

REPORT OF THE COUNCIL ON ETHICAL AND JUDICIAL AFFAIRS

CEJA Report 04-A-25

Subject: Reconsideration of Physician Assisted Suicide

Presented by: Jeremy A. Lazarus, MD, Chair

At the 2023 Interim meeting of the AMA House of Delegates, Resolution 004-Reconsideration of Medical Aid in Dying (MAID) was referred and asked, “that our AMA study changing our existing position on medical aid in dying, including reviewing government data, health services research, and clinical practices in domestic and international jurisdictions where it is legal.” This informational report provides supplemental background and analysis to support Board of Trustees Report 18-A-25, which responds to the referred resolution.

BACKGROUND

The [AMA Code of Medical Ethics defines physician assisted suicide \(PAS\)](#) as the practice of a physician facilitating “a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act” (1). In companion 1997 cases, the US Supreme Court held that there is no Constitutional right to PAS, and, therefore, permissibility should rest with the states (2). Over the nearly three decades since, 10 states and the District of Columbia have legalized the practice (3).

ETHICAL ISSUE

Resolution 004 directed CEJA to study whether current research, practice, or policy changes warrant reconsideration of CEJA’s ethical analysis and/or position on PAS.

ETHICAL ANALYSIS

At the 2019 Annual meeting, the AMA House of Delegates adopted CEJA Report 02-I-19 entitled “Physician-Assisted Suicide” and upheld AMA *Code of Medical Ethics* [Opinion 5.7](#) which opposes PAS as a practice that is “fundamentally incompatible with the physician’s role as a healer.” CEJA Report 02-A-19 also recognized, in an Appendix, that “morally admirable individuals hold diverging, yet equally deeply held and well-considered perspectives about physician-assisted suicide.” This Appendix noted that the AMA *Code* preserves the opportunity as articulated in [Opinion 1.1.7](#) for individual physicians “to act (or refrain from acting) in accordance with the dictates of conscience in their professional practice.”

AMA’s position on physician assisted suicide is not a position of neutrality, establishing that the profession of medicine should not support the practice of physician assisted suicide or see it as part of a physician’s role. The aim of the Appendix to CEJA Report 02-A-19, however, is to reassure individual physicians that those who, after due moral consideration, decide to participate in the practice, that they will be judged to have acted conscientiously, consistent with the AMA *Code*. In developing CEJA Report 02-A-19, the Council’s analyses and deliberations were informed by available data and research. However, its decision was not an empirically dictated one, but rather, it was driven by the core values of medicine preserved within the *Code of Medical Ethics*. The

1 Council has reviewed legislative developments since 2019 and has also reviewed recent
2 government data, health services research and clinical practices in US and international
3 jurisdictions where PAS and/or euthanasia are legal. The Council noted that these empirical data
4 are subject to varied interpretations and concluded that, as a matter of ethical reasoning, the data do
5 not settle the ethical issue. The relevant core ethical values at stake have not changed since the
6 adoption of CEJA Report 02-A-19. As such, the AMA's position on physician assisted suicide
7 remains unchanged.

Fiscal Note: Less than \$500