

Healthcare Professional Associations Recognize Medical Aid in Dying

The California Medical Association (CMA) 40,000+ members

Promotes the science and art of medicine, the care and well-being of patients, the protection of the public health and the betterment of the medical profession.

"As physicians, we want to provide the best care possible for our patients. However, despite the remarkable medical breakthroughs we've made and the world-class hospice or palliative care we can provide, it isn't always enough. The decision to participate in the [California] End of Life Option Act is a very personal one between a doctor and their patient, which is why CMA has removed policy that outright objects to physicians aiding terminally ill patients in end of life options. We believe it is up to the individual physician and their patient to decide voluntarily whether the End of Life Option Act is something in which they want to engage."¹

The American Medical Student Association (AMSA) 30,000+ members

Committed to improving healthcare and healthcare delivery; improving medical education; involving its members in the social, moral and ethical obligations of the profession of medicine.

"The American Medical Student Association: 1. SUPPORTS passage of aid-in-dying laws that empower terminally ill patients who have decisional capacity to hasten what might otherwise be a protracted, undignified or extremely painful death. Aid in dying should not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide."²

A growing number of national and state organizations representing healthcare professionals have endorsed or accepted medical aid in dying as an end-of-life option for mentally capable, terminally ill adults. The complete statements also express Compassion & Choices' view that terminally ill people deserve information about and access to the full range of end-of-life options, including hospice and palliative care, terminal sedation, voluntarily stopping eating and drinking (VSED), and medical aid in dying.

American Public Health Association (APHA) 50,000 Members

Committed to improving health of the public and achieving equity in health status.

"The American Public Health Association (APHA) has long recognized patients' rights to self-determination at the end of life and that for some terminally ill people, death can sometimes be preferable to any alternative. Accordingly, the American Public Health Association:

Supports allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA are in place. Rejects the use of inaccurate terms such as "suicide" and "assisted suicide" to refer to the choice of a mentally competent, terminally ill patient to seek medications to bring about a peaceful and dignified death."³

American Medical Women’s Association Member (AMWA)
4,000 members

Physicians, residents, medical students and healthcare professionals dedicated to advancing women in medicine and improving women’s health.

“1. AMWA supports the right of terminally ill patients to hasten what might otherwise be a protracted, undignified or extremely painful death. 2. AMWA believes the physician should have the right to engage in practice wherein they may provide a terminally ill patient with, but not administer, a lethal dose of medication and/or medical knowledge, so that the patient can, without further assistance, hasten his/her death. This practice is known as aid in dying. 11. AMWA supports the passage of aid-in-dying laws that empower mentally competent, terminally ill patients and protect participating physicians, such as that passed in Oregon, the Oregon Death With Dignity Act.”⁴

The American Academy of Legal Medicine (AALM) 700 members

Professional society concerned with addressing issues that arise at the interface of law and medicine.

“BE IT RESOLVED: That the ACLM recognizes patient autonomy and the right of a mentally competent, though terminally ill, person to hasten what might otherwise be objectively considered a protracted, undignified or painful death, provided, however, that such person strictly complies with law specifically enacted to regulate and control such a right; and BE IT FURTHER RESOLVED: That the process initiated by a mentally competent, though terminally ill, person who wishes to end his or her suffering and hasten death according to law specifically enacted to regulate and control such a process shall not be described using the word "suicide", but, rather, as a process intended to hasten the end of life.”⁵

American Assoc. of Hospice & Palliative Medicine (AAHPM)
5,000 members

Organization for physicians, nurses and others specializing in hospice and palliative medicine.

“Excellent medical care, including state-of-the-art palliative care, can control most symptoms and augment patients' psychosocial and spiritual resources to relieve most suffering near the end of life. On occasion, however, severe suffering persists; in such a circumstance a patient may ask his physician for assistance in ending his life by providing physician-assisted death (PAD). PAD is defined as a physician providing, at the patient's request, a lethal medication that the patient can take by his own hand to end otherwise intolerable suffering. The term PAD is utilized in this document with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged designation physician-assisted suicide. AAHPM takes a position of ‘studied neutrality’ on the subject of whether PAD should be legally regulated or prohibited, believing its members should instead continue to strive to find the proper response to those patients whose suffering becomes intolerable despite the best possible palliative care. Whether or not legalization occurs, AAHPM supports intense efforts to alleviate suffering and to reduce any perceived need for PAD.”⁶

Resources

¹California Medical Association. Excerpted from: CMA changes stance on physician aid in dying, takes neutral position on End of Life Option Act. June 2, 2015. Available from

<http://www.cmanet.org/news/detail/?article=cma-changes-stance-on-physician-aid-in-dying>

²American Medical Student Association, Excerpted from: Preambles, Purposes, Principles: Principles Regarding Physician Aid in Dying. 2008. Available from <http://www.amsa.org/wp-content/uploads/2015/03/PPP-2015.pdf>.

³American Public Health Association, Excerpted from: Patient's Rights to Self-Determination at the End. Policy # 20086. October 28, 2008. Available from

<https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/29/13/28/patients-rights-to-self-determination-at-the-end-of-life>.

⁴ American Medical Women's Association, Excerpted from: Position Paper on Aid in Dying. No date. Available from

https://www.amwa-doc.org/wp-content/uploads/2013/12/Aid_in_Dying1.pdf.

⁵American Academy of Legal Medicine, Excerpted from: Policy on Aid in Dying. October 6, 2008. Available from

http://c.ymcdn.com/sites/aclm.site-ym.com/resource/collection/Policy_On_Aid_In_Dying.pdf.

⁶ American Association of Hospice & Palliative Medicine.

Excerpted from: Statement on Physician-Assisted Death, February 14, 2007. Available from

<http://aahpm.org/positions/pad>.