

# Virtual Mentor

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## THE CODE SAYS

### **The American Medical Association *Code of Medical Ethics*' Opinions on Physician Participation in Abortion, Assisted Reproduction, and Physician-Assisted Suicide**

#### **Opinion 2.01 - Abortion**

The "Principles of Medical Ethics" of the AMA do not prohibit a physician from performing an abortion in accordance with good medical practice and under circumstances that do not violate the law.

Issued prior to April 1977.

#### **Opinion 2.055 - Ethical Conduct in Assisted Reproductive Technology**

The following guidelines are intended to emphasize the value of existing standards to ensure ethical practices in assisted reproductive technology (ART):

- (1) The medical profession's development of technical and ethical guidelines for ART should continue. Education of the profession and patients should be pursued through widely disseminated information. Such material should include information on clinic-specific success rates.
- (2) Fertility laboratories not currently participating in a credible professional accreditation program are encouraged to do so. Professional self-regulation is also encouraged through signed pledges to meet established ethical standards and to comply with laboratory accreditation efforts. Physicians who become aware of unethical practices must report such conduct to the appropriate body. Physicians also should be willing to provide expert testimony when needed. Specialty societies should discuss the development of mechanisms for disciplinary action, such as revocation of membership, for members who fail to comply with ethical standards.
- (3) Patients should be fully informed about all aspects of ART applicable to their particular clinical profile. A well-researched, validated informed consent instrument would be useful for the benefit of patients and professionals. Payment based on clinical outcome is unacceptable.
- (4) Physicians and clinicians practicing ART should use accurate descriptors of available services, success rates, and fee structure and payment obligations in promotional materials.

If legislation on regulation of ART laboratories, advertising practices, or related issues is adopted, it should include adequate financial resources to ensure the intended action can be implemented. Improved legislative protection may be needed

to protect physicians and their professional organizations when they provide testimony on unethical conduct of colleagues.

Issued December 1998 based on the report “Issues of Ethical Conduct in Assisted Reproductive Technology,” adopted June 1996.

**Opinion 2.211 - Physician-Assisted Suicide**

Physician-assisted suicide occurs when a physician facilitates a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

Issued June 1994 based on the reports “Decisions Near the End of Life,” adopted June 1991 and “Physician-Assisted Suicide,” adopted December 1993; updated June 1996.

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