RESOLUTION 09-23

Title: Medical Aid in Dying Practices and Education

Introduced by: Ashton Lewandowski, for the Medical Student Section

Original Author: Thomas J. Johnson

Referred To: Reference Committee E

House Action: **DISAPPROVED**

Whereas, medical aid in dying (MAID) is a medical practice that allows competent and terminally ill patients, who are expected to expire within six months, to request lethal medications that they plan to self-administer, and

Whereas, MAID differs from the practices of physician assisted suicide (PAS) or medical euthanasia, as the patient is the actor who precipitates their own death, instead of the physician, and

Whereas, the need to give patients with severe suffering and terminal disease the option to choose when, and by what means, their life ends is in line with medical practice in eleven states and jurisdictions, and

Whereas, approximately 74 million Americans live in states where MAID is currently practiced, and

Whereas, the current non-standard language of processes related to, but not identical to MAID, has created confusion in the minds of patients, creating the potential for situations where a patient may not know what is legal or what might happen to them should they ask their physician about MAID, as well as confusion for physicians about what their patients may be trying to discuss with them, and

Whereas, 72 percent of Americans agreed that doctors should be legally allowed to help a terminally ill patient die, and

Whereas, only 28 percent of U.S. physicians did not agree that physician-assisted dying should be made legal for terminally ill patients, and

Whereas, interstate medical tourism to Oregon for MAID was recently found to be permissible, meaning all U.S. physicians will now need a basic understanding of these practices in order to provide guidance to their patients, and

Whereas, Michigan House Bill 4461, was recently submitted in support of regulating the practice of MAID by defining the practice, protecting physicians who choose to practice, including language to require MAID regulated in regard to health care insurance, and creation of a reporting registry; therefore be it

RESOLVED: That MSMS define and adopt medical aid in dying (MAID) as allowing competent and terminally ill patients months to request a physician's prescription for lethal medications they plan to self-administer, and that this term be distinct from physician assisted suicide and medical euthanasia; and be it further

RESOLVED: That MSMS sunset its existing policies "Position on Physician Assisted Suicide" and "Oppose Legislative Interference in Patient/Physician Relationship;" and be it further

RESOLVED: That MSMS should bring to public attention to the options physicians have to treat terminally ill patients so that assisted suicide is not considered a necessary alternative to continued medical care and that medical aid in dying is a part of end of life discussions; and be it further

RESOLVED: That due to the ruling allowing a Michigan patient to visit Oregon to undergo MAID for the purposes of medical tourism, MSMS advocate for state legislative action that would protect and serve Michigan patients wishing to pursue MAID; and be it further

RESOLVED: That MSMS adopt a position of studied neutrality on MAID, allowing for physicians of diverse backgrounds and lived experiences to share their perspectives in a way that protects their freedoms to participate in MAID prescribing or opting out.

WAYS AND MEANS COMMITTEE FISCAL NOTE: $16,000-$32,000

Relevant MSMS Policy:

Oppose Legislative Interference in Patient/Physician Relationship
MSMS opposes any legislation passed in the area of assisted suicide that interferes with the proper patient/physician relationship, particularly as such legislation relates to pain control and the terminally ill, so that physicians may continue to provide compassionate care to their patients in accordance with principles of medical care and ethics.

Physician Assisted Suicide Legislation
MSMS supports legislation opposing physician assisted suicide, so long as such legislation includes safeguards to protect the legal and ethical rights of physicians and patients.

Position on Physician Assisted Suicide
MSMS adopts the following position of the American Medical Association on 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, allowing physicians to participate in assisted suicide would 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 participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible.

Multidisciplinary interventions should be sought including special consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

Relevant AMA Policy:

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.

Decisions Near the End of Life H-140.966
Our AMA believes that: (1) The principle of patient autonomy requires that physicians must respect the decision to forgo life-sustaining treatment of a patient who possesses decision-making capacity. Life-sustaining treatment is any medical treatment that serves to prolong life without reversing the underlying medical condition. Life-sustaining treatment includes, but is not limited to, mechanical ventilation, renal dialysis, chemotherapy, antibiotics, and artificial nutrition and hydration. (2) There is no ethical distinction between withdrawing and withholding life-sustaining treatment. (3) Physicians have an obligation to relieve pain and suffering and to promote the dignity and autonomy of dying patients in their care. This includes providing effective palliative treatment even though it may foreseeably hasten death. More research must be pursued, examining the degree to which palliative care reduces the requests for euthanasia or assisted suicide. (4) Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great to condone euthanasia or physician-assisted suicide at this time. (5) Our AMA supports continued research into and education concerning pain management.

Sources:

1. Nowels D, VandeKieft G, Ballentine JM. Medical Aid in Dying. Am Fam Physician. Mar 1 2018;97(5):339-343
2. Final Report of the Expert Panel on MAiD and Mental Illness (Government of Canada) 136 (2022)
3. The Washington Death with Dignity Act, (2009)
4. End of Life Option Act, (2016)
5. End-of-Life-Options Act, (2016)
6. Death with Dignity Act of 2016, (2016)
7. Oregon Death with Dignity Act, (2018)
8. Our Care, Our Choice Act, (2019)

9. Medical Aid in Dying for the Terminally Ill Act, (2019)
10. The Maine Death with Dignity Act, (2019)
11. Elizabeth Whitefield End-of-Life Options Act, (2021)
12. An Act Relating to Patient Choice and Control at End of Life, 5281 (2022)
13. Choices C. Medical Aid in Dying Online 2023
14. Data from: United States Census. 2020
15. Brassfield ER, Buchbinder M. Clinical discussion of Medical Aid-in-Dying: minimizing harms and ensuring informed choice. Patient Educ Couns. Mar 2021;104(3):671-674. doi:10.1016/j.pec.2020.08.029
16. Brenan M. Americans' Strong Support for Euthanasia Persists. 2018. 31 May 2018. https://news.gallup.com/poll/235145/americans-strong-support-euthanasia-persists.aspx
17. Life, death, and painful dilemmas: ethics 2020. Accessed 1 March 2023. https://www.medscape.com/slideshow/2020-ethics-report-life-death-6013311
18. Gideonse v. Brown, et al., (Multnomah County Circuit Court 2022). https://www.pacermonitor.com/public/case/42459248/Gideonse_v_Brown_et_al
19. HB 4461 (Michigan Legislature) (2017).