

This resolution was written by Past-President, Miles J. Zaremski, JD, FCLM, and approved by the Executive Committee and the Board of Governors.

ACLM POLICY ON AID IN DYING

Effective October 6, 2008, the official policy of the American College of Legal Medicine relating to end-of-life decisions made by mentally competent, terminally ill persons is encapsulated by the three "resolve" sections, below.

WHEREAS, the American College of Legal Medicine ("ACLM") is an organization of professionals engaged in issues where the disciplines of medicine and law converge, including the debate and discussion surrounding end-of-life treatment options and decisions, and has been so engaged in this debate for over a decade; and

WHEREAS the ACLM acknowledges that a continuum of views exists within its membership concerning end-of-life treatment options, and that it respects these views in accordance with the personal feelings and conscience of each of its members; and

WHEREAS, the ACLM has recognized there has been considerable literature and data surrounding whether or not there is a need to implement such options, including the 10 years of experience now from the State of Oregon with its Death With Dignity Act; and

WHEREAS, the ACLM filed an *Amicus* brief before the United States Supreme Court in 1996 in which it stated, "The term 'physician-assisted suicide' is arguably a misnomer that unfairly colors the issue, and for some, evokes feelings of repugnance and immorality....(I)t seems inappropriate to characterize requests for treatment that end life, made by suffering, terminally-ill patients, as any form of destruction or ruination of their interests. Assuming a patient's mental competence, and recognizing (the Supreme) Court's long-held commitment to the principles of personal autonomy and free will, prescribing medication intended to end life in the subject context serves --- not destroys or ruins --- a patient's interests....ACLM rejects the term 'physician-assisted suicide,' and instead refers herein to the practice in question as 'treatment intended to end life' "; and finally,

WHEREAS, the ACLM is the first such organization to publicly advocate elimination of the word "suicide" from the lexicon created by a mentally competent, though terminally ill, person who wishes to be aided in dying; NOW THEREFORE

BE IT RESOLVED:

That the ACLM recognizes patient autonomy and the right of a mentally competent, though terminally ill, person to hasten what might otherwise be objectively considered a protracted, undignified, or painful death, *provided*, however, that such person strictly complies with law specifically enacted to regulate and control such a right; and

BE IT FURTHER RESOLVED:

That the process initiated by a mentally competent, though terminally ill, person who wishes to end his or her suffering and hasten death according to law *specifically* enacted to regulate and control such a process shall not be described using the word "suicide", but, rather, as a process intended to hasten the end of life.

BE IT FINALLY RESOLVED:

The ACLM continues to strongly support the use of palliative and hospice care for mentally competent though terminally ill persons.

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3. Oregon's Death with Dignity Act, secs. 127.800 to 127.897 (*see also* <http://www.oregon.gov/DHS/ph/pas/docs/statute.pdf>).
4. American Public Health Association's policy, "Supporting Appropriate Language Used To Discuss End of Life Choices", 11/08/2006, LB-06-02; *see also*, <http://www/apha.org/about/news/pressreleases/2006/06policiesnewsrelease.htm>.

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14. American Medical Women's Association (AMWA Position Statement on Aid in Dying. <http://www.amwa-doc.org/index.cfm?objectId=242FFEF5-D567-0B25-58DC5662AB71DF9>.)
15. Brief *Amicus Curiae* American Medical Student Association and A Coalition of Distinguished Medical Professionals in Support of Respondents, *Vacco v. Quill* (USSCt.), 1996 WL 709332. *See also* AMSA Principles Regarding Physician-Assisted Suicide, <http://www.amsa.org/about/ppp/pas.cfm>.
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