



AMERICAN MEDICAL ASSOCIATION

H-140.952 Physician Assisted Suicide

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, and 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 illnesses 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. Further efforts to educate physicians about advanced pain management techniques, both at undergraduate and graduate levels, are necessary to overcome any shortcomings in this area. Physicians should recognize that courts and regulatory bodies readily distinguish between using narcotic drugs to relieve pain in dying patients and use in other situations. (CEJA Rep. 8, 1-9. Reaffirmed by BOT Rep. 59, A-96; Reaffirm: Res. 237, A-99)