AMERICAN MEDICAL STUDENT ASSOCIATION
HOUSE OF DELEGATES 2016
RESOLUTION: C5

INTRODUCED BY:	Devki Bhatt, REACH Chair
SCHOOL:	SUNY Downstate College of Medicine
SUBJECT:	Principles Regarding Death and Dying
TYPE:	Resolution of Principles

WHEREAS the current language within the Preamble, Purposes, Principles (PPP) is outdated; and,

WHEREAS discussion about death and dying is critical to all health care professionals.

THEREFORE BE IT RESOLVED that the Principles Regarding Death and Dying (p.76) be AMENDED BY ADDITION AND SUBSTITUTION to state:

1. BELIEVES that patients have the right to refuse treatment ~~when they have been fully informed of the consequences~~ with informed consent that includes discussion of risks, benefits, complications and alternatives, even if such refusal results in the patient's death;
2. BELIEVES that patients who are comatose, and in whom there is no reasonable expectation of recovery, have the right, through ~~prior written documents such as living wills~~ advanced directives, to refuse treatment and to be allowed to die and not be kept alive by artificial means;

...

4. ~~BELIEVES that the quality of life is an important parameter in the health care management of the patient with terminal or severe chronic illness and, further, SUPPORTS the use of medications that are necessary to relieve a terminally ill patient's suffering despite their having an inseparable dual effect of hastening the patient's death. (1993)~~

…

7. STRONGLY URGES all medical schools and residency programs to offer electives to educate medical students and residents in ~~issues of death and dying~~ end of life care. (1996)
8. BELIEVES that all patients have the right to know ~~all options available to them before they make end of life decisions~~ risks, benefits, complications, and alternatives for all options during treatment at the end of life. These options include, but are not limited to, hospice and palliative care, withdrawal or continuation of treatment, ~~continuation of treatment,~~ comfort measures and self-deliverance. ~~The patient should be made aware of the implications of each of these options. (1996)~~
9. BELIEVES that counseling and support services should be made available to physicians and medical students who are dealing with issues of ~~death and dying~~ end of life, whether the issues are related to patient care or their personal lives. (1996)
10. SUPPORTS ~~an~~ a patient-centered, interdisciplinary approach to the study and care of patients at the end of life that emphasizes the principles of quality of life, beneficence, nonmaleficence, and patient autonomy, and further SUPPORTS using medications that are necessary to easy suffering for patients at the end of life despite their having an inseparable dual effect of hastening the patient's death. ~~with active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is the quality of life. AMSA further RECOGNIZES the~~

~~multidimensional nature of suffering, with an ultimate goal of responding to this suffering with care that addresses all of these dimensions and communicates in a language that conveys mutuality, respect and independence. (1997)~~

Fiscal note: None

REPORT OF REFERENCE COMMITTEE C

DISCUSSION

BOT: Voted to adopt as amended, motion passed 10-0-0
Recommends pt 4 cross out after SUPPORTS
Pt 10 cross out 30 starting at "that" ending with and "patient autonomy" at 31
BRD: Voted to ***
PRD: Voted to ***
IRD: Voted to adopt as amended as recommended by BOT
ACTE: Voted to adopted as amended as recommended by BOT except unstrike belief to chronic
Premedical Caucus: Voted to ***

SUMMARY OF DISCUSSION

PROS: * ** (i.e. The proposition testimony argued… No proposition testimony provided; etc)

CONS: *** (i.e. The opposition testimony argued… No opposition testimony provided; etc)

REFERENCE COMMITTEE COMMENTS

This resolution had wide support from BOT, IRD, and ACTE with the following changes that don't change the intent of the resolution.

REFERENCE COMMITTEE RECOMMENDATION

Adopt as amended

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Fiscal note: None