RESOLUTION 12.2022-36 (A-23)
NEUTRAL STANCE ON MEDICAL AID IN DYING

ISMS Board Action Taken on 01/28/2023

Approved to Reaffirm Existing Policy and Not Adopt Resolution 12.2022-36 (A-23).

Medical Legal Council Recommendation to ISMS Board on 01/28/2023

The Council was provided with a copy of the resolution, including relevant ISMS policy, the results of a member survey, an AMA Code of Medical Ethics opinion, and AMA policy. Two of the authors attended the meeting and engaged in a thoughtful discussion with the Council. This difficult issue has been considered numerous times – and three times in the past four years – by the Council:

- Resolution 12.2020-27 (A-21), Neutral Stance on Medical Aid in Dying. *Recommended not adopt*:

  RESOLVED, that the Illinois State Medical Society, in order to better reflect the 51 diverse opinions of its membership, adopt a position of engaged neutrality regarding legislative efforts to authorize medical aid in dying provided that physicians shall not be required to perform medical aid in dying if it violates personally held ethical principles.

- Resolution 01.2020-43 (A-20), Neutral Stance on Medical Aid in Dying. *Recommended not adopt*:

  RESOLVED, that the ISMS adopt a position of engaged neutrality regarding legislative efforts to authorize medical aid in dying provided that physicians shall not be required to perform medical aid in dying if it violates personally held ethical principles in order to represent the opinions of its membership; and be it further

  RESOLVED, that should medical aid in dying become legal in Illinois, the ISMS will educate its members about the law and advocate for physicians who choose to participate as well as those who opt out; and be it further

  RESOLVED, that the ISMS reject use of the terms “physician-assisted suicide” or “assisted suicide” in official communications when referring to the practice of medical aid in dying.

- Resolution 09.2019-12 (A-20), Reaffirmation of the Most Recent Position Regarding Euthanasia and Physician-Assisted Suicide. *Recommended adoption*:

  RESOLVED, that the Illinois State Medical Society (ISMS) reaffirm its position which "opposes and declares as unethical physician participation in active euthanasia or physician-aided suicide"; and be it further

  RESOLVED, that the ISMS reaffirm its lengthier position statement on euthanasia and physician-assisted suicide which was affirmed first in 1998.

AMA policy states the following:

Physician Assisted Suicide H-140.952

"It is the policy of the AMA that:

(1) Physician assisted suicide is fundamentally inconsistent with the physician's professional role.
(2) It is critical that the medical profession redouble its efforts to ensure that dying patients are provided optimal treatment for their pain and other discomfort. The use of more aggressive comfort care measures, including greater reliance on hospice care, can alleviate the physical and emotional suffering that dying patients experience. Evaluation and treatment by a health professional with expertise in the psychiatric aspects of terminal illness can often alleviate the suffering that leads a patient to desire assisted suicide.
(3) Physicians must resist the natural tendency to withdraw physically and emotionally from their terminally ill patients. When the treatment goals for a patient in the end stages of a terminal illness shift from curative efforts to comfort care, the level of physician involvement in the patient's care should in no way decrease.
(4) Requests for physician assisted suicide should be a signal to the physician that the patient's needs are unmet and further evaluation to identify the elements contributing to the patient's suffering is necessary. Multidisciplinary intervention, including specialty consultation, pastoral care, family counseling and other modalities, should be sought as clinically indicated.
(5) Further efforts to educate physicians about advanced pain management techniques, both at the undergraduate and graduate levels, are necessary to overcome any shortcomings in this area. Physicians should recognize that courts and regulatory bodies readily distinguish between use of narcotic drugs to relieve pain in dying patients and use in other situations."

In addition, the AMA has a Code of Medical Ethics Opinion on the issue:

Code of Medical Ethics Opinion 5.7 Physician-Assisted Suicide

"Physician-assisted suicide occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress such as those suffering from a terminal, painful, debilitating illness may come to decide that death is preferable to life. However, permitting physicians to engage in assisted suicide would ultimately cause more harm than good.

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.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

(a) Should not abandon a patient once it is determined that cure is impossible.
(b) Must respect patient autonomy.
(c) Must provide good communication and emotional support.
(d) Must provide appropriate comfort care and adequate pain control."

The preamble to the above opinion states in part "Thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide. Nonetheless, at the core of public and professional debate about physician-assisted suicide is the aspiration that every patient come to the end of life as free as possible from suffering that does not serve the patients deepest self-defining beliefs. Supporters and opponents share a fundamental commitment to values of care, compassion, respect, and dignity; they diverge in drawing different moral conclusions from those underlying values in equally good faith. Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral tension at stake for physicians with respect to participating in assisted suicide. Opinion E-5.7 [Physician-Assisted Suicide] powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 [Physician Exercise of Conscience] articulates the thoughtful moral basis for those who support assisted suicide."

Past discussions have noted the complexity and divisiveness of the issue, and also remarked that there are cogent arguments to be made on both sides. The authors expressed that the issue was last debated two years ago, and recent surveys have indicated increasing support amongst physicians. One of the authors informed the Council that one quarter of US patients live in a jurisdiction where medical aid in dying is authorized. Council members noted that the majority of comments in the member survey were supportive of existing policy, and a concern exists over the creation of a slippery slope. The Council therefore recommends reaffirming existing policy in lieu of adopting Resolution 12.2022-36 (A-23), which states that the ISMS "opposes and declares as unethical physician participation in active euthanasia or physician-aided suicide".

The Medical Legal Council recommends that the ISMS Board of Trustees reaffirm existing policy and not adopt Resolution 12.2022-36 (A-23).