

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 21
Judicial Affairs (CEJA) Report 2-A-19 highlighted two separate provisions in the Code 22
of Medical Ethics as relevant and applicable to medical aid in dying establishing that 23
physicians who participate in medical aid in dying are adhering to their professional, 24
ethical obligations as are physicians who decline to participate.

*The CEJA recognized that “supporters and opponents share a fundamental 27
commitment to values of care, compassion, respect and dignity, but diverge in drawing 28
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 30 hasten
death to be an abrogation of the physician’s fundamental role as healer that 31 forecloses
any possibility of offering care that respects dignity, another in equally good 32 faith
understands supporting a patient’s request for aid in hastening a foreseen death to 33 be
an expression of care and compassion.”* 434

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Whereas, the American Academy of Family Physicians⁵, the American Academy 36 of
Hospice and Palliative Medicine⁶ and numerous state and national medical societies⁷³⁷
have adopted neutral positions with regard to medical aid in dying; and 38
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Whereas, engaged neutrality can allow for diverse views while ensuring 40 safeguards,
educating members and protecting physicians’ and patients’ freedom to 41 participate or
opt out of medical aid in dying according to their own personal values; 42 and 43
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Whereas, on December 29, 2020, the Chicago Medical Society adopted a position 45 of
engaged neutrality concerning legislative efforts to authorize medical aid in dying 46
provided that physician shall not be required to perform medical aid in dying if it violates
47 personally held ethical principles; CMS voted to advance the resolution to ISMS for 48
adoption of this policy; therefore, be it 49
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RESOLVED, that the Illinois State Medical Society, in order to better reflect the 51 diverse
opinions of its membership, adopt a position of engaged neutrality regarding 52
legislative efforts to authorize medical aid in dying provided that physicians shall not be
53 required to perform medical aid in dying if it violates personally held ethical
principles.