AMA Tasmania's position on euthanasia

The AMA recognises the divergence of views regarding assisted dying in Australia. Indeed, the range of views, from those who fully support assisted dying (including voluntary euthanasia and physician-assisted suicide) to those who totally oppose it, is reflected within the medical profession itself.

AMA position on euthanasia and physician-assisted suicide[1]

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).

Some patients may fear that when they lose decision-making capacity, their goals and values in relation to their end of life care will be unknown or even disregarded by their families and/or the health care team since the patient can no longer actively participate in their own health care decisions. As such, this fear may lead some patients to request assisted dying before they lose decision-making capacity.

For most patients in the terminal stage of illness, pain and suffering can be alleviated by therapeutic and comfort care; however, we fully acknowledge that there are still currently instances where the satisfactory relief of suffering cannot be achieved.

We must, therefore, ensure that all patients have access to appropriate palliative care and advocate that greater research must go into palliative care so that no patient endures such suffering. No one should feel that their only option for satisfactory relief of pain and suffering is to end their own life.

In consultation with the patient (or their advocate), doctors apply the most appropriate therapeutic means to treat their patients. Where death is inevitable and when treatment that might prolong life will not offer reasonable hope of benefit or will impose an unacceptable burden on the patient, death should be allowed to occur with dignity and comfort. For doctors, this means using their skills to care for the patient by making them as comfortable as possible, free from unnecessary suffering. It does not mean deliberately taking the life of the patient.

AMA position on advance care planning[2]

The AMA endorses advance care planning as a means for supporting patients' health care wishes at the end of life. Advance care plans provide (competent) patients with the opportunity to express their goals and values in relation to their future health care should they lose decision-making capacity.

Comments on the Consultation Paper on Voluntary Assisted Dying: A Proposal for Tasmania

It is unfortunate that the Consultation Paper does not invite individuals and organisations to express views that oppose assisted dying. The tone of the document frankly dismisses the views of anyone who does not support assisted dying. We believe all individuals and organisations should be offered an opportunity to freely express their views and concerns.

In reading the consultation paper, it is disappointing that you so readily dismiss the history upon which the medical profession has consistently maintained opposition to doctors' involvement in assisted dying. You state that the medical profession's stance on assisted dying stems from the Hippocratic Oath, which is 'clearly not a relevant model for 21st century medical care and treatment' (page 12 of Companion Guide). You fail to acknowledge that the majority of medical professional codes and policies throughout the world that have evolved from the Hippocratic Oath continue to maintain opposition to assisted dying.[3,4,5,6,7,8,9,10] These professional codes and related policies, including the AMA's own *Code of Ethics*, are regularly reviewed and updated to reflect the current view of the profession.

We clearly acknowledge that there are individual medical professionals who support assisted dying and believe the provision of relief of pain and/or suffering through assisted dying is consistent with providing good quality care. As above, the majority of doctors, however, do not share this belief and consider the deliberate taking of life by a doctor to be unethical and contrary to the profession's ethic of care.

The public trusts medical practitioners to care for patients (and their families and carers) throughout the course of their disease or condition and to advocate for their health and well-being. We note your Consultation Paper consistently states (page 23) you are:

disappointed with the quality of claims and arguments against voluntary assisted dying legislation and have found that many of these claims and arguments do not meet the standards that should be required by parliamentarians when considering legislative reform.

On the contrary, we are extremely disappointed in the arguments set forth in the Consultation Paper in relation to the role of the doctor (pages 22-23). Whilst you provide one citation to support your statement that:

Through our research we noted that there are indications an increasing number of doctors accept that, in some circumstances, it is ethical and good professional practice to agree to a request from a patient for assistance to die

you fail to inform the Tasmanian public, and others, that the majority of national medical associations and medical organisations around the world continue to oppose doctors' involvement in assisted dying (as cited above). Further, you claim that trust in the doctor-patient relationship will not be undermined should doctors participate in assisted dying but you only provide one citation to support this claim (page 22). We believe that to

fundamentally change the role of doctor as one who supports life to one who takes life will have profound, unpredictable effects on the perception and practice of medicine.

Whilst we acknowledge the efforts put in to developing your Consultation Paper, we find it does not openly and objectively invite opposing views and opinions, which is contrary to the democratic process by which we live, nor does it sufficiently support its own arguments in relation to the role of the doctor.

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[1]Australian Medical Association *Position Statement on the Role of the Medical Practitioner in End of Life Care 2007*.

[2] Australian Medical Association *Position Statement on the Role of the Medical Practitioner in Advance Care Planning 2006.*

[3] American Medical Association. *Opinion 2.21-Euthanasia*. Updated June 1996.

[4] British Medical Association. *What is current BMA policy on assisted dying?* 2006

[5] Canadian Medical Association. *Euthanasia and Assisted Suicide (Update 2007).*

[6] New Zealand Medical Association. *Euthanasia policy*. 1996, reconfirmed 2001.

[7] World Medical Association. *WMA Declaration on Euthanasia.* Adopted by the 39th World Medical Assembly, Madrid, Spain, October 1987 and reaffirmed by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005.

[8] World Medical Association. *WMA Declaration of Venice on Terminal Illness.* Adopted by the 35th World Medical Assembly, Venice, Italy, October 1983 and revised by the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006.

[9] World Medical Association. *WMA Resolution on Euthanasia*. Adopted by the 53rd WMA General Assembly, Washington DC, USA, October 2002.

[10] World Medical Association. *WMA Statement on Physician-Assisted Suicide.* Adopted by the 44th World Medical Assembly, Marbella, Spain, September 1992 and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005.