



BACKGROUND

Medical Aid-In-Dying (SF 1813, HF 1930)

MMA Position

The patient-physician relationship is a sacred trust and must be protected through all stages of life including the dying process. The MMA acknowledges that principled, ethical individuals hold a range of positions on medical aid-in-dying and many grapple with the competing ethical obligations that this topic raises.

The MMA will oppose any aid-in dying legislation that does not adequately safeguard the interests of patients and physicians. Such safeguards must include the following:

- Legislation must not compel physicians or patients to participate in aid-in-dying against their will;
- It must require patient self-administration;
- It must not permit patients lacking decisional capacity to utilize aid-in-dying;
- It must require mental health referral of patients with a suspected psychological or psychiatric condition; and
- It must provide sufficient legal protection for physicians who choose to participate.

Background

The MMA's nuanced position on medical-aid-in-dying is the result of the thoughtful work of a task force that was convened by the MMA in 2016 to examine the issue. The task force was made up of physician members representing various views on the matter. The task force conducted an environmental scan to assess the status of aid-in-dying in other states and a literature review to understand the varying perspectives on the topic. The MMA also held a policy forum where all members were encouraged to express their opinions and provide perspectives through audience-wide polling. The poll results were considered by the task force when it developed an MMA policy recommendation. The task force identified that the physician-patient relationship must be at the core of

every physician-patient interaction, including any interactions surrounding aid-in-dying; this principle was central to the development of the above policy recommendation.

The MMA also recommends that all physicians who provide care to dying patients be certain that their patients are fully aware of hospice and palliative care services and benefits.

Talking Points

- The current bill, authored by Rep. Mike Frieberg and Sen. Kelly Morrison, MD, contains the safeguards required by MMA policy.
- Physicians hold varying views on the topic, clinically, legally and ethically.
- Aid-in-dying is often, incorrectly, referred to as euthanasia. The operative distinction between aid-in-dying and euthanasia is that the former is self-administered, and the latter is not self-administered.