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A Nurse's Perspective on Life, Healthcare and Ethics

NAPN Position Paper on AMA Considering New Resolutions on Assisted Suicide

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A May 1, 2023, article by Dallas R. Lawry, DNP, FNP-C, AOCNP® from the University of California, San Diego in the Journal of the Advanced Practitioner in Oncology titled “Rethinking Medical Aid in Dying: What Does It Mean to ‘Do No Harm?’” at Rethinking Medical Aid in Dying: What Does It Mean to ‘Do No Harm?’ – PMC (nih.gov) (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258856/>) reveals that:

“Until 2019, the American Medical Association (AMA) maintained that **MAID (medical aid in dying aka assisted suicide) was incompatible with their code of ethics and a physician’s responsibility to heal (AMA, 2022 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258856/#B4))**”.

But now, the AMA Medical Code of Ethics is considering two provisions that support both positions on MAID, including: “**Physicians who participate in MAID are adhering to their professional, ethical obligations as are physicians who decline to participate**” (AMA, 2019 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258856/#B3), 2022 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258856/#B4); Compassion & Choices, 2022 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10258856/#B15)) (Emphasis added)

Now, such ethical dissonance has now led the AMA to considering two new resolutions (https://alexschadenberg.blogspot.com/2023/10/the-american-medical-association-ama-is.html) at the Interim meeting of the AMA House of Delegates on November 10-14, 2023:

“**Resolution 4** is to change the position of the AMA on Medical Aid in Dying (Resolution Link (https://www.ama-assn.org/system/files/i23-004.pdf)).

Resolution 5 is for the AMA to adopt a neutral stance on Medical Aid in Dying (Resolution Link (https://www.ama-assn.org/system/files/i23-005.pdf)).

and, as Alex Schadenberg writes:

“It is important to note that Resolution 4 would **remove** the AMA statement on not performing euthanasia (<https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/5.8%20Euthanasia%20--%20background%20reports.pdf>) or participating in assisted suicide:

Physicians must not perform euthanasia or participate in assisted suicide. A more careful examination of the issue is necessary. Support, comfort, respect for patient autonomy, good communication, and adequate pain control may decrease dramatically the public demand for euthanasia and assisted suicide. In certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. However, the societal risks of involving physicians in medical interventions to cause patients' deaths is too great in this culture to condone euthanasia or physician- assisted suicide at this time.

Both resolutions use the term Medical Aid in Dying (MAiD) rather than Physician Assisted Suicide. The term Medical Aid in Dying is not limited to assisted suicide, it also includes euthanasia. The assisted suicide lobby wants to legalize euthanasia (medical homicide) in America.”

NURSES AND ASSISTED SUICIDE

In 1995, the American Nurses Association stated (<https://pubmed.ncbi.nlm.nih.gov/7746605/>):

“The American Nurses Association (ANA) believes that the **nurse should not participate in assisted suicide. Such an act is in violation of the Code for Nurses with Interpretive Statements (Code for Nurses) and the ethical traditions of the profession.** “ (Emphasis added)

But in 2017, the ANA revised its' position on VSED (https://www.nursingworld.org/~4af0ed/globalassets/docs/ana/ethics/ps_nutrition-and-hydration-at-the-end-of-life_2017june7.pdf). (voluntary stopping of eating and drinking) “with the intention of hastening death” to “People with decision-making capacity **have the right to stop eating and drinking as a means of hastening death.**” (Emphasis added)

In 2019, the American Nurses Association revised their position on assisted suicide titled “The Nurse's Role When a Patient Requests Medical Aid in Dying” (<https://www.nursingworld.org/~49e869/globalassets/practiceandpolicy/nursing-excellence/ana-position-statements/social-causes-and-health-care/the-nurses-role-when-a-patient-requests-medical-aid-in-dying-web-format.pdf>), stating that nurses:

“• **Remain objective when discussing end-of-life options** with patients who are exploring medical aid in dying.

• Have an ethical duty to be knowledgeable about this evolving issue.

• **Be aware of their personal values regarding medical aid in dying and how these values might affect the patient-nurse relationship.**

• Have the **right to conscientiously object to being involved in the aid in dying process.** (But “Conscience-based refusals to participate **exclude personal preference, prejudice, bias, convenience, or arbitrariness**”)

• **Never “abandon or refuse to provide comfort and safety measures to the patient” who has chosen medical aid in dying** (Ersek, 2004, p. 55). Nurses who work in jurisdictions where medical aid in dying is legal have an obligation to inform their employers that they would predictively exercise a

conscience-based objection so that appropriate assignments could be made” (All emphasis added)

But while the ANA is states that **“It is a strict legal and ethical prohibition that a nurse may not administer the medication that causes the patient’s death”**, it is silent when some states with assisted suicide laws like Washington state’s where Governor Jay Inslee signed a new expansion to the law in April 2023 to **“allow physician assistants and advanced nurse practitioners to be one of the medical providers who sign off on the procedure”**, **“eliminates a two-day waiting period for prescribing the drugs”** and **“allow the necessary drugs to be mailed to patients instead of picked up in person”**. (Emphasis added) <https://www.axios.com/2023/04/24/washington-death-with-dignity-law> (<https://www.axios.com/2023/04/24/washington-death-with-dignity-law>).

CONCLUSION

NAPN opposes both AMA resolutions and the ANA policy on assisted suicide, not only for the safety and welfare of our most vulnerable people but also because there are now many state and national medical professional organizations that support assisted suicide, (<https://www.compassionandchoices.org/resource/medical-associations-medical-aid-dying>) and other problematic ethical issues (<https://nancyvalko.wordpress.com/2020/01/15/lethal-problems-with-medical-futility-and-disability-bias/>) and this will have a discouraging effect on idealistic, ethical people considering or remaining in health care which would be devastating to our trust in the healthcare system itself.

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