

AMA Uncovered



Australian
Medical
Association

In 2016, the Australian Medical Association (AMA) reviewed its policy on 'euthanasia and physician assisted suicide.'

Sixteen questions for the AMA

1. Why does the AMA, through its Tasmanian representative, think it appropriate to state on national television that dying patients in extremis and without relief can suicide by themselves, even if the AMA doesn't "encourage" it?
2. Why did the AMA repeatedly delete corrections to its negative MJA misinformation about assisted dying practice in Belgium?
3. Why did the AMA decide to review its "policy on euthanasia and physician assisted suicide" when it didn't specifically have one? It had a policy on the role of doctors in end of life care.
4. Why did the AMA review comprehensively ignore the substantial secondary data that already exists about the attitudes and practices of doctors and patients in end of life decisions?
5. Why did the AMA not proactively obtain professional advice and assistance with the design and conduct of its doctor survey, and prefer to use such an amateurish one?
6. If the AMA really represents all Australian doctors, why did it expressly exclude more than two thirds of them from its survey?
7. Why did the AMA persistently use inappropriate language and inadequate definitions about assisted dying?
8. Why did the AMA not make any serious attempt to understand patient perspectives beyond superficial statements that 'opinions are divided'?
9. Why did the AMA not report the multiple significant biases in its survey, which it knew about, in the 'limitations' section of its final report?
10. Why did the AMA President consider it appropriate to make multiple statements hostile towards assisted dying while the review was underway?
11. Why did the AMA executive decide to continue to demand doctors not participate in assisted dying, when more than half of its own members said it could be appropriate clinical practice provided by doctors, nearly four in ten expressly disagreed with the policy, and a third said they'd participate if assisted dying were legalised?
12. Why does the AMA consider it appropriate to make repeated categorical, public statements that doctors should not be involved in assisted dying, when its Position Statement is not binding on its own members, let alone all Australian doctors?
13. How can the AMA justify the incoherence of having an expressly opposed stance to assisted dying in its revised Position Statement while it remains totally silent on the matter in its Code of Ethics, revised at the same time?
14. How can the AMA legitimately demand to be centrally involved in developing an assisted dying framework — in which it says doctors should not be involved — for law reform, when it has no frameworks at all for the similar contexts of refusal of life-preserving medical treatment, continuous deep sedation until death, and the voluntary refusal of food and fluids (all currently lawful and practiced)? When will it develop and publish those?
15. Why does the AMA continue to present itself to the media and the public as representing all Australian doctors, when more than two thirds of them are not members?
16. Will the AMA include a formal analysis and critique of this deeply flawed policy review as part of its modernisation efforts in order to rebuild its brand value and stem the falling tide of its membership? That is, is the AMA prepared to learn from its mistakes?