

Briefing Note 1 : The Key Points

1 Leading medical associations oppose euthanasia

The Australian Medical Association opposes euthanasia

The American Medical Association opposes euthanasia

The British Medical Association opposes euthanasia

2 Most medical practitioners oppose euthanasia

Euthanasia is unequivocally opposed by

- two-thirds of British GPs,
- 55.8% of Welsh GPs,
- over 70% of doctors in India and Pakistan, and
- over 90% of American cancer doctors.

3 Doctors oppose euthanasia because . . .

- euthanasia is impossible to control,
- euthanasia poses serious societal harms,
- euthanasia will cause more harm than good,
- legalising euthanasia will increase pressure on vulnerable individuals and groups,
- legalised euthanasia will radically change the ethos of the medical profession,
- end-of-life issues are best addressed by doctors following good medical and palliative practice, not by euthanasia legislation.

Euthanasia Law Reform - Briefing Note 1

Leading medical associations oppose euthanasia

- **Australian Medical Association 2007**
*'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.'*¹
- **American Medical Association 2008**
*'Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.'*²
- **British Medical Association 2009**
*'The BMA will continue to oppose assisted dying after calls to give terminally ill patients the choice to end their life were rejected.'*³

Most medical practitioners oppose euthanasia

- two-thirds of British doctors oppose euthanasia (March 2009)⁴
- 55.8% of Welsh GPs are opposed to euthanasia (October 2005)⁵
- over 70% of doctors in India and Pakistan oppose euthanasia (2008)⁶
- only 6.5% of American cancer doctors supported euthanasia in 2000, down from 22.7% in 1994.⁷

Doctors oppose euthanasia because . . .

. . . doctors are concerned that euthanasia is impossible to control, poses serious societal harms, and will cause more harm than good.

"It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, permitting physicians to engage in euthanasia would ultimately cause more harm than good. 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."*⁸

American Medical Association

Doctors oppose euthanasia because . . .

. . . doctors are concerned that legalising euthanasia will increase pressure on vulnerable individuals and groups.

*“If euthanasia were an option, there might be pressure for all seriously ill people to consider it even if they would not otherwise entertain such an idea. Health professionals explaining options for the management of terminal illness would have to include an explanation of assisted dying. Patients might feel obliged to choose it for the wrong reasons, if they were worried about being a burden or concerned about the financial implications of a long terminal illness. Legalisation could generate anxiety for vulnerable, elderly, disabled or very ill patients.”*⁹

British Medical Association

. . . doctors are concerned that legalised euthanasia will radically change the ethos of the medical profession.

Euthanasia has changed the ethos of the medical profession in the Netherlands:

*‘Fifty-five percent are of the opinion that since the passage of the new law physicians no longer have the right to refuse euthanasia.’*¹⁰

Some Dutch doctors have simply stopped fulfilling their legal obligations:

*“Termination of life without request of the patient” is still practiced on an undiminished scale, in defiance of the official rules of careful conduct. “It is bewildering [to realize that] so many members of the profession bearing a direct responsibility for life and death completely disregard the legal rules,” wrote a Dutch critic of the report.’*¹¹

. . . doctors believe that end-of-life issues are best addressed by doctors following good medical and palliative practice, not by euthanasia legislation.

*“The [Australian Medical Association] supports a guidance framework rather than a legislative system to oversee end of life care. Where legislation does exist, the AMA supports uniform, flexible legislation that protects medical practitioners and allows them to undertake their clinical duties in line with good medical practice.”*¹²

Australian Medical Association

References

- ¹ Australian Medical Association (2007), *Position Statement on the Role of the Medical Practitioner in End of Life Care*, 10.5. Online at <http://www.ama.com.au/node/2803>
- ² American Medical Association (2008-2009), *Code of Medical Ethics*, Opinion 2.21. Online at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion221.shtml>
- ³ British Medical Assn. Statement (2009), *BMA reaffirms opposition to assisted dying*. (1 July 2009) Online at http://www.bma.org.uk/whats_on/annual_representative_meeting/arm09_wednesday/arm09bmanews_wednesday03.jsp
- ⁴ Multiple Sclerosis Society (2009), “Majority of UK doctors opposed to legalization of euthanasia” (Press Release 24 March 2009). Online at <http://www.prnewswire.co.uk/cgi/release?id=252423>
- ⁵ Diana Pasterfield et al. (2006), “GP’s views on changing the law on physician assisted suicide and euthanasia, and willingness to prescribe or inject lethal drugs: a survey from Wales.” *British Journal of General Practice* June 2006, 450-452.
- ⁶ Syed Qamar Abbas et al. (2008), “Attitudes toward euthanasia and physician-assisted suicide among Pakistani and Indian doctors: a survey.” *Indian Journal of Palliative Care* 14:2 (2008) 71-74. Online at <http://www.jpalliativecare.com/article.asp?issn=0973-1075;year=2008;volume=14;issue=2;spage=71;epage=74;aulast=Abbas>
- ⁷ American Society of Clinical Oncology (2000), “Euthanasia and Physician-Assisted Suicide – What Are Doctors Thinking?” Survey report in the *Annals of Internal Medicine* 2000; 133:527-532. Summary online at <http://www.medicinenet.com/script/main/art.asp?articlekey=14978>
- ⁸ American Medical Association (2008-2009), Opinion 2.21.
- ⁹ British Medical Association (2007), *End-of-life decisions: views of the BMA* (October 2007), 5. Online at http://www.bma.org.uk/images/Endoflife_tcm41-146693.pdf
- ¹⁰ Richard Fenigsen (2004), “Dutch Euthanasia: The New Government Ordered Study.” *Issues in Law and Medicine* 20:1 (2004), 77.
- ¹¹ Fenigsen (2004), 77.
- ¹² Australian Medical Association (2007), 1.4.