

MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY  
HOUSE OF DELEGATES

Resolution 16-16

INTRODUCED BY: Montgomery County Medical Society

SUBJECT: Aid-in-Dying (Physician-Assisted Suicide)

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1 Whereas, Definition: Aid in dying (sometimes termed physician-assisted suicide) refers to a process by  
2 which a physician can prescribe, and a mentally capable adult with a terminal illness and less than six  
3 months to live can self-administer, a life-ending medication provided that specific requirements are met.  
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5 Whereas, Five states currently authorize aid in dying, through either a ballot referendum (Oregon - 1994  
6 ballot with implementation in 1997; Washington – 2008 ballot & implementation), the legislative  
7 process (Vermont – 2013 passage and implementation; California – 2015 passage with implementation  
8 in 2016), or court decision (Montana - 2009).  
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10 Whereas, A majority of other states is considering aid in dying, with similar legislation introduced since  
11 2015 in Alaska, Arizona, Colorado, Connecticut, District of Columbia, Delaware, Hawaii, Iowa, Kansas,  
12 Maryland, Massachusetts, Minnesota, Missouri and Nebraska, Nevada, New Hampshire, New Jersey,  
13 New York, North Carolina, Oklahoma, Pennsylvania, Rhode Island, Tennessee, Utah, Wisconsin, and  
14 Wyoming.  
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16 Whereas, Maryland legislators are likely to consider aid-in-dying legislation again in 2017, with bills  
17 introduced in the Maryland General Assembly in 2015 and 2016, hearings held in both the House of  
18 Delegates and Senate, and the bills' sponsors having stated they intend to reintroduce the bills in 2017.  
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20 Whereas, MedChi policy is in opposition to aid-in-dying, with the House of Delegates having approved a  
21 resolution in April 2015 opposed to physician-assisted suicide, which is the AMA's policy.  
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1 Whereas, A MedChi-sponsored survey suggests that 60% of Maryland physicians (272 of 451  
 2 respondents) and 65% of those who are MedChi members (169 of 261 respondents) advocate either a  
 3 MedChi position in support of aid-in-dying legislation or a position of “neutral,” the survey having been  
 4 conducted following passage of a MedChi House of Delegates resolution in April 2016. (The results of  
 5 that survey, along with other surveys of physicians in Maryland and nationwide, follow below.)  
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<b>Physician View on Aid in Dying, In Maryland and Nationwide</b>					
	<b>Question or Summary</b>	<b>Individuals Surveyed (respondents)</b>	<b>Support</b>	<b>Oppose</b>	<b>Neutral, Other or Don't Know</b>
<b>MedChi Survey (June-July 2016)</b>	General feelings about aid in dying.	Maryland Physicians (n=455)	54%	42%	4%
		Just MedChi Members (n=261)	58%	38%	4%
	Change of MedChi position to either "neutral" or "support" of End-of-Life Option Act?	Maryland Physicians (n=455)	60%	40%	
		Just MedChi Members (n=261)	65%	35%	
	What should the MedChi position be on the End-of-Life Option Act?	Maryland Physicians (n=455)	47%	40%	13%
		Just MedChi Members (n=261)	50%	35%	15%
<b>Montgomery County Medical Society (MCMS) Feb 2016</b>	Do you support the End-of-Life Option Act?	MCMS Physicians (n=109)	56%	35%	9%
	Change MedChi policy to Neutral or Supporting Position regarding End-of-Life Option Act?	MCMS Physicians (n=109)	64%	36%	
<b>Suburban Maryland Psychiatric Society (SMPS) Feb 2016</b>	Do you support the End-of-Life Option Act?	SMPS Physicians (n=82)	50%	26%	24%
	Should SMPS take a position that is either "neutral" or in support of aid-in-dying legislation?	SMPS Physicians (n=82)	74%	26%	
<b>Medscape National Survey - Fall 2014</b>	Should physician-assisted suicide be allowed?	>17,000 physicians	54%	31%	15%

1 Whereas, Most adults in Maryland and nationwide support aid in dying, as indicated by surveys  
 2 conducted by many different organizations.  
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Opinions on Aid in Dying, Adults In Maryland and Nationwide						
	Question	Individuals Surveyed (respondents)	Support	Oppose	Neutral, Other or Don't Know	
Maryland Residents	Momentum Analysis Maryland Poll Feb 2016	Do you support or oppose allowing a mentally capable adult, who is dying of a terminal disease with no hope of recovery, the option to ask for medication to bring about their own death?	Maryland Voters (n=1,100)	65%	26%	9%
	Washington Post - Univ of Maryland Poll October 2015	Would you support or oppose a Maryland law allowing a doctors to provide life-ending medications to patients who want to die because they have an incurable disease?	Maryland Adults (n=1,006)	60%	33%	7%
	Goucher Poll Feb 2015	Allow terminally ill patients to obtain a prescription for a fatal dose of drugs from a willing doctor.	Maryland Residents (n=794)	60%	35%	5%
National Polls	Gallup Poll May 2016	When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it?	Adults Nationwide (n=1,025)	69%	27%	4%

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 6 Whereas, Academic healthcare organizations in Oregon, Washington and elsewhere have developed clinical criteria and guidelines to ensure that the process addresses the needs of all parties and prioritizes  
 7 quality of care and professionalism.<sup>1,2,3</sup>  
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9  
 10 Whereas, Extensive data document the processes, particularly in Oregon and Washington.<sup>4,5</sup>  
 11

12 Whereas, Very few patients have chosen to end their lives under aid-in-dying programs, with an average  
 13 of only 55 Oregon patients annually having ended their lives in this program over 18 years, a number that  
 14 reflects 0.4% of all deaths and 1.2% of cancer deaths.  
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16 Whereas, There is no evidence of abuse or coercion in states with aid in dying,<sup>6</sup> either in state databases  
 17 or in the work of Disability Rights Oregon, a non-profit group that has provided advocacy and legal  
 18 services to people with disabilities for 37 years and is the federally-mandated Protection & Advocacy  
 19 (P&A) service for Oregon, and which commented in Feb. 2016 that it: “. . . has never received a  
 20 complaint of exploitation or coercion of an individual with disabilities in the use of Oregon’s Death with  
 21 Dignity Act.”<sup>7</sup>

<sup>1</sup> The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals. <https://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf>  
<sup>2</sup> Implementing a Death with Dignity Program at a Comprehensive Cancer Center. <http://www.nejm.org/doi/full/10.1056/NEJMsa1213398#t=articleTop>  
<sup>3</sup> J Palliative Medicine Guidelines. <http://online.liebertpub.com/doi/pdf/10.1089/jpm.2015.0092>  
<sup>4</sup> Oregon Data: <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>  
<sup>5</sup> Washington Data: <http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/DeathwithDignityAct>  
<sup>6</sup> Emanuel EJ et al. Attitudes and practices of euthanasia and physician-assisted suicide in the U.S., Canada, and Europe. JAMA. 2016; 316(1):79-90.  
<sup>7</sup> Disability Rights Oregon. <https://droregon.org/>

1       Whereas, The California Medical Association (CMA) has changed its position, from opposing aid in  
2       dying to a neutral stance, stating that “The decision to participate in the End of Life Option Act is a very  
3       personal one between a doctor and their [sic] patient, which is why CMA has removed policy that  
4       outright objects to physicians aiding terminally ill patients in end of life options. We believe it is up to the  
5       individual physician and their [sic] patient to decide voluntarily whether the End of Life Option Act is  
6       something in which they want to engage, ”<sup>8</sup> therefore be it

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8       Resolved, that MedChi change its policy on physician assisted suicide (aid-in-dying) from “oppose” to a  
9       position of “neutral” on Maryland aid-in-dying legislation.

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12       Fiscal Note: Included in existing legislative budget.

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<sup>8</sup> California Medical Association Changes Position:  
<http://www.cmanet.org/news/detail/?article=cma-changes-stance-on-physician-aid-in-dying>