



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY RELATIVE TO H.2246 AND S.1331,
AN ACT RELATIVE TO END OF LIFE OPTIONS
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
OCTOBER 20, 2023**

The Massachusetts Medical Society appreciates the opportunity to provide testimony relative to House bill 2246 and Senate bill 1331, *An Act relative to end of life options*. Specifically, the MMS wishes to provide information relative to its position of “neutral engagement” on the issue of medical aid in dying (MAID).

The Medical Society adopted this policy in December 2017 as part of a broader position statement on end-of-life care. The policy was reaffirmed in 2022 and remains our policy to this day. The policy states:

“The MMS defines medical aid-in-dying as the act of providing care — palliative, hospice, compassionate — to patients at the end of life. The act of a physician writing a prescription for a lethal dose of medication to be used by an adult with a terminal illness at such time as the patient sees fit will, if legalized, be recognized as an additional option in the care of the terminally ill. (HP)

The MMS adopts the position of neutral engagement, serving as a medical and scientific resource to inform legislative efforts that will support patient and physician shared decision making regarding medical aid-in-dying, provided that physicians shall not be required to provide medical aid-in-dying that involves prescribing lethal doses of medication if it violates personally held ethical principles. (HP)

The MMS asserts that medical aid-in-dying that involves prescribing lethal doses of medication should be practiced only by a duly licensed physician in conformance with standards of good medical practice and statutory authority. (HP)

The MMS will support its members regarding clinical, ethical, and legal considerations of medical aid-in-dying, through education, advocacy, and/or the provision of other resources, whether or not members choose to practice it. (HP)

The MMS supports effective palliative care, especially at the end of life. (HP)”



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In light of this policy, the Medical Society wishes to make a few points regarding House bill 2246 and Senate bill 1331. While the December 2017 vote of the MMS policy-making body changed a longstanding position opposing MAID, it did not establish an inverse position of support for related legislative efforts. Instead, in passing this neutral engagement policy, MMS is promising to play an educational role to ensure that legislative efforts do not inadvertently put our patients at unintended risk of any sort. We have closely followed the enabling legislation in the states that have legalized MAID and appreciate that the prevailing patient protections from other states have been included in the current legislative proposal before you.

The MMS policy, as included above, underscores the importance of voluntary physician participation. We therefore appreciate the thoughtful provisions in Section 15 of this legislation which allow physicians to conscientiously object to and decline to participate in this practice, and which, importantly, provides broad legal protections for those who make this decision.

The Medical Society has long worked to protect the sanctity of the patient-physician relationship. While legalized medical aid in dying could add complexities to certain such relationships, we wish to underscore that, if passed, any statutory language should explicitly not automatically compel the termination of existing relationships or otherwise interfere with the physician-patient relationship; such decisions should remain at the discretion of the patient and physician.

In the absence of a position for or against this bill, we wish to reiterate our commitment to actively listening to the continued discourse on this topic; our pledge to serve as a medical and scientific resource as appropriate within this neutral position; and our assurance to the public that the Massachusetts Medical Society stands ready to help support its members regarding clinical, ethical, and legal considerations of medical aid in dying, whether a physician chooses to participate in any authority provided under the framework should this legislation become law.

And most importantly, we continue to underscore the need for effective palliative care, especially at the end of life. We hope that, regardless of the fate of this bill, the impassioned stakeholders from both sides of the debate can all agree on the importance a broad-based, systematic commitment to improve access to hospice and palliative care for all persons in the Commonwealth. Thank you for consideration of these comments, we'd be happy to discuss with the committee further at your convenience.