

Board action on 2019 Reference Committee Report on Resolutions

The Board thanked members of the Reference Committee for their recommendations on the four new resolutions brought forth in 2019.

The Board met on June 7, 2019 and took action on the resolutions as noted below. Language to be removed is struck through ~~like this~~ and language to be added is underlined like this.

Resolution: 1: 2018-19
Subject: Opposition to physicians prescribing lethal medication with the intent of ending a patient's life
Submitted by: Tim Lawton, MD
Ref Comm. Rec: First resolved clause: not adopt; Second resolved clause: adopt as amended
Board Action: Not adopt the first resolved clause; table the second resolved clause until the fall Board meeting

1 WHEREAS, the role of the physician has been as healer and preserver of life since the time of
2 Hippocrates, it would be antithetical for the physician to deliberately hasten death¹, and
3 WHEREAS, the *American Medical Association (AMA) Code of Ethics* states "Physician-assisted suicide is
4 fundamentally incompatible with the physician's role as healer, would be difficult or impossible to
5 control, and would pose serious societal risks"² and the *American College of Physicians (ACP) Ethics*
6 *Manual; 7th Edition*, states "making physician-assisted suicide legal raised serious ethical, clinical, and
7 social concerns,"³ and
8 WHEREAS, the state of KANSAS makes it unlawful for a physician to assist another person to commit or
9 attempt to commit suicide,⁴ and
10 WHEREAS, legalizing an unethical practice makes that practice neither ethical nor moral, and
11 WHEREAS, physicians have effective treatments to mitigate the suffering of dying patients, and though
12 these treatments may at times hasten death (Principle of Double-Effect)⁵, they are not given with lethal
13 intent and are accepted as ethical medical treatment, and
14 WHEREAS, the citizens of Kansas have the right to put trust in their physician as a healer, not a purveyor
15 of death, and
16 WHEREAS, the medically vulnerable could be disproportionately affected⁵ as assisting patients in death
17 diminishes the sanctity of life and may be seen as a cost-containment strategy,⁶ and
18 WHEREAS, linking physician-assisted suicide to the practice of medicine could harm both the integrity
19 and public image of the profession,⁶ and
20 WHEREAS, there is often uncertainty in the diagnosis or the prognosis of an illness,⁶ therefore be it

21 ~~RESOLVED that the Kansas Academy of Family Physicians (KAFP), renounce physicians prescribing any~~
22 ~~lethal medication with the intent to end a patient’s life, and be it further~~
23 RESOLVED that the Kansas Academy of Family Physicians (KAFP) actively opposes any Kansas legislation
24 allowing for legal prescribing of medications with lethal intent.

Resources:

1. The Indiana State Medical Association, Public Policy Manual 2017.
2. AMA Principles of Medical Ethics, Chapter 5, <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/code-of-medical-ethics-chapter-5.pdf>
3. Sulmasy LS, Bledsoe TA; ACP Ethics, Professionalism and Human Rights Committee. American College of Physicians ethics manual. Seventh edition. Ann Intern Med. 2019;170:S1-S32. doi:10.7326/M18-2160.
4. Kansas Euthanasia Laws, <https://statelaws.findlaw.com/kansas-law/kansas-euthanasia-laws.html>
5. Sulmasy DP, Finlay I, Fitzgerald F, Foley K, Payne R, Siegler M. Physician-Assisted Suicide: Why Neutrality by Organized Medicine is Neither Neutral Nor Appropriate, J Gen Intern Med. 2018 Aug; 33(8): 1394-1399.
6. Ethics in Medicine, University of Washington School of Medicine, <https://depts.washington.edu/bioethx/topics/pad.html>

Note from Board discussion: *The Board discussed the resolution and heard passionate opinions from many, including guests. The intention behind the motion to table the second resolved clause until the fall Board meeting is to allow time for a poll of the membership to be conducted by the KAFP. The underlined language in lines 23 is the recommended language from the Reference Committee.*

Resolution: 2: 2018-19
Subject: The AAFP should actively oppose the practice of physicians prescribing lethal medication to end a patient’s life, rather than adopt a position of neutrality
Submitted by: Tim Lawton, MD
Ref Comm. Rec: First resolved clause: no recommendation; Second resolved clause: not adopt
Board action: Table the first resolved clause until the Fall Board meeting, not adopt the second resolved clause

1 WHEREAS, Resolution No. 402 required the American Academy of Family Physicians (AAFP) adopt a position of
2 “engaged neutrality” toward medical-aid-in-dying as a personal end-of-life decision in the context of the
3 physician-patient relationship, and
4 WHEREAS, a position of engaged neutrality is not truly neutral, and
5 WHEREAS, neutrality implies that an organization is not opposed to the idea of prescribing lethal medications
6 intentionally to end a patient’s life, and that the practice is considered ethically neutral and no longer considered
7 ethically questionable, and
8 WHEREAS, moving from opposition to neutrality shifts from a position of prohibited to optional, and

9 WHEREAS, prescribing lethal medications does not require the professional body to be neutral in order for
10 physicians to practice this, and
11 WHEREAS, disagreement among members does not require a position of neutrality, and
12 WHEREAS, the stance of medical organizations regarding medical ethics has political and social consequences, and
13 WHEREAS, few physicians engage in the practice even where legal (in 2018, 103 physicians in the state of Oregon
14 wrote 249 prescriptions)¹, and
15 WHEREAS, physician assisted suicide bills have been rejected by states more than they have been accepted (In
16 2017 alone, PAS bills were rejected in 27 US states)², and
17 WHEREAS, the AAFP does not actually know the true position of its members, and cannot assume that Resolution
18 402 accurately represents the will of its members, now, therefore, be it
19 RESOLVED, that the AAFP take a position of opposition to physician assisted suicide/medical aid in dying, rather
20 than “engaged neutrality” and be it further
21 ~~RESOLVED, that the AAFP fully revoke Resolution 402.~~

Resources

1. Oregon Death with Dignity Act, 2018 Data Summary;
<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>
2. Sulmasy DP, Finlay I, Fitzgerald F, Foley K, Payne R, Siegler M. Physician-Assisted Suicide: Why Neutrality by Organized Medicine is Neither Neutral Nor Appropriate, J Gen Intern Med. 2018 Aug; 33(8): 1394-1399.

Note from Board discussion: *The Board discussed the resolution and heard passionate opinions from many, including guests. The intention behind the motion to table the first resolved clause until the fall Board meeting is to allow time for a poll of the membership to be conducted by the KAFP. Regarding the action to not adopt the second resolved clause: Board members clarified that the phrase “Resolution 402” no longer correctly names the actions taken at the 2018 Congress of Delegates. It could lead to confusion if forwarded to the 2019 Congress of Delegates with that wording, as there will likely be a new resolution that is numbered 402. For this reason, the board did not adopt the second resolved clause.*

Resolution: 3: 2018-19
Subject: Do not prohibit accurate terminology regarding the prescribing of lethal medication intended to end a patient’s life
Submitted by: Tim Lawton, MD
Ref Comm. Rec: Adopt as amended
Board action: Not adopt the first clause; adopt the 2nd resolved clause as amended.

1 WHEREAS, Resolution 402 from the 2018 Congress of Delegates, required the American Academy of
2 Family Physicians (AAFP) to reject the use of the phrase “assisted suicide” or “physician assisted suicide”

3 in formal statements or documents and direct the AAFP's American Medical Association (AMA)
4 delegation to promote the same in the AMA House of Delegates, and
5 WHEREAS, organizations promoting the prescribing of lethal medication intended to end a patient's life
6 use vague phrases such as "medical aid in dying," or "death with dignity," to intentionally engineer
7 language to influence public opinion and policy in favor of their agenda¹, and
8 WHEREAS, prohibiting the use of the terms "assisted suicide" and "physician assisted suicide" will
9 certainly lead to a re-framing of the debate, and
10 WHEREAS, removing the term "suicide" from the debate will devalue the role that mental health
11 disorders play in a patient's decision to request an intervention to end their life, and
12 WHEREAS, terminally ill patients or others requesting a medication to end their life may have treatable
13 depression or other treatable conditions, and
14 WHEREAS, physicians are trained to prevent suicide and to appropriately intervene in cases of suicidal
15 ideation or attempts, whatever the underlying causes may be, and
16 WHEREAS, such prohibitions could lead to irreversible patient harm and preventable death, and
17 WHEREAS, prohibiting the use of certain terms in the course of debate could be considered a violation
18 of the freedom of speech as protected under the United States Constitution, and
19 WHEREAS, the AAFP does not actually know the true position of its members regarding the prescription
20 of intentionally lethal medications and cannot assume that Resolution 402 from the 2018 Congress of
21 Delegates accurately represents the will of the members, now, therefore, be it
22 ~~RESOLVED, that the Kansas Academy of Family Physicians (KAFP) will avoid the use of vague and unclear~~
23 ~~euphemistic terms when referring to lethal medications prescribed with the intention of ending a~~
24 ~~patient's life and will not prohibit physicians from using their personal language of choice including use~~
25 ~~of the phrases: physician assisted suicide, assisted suicide, medical aid in dying, or other similar phrases,~~
26 ~~use of the phrases "physician assisted suicide" and "assisted suicide" from statements or documents,~~
27 ~~and be it further~~
28 RESOLVED, that the American Academy of Family Physicians (AAFP) will no longer reject the use of the
29 phrases "physician assisted suicide" and "assisted suicide" in statements or documents.

1. Stahl F, Moral Disengagement-Mechanisms Propelling the Euthanasia/PAS Movement, Journal of Ethics in Mental Health. 2017 Vol 10: 1-15.

Note from Board discussion: *The Board discussed the resolution and heard passionate opinions from many, including guests. The first clause was not adopted as KAFP has not prohibited use of the terms referenced. The*

intent in rewording the second resolved clause was to acknowledge the frustration of those who feel AAFP is not using their language of choice.

Resolution: 4: 2018-19
Subject: Update the AAFP Fellowship Oath
Submitted by: Michael Oller MD
Ref Comm. Rec: Not adopt
Board Action: Not adopt

1 Whereas, rates of depression are higher amongst medical students and residents (15-30%)^{1,2,3}, and;
2 WHEREAS, greater than 20% of physicians will develop a substance abuse during their career⁴, compared to 8-
3 13% of the general population⁵, and;
4 WHEREAS, poor work life balance contributes to depression and possible substance abuse, and;
5 WHEREAS, the current AAFP Degree of Fellow Pledge incorporates language which does not support a balance
6 between personal and professional lives, reading:

7 "As a fellow of the American Academy of Family Physicians, I shall pursue these goals:

- 8 - To provide comprehensive and continuing health care to my patients, placing their welfare above all
9 else;
10 - To exemplify and substantiate the highest traditions of my profession through an informed and
11 scientific practice of family medicine; and
12 - To strive for professional enrichment through a rigorous program of continuing education.

13 I pledge my full participation and talents to the fulfillment of these objectives because they are the
14 principles upon which the Academy was founded and because by doing so I can better serve my
15 profession, myself and mankind."

16 THEREFORE, be it resolved that the American Academy of Family Physicians (AAFP) change the AAFP Degree of
17 Fellow Pledge to read:

18 "As a fellow of the American Academy of Family Physicians, I shall pursue these goals:

- 19 - To provide comprehensive and continuing health care to my patients, remembering that maintenance
20 of my own good health is necessary and exemplar;
21 - To exemplify and substantiate the highest traditions of my profession through an informed and
22 scientific practice of family medicine; and
23 - To strive for professional enrichment through continued education for the duration of my career.

24 I pledge my full participation and talents to the fulfillment of these objectives because they are the
25 principles upon which the Academy was founded and because by so doing, I can better serve my
26 profession, myself and human kind."

1. Zoccolillo M, Murphy GE, Wetzel RD. Depression among medical students. *J Affect Disord.* 1986;11(1):91-96.
2. Givens JL, Tjia J. Depressed medical students' use of mental health services and barriers to use. *Acad Med.* 2002;77(9):918-921.
3. Shanafelt TD, Bradley KA, Wipf JE, et al. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med.* 2002;136(5):358-367.
4. Oreskovich MR, Shanafelt T, Dyrbye LN, Tan L, Sotile W, Satele D, West CP, Sloan J, Boone S. The prevalence of substance use disorders in American physicians. *Am J Addict.* 2015;24(1):30.
5. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry.* 2005;62(6):593.

Note on Board discussion: *The language had been revised in 2016, but KAFP was not using the current/new language. The new language addressed the author's original concerns and he requested his resolution not be forwarded to the AAFP.*

Sunset Resolutions

The board took action to adopt the Reference Committee recommendations on each of the resolutions as noted below:

Resolution: 1: 2014-15
Subject: *Encourage Climbing Stairs at Meetings*
Recommendation: Sunset
Board action: Sunset

RESOLVED, that the AAFP will encourage stair climbing at its meetings, with activities such as ribbons stating "I took the stairs today," and be it further

RESOLVED, that AAFP will consider restricting use of escalators and elevators for one day of its meetings to all but the handicapped, with signage and social media to further stimulate taking the stairs, and be it further

RESOLVED, that AAFP will also consider widening the program, if successful, and consider ways to promote it to the patient community as a "Do as Your Doctor Does" day where all the escalators are either off or reserved for the handicapped only.

Resolution: 3: 2014-15
Subject: *Tax Credit for Volunteer Faculty Preceptors*
Recommendation: Sunset
Board action: Sunset

RESOLVED, that the KAFP investigate legislation that provides a tax credit for volunteer faculty preceptors who provide medical student education.

Resolution: 4: 2014-15
Subject: *Human Trafficking*

Recommendation: **Readopt**

Board action: **Readopt**

RESOLVED, that the KAFP promotes the awareness of the condition of human trafficking through the annual meeting, district conferences, or other educational opportunities.

Resolution: **5: 2014-15**

Subject: ***Correction of Specialty Name in Board of Healing Arts Licensure Renewal***

Recommendation: **Sunset**

Board action: **Sunset**

RESOLVED, that the Kansas Academy of Family Physicians work with the Kansas Board of Healing Arts to add a specialty code for "FM Family Medicine" to the specialty code list used for medical licensure, and be it further

RESOLVED, that KAFP shall work with the Kansas Board of Healing Arts to change the specialty code name currently listed as "Sports Medicine – Family Practice" to "Sports Medicine– Family Medicine."

Resolution: **6: 2014-15**

Subject: ***Patient Education Videos for FamilyDoctor.org***

Recommendation: **Sunset**

Board action: **Sunset**

RESOLVED, that the AAFP shall develop a patient education video library for familydoctor.org, and be it further

RESOLVED, these educational videos would be developed for purposes including education about specific procedures, informed consent and chronic disease management.

DRAFT