

HOPE: preventing euthanasia & assisted suicide Inc.

Submission to the Senate Legal and Constitution Affairs Committee, August 2014

Appendix 2 – Medical Bodies

### **World Medical Association:**

*"Euthanasia, that is the act of deliberately ending the life of a patient, even at the patient's own request or at the request of close relatives, is unethical. This does not prevent the physician from respecting the desire of a patient to allow the natural process of death to follow its course in the terminal phase of sickness."*

*"Physicians-assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession. Where the assistance of the physician is intentionally and deliberately directed at enabling an individual to end his or her own life, the physician acts unethically. However the right to decline medical treatment is a basic right of the patient and the physician does not act unethically even if respecting such a wish results in the death of the patient."*

*The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and*

*The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions.<sup>i</sup>*

### **Australian Medical Association**

*10.5 The AMA recognises that there are divergent views regarding euthanasia and physician-assisted suicide. The AMA believes that medical practitioners 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 futile treatment.*

*10.6 Patient requests for euthanasia or physician-assisted suicide should be fully explored by the medical practitioner in order to determine the basis for such a request. Such requests may be associated with conditions such as a depressive or other mental disorder, dementia, reduced decision-making capacity, and/or poorly controlled clinical symptoms such as pain. Understanding and addressing the reasons for such a request will allow the medical practitioner to adjust the patient's clinical management accordingly or seek specialist assistance.<sup>ii</sup>*

## **Australia and New Zealand Society of Palliative Medicine**

*The purpose of this position statement is to state that:*

*(a) The discipline of Palliative Medicine does not include the practice of euthanasia or assisted suicide;*

*(b) ANZSPM endorses the World Medical Association Resolution on Euthanasia, adopted by the 53rd WMA General Assembly, Washington, DC, USA, October 2002, which states:*

*"The World Medical Association reaffirms its strong belief that euthanasia is in conflict with basic ethical principles of medical practice, and The World Medical Association strongly encourages all National Medical Associations and physicians to refrain from participating in euthanasia, even if national law allows it or decriminalizes it under certain conditions."*

*(c) ANZSPM opposes the legalisation of both euthanasia and assisted suicide.<sup>iii</sup>*

### **Palliative Care Australia:**

*Palliative Care Australia believes:*

- Euthanasia and physician assisted suicide are not part of palliative care practice.*
- Every Australian at the end of life should have timely and equitable access to quality, needs based and evidence based care.*
- Dying is a natural part of life, and declining or withdrawing aspects of treatment is acceptable if it aligns with the informed wishes of the patient. This does not constitute euthanasia or physician assisted suicide.<sup>iv</sup>*

### **Canadian Medical Association:**

*Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.<sup>v</sup>*

*Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.*

*The involvement of physicians in euthanasia heightens the significance of its ethical prohibition. The physician who performs euthanasia assumes unique responsibility for the act of ending the patient's life. Euthanasia could also readily be extended to incompetent patients and other vulnerable populations.<sup>vi</sup>*

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<sup>i</sup> World Medical Association Resolution on Euthanasia. Available at

<http://www.wma.net/en/30publications/10policies/e13b/> Accessed 06082014

<sup>ii</sup> AMA Position Statement: *The role of the medical practitioner in end of life care 2007*. Available at:

<https://ama.com.au/position-statement/role-medical-practitioner-end-life-care-2007> Accessed 06082014

<sup>iii</sup> ANZSPM Position Statement (2013) on *The Practice of Euthanasia and Assisted Suicide*. downloadable at:

<http://www.anzspm.org.au/c/anzspm?a=da&did=1005077>

<sup>iv</sup> Palliative Care Australia *Voluntary euthanasia and physician assisted suicide - position statement*.

Downloadable at: <http://www.palliativecare.org.au/Policy/Positionstatements.aspx>

<sup>v</sup> Canadian Medical Association. *Opinion 2.211 - Physician-Assisted Suicide*. <http://www.ama->

[assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page) accessed

07082014

<sup>vi</sup> Canadian Medical Association. *Opinion 2.21 – Euthanasia*. <http://www.ama-assn.org/ama/pub/physician->

[resources/medical-ethics/code-medical-ethics/opinion2211.page](http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page) accessed 07082014