

## 2019 Resolutions and Sunset Resolutions for Reference Committee Consideration

Four new resolutions were submitted this spring for consideration by the Board at its summer Board Meeting. They are printed in their entirety below. As per the Board's 2019 Resolution Process and Timeline, the resolutions will be published in the KAFP e-newsletter on May 14 and the Reference Committee will hold a hearing open to authors of resolutions and other interested members. The Reference Committee hearing will be Thursday, May 16, 2019, at 7:00 a.m. conducted via Zoom video conference. At the hearing the committee will listen to discussion on each resolution and determine its recommendations for the Board about the 2019 resolutions.

Here are options for the committee's recommendations on the 2019 resolutions:

- Adopt as written
- Adopt as amended
- Not adopt

In addition, as per the Board's 2019 Resolution Process and Timeline, the Reference Committee will also consider Resolutions to be Considered for Sunset" from five years ago and provide recommendations on them. The resolved portion of those resolutions are below starting on page six. Here are possible recommendations to the Board for the Resolutions to be Considered for Sunset:

- Sunset
- Amend
- Readopt

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**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:**

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 death<sup>1</sup>, 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"<sup>2</sup> and the *American College of Physicians (ACP) Ethics*  
6 *Manual; 7<sup>th</sup> Edition*, states "making physician-assisted suicide legal raised serious ethical, clinical, and  
7 social concerns,"<sup>3</sup> 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,<sup>4</sup> 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)<sup>5</sup>, 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 affected<sup>5</sup> as assisting patients in death  
17 diminishes the sanctity of life and may be seen as a cost-containment strategy,<sup>6</sup> and  
18 WHEREAS, linking physician-assisted suicide to the practice of medicine could harm both the integrity  
19 and public image of the profession,<sup>6</sup> and  
20 WHEREAS, there is often uncertainty in the diagnosis or the prognosis of an illness,<sup>6</sup> 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 legislation allowing for legal prescribing of medications with lethal intent, will be actively  
24 opposed by the KAFP.

**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>

**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:**

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)<sup>1</sup>, 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)<sup>2</sup>, 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.

**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:**

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 agenda<sup>1</sup>, 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  
23 euphemistic terms when referring to lethal medications prescribed with the intention of ending a  
24 patient’s life and will not prohibit use of the phrases “physician assisted suicide” and “assisted suicide”  
25 from statements or documents, and be it further  
26 RESOLVED, that AAFP the will avoid the use of vague and euphemistic terms when referring to lethal  
27 medications prescribed with the intention of ending a patient’s life, and will not prohibit use of the  
28 phrases “physician assisted suicide” and “assisted suicide” from statements or document.

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

**Resolution:** 4: 2018-19  
**Subject:** Update the AAFP Fellowship Oath  
**Submitted by:** Michael Oller MD  
**Ref Comm. Rec:**

1 Whereas, rates of depression are higher amongst medical students and residents (15 - 30%)<sup>1,2,3</sup>, and;  
2 WHEREAS, greater than 20% of physicians will develop a substance abuse during their career<sup>4</sup>, compared to 8-  
3 13% of the general population<sup>5</sup>, 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.
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## Sunset Resolutions

Each year the Reference Committee also reviews resolutions from the meeting 5 years before, and makes recommendations about what action to take on them: readopt, sunset or re-write. Here are the resolved portions of the resolutions to be considered for retention or sunsetting in June, 2019:

**Resolution: 1: 2014-15**

**Subject: *Encourage Climbing Stairs at Meetings***

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.

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**Resolution: 3: 2014-15**

**Subject: *Tax Credit for Volunteer Faculty Preceptors***

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

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**Resolution: 4: 2014-15**

**Subject: *Human Trafficking***

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

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**Resolution: 5: 2014-15**

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

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."

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**Resolution: 6: 2014-15**

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

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.