
**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

1 WHEREAS the current language within the Preamble, Purposes, Principles (PPP) is outdated; and,

2
3 WHEREAS discussion about death and dying is critical to all health care professionals.

4
5 **THEREFORE BE IT RESOLVED** that the Principles Regarding Death and Dying (p.76) be AMENDED BY
6 ADDITION AND SUBSTITUTION to state:

- 7
- 8 1. BELIEVES that patients have the right to refuse treatment ~~when they have been fully informed of the consequences~~
9 **with informed consent that includes discussion of risks, benefits, complications and alternatives**, even if such refusal
10 results in the patient's death;
 - 11 2. BELIEVES that patients who are comatose, and in whom there is no reasonable expectation of recovery, have the
12 right, through ~~prior written documents such as living wills~~ **advanced directives**, to refuse treatment and to be
13 allowed to die and not be kept alive by artificial means;
 - 14 ...
 - 15 4. ~~BELIEVES that the quality of life is an important parameter in the health care management of the patient with~~
16 ~~terminal or severe chronic illness and, further, SUPPORTS the use of medications that are necessary to relieve a~~
17 ~~terminally ill patient's suffering despite their having an inseparable dual effect of hastening the patient's death.~~
18 ~~(1993)~~
 - 19 ...
 - 20 7. STRONGLY URGES all medical schools and residency programs to offer electives to educate medical students and
21 residents in ~~issues of death and dying~~ **end of life care**. (1996)
 - 22 8. BELIEVES that all patients have the right to know ~~all options available to them before they make end of life~~
23 ~~decisions~~ **risks, benefits, complications, and alternatives for all options during treatment at the end of life**. These
24 options include, but are not limited to, hospice **and palliative** care, withdrawal **or continuation** of treatment,
25 ~~continuation of treatment~~, comfort measures and self-deliverance. ~~The patient should be made aware of the~~
26 ~~implications of each of these options.~~ (1996)
 - 27 9. BELIEVES that counseling and support services should be made available to physicians and medical students who
28 are dealing with issues of ~~death and dying~~ **end of life**, whether the issues are related to patient care or their personal
29 lives. (1996)
 - 30 10. SUPPORTS ~~an~~ **a patient-centered**, interdisciplinary approach to the study and care of patients **at the end of life that**
31 **emphasizes the principles of quality of life, beneficence, nonmaleficence, and patient autonomy, and further**
32 **SUPPORTS using medications that are necessary to ease suffering for patients at the end of life despite their having**
33 **an inseparable dual effect of hastening the patient's death.** ~~with active, progressive, far advanced disease for whom~~
34 ~~the prognosis is limited and the focus of care is the quality of life. AMSA further RECOGNIZES the~~

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

37

38

39 Fiscal note: None