Position Statement on the Role of the Medical Practitioner in End of Life Care 2007 (amended 2014)*

**The Position Statement on the Role of the Medical Practitioner in End of Life Care 2007 has been superseded by the Position Statement on End of Life Care and Advance Care Planning 2014 with the exception of Section 10. Section 10 Good Medical Practice and the Relief of Pain and Suffering remains current policy until it is reviewed in the future. This section is found below.*

10 Good medical practice and the relief of pain and suffering

10.1 The AMA believes that while medical practitioners have an ethical obligation to preserve life, death should be allowed to occur with dignity and comfort when death is inevitable and when treatment that might prolong life will not offer a reasonable hope of benefit or will impose an unacceptable burden on the patient.

10.2 Medical practitioners are not obliged to give, nor patients to accept, futile or burdensome treatments or those treatments that will not offer a reasonable hope of benefit or enhance quality of life.

10.3 All patients have a right to receive relief from pain and suffering, even where that may shorten their life.

10.4 While for most patients in the terminal stage of an illness, pain and other causes of suffering can be alleviated, there are some instances when satisfactory relief of suffering cannot be achieved.

10.5 The AMA recognises that there are divergent views regarding euthanasia and physician-assisted suicide.[1] The AMA believes that medical practitioners should not be involved in interventions that have as their primary intention the ending of a person's life. This does not include the discontinuation of futile treatment.

10.6 Patient requests for euthanasia or physician-assisted suicide should be fully explored by the medical practitioner in order to determine the basis for such a request. Such requests may be associated with conditions such as a depressive or other mental disorder, dementia, reduced decision-making capacity, and/or poorly controlled clinical symptoms such as pain. Understanding and addressing the reasons for such a request will allow the medical practitioner to adjust the patient's clinical management accordingly or seek specialist assistance.

10.7 If a medical practitioner acts in accordance with good medical practice, the following forms of management at the end of life **do not** constitute euthanasia or physician assisted suicide:

- not initiating life-prolonging measures;
- not continuing life-prolonging measures;
- the administration of treatment or other action intended to relieve symptoms which may have a secondary consequence of hastening death.

10.8 Medical practitioners are advised to act within the law to help their patients achieve a dignified and comfortable death.

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[1] Euthanasia is the act of deliberately ending the life of a patient for the purpose of ending intolerable pain and/or suffering. Physician assisted suicide is where the assistance of the medical practitioner is intentionally directed at enabling an individual to end his or her own life.