



Unity in Charity

where NURSING, MINISTRY and CATHOLIC MISSION meet

May 30, 2019

American Medical Association (AMA)

House of Delegates

330 N. Wabash Ave. Suite 39300

Chicago, Illinois 60611-5885

Re: AMA Position on Physician Assisted Suicide & Physician Assisted Dying

Dear Doctors,

The National Association of Catholic Nurses - U.S.A. (NACN-USA) is the national professional organization for Catholic nurses in the United States. A non-profit group of hundreds of nurses of diverse backgrounds, the NACN-USA focuses on promoting moral principles of patient advocacy, human dignity, and professional and spiritual development in the integration of faith and health within the Catholic context in nursing. We understand that at your annual meeting this June, the AMA House of Delegates will vote on whether to affirm its longstanding opposition to physician assisted suicide. The delegates will also consider Resolution 20 from New Mexico which renames PAS, Physician Assisted Dying and recommended a position of "engaged neutrality." As long-time partners with the medical profession whom we hold in high esteem, it is in our mutual care and concern for the good of patients and in the protection of the integrity of the medical profession, that we strongly encourage the AMA to firmly retain its opposition to both physician assisted suicide and physician assisted in dying.

The AMA's Council on Ethics and Judicial Affairs (CEJA), charged with the responsibility of maintaining the 172 year-old AMA Code of Medical Ethics, rightly concludes once again, that physician assisted suicide is fundamentally incompatible with the physician's role as healer.¹ We could not agree more. Helping patients to take their own lives does not fall within the realm of legitimate medical (or nursing) practice. It never has and it never will. The principles that underlie the noble and honorable profession of medicine are timeless and unchanging. As the AMA states:

The Code of Medical Ethics (Code) of the American Medical Association (AMA) is rooted in an understanding of the goals of medicine as a profession, which dates back to the 5th century BCE and the Greek physician Hippocrates, to relieve suffering and promote well-being in a relationship of fidelity with the patient.²

Even if the law might decriminalize the act of physicians helping patients to commit suicide, for the AMA to condone such acts by changing its solid position of opposition even, to one of so-called neutrality, would clearly alter the medical profession at its very core and launch it into a future in which it is

¹ American Medical Association. "Chapter 5: Opinions on Caring for Persons at the End of Life, 5.7 Physician Assisted Suicide," *Code of Medical Ethics*, 2016, accessed May 26, 2019, <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/code-of-medical-ethics-chapter-5.pdf>.

² American Medical Association. "History of the Code," accessed May 26, 2019, <https://www.ama-assn.org/sites/ama-assn.org/files/corp/media-browser/public/ethics/ama-code-ethics-history.pdf>.

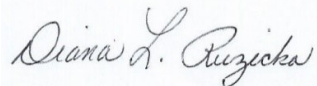
unrecognizable from its illustrious past. Patients could no longer look upon physicians as persons solely there to help heal them, but instead are also, and at the same time, persons who are there willing to help kill them. This is a contradiction that has never been a goal of medicine but always has been something wholly rejected by legitimate practitioners of the medical profession who properly separated themselves from charlatans. Thus, the CEJA again correctly concludes that physician assisted suicide "would be difficult or impossible to control, and would pose serious societal risks."³

We understand that CEJA, under the direction of the AMA, seeks to "modernize the AMA Code of Ethics, by ensuring that it remains relevant given changes in biomedical science and medical practice."⁴ Some might interpret this to mean that the door to physician assisted suicide is open. However, to remain relevant means to remain true to fundamental principles even in the presence of changes in the world around us. Continuing to uphold the timeless and unchanging principles set forth in the Hippocratic tradition is the means for the medical profession to stay on course, maintain clarity and consistency in the Code of Ethics, and for the AMA to meet the goal of "preserving the AMA's legacy of leadership in professional ethics."⁵

The AMA is premier in its leadership in ethics and practice in the medical community in the United States and the world over. Many are conflicted, confused, and divided on the permissibility of physician assisted suicide, as evidenced by the variety of stances taken by patients and professional organizations alike. Thus, it is precisely during these times of turmoil, that remaining rooted in the timeless principles of the profession is what is required. In this way the medical profession can preserve its integrity and patients can recognize physicians as genuine healers. The AMA is perfectly positioned to rise to the occasion and firmly and confidently retain its opposition to physician assisted suicide and, in so doing, renew its promise "to relieve suffering and promote well-being in a relationship of fidelity with the patient."⁶ It is with the utmost respect that we encourage the AMA to do so.

"When death becomes the answer, we as human beings - as doctors - have failed in our duty to sustain trust and hope."⁷

Sincerely,



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³ American Medical Association. "Chapter 5: Opinions on Caring for Persons at the End of Life, 5.7 Physician Assisted Suicide."

⁴ American Medical Association, "About the Council on Ethical and Judicial Affairs," Council on Ethical and Judicial Affairs, accessed May 19, 2019 <https://www.ama-assn.org/councils/council-ethical-judicial-affairs/about-council-ethical-judicial-affairs-ceja> .

⁵ American Medical Association, "About the Council on Ethical and Judicial Affairs."

⁶ American Medical Association. "History of the Code."

⁷ Rene Leiva, Gordon Friesen, Timothy Lau. "Why Euthanasia is Unethical and Why We Should Name it as Such," *World Medical Journal*, 64, no. 4, (2018): 35. https://www.wma.net/wp-content/uploads/2019/01/wmj_4_2018_WEB.pdf