



American Medical **Women's** Association  
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## American Medical Women's Association Position Paper on Aid in Dying

The American Medical Women's Association acknowledges that a range of views exist within its membership on the subject of physician assisted dying. The Association respects each member's right to hold any belief and view her conscience dictates, and to practice her profession accordingly. Taking into account these considerations, The American Medical Women's Association holds the following positions regarding end-of-life care and Aid in Dying\*.

1. AMWA supports the right of terminally ill patients to hasten what might otherwise be a protracted, undignified, or extremely painful death.
  2. AMWA believes the physician should have the right to engage in practice wherein they may provide a terminally ill patient with, but not administer, a lethal dose of medication and/or medical knowledge, so that the patient can, without further assistance, hasten his/her death. This practice is known as Aid in Dying. (1,8,11,12)
  3. AMWA also supports the following practices in the care of terminally ill patients and maintains that these practices are not forms of physician assisted dying. (1,2,3,4)
    - \* The provision of palliative care measures to alleviate pain even if the patient's death is a possible side effect of the treatment.
    - \* The withdrawal or withholding of life-sustaining measures as requested by a patient or surrogate thereby allowing the patient to die as a direct result of his/her illness.
    - \* Providing only supportive care to patients who voluntarily stop eating and drinking.
  4. AMWA supports the appropriate and timely utilization of advance directives, palliative care, and hospice services to terminally ill patients. (5,6,7,8)
  5. AMWA supports open and complete communication, free from coercion, between physician and patient or surrogate regarding all possible end-of-life care options for the terminally ill patient. (5,6,7,8)
  6. While AMWA acknowledges that the desire to ask for aid in dying should not be equated with mental incompetence, AMWA supports referral for psychiatric evaluation for all patients seeking aid in dying in order to evaluate mental competency and assess for depression. (9,10)
- AMWA opposes allowing the mentally incompetent to obtain aid in dying. (9,10)
8. AMWA supports the rights of individual physicians to decide in their own consciences whether or not to participate in assisted dying for their patients.
  9. AMWA opposes any role for non-physicians in the performance of aid in dying and maintains that all such decisions should remain between the patient and his/her physician with family/significant others involved as appropriate.
  10. AMWA perceives the regulation of physician assisted dying to be ethically challenging and maintains that the courts are an inappropriate place for these issues to be resolved.

11. AMWA supports the passage of aid in dying laws which empower mentally competent, terminally ill patients and protect participating physicians, such as that passed in Oregon, the Oregon Death with Dignity Act. (11,12)

#### Conclusion:

AMWA supports patient autonomy and the right of terminally ill patients to hasten death. AMWA also believes the physician should have the right to engage in physician assisted dying. In addition, AMWA strongly supports the use of palliative care measures and hospice care for terminally ill patients.

#### Glossary of Terms:

- Physician Assisted Dying/ Aid in Dying
  - The most efficacious use of already available means, for the sole purpose of assisting the patient to hasten his/her death.
- Voluntary Active Euthanasia
  - When, at the request of the patient, a physician directly administers a medication or treatment, the sole intent of which is to end the patient's life.
- Withholding or Withdrawing Treatment
  - When a medical intervention is either not given, or the ongoing use of the intervention is discontinued, allowing natural progression of the underlying disease state.
- Voluntary Stopping of Eating and Drinking
  - Voluntary refusal of nutrition and hydration with the understanding that such actions will result in death.
- Terminally Ill
  - Having an untreatable and irreversible disease which is expected to cause death within six months.

#### References:

1. Quill TE, Lo B, Brock DW. Palliative options of last resort: a comparison of voluntarily stopping eating and drinking, terminal sedation, physician-assisted suicide, and voluntary active euthanasia. JAMA. 1997. 278:2099-2104
2. Cruzan v. Director, Missouri Department of Health, 497 U.S. 261 (1990)
3. Gillick MR. Advance care planning. New England Journal of Medicine. 2004. 350(1):7-8.
4. Quill TE, Byock IR. Responding to intractable terminal suffering: the role of terminal sedation and voluntary refusal of food and fluids. Ann Intern Med. 2000;132:408-14.
5. The SUPPORT Principal Investigators. A controlled trial to improve care for seriously ill hospitalized patients: the study to understand prognoses and preferences for outcomes and risks of treatments (SUPPORT). JAMA. 1995;274:1591-1598.
6. Collins LG, Parks SM, Winter L. The state of advance care planning: one decade after SUPPORT. American Journal of Hospice & Palliative Care. 2006. 23(5):378-84.
7. Morrison RS, Meier DE. Clinical practice. Palliative care. New England Journal of Medicine. 2004. 350(25):2582-90.
8. Quill TE. Dying and decision making--evolution of end-of-life options. New England Journal of Medicine. 2004. 350(20):2029-32.
9. Ganzini L, et al. Evaluation of Competence to Consent to Assisted Suicide: Views of Forensic Psychiatrists. American Journal of Psychiatry. April 2000. 157: 595-600.
10. Psychiatry and Assisted Suicide in the United States. NEJM. 1997. 336(25): 1824-1826.

11. Okie, Susan. Physician Assisted Suicide: Oregon and Beyond. NEJM. 2005. 352: 1627-1630.
12. Gonzales v. Oregon, 546 U.S. 243 (2006)
13. Fins JJ. A Palliative Ethic of Care: Clinical Wisdom at Life's End. Sudbury, MA. Jones and Bartlett, 2006.

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