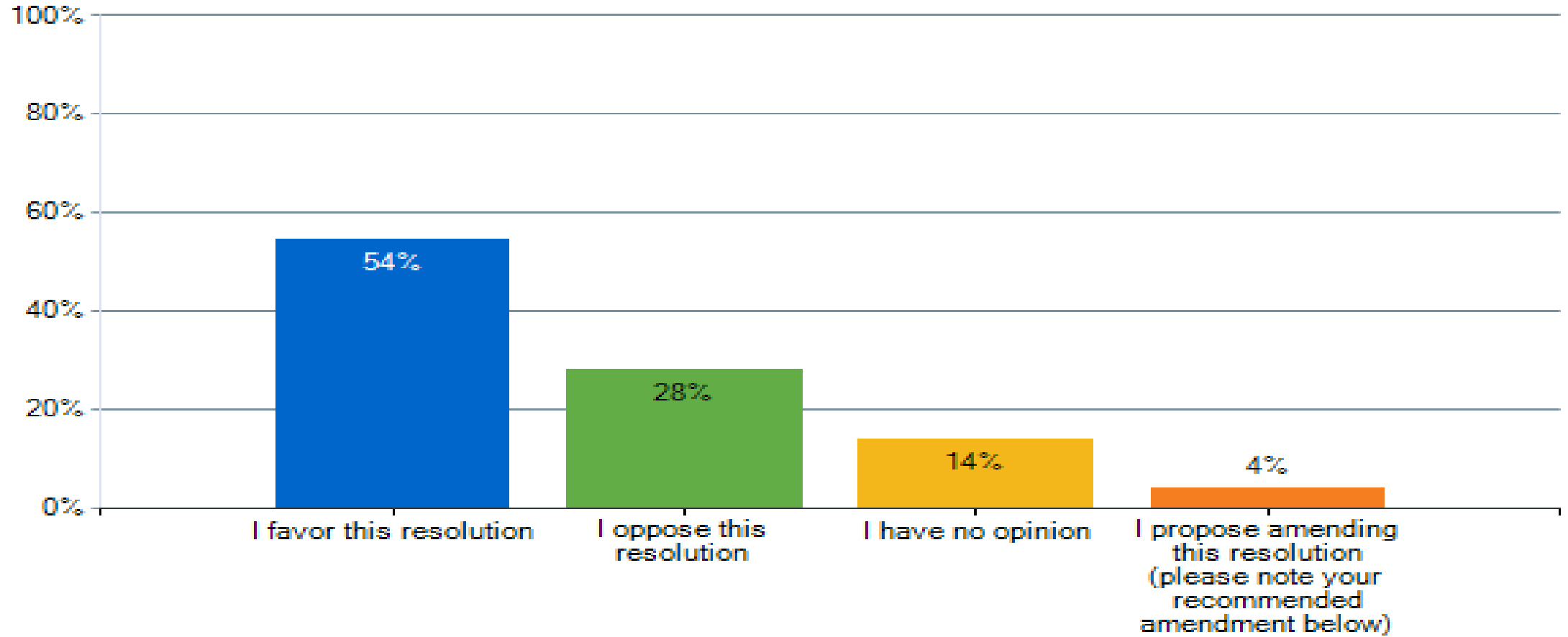
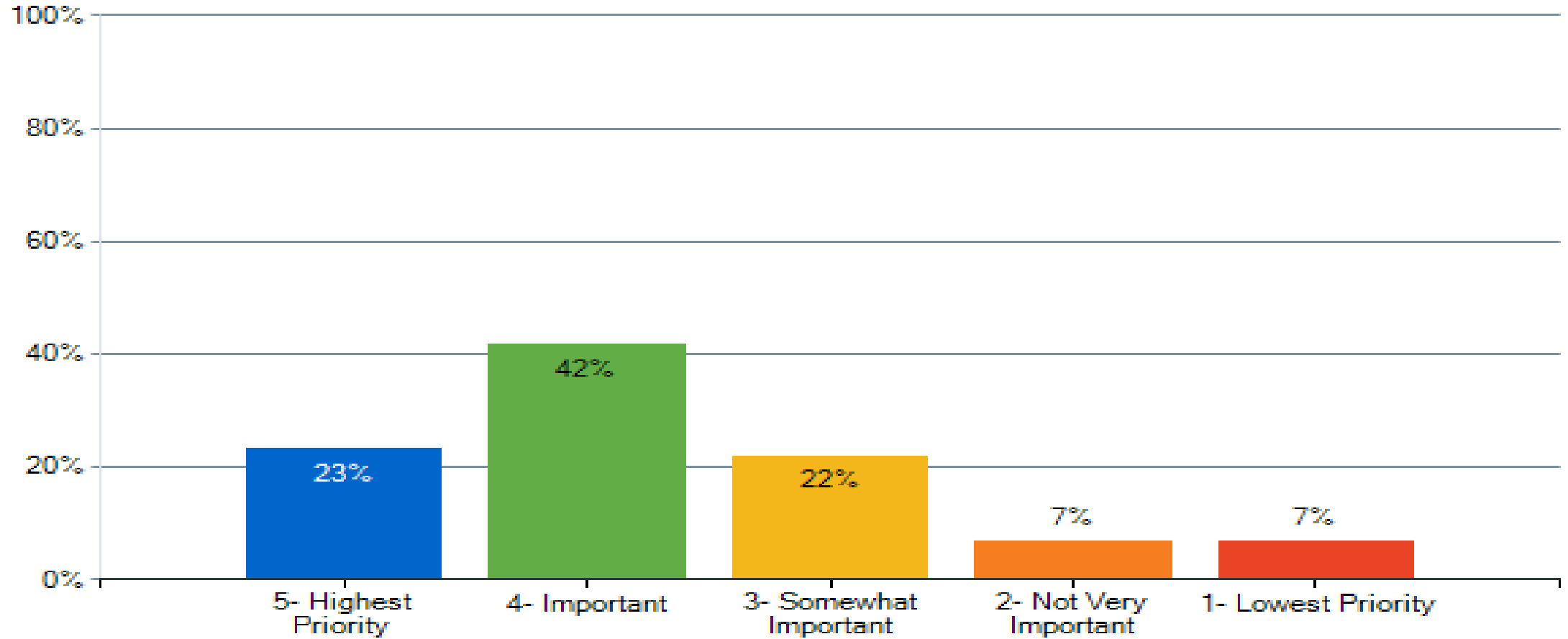


## Neutral Stance on Medical Aid in Dying



187 responses

Please indicate your view of this resolution as an ISMS priority.



179 responses

## Comments

### Response Text

Why do we need to formally take a neutral stance if we haven't taken a stance?

I oppose medical aid in dying

I oppose promotion or neutral stance on medical aid in dying. We must follow Hippocratic and Osteopathic oaths or we leave the door open to become tools of government enforced systematic and selective genocide.

Assisted suicide is the slipperiest of slopes.

I believe that physicians should be involved in diagnosing, treating illness. Also that if death is inevitable, that physicians should try to relieve patient suffering (& the emotional distress to families) However I think it is a very slippery slope to involve physicians in the business of taking a life (even if it appears to be aid in dying from distressing conditions) Hospice care & palliative care physicians can help with the symptoms

If physician assisted suicide is enacted, there will be pressure on the elderly to die, from family, or misplaced feeling of responsibility to society, etc. This is a slippery slope, and the situation in the Netherlands and Belgium are indicative of what could quickly happen here. We should adamantly oppose involving physicians in killing patients.

We should fully oppose any aid in dying to be supplied via doctors. Anywhere aid in dying is supplied, the state ends up euthanizing inconvenient or expensive individuals. Kind of like the Nazis. Have you seen what is going on in Canada? Rumors of this sort of garbage have been coming out of the Netherlands for decades.

PHYSICIANS SHOULD ASSIST IN PAIN MANAGEMENT/HOSPICE CARE BUT NOT ASSISTED SUICIDE ("medical aid in dying"?)

We took an oath to first do no harm. Avoiding semantics on what constitutes harm, we should always advocate for life and avoid anything that would hasten death. Physician assisted suicide is antithetical to our oath.

Why have a resolution stating you essentially have no opinion. If I either support or oppose medical aid in dying then I have to not favor the resolution. I have strong feelings so I must oppose.

I oppose physician involvement in euthanasia - let's call it what this is. It's interesting that supporters of this re-label the horror and unintended consequences of their cause in such innocuous and clinical terms - "medical aid in dying". (CPT code anyone?) We entered this profession to aid and heal the most vulnerable - not to supply the means to kill them off. We oppose physician involvement in executions but think it's ok if we perform it under the guise of "mercy". Holland's embrace of this years ago has led to the "slippery slope" that most thought could never happen.

Oh come on take a stand. We treat our pets more humanely than our fellow humans who have miserable quality of life

I would oppose medically assisted death.

As a former medical director of a hospice program, I believe it is wrong to oppose medical aid in dying. It is often the most humane direction to take. Of course, we must guard against misuse and side effects.

Thank you for leaving this as an IL resolution ! AMA has robust policy on issue already.

Being neutral means we are for medical aid in dying. Strongly disagree. Who is running our organization anymore? Who comes up with this stuff?

As has been stated so often before, physician-assisted suicide is one of defining medical ethics questions of our generation. Now this resolution would propose that in such a

weighty topic the ISMS should recuse itself from taking a definitive stand. I strongly oppose PAS because it violates the physician code which is to do no harm and because empirically we have seen clear harms as Canada has launched itself into expansive PAS and euthanasia increasing 10-fold in the last 5 years. Is the US going to be so different? Even so, what I oppose even more than PAS itself is physicians shying away from this moral issue as if there were no clear right way to view it. In such a great issue as assisting other human beings to take their own life, can we not agree that either it is good for individuals and society or harmful? Can we not agree it is one or the other, and not just a minor point that we can agree to disagree over? I strongly urge against this resolution and against PAS.

While I fall more on the side of support for supporting the dying process rather than being a hindrance -- as I have personally seen in family members -- I respect the ISMS need for neutrality and supporting physicians on both sides.

I stand with the current policy rather than the new one. It seems we should not adjust our terminology based on what is legally congruent. The law may use terminology that is not medically or ethically correct.

I oppose this resolution for two reasons: the title and the options. The title purports to promote physicians providing appropriate care for our patients. In reality, the practice, obscured by the title "aid in dying" is actually physician-assisted suicide, plain and simple. There are pain-relieving options for patients including terminal sedation that provide appropriate care AND do not engage the physician in facilitating suicide of their patient. Secondly the option offered, of requesting that ISMS assume a neutral stance, creates the effect that ISMS does not oppose this practice. Yes, ISMS does not overtly support the practice, but it also does NOT oppose it. That sends a powerful and very wrong message. Physicians honor life, not end it.

Why wouldn't ISMS want input into one of the most critical health decisions in a person's life cycle. Physicians always complain about bureaucrats making decisions and here's an opportunity to have input.

Absolutely cannot support this! We have a clear ethical opinion outlined in the references that we oppose actively: no physician assisted euthanasia. This does not mean that we do not help patients with all methods of comfort care, or stop PR procedures that prolong a dying process, but we will NOT euthanize. Since the state licensed practices of "other healthcare professionals" have increased and the others certainly may have differing standards, we have to restate OUR Physician ethical position to medication assisted deliberate suicide (aka "euthanasia")

Medical aid in dying is also called euthanasia. Why not call it that? Strongly opposed to euthanasia on moral grounds.

What we need to do is to promote Hospice care earlier in the course of illness, not just at the very end!!

We cannot be neutral on this issue. We must oppose medical aid in dying.

Since this resolution makes it clear that the decision to live or die is entirely in the patient's hands and not the doctor's decision or action it is acceptable.

Our society should take the lead in either supporting or opposing this process. We should not be mute on this. It is our responsibility to the citizens of our State to have that information for them and to give them our opinion.

I regularly prescribe morphine and other agents for terminal care of my patients, ie medical aid in dying, but this phrase has been hijacked by those attempting to make physician assisted suicide more palatable/acceptable.....I prefer clear, concise language that makes clear the objective

Thanks for the history lesson on ISMS policy. Hospice approaches already exist, and no one should be unable to get adequate physical pain relief. The benefit of crossing the line to legalization, even if existential arguments support in isolated circumstances, is far outweighed by the unequivocal slippery slope both in reality and psychologically. Happy to stand with the status quo here.

Death with dignity should be available and a law. I agree not mandatory for all docs (objectors). We need to give men and women control of their lives

ISMS should categorically oppose physician participation in suicide.

I oppose any medically assisted suicide.

I believe already doing through use morphine,etc so no opinion

This is a clear step toward euthanasia, and it is one more sad step for physicians. We should stand strongly against "medical aid in dying."

Fully support. This has come up many times in the past and this type of policy does not force physicians to provide care they are not comfortable providing but starts to align with what the public wants. This is also a way to support the doctor-patient relationship and keep the legislative branch out of the exam room.

A majority of doctor support a neutral stance on this practice, as evidenced by the study cited in the resolved clause. As such, ISMS risks advocating against the majority of physician in the state, and further cementing our organization's reputation as out of touch with the average physician. As stated in the AMA policy on this topic: "Thoughtful, morally admirable individuals hold diverging, yet equally deeply held, and well-considered perspectives about physician-assisted suicide." As such, we should not be opposed or against.

Neutral is safe. Stay out of it Private patient family physician decision making

I favor support of legislation endorsing this practice.

the association of physicians with the promotion of both life and quality of life, and not with either neutral or positive positions on euthanasia (or any euphemism for it), is a historical and moral imperative that should not be discarded for current fashion or political trend. Once that position is discarded it cannot be retrieved.

ISMS should be opposed to medical aid in dying. There is far too much potential for abuse of the sick and elderly.

Remaining neutral on such an issue simply condones euthanasia. Clever wording such as medical aid in dying is soft pedaling euthanasia. What happened to do no harm? Our noble profession is becoming a tool for politicians, and anyone with an agenda. It seems that our elderly population and sick can no longer look to us in helping them live, but helping them die. Somehow this clever wording makes it ok. If we don't oppose the State and stand up for the sick and dying, then we are a pawn and no longer noble. I vehemently oppose remaining neutral, we should be up in arms. We seem to have a final solution for the elderly and the sick. Let me aid you in the dying process. Let me help you die in comfort. Life is hard enough. Let's not take the easy way out and treat people like some creature without a soul/spirit. What is best for the State is not what is best for the individual. We all know there is a cost (financial) in keeping the elderly and sick alive. But what cost is it to humanity if we look the other way? How we treat the elderly, the sick, and the dying does matter. The final solution in removing the burden (financial cost of taking care of the sick and elderly) is not assisted dying. Nor is it in placing them in hospice and cranking up the dial on the morphine. Yes treat their pain, but we walk a fine line when we start playing God and ending a human life.

ISMS should actively oppose medical aid in dying. Aid in dying is not health care. Aid in dying would also target those with mental illness and those without supportive families.

I'm not sure what the third resolve really means.

I think that medial aid for dying patients is reasonable and appropriate. I think that the State of Illinois should allow such physician assistance - even if it required the agreement of 2 or 3 physicians to approve.

Disagree with neutral stance. Physicians should be against MAID. We are first to do no harm. In countries where this is more common the laws are widening and including the mentally ill.

ISMS should not be neutral on this subject but should oppose it. All palliative care/pain meds should be encouraged.

ISMS should support efforts.

Ours should remain a healing profession, and one that offers compassionate hospice options and pain control.

THIS IS SO PROBLEMATIC. We can argue against almost every "Whereas". After ISMS rejected this resolution last year, I didn't expect it to come back so soon! (1) NEUTRALITY IS IMPOSSIBLE. NEUTRALITY IS ACCEPTANCE. One cannot be "neutral" on a fundamental ethical issue. Moving from opposition to neutrality is a shift from prohibited to optional. Logically it implies "we are not opposed". It will give a political green light. The newspaper headlines will be " ISMS ends opposition to Aid in Dying Bill" (2) we also have a responsibility to take a public stance on issues central to the meaning of our work. (3) the authors of this resolution are completely wrong in saying that Aid in Dying (AID) is distinct from Physician Assisted Suicide (PAS). MAID is a euphemism. Indeed it is a disingenuous use of words meant to dilute and soften the sense of what is being done. If I kill myself, it is called suicide. And if I hire a doctor to help me kill myself, it is "physician-assisted suicide". The only reason legislators change the definitions is to get around existing state laws that prohibit suicide. As physicians, we must not play this game. (4) CEJA OPPOSES MAID/PAS. The authors' quote is out of context and leads one to believe the opposite. (5) the American College of Physicians also strongly opposes PAS/AID and makes it clear that "neutrality" is NOT appropriate [ref. Ann of Intern Med 2017 167:576-]. (6) please read Physician-Assisted Suicide: Why Neutrality by Organized Medicine is Neither Neutral Nor Appropriate. [ref. Sulmasy, et al. J Gen Intern Med 2018; 33(8):1394-9]. (7) the experiences of other countries proves that the slippery-slope is very, very real. It cannot be logically avoided, Safeguards are an illusion. Indeed, the Editor in Chief of the Journal of Ethics in Mental Health (a Canadian), wrote a piece in 2020 entitled "MAID for Mental Illness: The Sanitization of Suicide". IF THERE IS A COMMITTEE MEETING TO DISCUSS, PLEASE INVITE ME TO TESTIFY. THANKS.

we should not be assisting in euthanasia.

Neutral stance is a tacit form of acceptance of assistance suicide. ISMS should NOT take this slippery slope step.