

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 01
(A-19)

Introduced by: Psychiatric Society of Delaware
Neil S. Kaye, MD, DLFAPA

Subject: Commitment to Ethics

Whereas, The medical profession has adhered to a Code of Ethics since the 5th Century BCE;
and

Whereas, Such Codes have included the Oath of Hippocrates and the Oath of Maimonides; and

Whereas, In 1803 Thomas Percival introduced our country's first medical ethics standards; and

Whereas, These codes were adopted by the AMA in 1847; and

Whereas, The Code of Medical Ethics has been revised continuously, most recently in 2016;
and

Whereas, Forces from both within the house of medicine and outside of the house of medicine
continually try to influence the practice of medicine; and

Whereas, What has never changed in any of these ethical codes is the requirement that
physicians focus 100% of their efforts on healing; therefore be it

RESOLVED, That the Medical Society of Delaware will continue to recognize the AMA Code of
Medical Ethics as binding on all decisions made by the organization and its members; and be it
further

RESOLVED, That the Medical Society of Delaware will actively resist all attempts to lessen its
ethical standards as enumerated in the AMA Code of Medical Ethics.

Fiscal Note: Undetermined

¹American Medical Association. *Code of Medical Ethics of the American Medical Association*. Chicago, IL: American Medical Association; 2017

MEDICAL SOCIETY OF DELAWARE COUNCIL

Resolution: 02
(A-19)

Introduced by: Robert J. Varipapa, MD

Subject: MSD Support of Medical Aid in Dying (MAID)

Whereas, Medical Aid in Dying (MAID) is an established practice in nine states (Oregon, Washington, Montana, Vermont, California, Colorado, Hawaii, New Jersey, and Maine) and the District of Columbia that authorizes terminally ill adults with decision-making capacity and less than six months to live to request a prescription medication which they may self-administer to bring about a peaceful death if and when their suffering becomes intolerable; and

Whereas, Medical Aid in Dying, if legalized in Delaware, would become an option in the care of the terminally ill; and

Whereas, A change in the Medical Society of Delaware's position on this issue would protect its members' freedom to decide which end-of-life options to provide to patients in the context of the doctor-patient relationship and in accordance with each physician's personally held values, beliefs, and ethical standards; and

Whereas, The Medical Society of Delaware has recognized that there are well-meaning people on both sides of this issue and that principled and ethical physicians hold a broad range of positions and opinions on this subject; and

Whereas, A position of engaged neutrality can allow for diverse views while ensuring safeguards, educating members, and protecting physicians' and patients' freedom to participate or opt out of Medical Aid in Dying according to their own personal values; and

Whereas, Studies indicate that Medical Aid in Dying has had a net positive effect on hospice utilization through more open conversation about end-of-life options¹; increased referrals to hospice²; reduced patient worry about future pain, discomfort, or loss of control³; and

Whereas, 12 state medical societies and the District of Columbia⁴, the American Academy of Family Physicians⁵, the American Academy of Neurology⁶, and the American Academy of Hospice and Palliative Medicine⁷ have adopted positions of engaged neutrality toward Medical Aid in Dying; and

Whereas, Engaged neutrality is neither in support of nor in opposition to Medical Aid in Dying, but acknowledges that ethical physicians may disagree; and

Whereas, A position of engaged neutrality the Medical Society of Delaware to serve as an expert resource to lawmakers to ensure appropriate safeguards, educate its members about the legislation, and defend physicians' freedom to participate in or opt out of Medical Aid in Dying according to their own conscience without consequence; now therefore be it

RESOLVED, That the Medical Society of Delaware rescind its policy position of opposition to “Physician-Assisted Suicide” and instead adopt a position of engaged neutrality toward Medical Aid in Dying; and be it further

RESOLVED, That while “Physician-Assisted Suicide” and “Medical Aid in Dying” are commonly used interchangeably, the term “Medical Aid in Dying” will be the term utilized upon passage of this resolution.

Fiscal Note: Undetermined

¹Wang, S, Aldridge, MD, Gross, CP, Canavan, M, Cherlin, E, Johnson-Hurzeler, R, et al. (2015) Geographic Variation of Hospice Use Patterns at the End of Life. *Journal of Palliative Medicine*. 18(9), 775.

²Ganzini, L, Nelson, HD, Lee, MA, Kraemer, DF, Schmidt, TA, Delorit, MA. (2001) Oregon Physicians' Attitudes About and Experiences with End-Of-Life Care Since Passage of the Oregon Death With Dignity Act. *JAMA*. 285(18): 2365.

³Ganzini, L, Harvath, TA, Jackson, A, et al. (2002) Experiences of Oregon Nurses and Social Workers with Hospice Patients Who Requested Assistance with Suicide. *The New England Journal of Medicine*. 347(8): 585.

⁴California Medical Association, Colorado Medical Society, Connecticut State Medical Society, Medical Society of the District of Columbia, Hawaii Society of Clinical Oncology, Maine Medical Association, Maryland State Medical Society, Massachusetts Medical Society, Minnesota Medical Association, Nevada State Medical Association, New Mexico Medical Society, Oregon Medical Association, and Vermont Medical Society.

⁵<https://www.aafp.org/news/2018-congress-fmx/2018101cod-hops.html>

⁶n.neurology.org/content/90/9/420

⁷aahpm.org/positions/pad