**American Academy of Family Physicians—
Ethics and Advance Planning for End-of-Life Care (excerpt)**

**End-of-Life Care**

The family physician’s continuing partnership with his or her patients provides a meaningful context for quality care at any time, and may be especially helpful at the end of life. The American Academy of Family Physicians (AAFP) promotes the following beliefs:

1. The primary focus of end-of-life care should be on high-quality, compassionate and culturally sensitive patient care.
2. Family physicians should continue to stay current and competent in knowledge and skills in the areas of palliative medicine and medical management at the end of life.
3. Family physicians should continue to support the medical, psychological and spiritual needs of the dying patients and their families by initiating advanced [sic] directive discussions and end-of-life planning during times of relative health.
4. In this era of advancing technology and increasing discomfort with our ability to apply it wisely, the debate will continue regarding the difficult questions of physicians' assistance in the patient’s process of dying. Only through dialogue can family physicians, their patients and society as a whole continue to explore what is reasonable and morally appropriate.
5. The AAFP believes that the highest-quality health care is an outgrowth of a partnership between the patient, the family, and the health professional or professional team. Within the context of this continuing relationship, family physicians must seek the underlying causes of suffering at the end of life, and then aggressively implement measures to correct them. Appropriate education in palliative care and medical management, advanced communication skills to discover the patient’s wishes and value choices, and appropriate sharing of decision-making with the patient and the patient’s family can go a long way toward alleviating suffering and improving care at the end of life. With careful attention to this critical phase in the life cycle, requests for physician-assisted death could be greatly reduced. Even in the face of such requests, family physicians should and will continue to provide assistance in dealing with the dying patient’s symptoms, needs and fears.
6. The American Academy of Family Physicians promotes the incorporation of advance directive discussions in a culturally sensitive and appropriate manner as a part of routine outpatient health maintenance.  (1997) (2013 COD)

<http://www.aafp.org/about/policies/all/planning-care.html>