VERMONT MEDICAL SOCIETY RESOLUTION

Vermont Medical Society Policy on End-of-life-Care

Submitted by Fred Crowley, M.D.
for adoption at VMS Annual Meeting on November 4, 2017

WHEREAS, Act 39 legalized the practice of medical aid in dying in Vermont in 2013 and re-authorized it in 2016; and

WHEREAS, the "VMS Policy Physician-Assisted Suicide", adopted by the Council on 2 December 2003 is out of date and does not reflect that reality; and

WHEREAS, language has been clarified so that:

i) since 2008, the American College of Legal Medicine has rejected use of the term "assisted suicide" to describe the practice of medical aid in dying; and

ii) statutes that authorize medical aid in dying, including Act 39, clarify that : "Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, nor assisted suicide, nor mercy killing, nor homicide, under the law; and

WHEREAS, concerns that medical aid in dying laws would "stifle the dialogue or hinder the provision of high-quality end-of-life care" not only have not materialized, but rather, as studies have shown, improve such care by relieving patients' concerns about future discomfort or pain, and by promoting appropriate use of hospice; and

WHEREAS, a 2016 Medscape Ethics Report shows that support for medical aid in dying among physicians has grown to 57% from 49% in 2010 while opposition has decreased to 29% from 41% in 2010; and

WHEREAS, now that:

i) six states and the District of Columbia have authorized medical aid in dying, and

ii) eight medical societies (California, Colorado, District of Columbia, Maine, Maryland, Minnesota, Nevada, and Oregon) have withdrawn opposition to "assisted suicide" in favor of a neutral stance; and

iii) the AMA's Council on Ethical and Judicial Affairs (CEJA) is currently reviewing its 30-year old position and is requesting input from its members;

NOW THEREFORE BE IT RESOLVED, that the VMS revise and update its Policy of Physician Assisted Suicide to read:

The Vermont Medical Society supports access to high quality end-of-life care.

Our physicians actively endorse comprehensive palliative care, which includes: the use of state of the art pain and symptom control; the provision of secure and supportive environments through Hospice; and the freedom of the patient to choose or refuse all medical treatment.

Physicians and other health care practitioners must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of

life must continue to receive emotional support, good communication, comfort care and adequate pain control. Their autonomy must be respected.

Even when physicians use all the tools at hand to care for pain and suffering, a small number of patients still suffer. Each of these patients is unique; each one of the patients will challenge the caregiver's skills in the extreme; and each one's care must be highly individualized and decided in private amongst the patient, physician and family. The Vermont Medical Society recognizes that medical aid in dying, in the form of Vermont Act 39, is a legal, ethical choice that could be made by qualified practitioners in the context of the physician-patient relationship. The Vermont Medical Society is committed to protecting its members' freedom to decide whether to participate in medical aid in dying according to their own values and beliefs.

The Vermont Medical Society is actively engaged in promoting initiatives that assure all dying Vermonters receive good, comprehensive palliative care. These include ensuring that all members of the Society become educated in the goals and techniques of palliative care and that all members become adept at dealing with the dying patients' special needs.

This policy shall supersede any contradictory earlier policy.