**American Medical Director’s Association**

**Position Statement on Care at the End of Life**
Position Statement P97
Becomes Policy February 1997

**Background**

Care at the end of life is an important issue to members of the American Medical Directors Association (AMDA). As primary care physicians, we help patients and their families cope with the decisions and emotions surrounding the dying process. As medical directors, we are responsible for ensuring that facility policies regarding end of life issues honor the dignity and autonomy of individual residents and that the staff is educated in providing compassionate and effective care at the end of life.

**Positions**

AMDA fully supports the Patient Self Determination Act and encourages physicians to address advance directives with patients upon admission to the long term care facility. When a patient has no advance directive and is judged by the attending physician to lack decisional capacity on this issue, every effort should be made to identify an appropriate surrogate (in compliance with state law) to address issues of care at the end of life.

AMDA acknowledges that not all available treatments are beneficial in the course of a particular patient's care. After obtaining informed consent, AMDA supports withholding or withdrawing any medical intervention that the physician and patient or appropriate surrogate feel imposes a greater burden than benefit, even if the unintended result of such non-intervention or withdrawal may hasten the patient's death.

AMDA supports aggressive treatment toward relieving the pain, anxiety, depression, emotional isolation, and other physical symptoms that can accompany the dying process even if the unintended result of such treatment may hasten the patient's death. All of the resources available to the medical profession and the care team should be mobilized to provide comfort to dying patients, family members and friends.

**AMDA opposes any physician involvement in assisted suicide or active euthanasia of any person regardless of age.** AMDA members recognize that we are entrusted with the care of people who are vulnerable in terms of physical frailty and cognitive impairment. Our position recognizes that physician involvement in assisted suicide or active euthanasia would erode the trust vital to the doctor/patient relationship.

AMDA supports professional and public education, policy development and research that enhances the delivery of compassionate and effective care at the end of life.

*The foregoing is a policy statement and does not constitute legal advice for medical directors and the facilities with which they are affiliated. Each facility and its medical directors should obtain independent counsel and advice in adopting policies regarding end of life issues and the implementation of such policies.*

**References: Physician Assistance in Dying**

American Medical Association, Council on Ethical and Judicial Affairs. Decisions near the end of life. *JAMA* 1992;267:2229-33.

American Medical Association. AMA position statement on physician assisted suicide.

American Medical Association. Physician participation in capital punishment. *JAMA* 1993; 270:365-368.

American Geriatrics Society. AGS position statement on voluntary active euthanasia. 1990.

Annas GJ. The Promised End – Constitutional Aspects of Physician-Assisted Suicide. *NEJM* 1996;335:663-7.

Annas GJ. Physician-assisted suicide – Michigan's temporary solution. *NEJM* 1993; 328:1573-1576.

Angell M. Euthanasia in the Netherlands – Good news or bad? *NEJM* 1996;335:1676-1678.

Angell M. The Supreme Court and physician-assisted suicide – the ultimate right. *NEJM* 1997;336:50-53.

Asch D. The role of critical care nurses in euthanasia and assisted suicide. *NEJM* 1996; 334(21):1374-1379.

Bachman JG, Aleser, KH, Doukas DJ, Lichtenstein RL, Corning AD, Brody H. Attitudes of Michigan Physicians and the Public Toward Legalizing Physician-Assisted Suicide and Voluntary Euthanasia. *NEJM* 1996;334(5):303-309.

Battin M. Voluntary euthanasia and the risks of abuse: can we learn anything from the Netherlands? *Law Med Health Care* 1992;20:133-143.

Beauchamp TL. Refusals of treatment and requests for death. *Kennedy Institute of Ethics Journal* 1996(6):372-374.

Breo DL. MD-aided suicide vote down; both sides say debate to continue. *JAMA* 1991; 266:2895-2900.

Brody H. Causing, intending, and assisting death. *The Journal of Clin. Ethics* 1933;4:12-117.

Brody H. Assisted death – a compassionate response to a medical failure. *NEJM* 1992;327:1384-1388.

Callahan D. Regulating Physician-Assisted Death. *NEJM* 1994;331(24):1656.

Carton RW. The road to euthanasia. *JAMA* 1990;263:2221.

Cassel CK, Meier DE. Morals and moralism in the debate over euthanasia and assisted suicide. *NEJM* 1990;323:750-752.

Cohen JS, Fihn SD, Boyko DJ, Jonsen AR, Wood RW. Attitudes Toward Assisted Suicide and Euthanasia Among Physicians in Washington State. *NEJM* 1994;331(2):89-94.

Conwell Y, Caine ED. Rational Suicide and the right to die: reality and myth. *NEJM* 1991;325:1100-1103.

Cotton P. Rational suicide: no longer 'crazy'? *JAMA* 1993;270:797.

Council on Scientific Affairs, AMA. Good Care of the Dying Patient. *JAMA* 1996;275(6):474-478.

Curtis P. Two Uncomfortable Stories of dying. *Journal of Family Practice* 1993;37(6):539-540.

Dickey NW, Novack DH, Quill TE. Assisted Suicide and Other Ethical Dilemmas. *Patient Care* 1994 (March):77-91.

Emanual EJ. This History of Euthanasia Debates in the United States and Britain. *Annals of Int. Medicine* 1994;121(10):793-802.

Foley KM. Competent care for the dying instead of physician-assisted suicide. *NEJM* 1997;336:54-57.

Glare PA, Tobin B. Euthanasia in Australia. *NEJM* 1996;334(25):1668-1669.

Goodwin JS. Mercy killing: mercy for whom? *JAMA* 1991;265:326.

Graber GC, Chassman J. Assisted suicide is not voluntary active euthanasia, but it's awfully close. *JAGS* 1993;41:88-89.

Hamel R. Physician-Assisted Suicide: Putting the Cart before the Horse. *Second Opinion* 1993 (July):84-86.

Helm A. Debating euthanasia: an international perspective. *Journal of Gerontological Nurs.* 1984;20:20-24.

Hinohara S. Sir William Osler's philosophy on death. *Ann IM* 1993;118:638-642.

Horn M. Death on Trial. *US News and World Report* 1994 (April):31-41.

Jecker NS. Giving death a hand: when the dying and the doctor stand in a special relationship. *JAGS* 1991;39:831-835.

Jecker NS. Physician-Assisted Death in the Netherlands and the United States: Ethical and Cultural Aspects of Health Policy Development. *JAGS* 1994;42:672-678.

Kamisar Yale. Are Laws against Assisted Suicide Unconstitutional? Hastings Center Report. May-June, 1993:32-41.

Kass LR. Is There a Right to Die? Hastings Center Report, Jan.-Feb.,1993:43.

Kass LR, Lund N. Courting death: assisted suicide, doctors and the law. *Commentary* 1996(Dec):17-29.

Kimura R. Death and dying in Japan. *Kennedy Institute of Ethics Journal* 1996(6):374-378.

Knowlton L. A Time for Dying? *NY Times* 1994; (Sat., July 23):A2-B1.

Lamberg L. Treating Depression in Medical Conditions May Improve Quality of Life. *JAMA* 1996;276:857-858.

Lee MA, Nelson HD et al, Legalizing Assisted Suicide – Views of Physicians in Oregon. *NEJM* 1996;334-310-5.

Marzuk PM, Hirsch Cs, Leon AC, Stajic M, Hartwell N, Portera L. Increase in suicide by asphyxiation in New York City after the publication of Final Exit. *NEJM* 1993;329:1508-1510.

Maas PJ, Pijnenborg L, Van Delden JM. Changes in Dutch Opinions on Active Euthanasia, 1966 through 1991. *JAMA* 1995;273(18):1411-1414.

Matthews JC. The quality vs. the quantity of your life. *Longevity* 1990 (Nov):40-46.

Miller DL. Pulling the Plug on Life? *The Lutheran* 1990(August):6-18.

Miller FG, Quill TE, Brody H, Fletcher JC, Gostin LO, Meier DE. *NEJM* 1994;331(2):119-123.

Misbin RI. Physician's aid in dying. *NEJM* 1991;325:1307-1311.

Orentlicher DO. The Legalization of Physician-Assisted Suicide. *NEJM* 1996;335:663-7.

Posner RA. Euthanasia and geronticide in Aging and Old Age. University of Chicago Press 1996;235-261.

Quill TE, Cassel CK, Meier DE. Care of the hopelessly ill: proposed clinical criteria for physician-assisted suicide. *NEJM* 1992;327:1380-84.

Quill TE. Death and Dignity. A Case of Individualized Decision Making. *NEJM* 1991;324:691-694.

Quill TE. Doctor, I want to die. Will you help me? *JAMA* 1993;270:870-875.

Quill TE. The ambiguity of clinical intentions. *NEJM* 1993;329:1039-1040.

Scanlon C. Euthanasia and Nursing Practice - Right Question, Wrong Answer. *NEJM* 1996;334(21):1401-1402.

Sedler RA. The Constitution and Hastening Inevitable Death. Hastings Center Report, Sept.-Oct. 1993;20-25.

Singer PA, Siegler M. Euthanasia – a critique. *NEJM* 1990;322:1881-1883.

Solomon A. A Death of One's Own. *New Yorker* 1995;(May22):54-69.

Sprung CL. Changing attitudes and practices in forgoing life-sustaining treatments. *JAMA* 1990;263:2211-2215.

Teno J, Lynn J. Voluntary active euthanasia: the individual case and public policy. *JAGS* 1991;39:827-830.

Van Der Maas PJ, Van Delden JM, Pijnenborg L, Looman CWN. Euthanasia and other medical decisions concerning end of life. *Lancet* 1991;338:669-674.

Van Der Maas PJ, et al. Euthanasia, physician-assisted suicide, and other medical practices involving the end of life in the Netherlands, 1990-1995. *NEJM* 1996; 335:1699-1705.

Van Der Wall G, Muller MT, Christ LM, Ribbe MW, Van Eijk JTM. Voluntary Active Euthanasia and Physician-Assisted Suicide in Dutch Nursing Homes: Requests and Administration. *JAGS* 1994;42:620-623.

De Wachter MAM. Active euthanasia in the Netherlands. *JAMA* 1989;262:3316-3319.

Wanzer SH, Federman DD, Adelstein SJ, et al. The physician's responsibility toward hopefully in patients. *NEJM* 1989;320:844-849.

Watts DT, Howell T, Priefer BA. Geriatricians' attitudes toward assisting suicide of dementia patients. *JAGS* 1992;40:879-885.

Watts DT, Howell T. Assisted suicide is not voluntary active euthanasia. *JAGS* 1992;40:1043-1046.

Wildes, KWM. Death: a persistent controversial state. *Kennedy Institute of Ethics Journal* 1996(6):378-381.

*The above references served as background reading for formulating AMDA's policy on End of Life Care. They are not all-inclusive on the subject.*