



Secretariat of Pro-Life Activities

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AMA Considers “Neutrality” on Doctor-Prescribed Suicide

URGENT: Send emails and letters to the AMA

September 30, 2016

Background: At its June 2016 meeting, the American Medical Association’s (AMA) House of Delegates adopted a resolution to consider changing the AMA’s decades-long position against doctor-prescribed suicide to one of “neutrality.” The AMA’s Council on Ethical and Judicial Affairs (CEJA) will study this proposed change and provide a recommendation to the House of Delegates at its June 2017 meeting.

At its November 12-15 interim meeting in Orlando, FL, the House of Delegates will hold an open forum, at which AMA delegates and alternates will have an opportunity to speak out on this and other topics.

Opposition to doctor-prescribed suicide by national and state medical associations has been critical to preserving laws against the practice. The retreat from opposition to “neutrality” by state medical associations in Oregon, Vermont, and California was a key factor in the legalization of doctor-prescribed suicide in those states. Therefore, it is critically important that the AMA be urged to maintain its opposition to assisted suicide and euthanasia. Doctor-prescribed suicide is now legal in Oregon, Washington, Vermont, and California, and the practice may have some legal protection in the state of Montana.

SUGGESTED ACTIONS

1. Physicians, other individuals and organizations should send an email or letter to both individuals listed below urging them to maintain the AMA’s decades-long opposition to assisted suicide. Try to emphasize one or more of the points provided on the back of this alert.
2. Share this action alert with physicians, other individuals and organizations opposed to assisted suicide.
3. Physicians should also contact the delegates and alternates who will represent their state or specialty society at the House of Delegates meetings in November 2016 and June 2017, urging them to oppose a change in the AMA’s position and to speak against this change at the interim meeting November 12-15 in Orlando.

Who to Contact at the AMA:

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Talking Points

- Medical professionals should focus on providing care and comfort to patients—NOT becoming a source of lethal drugs. I would not want my doctor to have this power and suggest suicide to me, or my primary caregiver, as an “option.”
- Will the government and insurance companies do the right thing - pay for treatment costing thousands of dollars—or the cheap thing—pay only for lethal drugs costing hundreds of dollars, as has already happened in Oregon?
- We all know of patients who outlived a terminal prognosis or were misdiagnosed.
- Assisted suicide laws generally encourage or require doctors to falsify the cause of death on death certificates. The AMA should not support or tolerate laws that make doctors lie.
- For doctors as well as patients, what starts as an option soon becomes an expectation. Where assisted suicide is legal, groups promoting it have taken out ads urging patients to question their doctors about their willingness to assist in suicides, the implication being that doctors will lose them as patients if they say no. Pressures will grow to make health care providers get involved in assisting suicide directly or by referral as is happening in Vermont.
- Wanting to die because of depression is treatable. Millions of people are living proof. None of the laws legalizing assisted suicide require a real psychological evaluation; in Oregon and Washington, fewer than 5% of patients receive an evaluation before receiving lethal drugs.
- Oregon is proof that general suicides rise dramatically once assisted suicide is promoted as a “good.”
- My family member could die from taking lethal drugs and I wouldn't know about it until he/she is dead because no family notification is required.
- Assisted suicide is a recipe for abuse of the elderly and disabled because it can put lethal drugs in the hands of abusers.
- A relative who is an heir to the patient's estate or an abusive caregiver can pick up the lethal drugs and administer them without the patient's knowledge or consent. There is no oversight and no witnesses are required once the lethal drugs leave the pharmacy.
- Everyone agrees that dying in pain is unacceptable, but nearly all pain is now treatable.