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**AMA CALLS FOR GREATER INVESTMENT AND COMMUNITY
 AWARENESS OF QUALITY END OF LIFE CARE**
AMA Position Statement on Euthanasia and Physician Assisted Suicide 2016

The AMA today released its updated *Position Statement on Euthanasia and Physician Assisted Suicide 2016*. It replaces the *Position Statement on the Role of the Medical Practitioner in End of Life Care 2007 (Amended 2014)*.

The updated Position Statement is the result of a comprehensive year-long policy review by the AMA, including a survey of AMA members, and was updated against the backdrop of increased community and political debate on euthanasia and physician assisted suicide.

AMA President, Dr Michael Gannon, said it is important that the AMA, as the peak medical organisation in the country, has its views heard as part of this debate, especially as some State Parliaments are currently considering euthanasia legislation.

“The key outcome from our policy review – and the core message from our updated Position Statement – is that there needs to be much greater investment in quality end of life care, especially nationally consistent palliative care services.”

Dr Gannon said that the AMA maintains its position that doctors should not be involved in interventions that have as their primary intention the ending of a person’s life.

“This does not include the discontinuation of treatments that are of no medical benefit to a dying patient. This is not euthanasia,” Dr Gannon said.

“Greater investment in improved end of life care must be accompanied by a comprehensive education and information campaign to raise community awareness of the care, compassion, and medical and nursing assistance and expertise that is available to assist patients in the final stages of their lives.

“The compassionate care of dying patients is the priority of every doctor. Doctors have an ethical duty to care for dying patients so that they can die in comfort and with dignity. We are always there to provide compassionate care for each of our dying patients so they can end the last chapter of their lives without suffering.

“We believe that governments must do all they can to improve end of life care for all Australians by properly resourcing palliative care services and advance care planning, producing clear legislation to protect doctors in providing good end of life care, and developing enhanced palliative care services to support doctors, nurses, and carers who provide end of life care.

“We also believe that euthanasia legislation is a societal issue. If new legislation does come into effect, doctors must be involved in the development of the legislation, regulations, and guidelines to protect doctors acting within the law, vulnerable patients, those who do not want to participate, and the wider health system.”

Dr Gannon said the AMA recognises that good quality end of life care can alleviate pain and other causes of suffering for most people, but there are some instances where it is difficult to achieve satisfactory relief of suffering.

“There is already a lot that doctors can ethically and legally do to care for dying patients experiencing pain or other causes of suffering,” Dr Gannon said.

“This includes giving treatment with the intention of stopping pain and suffering, but which may have the secondary effect of hastening death. This is known as the principle of double effect,” Dr Gannon said.

The AMA *Position Statement on Euthanasia and Physician Assisted Suicide 2016* states that:

- *The AMA believes that doctors should not be involved in interventions that have as their primary intention the ending of a person’s life. This does not include the discontinuation of treatments that are of no medical benefit to a dying patient.*
- *The AMA recognises there are divergent views within the medical profession and the broader community in relation to euthanasia and physician assisted suicide.*
- *The AMA acknowledges that laws in relation to euthanasia and physician assisted suicide are ultimately a matter for society and government.*
- *If governments decide that laws should be changed to allow for the practice of euthanasia and/or physician assisted suicide, the medical profession must be involved in the development of relevant legislation, regulations and guidelines which protect:*
 - *all doctors acting within the law;*
 - *vulnerable patients – such as those who may be coerced or be susceptible to undue influence, or those who may consider themselves to be a burden to their families, carers or society;*
 - *patients and doctors who do not want to participate; and*
 - *the functioning of the health system as a whole.*
- *Any change to the laws in relation to euthanasia and/or physician assisted suicide must never compromise the provision and resourcing of end of life care and palliative care services.*
- *Doctors are advised to always act within the law to help their patients achieve a dignified and comfortable death.*

Updating the AMA policy involved taking into account:

- the views of individual AMA members;
- the views of the AMA State and Territory organisations;
- the policies of the major national and international medical organisations and associations;
- national and international community attitudes to euthanasia and physician assisted suicide; and
- national and international legislative initiatives in relation to euthanasia and physician assisted suicide.

The AMA *Position Statement on Euthanasia and Physician Assisted Suicide 2016*, which is consistent with the Declaration of Geneva and the World Medical Association, is available at

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