

American Medical Women's Association Position Paper on Medical Aid in Dying

October 8, 2018

The American Medical Women's Association acknowledges that a range of views exists within its membership on the subject of medical aid in dying. The Association respects each member's right to hold any belief and view dictated by their conscience, and to practice their profession accordingly. Taking into account these considerations, The American Medical Women's Association holds the following positions regarding end-of-life care and medical aid in dying*.

1. AMWA supports the right of mentally capable terminally ill patients to advance the time of death that 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 hasten his/her death. This practice is known as medical aid in dying. (1,8,11,12)
3. AMWA also supports the following practices in the care of terminally ill patients and maintains that these practices are not forms of medical aid in dying. (1,2,3,4)
 - The provision of palliative care measures to alleviate pain even if the patient's death is a possible side effect of the treatment.
 - The withdrawal or withholding of life-sustaining measures as requested by a patient or surrogate, thereby allowing the patient to die as a direct result of his/her illness.
 - Providing only supportive care to patients who voluntarily stop eating and drinking.
4. AMWA supports the appropriate and timely utilization of all end of life planning conversations including advance directives, palliative care, and hospice services to terminally ill patients. (5,6,7,8)
5. AMWA supports open and complete communication, free from coercion, between physician and patient or surrogate regarding all possible end-of-life care options for the terminally ill patient. (5,6,7,8)
6. While AMWA acknowledges that the desire to ask for medical aid in dying should not be equated with the lack of capacity to make decisions, AMWA supports referral for psychiatric evaluation for assistance in evaluating depression and decision making capacity. (9,10) AMWA opposes offering medical aid in dying to those deemed to lack

capacity for decision making. (9,10)

7. AMWA supports the rights of individual physicians to decide in their own consciences whether or not to participate in medical aid in dying for their patients.

8. AMWA opposes any role for non-physicians in the performance of medical aid in dying and maintains that all such decisions should remain between the patient and their physician with family/significant others involved as appropriate.

9. AMWA perceives the regulation of medical aid in dying to be ethically challenging and maintains that the courts are an inappropriate place for these issues to be resolved.

11. AMWA supports the legislation that empowers and protects terminally ill persons with decision-making capacity and physicians with regard to medical aid in dying. One such example is the Oregon Death with Dignity Act, passed in 1994. (11,12)

Conclusion:

AMWA supports patient autonomy and the right of terminally ill patients to request medical aid in dying for a peaceful death. AMWA believes the physician should have the right to practice medical aid in dying when requested by a terminally ill patient with decision making capacity. In addition, AMWA strongly supports the concurrent use of other palliative care measures and hospice care for terminally ill patients.

Glossary of Terms:

- Medical Aid in Dying
 - The most efficacious use of already available means, for the sole purpose of allowing a terminally ill patient to self-administer medication to advance the time of their death.
- Voluntary Active Euthanasia
 - When, at the request of the patient, a physician directly administers a medication or treatment, the sole intent of which is to end the patient's life.
- Withholding or Withdrawing Treatment
 - When a medical intervention is either not given, or the ongoing use of the intervention is discontinued, allowing natural progression of the underlying disease state.
- Voluntary Stopping of Eating and Drinking
 - Voluntary refusal of nutrition and hydration with the understanding that such actions will result in death.
- Palliative Sedation
 - Also referred to as terminal sedation. The continuous administration of medication to relieve severe, intractable symptoms that cannot be controlled while keeping the person conscious. This state is maintained until death occurs.
- Terminally Ill
 - Having an untreatable and irreversible disease which is expected to cause death

within six months.

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