# 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 were published in the KAFP e-newsletter on May 14 and the Reference Committee held a hearing open to authors of resolutions and other interested members. The Reference Committee hearing was Thursday, May 16, 2019, from 7:00 – 8:30 a.m. conducted via Zoom video conference. Here are options for the committee’s recommendations on the 2019 resolutions:

* Adopt as written
* Adopt as amended
* Not adopt
* No recommendation from the Reference Committee

Present at the meeting were the following members of the committee (in **bold**), guests and staff:

**Drs. Sheryl Beard; Jen Brull, Chair;** Barbara Coats; Philip Dooley; Lisa Gilbert; **John Feehan; Lynn Fisher; Doug Gruenbacher; Gretchen Irwin; Chad Johanning;** Tim Lawton; Terry Merrifield; Michael Oller; **Diane Steere; and Jeremy Presley;** and staff members: Michelle Corkins; Carolyn Gaughan, CAE; and Tarah Remington Brown.

At the hearing the committee heard from the authors of each resolution and guests. The committee members thanked them for their input and then deliberated to determine recommendations. In addition, the Reference Committee also considered “Resolutions to be Considered for Sunset” from five years ago and provides recommendations on them starting on page 7 below.

**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**

WHEREAS, the role of the physician has been as healer and preserver of life since the time of Hippocrates, it would be antithetical for the physician to deliberately hasten death1, and

WHEREAS, the *American Medical Association (AMA) Code of Ethics* states “Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks”2 and the *American College of Physicians (ACP) Ethics Manual; 7th Edition,* states “making physician-assisted suicide legal raised serious ethical, clinical, and social concerns,”3 and

WHEREAS, the state of KANSAS makes it unlawful for a physician to assist another person to commit or attempt to commit suicide, 4 and

WHEREAS, legalizing an unethical practice makes that practice neither ethical nor moral, and

WHEREAS, physicians have effective treatments to mitigate the suffering of dying patients, and though these treatments may at times hasten death (Principle of Double-Effect)5, they are not given with lethal intent and are accepted as ethical medical treatment, and

WHEREAS, the citizens of Kansas have the right to put trust in their physician as a healer, not a purveyor of death, and

WHEREAS, the medically vulnerable could be disproportionately affected5 as assisting patients in death diminishes the sanctity of life and may be seen as a cost-containment strategy, 6 and

WHEREAS, linking physician-assisted suicide to the practice of medicine could harm both the integrity and public image of the profession, 6 and

WHEREAS, there is often uncertainty in the diagnosis or the prognosis of an illness, 6 therefore be it

~~RESOLVED that the Kansas Academy of Family Physicians (KAFP), renounce physicians prescribing any lethal medication with the intent to end a patient’s life, and be it further~~

RESOLVED that the Kansas Academy of Family Physicians (KAFP) actively opposes any Kansas legislation allowing for legal prescribing of medications with lethal intent. ~~will be actively 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>

Notes: *The reference committee heard testimony from the author, who voiced his concern that KAFP might support state-based legislation in support of physician-assisted suicide/medical aid in dying and indicated this resolution was designed to ensure KAFP would not provide testimony in support of such legislation.  The reference committee is aware of no current legislation on this issue but acknowledges past debate and potential future legislation. Several KAFP members participating on the call expressed concern with language in the first resolved and felt it was not appropriate for KAFP to renounce its members or other physicians.  No members on the call voiced opposition to KAFP standing in opposition to future legislation on this topic but wanted to clarify that this would apply only to legislation introduced in the state of Kansas. For this reason, the reference committee recommends “not adopt” for the first resolved clause and “adopt as amended” for the second resolved clause.*

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**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**

WHEREAS,Resolution No. 402 required the American Academy of Family Physicians (AAFP) 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

WHEREAS, a position of engaged neutrality is not truly neutral, and

WHEREAS, neutrality implies that an organization is not opposed to the idea of prescribing lethal medications intentionally to end a patient’s life, and that the practice is considered ethically neutral and no longer considered ethically questionable, and

WHEREAS, moving from opposition to neutrality shifts from a position of prohibited to optional, and

WHEREAS, prescribing lethal medications does not require the professional body to be neutral in order for physicians to practice this, and

WHEREAS, disagreement among members does not require a position of neutrality, and

WHEREAS, the stance of medical organizations regarding medical ethics has political and social consequences, and

WHEREAS, few physicians engage in the practice even where legal (in 2018, 103 physicians in the state of Oregon wrote 249 prescriptions) 1, and

WHEREAS, physician assisted suicide bills have been rejected by states more than they have been accepted (In 2017 alone, PAS bills were rejected in 27 US states) 2, and

WHEREAS, the AAFP does not actually know the true position of its members, and cannot assume that Resolution 402 accurately represents the will of its members, now, therefore, be it

RESOLVED, that the AAFP take a position of opposition to physician assisted suicide/medical aid in dying, rather than “engaged neutrality” and be it further

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: The reference committee heard a significant amount of testimony regarding this resolution from the author and other proponents and from several opponents to the resolved clause.  It was clear that KAFP members feel passionately on both sides of this issue. Several language changes were considered during the reference committee call. Ultimately, it was clear there is no easily discernible majority opinion, even among members of the reference committee itself.  For this reason, the reference committee makes no recommendation on the first resolved clause and will hear further comments from the membership during the member luncheon at the annual meeting prior to the board taking action at its meeting. Reference committee members clarified that “Resolution 402” as stated no longer correctly names the actions taken at the 2018 Congress of Delegates and will not stand if forwarded to the 2019 Congress of Delegates.  For this reason, the committee recommends “not adopt” for the second resolved clause.*

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**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**

WHEREAS, Resolution 402 from the 2018 Congress of Delegates, required the American Academy of Family Physicians (AAFP) to 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, and

WHEREAS, organizations promoting the prescribing of lethal medication intended to end a patient’s life use vague phrases such as “medical aid in dying,” or “death with dignity,” to intentionally engineer language to influence public opinion and policy in favor or their agenda1, and

WHEREAS, prohibiting the use of the terms “assisted suicide” and “physician assisted suicide” will certainly lead to a re-framing of the debate, and

WHEREAS, removing the term “suicide” from the debate will devalue the role that mental health disorders play in a patient’s decision to request an intervention to end their life, and

WHEREAS, terminally ill patients or others requesting a medication to end their life may have treatable depression or other treatable conditions, and

WHEREAS, physicians are trained to prevent suicide and to appropriately intervene in cases of suicidal ideation or attempts, whatever the underlying causes may be, and

WHEREAS, such prohibitions could lead to irreversible patient harm and preventable death, and

WHEREAS, prohibiting the use of certain terms in the course of debate could be considered a violation of the freedom of speech as protected under the United States Constitution, and

WHEREAS, the AAFP does not actually know the true position of its members regarding the prescription of intentionally lethal medications and cannot assume that Resolution 402 from the 2018 Congress of Delegates accurately represents the will of the members, now, therefore, be it

RESOLVED, that the Kansas Academy of Family Physicians (KAFP) will avoid the use of vague and unclear ~~euphemistic~~ terms when referring to lethal medications prescribed with the intention of ending a patient’s life and will not prohibit physicians from using their personal language of choice including use of the phrases: physician assisted suicide, assisted suicide, medical aid in dying, or other similar phrases, ~~use of the phrases “physician assisted suicide” and “assisted suicide” from statements or documents,~~ and be it further

RESOLVED, that the American Academy of Family Physicians (AAFP) will avoid the use of vague and unclear ~~euphemistic~~ terms when referring to lethal medications prescribed with the intention of ending a patient’s life, and will not prohibit physicians from using their personal language of choice including use of the phrases: physician assisted suicide, assisted suicide, medical aid in dying, or other similar phrases. ~~use of the 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.

*Note: The reference committee heard testimony from the author and several proponents of the resolution regarding their personal preference about what words best describe the topic and their frustration with AAFP not using their language of choice.  All members on the call expressed a desire to use their own language of choice without restriction from their academy or other members. Having heard the testimony, the reference committee attempted to clarify the intent of the author and take into account the testimony of all and recommends “adopt as amended” for both resolved clauses.*

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**Resolution: 4: 2018-19**

**Subject: Update the AAFP Fellowship Oath**

**Submitted by: Michael Oller MD**

**Ref Comm. Rec: Not adopt**

Whereas, rates of depression are higher amongst medical students and residents (15‑30%) 1,2,3 , and;

WHEREAS, greater than 20% of physicians will develop a substance abuse during their career 4, compared to 8‑13% of the general population 5, and;

WHEREAS, poor work life balance contributes to depression and possible substance abuse, and;

WHEREAS, the current AAFP Degree of Fellow Pledge incorporates language which does not support a balance between personal and professional lives, reading:

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

‑ To provide comprehensive and continuing health care to my patients, placing their welfare above all else;

‑ To exemplify and substantiate the highest traditions of my profession through an informed and scientific practice of family medicine; and

‑ To strive for professional enrichment through a rigorous program of continuing education.

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

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

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

‑ To provide comprehensive and continuing health care to my patients, remembering that maintenance of my own good health is necessary and exemplar;

‑ To exemplify and substantiate the highest traditions of my profession through an informed and scientific practice of family medicine; and

‑ To strive for professional enrichment through continued education for the duration of my career.

I pledge my full participation and talents to the fulfillment of these objectives because they are the principles upon which the Academy was founded and because by so doing, I can better serve my 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: *The reference committee heard testimony from the author and several supporters of the resolution during the call.  After the call was completed, further information was obtained from the AAFP leadership that this 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

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**

**Recommendation: 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.

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**Resolution: 3: 2014-15**

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

**Recommendation: Sunset**

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**

**Recommendation: Readopt**

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**

**Recommendation: 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.”

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**Resolution: 6: 2014-15**

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

**Recommendation: 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.