ILLINOIS STATE MEDICAL SOCIETY

Resolution 12.2022-36
(A-23)

Introduced by:	Scott H. Pasichow, MD, Mahesh C. Patel, MD and Santosh Yajnik, MD, ISMS Members
Subject:	Neutral Stance on Medical Aid in Dying
Referred to:	Medical Legal Council

Whereas, the mission of the Illinois State Medical Society (ISMS) is to "unify physicians as they practice the science and art of medicine," and to promote "the doctor/patient relationship" and "the ethical practice of medicine"[1]; and

Whereas, medical aid in dying is a practice that authorizes terminally ill adults with decision making capacity and less than six months to live to request a prescription medication which they may self-administer to bring about a peaceful death if and when their suffering becomes intolerable; and

Whereas, ten states (OR, WA, MT, VT, CA, CO, HI, NJ, ME, NM) and the District of Columbia, representing 22% of the U.S. population, authorize medical aid in dying; and

Whereas, a 2022 survey found that, by a margin of 65 to 20 percent, Illinois physicians support legislation to authorize medical aid in dying when the proposed legislation includes the following stipulations:

- Patient must be at least 18 years of age
- Patient must have decision-making capacity
- Patient must have prognosis of 6 months or less
- Two clinicians must confirm patient eligibility
- Patient must be able to self-ingest the medication
- Patients must be informed about all end-of-life options at the time of request
- Health professionals, including physicians, may opt out of participation
- Liability protection for physicians who participate in compliance with the law

Whereas, the American Medical Association, in its Code of Medical Ethics, has confirmed that physicians may provide medical aid in dying without violating their ethical obligations, stating:

"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 patient's 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 powerfully expresses the perspective of those who oppose physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis for those who support assisted suicide."[2]; and

Whereas, rates of assisted dying in Oregon, where the practice has been available for 22 years, showed no evidence of heightened risk for the elderly, women, the uninsured, the poor, the disabled or other vulnerable groups[3]; and

Whereas, studies indicate that medical aid in dying has had a net positive effect on hospice through more open conversations about end-of-life options[4], increased referrals to hospice[5], reduced patient worry about future pain, discomfort or loss of control[6]; and

Whereas, engaged neutrality can allow for diverse views while ensuring safeguards, educating members and protecting physicians' and patients' freedom to participate or opt out of medical aid in dying according to their own personal values[7], and

Whereas, legally and medically, it is inaccurate to equate medical aid in dying with assisted suicide. Statutes emphasize that "Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law;"[8] therefore, be it

RESOLVED, that ISMS neither oppose nor support legislative efforts to authorize medical aid in dying, provided that the proposed legislation does not require physicians to participate in medical aid in dying if it violates personally held religious or ethical principles; 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 on behalf of physicians who choose to participate as well as on behalf of those who opt out; and be it further

RESOLVED, that the ISMS will use legally congruent terminology when referring to the practice of medical aid in dying as defined in state statute.

References:

[1]ISMS Mission Statement https://www.isms.org/About_ISMS/About_ISMS/
[2]https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide
[3]Battin MP, van der Heide A, Ganzini L, *et al* Legal physician-assisted dying in Oregon and the Netherlands: evidence concerning the impact on patients in "vulnerable" groups. Journal of Medical Ethics 2007;33:591-597
[4]Wang, S, Aldridge, MD, Gross, CP, Canavan, M, Cherlin, E, Johnson-Hurzeler, R., et al. (2015) Geographic Variation of Hospice Use Patterns at the End of Life. *Journal of Palliative Medicine*. 18(9), 775
[5]Ganzini, L, Nelson, HD, Lee, MA, Kraemer, DF, Schmidt, TA, Delorit, MA. (2001) Oregon Physicians' Attitudes About and Experiences with end-of-life care since passage of the Oregon death with dignity act. *JAMA*. 285(18): 2365
[6]Ganzini, L., T.A. Harvath, A Jackson, et al. (2002) Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide. *The New England Journal of Medicine.* 347 (8): 585
[7]Frye J, Youngner SJ. A Call for a Patient-Centered Response to Legalized Assisted Dying. Ann Intern Med.
2016;165:733–734. doi: 10.7326/M16-1319
[8]Oregon Death with Dignity Act 127.880 s.3.14. Construction of Act.
Washington Death with Dignity Act RCW 70.245.180
Vermont End of Life Options Act § 5292. Statutory construction California End of Life Option Act 443.13. (2)
Colorado End of Life Options Act 25-48-121.Actions complying with article not a crime. District of Columbia Death With Dignity Act of 2016 Sec. 16. Construction.

Fiscal Note:

None

Existing ISMS policy related to this issue:

The Illinois State Medical Society opposes and declares as unethical physician participation in active euthanasia or physician-aided suicide. (HOD 1991; Reaffirmed 2006; Reaffirmed 2009; Last BOT Review 2014)

The social commitment of the physician is to sustain life and relieve suffering. Where the performance of one duty conflicts with the other, the choice of the patient, or his/her family or legal representative (if the patient is incompetent to act in his/her own behalf) should prevail. In the absence of the patient's choice or an authorized proxy, the physician must act in the best interest of the patient. For humane reasons, with informed consent, a physician may do what is medically necessary to alleviate severe pain, or cease or omit treatment to permit a terminally ill patient, whose death is imminent, to die. In deciding whether the administration of potentially life-prolonging medical treatment is in the best interest of the patient who is incompetent to act on his/her own behalf, the physician should determine what the possibility is for extending life under humane and comfortable conditions and what are the prior expressed wishes of the patient and attitudes of the family or those who have responsibility for the custody of the patient. Even if death is not imminent, but a patient's coma is beyond doubt irreversible and there are adequate safeguards to confirm the accuracy of the diagnosis and with the concurrence of those who have responsibility for the care of the patient, it is not unethical to discontinue all means of life-prolonging medical treatment. The Illinois State Medical Society supports the ability of the physician, patient and patient's family to make appropriate decisions of whether to withdraw nutrition or hydration from a patient terminally ill or in a vegetative state. This can be done in the absence of a Living Will or Durable Power of Attorney for health care having been executed by the patient, without the need for judicial intervention in each case. Life-prolonging medical treatment includes medication and artificially or technologically supplied respiration, nutrition or hydration. In treating a terminally ill or irreversibly comatose patient, the physician should determine whether the benefits of treatment outweigh its burdens. At all times the dignity of the patient should be maintained. (HOD 1990 Amended; Reaffirmed 2009; Last BOT Review 2014)

Role of the Physician The role of a physician is as a teacher and guardian of the public health, in direct and indirect care of patients. This role includes the application of proven scientific methods and tools to the healing of illness and injuries. Where the patient cannot be made whole, the physician is to control the infirmity. Where control is impossible, then the physician is charged with the responsibility to slow progress of illness, if possible, and give whatever pain relief and emotional support and comfort necessary to the patient and family. Where severe pain is present and the condition is clearly terminal, adequate pain relief should be administered to ensure the patient’s comfort. Assistance of any person in the termination of life, whether one’s own or

another's, for whatever reason, even where drugs and tools of a physician are used, is unethical and outside the role of the physician. (HOD 1998; Reaffirmed 2009; Last BOT Review 2014)

Board of Trustees did not adopt Resolution 12.2020-27 (A-21), Neutral Stance on Medical Aid in Dying, noting that similar resolutions will be discussed during the 2021 Annual Meeting. (BOT - JAN 2021)

Board of Trustees did not adopt Resolution 01.2020-43 (A-20), Neutral Stance on Medical Aid in Dying. (BOT - JAN 2020)

Board of Trustees adopted Resolution 09.2019-12 (A-20), Reaffirmation of the Most Recent Position Regarding Euthanasia and Physician-Assisted Suicide, as follows: 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. (BOT - OCT 2019)

Board of Trustees agreed to formally join the Coalition for Quality End of Life Care whose mission is to oppose assisted suicide and improve quality patient care in the final stages of life. (BOT 1997-FEB)