



Resolution No. 402 (New York State J) - Medical Aid in Dying

**ACTION TAKEN BY THE 2018 CONGRESS OF
DELEGATES: SUBSTITUTE ADOPTED AS AMENDED ON
THE FLOOR BY A 2/3 VOTE**



The Board of Directors referred the 1st resolved clause to the Commission on Health of the Public and Science. Please address questions to Bellinda Schoof, MHA, CPHQ at bschoof@aafp.org (<mailto:bschoof@aafp.org>).

The Board of Directors referred the 2nd resolved clause to the EVP for appropriate referral to staff. Please address questions to Julie Wood, MD at jwood@aafp.org (<mailto:jwood@aafp.org>).

Report as of 6/2019:

The AAFP AMA Delegation provided testimony at the 2018 meeting AMA Interim which emphasized the AAFP's position of engaged neutrality and the use of the Medical Aid in Dying (MAID) terminology. The AMA voted for the AMA Council on Judicial Affairs to continue work on its policy regarding physician assisted suicide. The AAFP AMA Delegation will continue to monitor their work and provide input and testimony consistent with AAFP policy.

RESOLUTION NO. 402 (New York State J)

Medical Aid in Dying

Introduced by the New York State Chapter

Referred to the Reference Committee on Health of the Public and Science

WHEREAS, The American Academy of Family Physicians (AAFP) Congress of Delegates (COD) referred Resolution No. 607 to the AAFP Board of Directors in 2017, and

WHEREAS, Resolution No. 607 required AAFP delegates to the American Medical Association (AMA) House of Delegates (HOD) to introduce a resolution to change AMA policy by rejecting the term "assisted suicide" when referring to the practice of medical aid in dying and to recognize medical aid in dying as an ethical end-of-life option when practiced in jurisdictions where medical aid in dying is authorized by statute or regulation, and

WHEREAS, the AMA Council on Ethical and Judicial Affairs (CEJA) conducted a study of assisted suicide/medical aid in dying and published its findings in May 2018, and

WHEREAS, the CEJA report found that many physicians interviewed for the report provided articulate and substantive arguments on both sides of the issue, and

WHEREAS, the matter has been debated in public forums and several states have adopted or are considering laws to permit medical aid in dying, and

WHEREAS, the AAFP supports the right of physicians to act in accordance with their personal ethics and in conformance with established law, and

WHEREAS, the CEJA study and the public debate regarding this matter establish that the country and the medical profession are evenly divided regarding the propriety of medical aid in dying, now, therefore, be it

Substitute:

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.

Original resolved clause submitted to the Congress of Delegates deleted (please see substitute adopted above):

RESOLVED, That the American Academy of Family Physicians (AAFP) affirm that the use of medical aid in dying is an ethical, personal, end-of-life decision when the patient is terminally ill, is suffering and capable of making an informed decision to end his/her suffering through medical aid in dying and that such decision should be made in the context of the doctor-patient relationship, and be it further

RESOLVED, That the American Academy of Family Physicians is neutral regarding whether individual states should permit medical aid in dying, and be it further

RESOLVED, That the American Academy of Family Physicians reject use of the term “assisted suicide” when describing care to assist a patient who has made the decision to end his/her suffering through medical aid in dying and, instead, shall describe such situations as “medical aid in dying,” and be it further

RESOLVED, That the American Academy of Family Physicians maintain a neutral position on medical aid in dying regardless of any position on the matter of any other medical organization, and be it further

RESOLVED, That the American Academy of Family Physicians support state and federal laws which protect physicians from criminal prosecution and civil liability who assist terminally ill patients in ending their suffering pursuant to state or federal laws which permit medical aid in dying.

(Received 7/11/18)

Fiscal Impact: None

Background

Thus far six jurisdictions have enacted statutes to allow physician-assisted dying: California, Colorado, the District of Columbia, Oregon, and Washington. Montana also permits physician-assisted dying, under a state Supreme Court ruling. The trend is accelerating: Oregon was the first state to enact such a law, in 1997. All others have been enacted within the last 10 years, and 4 have been enacted in the last 5 years. Hawaii recently passed a similar measure that will go into effect in 2019.

In general, these states permit a physician to assist a patient in dying, provided that (1) the patient is an adult resident of the state, (2) the patient is of sound mind—able to understand and communicate health-care decisions; (3) has a confirmed diagnosis of terminal illness that will lead to death within 6 months, and (4) is capable, without assistance, of self-administering and ingesting medications. In states without such protections, criminal penalties could apply to physicians who help their patients in this manner, as well as disciplinary proceedings.

The AAFP has not waded into these debates at the state level, nor has there been a significant debate at the federal level on the specific topic of physician aid in dying. The AAFP has, however, supported the efforts to pay physicians under Medicare and Medicaid for voluntary consultations to discuss advance care plans. The AAFP endorsed HR 1173 (<https://www.aafp.org/dam/AAFP/documents/advocacy/coverage/end-of-life/LT-Blumenauer-PersonalizeYourCare-071013.pdf>), the *Personalize Your Care Act*, which would have required CMS to make payment for such consultations under both Medicare and Medicaid. The AAFP also advocated directly to HHS for such payment, by letter dated May 12, 2015 (<https://www.aafp.org/dam/AAFP/documents/advocacy/coverage/end-of-life/LT-HHS-AdvanceCare-051215.pdf>). CMS began paying for this service under the Medicare Physician Fee Schedule on January 1, 2016.

While medical aid in dying or physician-assisted suicide is legal in several states, the AAFP does not have an official position and neither term is used in current policies or position papers. Some members feel that determining consistent terminology would be beneficial for future communications with members and the public. However, acknowledging a set terminology could also be viewed as taking a position on the issue.

The American Medical Association recently updated its Code of Medical Ethics, and despite many groups advocating for a change in terminology, it elected to maintain “physician-assisted suicide” as the preferred term. The AMA House, however, referred the report back to the AMA Council for more study and the AAFP delegation supported referral of the report. The AAFP follows the AMA’s Ethical Code guidelines, as called for in the AAFP Bylaws.

Current Policy

Ethics and Advance Planning for End-of-Life Care (<http://www.aafp.org/about/policies/all/planning-care.html>).

Principles of Medical Ethics of the AMA (<https://www.ama-assn.org/delivering-care/medical-ethics>).

Prior Congress Action

Resolution No. 607 from the 2017 COD (Referred to the Board of Directors):

RESOLVED, That the American Academy of Family Physicians reject the term “assisted suicide” to describe the process whereby terminally ill patients of sound mind ask for and receive prescription medication they may self-administer to hasten death should their suffering become unbearable, and be it further

RESOLVED, That the American Academy of Family Physicians acknowledge that use of medical aid-in-dying is an ethical, personal end-of-life decision that should be made in the context of the doctor-patient relationship, and be it further

RESOLVED, That the American Academy of Family Physicians submit a resolution to the American Medical Association House of Delegates that calls on that organization to:

1. reject use of the term “assisted suicide” when referring to the practice of medical aid-in dying, and
2. modify its current policy with language that recognizes medical aid-in-dying as an ethical end-of-life option when practiced where authorized and according to prescribed law.

Please see Pages 351-353 from the 2017 Transactions

(https://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2017/CODTransactions2017.pdf) **for details.**

Please see Resolution No. 607 (<https://www.aafp.org/about/governance/congress-delegates/2017/resolutions2/california-c.mem.html>) **on the AAFP website for follow-up details.**

Resolution No. 408 from the 2016 COD (Not Adopted):

RESOLVED, That the American Academy of Family Physicians remain neutral on state or federal legislation regarding aid-in-dying by means of a patient-directed, patient-administered prescription medication for terminally ill patients who have the capacity to make medical decisions.

Please see Pages 334-337 in the 2016 Transactions

(http://www.aafp.org/content/dam/AAFP/documents/about_us/congress/restricted/2016/CODTransactions2016.pdf) **for details.**

Prior Board Action

Approval of a recommendation from the Commission on Governmental Advocacy that the AAFP support the concept of draft Advance Directives legislation.

BC1:12011, January 12, p. 2.

Approval of a recommendation from the Commission on Governmental Advocacy that the AAFP continue to monitor the issue of Advance Directives should it arise in congressional or regulatory activities.

B2011, May 2-5, p. 15.

Approval of a recommendation from the Commission on Health of the Public and Science that the “End-of-Life Care” section of the “Ethics and Advanced Planning for End-of-Life Care” policy statement be revised.

B2013, July 24-27, pp. 13-15.

Approval of a letter to CMS in full support of their proposal to recognize advance care planning codes starting in 2016.

BC1:12015, July 29, p. 1.

Approval of a recommendation from the Commission on Health of the Public and Science that the policy statement “Ethics and Advance Planning for End-of-Life Care” be revised.

BC1:12015, August 25, p. 1.

Approval of a recommendation from the Commission on Health of the Public and Science that Resolution No. 607 from the 2017 Congress of Delegates on “Medical Aid in Dying is not Assisted Suicide” be accepted for information.

B2018, April 24-26, p. 25.



ADD TO FAVORITES

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<https://www.aafp.org/about/governance/congress-delegates/2018/resolutions2/newyork-j.mem.html>

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