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.
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.’

- **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.’

- **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.’

Most medical practitioners oppose euthanasia

- two-thirds of British doctors oppose euthanasia (March 2009)
- 55.8% of Welsh GPs are opposed to euthanasia (October 2005)
- over 70% of doctors in India and Pakistan oppose euthanasia (2008)
- only 6.5% of American cancer doctors supported euthanasia in 2000, down from 22.7% in 1994.

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.”

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.”

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.’

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.’

. . . 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.”

Australian Medical Association
References


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.


11 Fenigsen (2004), 77.

12 Australian Medical Association (2007), 1.4.