical care.

The reference committee discussed all of the resolutions and testimony. Based on the testimony it was determined that a substitute resolution that captures the spirit of all the aforementioned resolutions may provide an efficient vehicle to facilitate implementation.

RECOMMENDATION: The reference committee recommends that Substitute Resolutions No. 402 as amended be adopted in lieu of Resolution No. 402 “Medical Aid in Dying”, Resolution No. 403 “Medical Aid in Dying is an Ethical End-of-Life Option”, Resolution No. 404 “Adopting an Independent AAFP Policy on Medical Aid in Dying”, and Resolution No. 405 “Reject ‘Assisted Suicide’ Terminology in Aid-in-Dying” as printed below:

*RESOLVED, that the American Academy of Family Physicians adopt a position on 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.*