

## ACTION PAPER

### TITLE: APA MEMBER SURVEY ON MEDICAL AID IN DYING AS OPTION FOR END-OF-LIFE CARE

Whereas, **Physician Aid in Dying is an important and highly visible national issue.** Physician aid in dying, sometimes termed physician-assisted suicide or death with dignity, refers to an end-of-life option for medical care in which a physician can prescribe, and a mentally capable adult with a terminal illness and less than six months to live can self-administer, a life-ending medication provided that specific requirements are met.

Whereas, **Six states currently allow physician aid in dying, and others are considering similar legislation.** Physician aid in dying is authorized in Oregon, Washington, Vermont, California, Colorado and Montana. The District of Columbia has passed AID legislation, but implementation has not occurred. In about 20 other states there are efforts to pass legislation.<sup>i</sup>

Whereas, **The AMA is evaluating its opposition to “physician-assisted suicide”.** In 1996 the AMA developed a policy opposed to “physician-assisted suicide,” which has stood for 20 years. However, in June 2016, in response to a resolution submitted by the Oregon Medical Association, the AMA House of Delegates instructed the AMA and its Council on Ethical and Judicial Affairs to study medical aid in dying as an end-of-life option with consideration of (1) data collected from the states that currently authorize aid in dying, and (2) input from some of the physicians who have provided medical aid in dying to qualified patients, and report back to the HOD at the 2017 Annual Meeting with recommendation regarding whether the AMA should amend this position.

Whereas, **Physician surveys about aid in dying show a trend toward majority support.** A 2016 Medscape survey found support among U.S. physicians at 57%, up from 46% in 2010.<sup>ii</sup> Opposition has decreased from 41% to 29% since 2010.<sup>iii</sup> Recent surveys in Colorado and Maryland<sup>iv</sup> indicate support at similar levels.

Whereas, **In states authorizing aid in dying, psychiatrists may be called to evaluate patients for capacity.** If there is a question about a patient’s capacity, one or both physicians who are required to evaluate the patient (the attending physician and/or consulting physician) must request a mental health evaluation by a psychiatrist or psychologist. The APA is developing a guidance document to assist psychiatrists who are called to make capacity assessments in authorizing states.

Whereas, **A membership survey will inform APA policy development.** According to the AMA News article, *How physician surveys impact major issues*, posted Jan 08, 2017, surveys can provide much-needed information to inform health policy and health care delivery.<sup>v</sup> In addition, many within state and national policy communities look towards the APA for a position on physician aid in dying. Development of such a position will require an understanding of members’ positions on the issue.

Whereas, **APA assembly representatives have expressed concern about the ability of APA to develop an unbiased survey.** Three state medical societies, including Maryland, Colorado and Massachusetts, have created and disseminated surveys to assess members’ attitudes toward medical aid in dying and determine preferred language and policy positions. The Colorado Medical Society’s survey was developed by Kupersmit Research, an independent consultant that develops surveys for corporations and nonprofits (including the American Medical Association) to inform policy and drive decision-making.

**BE IT RESOLVED:**

**The APA will conduct a membership survey on physician aid in dying. The survey instrument, based on the Colorado Medical Society 2015 survey (excerpted below), will assess members' level of knowledge, attitudes, and preferred policy position.**

**SAMPLE QUESTIONS FROM COLORADO MEDICAL SOCIETY 2015 SURVEY PREPARED BY KUPERSMIT RESEARCH:**

What is your current level of knowledge about the protocol and clinical criteria for physician aid in dying that has been developed in Oregon and Washington.

Today's survey will focus initially on your views regarding physician-aid in dying, formerly referred to as physician-assisted suicide. We are conducting this survey because medical aid in dying is currently authorized in six states and the District of Columbia and legislation has been introduced in twenty states this year.

To begin, do you favor or oppose authorizing physician aid in dying, where terminally-ill adults in Colorado of sound mind could ask for and receive a lethal dose of prescription medication from their physicians for self-administration to shorten the dying process should their suffering become unbearable.

Please take a moment and review your organization's policy. PROVIDE POLICY IN ENTIRETY

Please bear in mind that today's survey is focused exclusively on the question of physician aid in dying (and the ability of terminally-ill patients to obtain and self-ingest a lethal dose of a prescription medication), and not on euthanasia (a doctor injecting a patient with a lethal dosage, which is illegal which APA currently opposes).

Which of the following positions do you want to see CMS take moving forward?

The current policy, with CMS formally opposed to physician-aid in dying	1
Changing the policy so that CMS is neither formally opposed nor formally in favor of physician-aid in dying	2
Changing the policy so that CMS is formally in favor of physician-aid in dying	3
None of these/Other	4
Not sure	5

In recent focus groups, some physicians said CMS should not take a formal position in support or opposition of physician-aid in dying, because members are very passionate about their views on both sides of this issue. What position would you like to see CMS take?

The following is a list of some concerns that were expressed by physicians about a potential law legalizing physician-assisted suicide. Please check any concerns that you also share about such a law:

Slippery slope of opting for death instead of treating suffering	1
Stands against oath for MDs/DOs not to administer lethal drugs	2
Financial pressures to push patients, particularly low-income and elderly, toward death	3
Pressure from family to choose death for patients who feel they are a burden	4
Negatively affect image of all physicians as healers and patient advocates	5
Pressure or legal action pushing physicians who oppose physician-assisted suicide to participate in the system	6
Not enough oversight of lethal drugs	7
None of these	8
Not sure	9

The following is a list of reasons that were by expressed about the potential benefits of authorization of physician aid in dying. Please check any statements that support your views:

Aid in dying is a well-established medical practice with adequate safeguard	1
Aid in dying is one component of end-of-life care and does not supplant hospice or palliative medicine	2
Physicians who participate in aid in dying hold high ethical standards	3
Aid in dying enhances the doctor-patient relationship	4
Aid in dying is patient-driven	5
Physician's duty is to respect patient autonomy and relieve suffering	6

**AUTHOR or AUTHORS:**

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**ESTIMATED COST:**

Costs include \$300 to use Survey Monkey® and some time for APA staff and APA volunteer members to work on the initiative. Alternatively, APA could contract with Kupersmit Research to develop, disseminate and tabulate results of the survey for an estimated \$5,000.

**ESTIMATED SAVINGS: \$0**

**ESTIMATED REVENUE GENERATED: \$0**

**ENDORSED BY:**

**KEY WORDS:**

**APA STRATEGIC PRIORITIES: (Pick all that apply)**

**REVIEWED BY RELEVANT APA COMPONENT (with attached comments as appropriate):**

<sup>i</sup> The Council of the District of Columbia approved, and the Mayor signed, a resolution authorizing physician aid in dying. The resolution will be law unless the U.S. Congress intervenes

<sup>ii</sup> <http://www.cms.org/articles/physician-assisted-death-polling-shows-a-divided-membership>

<sup>iii</sup> <http://www.medscape.com/viewarticle/873844>

<sup>iv</sup> <http://www.medchi.org/Portals/18/files/Law%20&%20Advocacy/Initiatives%20Page/MedChi%20Survey%20on%20Assisted%20Suicide.pdf?ver=2016-08-09-111636-707>

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<sup>v</sup> [https://wire.ama-assn.org/ama-news/how-physician-surveys-impact-major-issues?utm\\_source=BHClstID&utm\\_medium=BulletinHealthCare&utm\\_term=010917&utm\\_content=MorningRounds&utm\\_campaign=BHCMessageID](https://wire.ama-assn.org/ama-news/how-physician-surveys-impact-major-issues?utm_source=BHClstID&utm_medium=BulletinHealthCare&utm_term=010917&utm_content=MorningRounds&utm_campaign=BHCMessageID)