

# ILLINOIS STATE MEDICAL SOCIETY

**Resolution 05.2024-10  
(A-25)**

Introduced by: Cynthia Chatterjee, MD, ISMS Member

Subject: Neutral Stance on Medical Aid in Dying

Referred to: ISMS Executive Committee

---

1           Whereas, the mission of the Illinois State Medical Society (ISMS) is to “unify  
2 physicians as they practice the science and art of medicine,” and to promote “the  
3 doctor/patient relationship” and “the ethical practice of medicine”<sup>1</sup>; and  
4

5           Whereas, medical aid in dying is a practice that authorizes terminally ill adults  
6 with decision-making capacity and less than six months to live to request a prescription  
7 medication which they may self-administer to bring about a peaceful death if and when  
8 their suffering becomes intolerable; and  
9

10           Whereas, data and experience from hundreds of physicians in 11 jurisdictions  
11 demonstrates<sup>2</sup> that medical aid in dying laws work as designed; my father utilized the  
12 Washington Death with Dignity Act to alleviate his end-of-life suffering when no other  
13 options were effective and he was able to die peacefully; and  
14

15           Whereas, ISMS played a key role in crafting the End-of-Life Options for  
16 Terminally Ill Patients Act (SB 3499) that was introduced in 2024. Opposing the  
17 legislation at this stage undermines our organization’s credibility with lawmakers and  
18 our members; and  
19

20           Whereas, a 2022 survey of Illinois physicians<sup>3</sup> found that, by a margin of 65 to  
21 20 percent, Illinois physicians support legislation to authorize medical aid in dying when  
22 the proposed legislation includes the following stipulations:  
23

- 24           • Patient must be at least 18 years of age
- 25           • Patient must have decision-making capacity
- 26           • Patient must have prognosis of 6 months or less
- 27           • Two clinicians must confirm patient eligibility
- 28           • Patient must be able to self-ingest the medication
- 29           • Patients must be informed about all end-of-life options at the time of request

- 30 • Health professionals, including physicians, may opt out of participation
- 31 • Liability protection for physicians who participate in compliance with the
- 32 law; and

33  
34 Whereas, the American Medical Association, in its Code of Medical Ethics, has  
35 confirmed that physicians may provide medical aid in dying without violating their  
36 ethical obligations, stating:

37  
38 Thoughtful, morally admirable individuals hold diverging, yet equally deeply  
39 held and well-considered perspectives about physician-assisted suicide.  
40 Nonetheless, at the core of public and professional debate about physician-  
41 assisted suicide is the aspiration that every patient come to the end of life as free  
42 as possible from suffering that does not serve the patient’s deepest self-defining  
43 beliefs. Supporters and opponents share a fundamental commitment to values of  
44 care, compassion, respect, and dignity; they diverge in drawing different moral  
45 conclusions from those underlying values in equally good faith.

46  
47 Guidance in the AMA Code of Medical Ethics encompasses the irreducible moral  
48 tension at stake for physicians with respect to participating in assisted suicide.  
49 Opinion E-5.7 powerfully expresses the perspective of those who oppose  
50 physician-assisted suicide. Opinion 1.1.7 articulates the thoughtful moral basis  
51 for those who support assisted suicide<sup>4</sup>; and

52  
53 Whereas, engaged neutrality can allow for diverse views while ensuring  
54 safeguards, educating members and protecting physicians’ and patients’ freedom to  
55 participate or opt out of medical aid in dying according to their own personal values<sup>5</sup>;  
56 therefore, be it

57  
58 RESOLVED, that ISMS remains neutral regarding legislative efforts to authorize  
59 medical aid in dying, provided that the proposed legislation does not require physicians  
60 to participate in medical aid in dying if it violates personally held religious or ethical  
61 principles; and be it further

62  
63 RESOLVED, that, should medical aid-in-dying become legal in Illinois, ISMS  
64 will educate its members about the law and advocate on behalf of physicians who choose  
65 to participate as well as on behalf of those who opt out.

**References:**

1. ISMS Mission Statement [https://www.isms.org/About\\_ISMS/About\\_ISMS/](https://www.isms.org/About_ISMS/About_ISMS/)
2. Kozlov E, Nowels M, Gusmano M, Habib M, Duberstein P. Aggregating 23 years of data on medical aid in dying in the United States. *J Am Geriatr Soc.* 2022;70(10):3040-3044. doi:10.1111/jgs.17925
3. [https://www.compassionandchoices.org/resource/survey-of-illinois-physicians-attitudes-toward-medical-aid-in-dying-as-an-end-of-life-option?\\_gl=1\\*\\_lignf2y\\*\\_ga\\*MTcwODA2NTIyMy4xNjgxMjM0NjM1\\*\\_ga\\_8G12T32VPR\\*MTcxMzk3MzczOC4xMzQyLjEuMTcxMzk3Mzc0OC4wLjAuMA..&\\_ga=2.190127272.2052698082.1713973739-1708065223.1681234635](https://www.compassionandchoices.org/resource/survey-of-illinois-physicians-attitudes-toward-medical-aid-in-dying-as-an-end-of-life-option?_gl=1*_lignf2y*_ga*MTcwODA2NTIyMy4xNjgxMjM0NjM1*_ga_8G12T32VPR*MTcxMzk3MzczOC4xMzQyLjEuMTcxMzk3Mzc0OC4wLjAuMA..&_ga=2.190127272.2052698082.1713973739-1708065223.1681234635)
4. <https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide>
5. Frye J, Youngner SJ. A Call for a Patient-Centered Response to Legalized Assisted Dying. *Ann Intern Med.*

**Fiscal Note:**

n/a

**Existing ISMS policy related to this issue:**

ISMS did not affirm Board action regarding Resolution 07.2023-08, Stop Physician Assisted Suicide. Board of Trustees had not adopted resolution. Resolution 07.2023-08 (A-24) adopted (2024 Annual Meeting)

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; Reaffirmed 2021; Rescinded 2023; Reinstated 2024; Last BOT Review 2024)

ISMS neither opposes nor supports 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. (2023 Annual Meeting) [Note: This policy has been rescinded as directed by Resolution 07.2023-08 (A-24), which was adopted at the 2024 Annual Meeting. This action statement has been kept in the database for historical purposes.]

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. (2023 Annual Meeting) [Note: This policy has been rescinded as directed by Resolution 07.2023-08 (A-24), which was adopted at the 2024 Annual Meeting. This action statement has been kept in the database for historical purposes.]

ISMS will use legally congruent terminology when referring to the practice of medical aid in dying as defined in state statute. (2023 Annual Meeting) [Note: This policy has been rescinded as directed by Resolution 07.2023-08 (A-24), which was adopted at the 2024 Annual Meeting. This action statement has been kept in the database for historical purposes.]

ISMS affirmed Board action regarding Resolution 09.2019-12 (A-20), Reaffirmation of the Most Recent Position Regarding Euthanasia and Physician-Assisted Suicide; Resolution 09.2019-12 (A-20) Adopted. (2021 Annual Meeting)

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)

House of Delegates adopted BOT Report H in lieu of Res. 44 (A-97) which directed that the following revised text of the “Role of Physician” statement be added as an explanation for the current ISMS policy against active euthanasia or physician-aided suicide; and that the Society support or seek legislation to remove statutory and regulatory barriers to physicians providing adequate pain medication for patients in severe pain, including the triplicate prescription forms. **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)

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)

Board of Trustees ratified participation with the AMA in an amicus brief before the U.S. Supreme Court in cases involving physician-assisted suicide. (BOT 1996-NOV)

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; Reaffirmed 2021; Last BOT Review 2014)