

POLST IL POLICY REGARDING MEDICAL AID IN DYING

Consistent with our stated mission, POLST Illinois is committed to the protection of patient autonomy for individuals with advanced or debilitating chronic disease. This responsibility originates from the dignity and inherent worth of each human being. Because we embrace human dignity as an inviolable principle, we encourage patient-centered treatment plans that are rooted in an individual's core values and beliefs.

The POLST model encourages a patient to express their preferences for medical treatment while living with serious illness or frailty. This stands in contrast to medical aid in dying (MAID), in which the intent of a patient is to deliberately end their life. Allowing a natural death must be distinguished from actions that intentionally hasten death. The Illinois POLST form does not include treatment options that would constitute MAID or physician assisted suicide. Rather, it permits an individual to *decline* medical treatments that are unduly burdensome and inconsistent with their physical, psychosocial, or spiritual integrity.

POLST Illinois acknowledges the diverse range of opinions within the medical community concerning MAID. However, MAID remains ethically distinct from withholding resuscitation in the event of a medical emergency. Legislative and educational efforts of POLST Illinois should not be interpreted as implicitly promoting MAID or fostering a culture change sympathetic to its practice.

Possible addition of "engaged neutrality":

Whereas, in 2019, the American Medical Association's Council on Ethical and Judicial Affairs (CEJA) Report 2-A-19 highlighted two separate provisions in the Code of Medical Ethics as relevant and applicable to medical aid in dying establishing that physicians who participate in medical aid in dying are adhering to their professional, ethical obligations as are physicians who decline to participate.

The CEJA recognized that "supporters and opponents share a fundamental commitment to values of care, compassion, respect and dignity, but diverge in drawing different moral conclusions from those underlying values in equally good faith."
29Resolution 12.2020-27 (A-21)

And concluded, "Where one physician understands providing the means to hasten death to be an abrogation of the physician's fundamental role as healer that forecloses any possibility of offering care that respects dignity, another in equally good faith understands supporting a patient's request for aid in hastening a foreseen death to be an expression of care and compassion." 4 34

35

Whereas, the American Academy of Family Physicians⁵, the American Academy of Hospice and Palliative Medicine⁶ and numerous state and national medical societies⁷ 37 have adopted neutral positions with regard to medical aid in dying; and 38

39

Whereas, 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; 42 and 43

44

Whereas, on December 29, 2020, the Chicago Medical Society adopted a position of engaged neutrality concerning legislative efforts to authorize medical aid in dying provided that physician shall not be required to perform medical aid in dying if it violates personally held ethical principles; CMS voted to advance the resolution to ISMS for adoption of this policy; therefore, be it

49
50

RESOLVED, that the Illinois State Medical Society, in order to better reflect the diverse opinions of its membership, adopt a position of engaged neutrality regarding legislative efforts to authorize medical aid in dying provided that physicians shall not be required to perform medical aid in dying if it violates personally held ethical principles.