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New York's medical society will survey doctors on attitudes toward physician assisted dying

By [KAREN SHAKERDGE \(/PEOPLE/KAREN-SHAKERDGE\)](#) • APR 24, 2017

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The Medical Society of New York State has decided to ask doctors for their opinions on physician assisted dying.

The medical society (Oregon,%
20Washington,%20Montana,%
20Vermont,%20California,%20Colorado),
which has about 30,000 members made up
of physicians and medical students, has



maintained its position

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(<http://www.mssnypositionstatements.org/47-2/#95.000>) of opposing physician assisted dying since 1992.


“In the past, there was a very unified position on this. I’m seeing that there’s divided opinions that are being expressed,” says Dr. Charles Rothberg, the president of the medical society.


The society announced it will develop a survey to gauge the attitudes of New York physicians on the issue. The survey results could be meaningful as lawmakers consider New York’s Medical Aid in Dying Act (http://assembly.state.ny.us/leg/?default_fld=&leg_video=&bn=A02383&term=2017&Summary=Y&Actions=Y).


“In terms of the legislative proposals, my understanding is that those proposals in the past have not had sufficient support to be passed. I’m very curious - as are lots of stakeholders - as to whether physician attitudes are changing,” Rothberg says.


Details regarding timeframe or who exactly would receive the survey are unclear at this time.

Six states – Oregon, Washington, Montana, Vermont, California, Colorado - and Washington D.C. currently authorize medical aid in dying for terminally ill residents.

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ASKING DOCTORS ABOUT THE RIGHT-TO-DIE

The results of any survey of doctors depends on how the question is asked. If the words "euthanasia" or "physician-assisted suicide" are used, the doctors mostly vote NO. But if a broader question is asked, such as: "Should doctors ever recommend life-ending decisions?" then a majority of doctors vote YES.

If there is enough space available in the survey, then the following forms of "life-ending decisions" can be explained:

- (1) increasing pain-medication,
(2) beginning terminal sedation,
(3) ending medical treatments and life-supports,
(4) giving up food and water.

Because these methods of managing dying are all well-established in terminal medical care

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