

AMA Statement on End-of-Life Care

Preamble

In the last phase of life people seek peace and dignity. To help realize this, every person should be able to fairly expect the following elements of care from physicians, health care institutions, and the community.

Elements

The opportunity to discuss and plan for end-of-life care. This should include: the opportunity to discuss scenarios and treatment preferences with the physician and health care proxy, the chance for discussion with others, the chance to make a formal "living will" and proxy designation, and help with filing these documents in such a way that they are likely to be available and useful when needed.

Trustworthy assurances that physical and mental suffering will be carefully attended to and comfort measures intently secured. Physicians should be skilled in the detection and management of terminal symptoms, such as pain, fatigue, and depression, and able to obtain the assistance of specialty colleagues when needed.

Trustworthy assurance that preferences for withholding or withdrawing life-sustaining intervention will be honored. Whether the intervention be less complex (such as antibiotics or artificial nutrition and hydration) or complex and more invasive (such as dialysis or mechanical respiration), and whether the situation involves imminent or more distant dying, patients' preferences regarding withholding or withdrawing intervention should be honored in accordance with the legally and ethically established rights of patients.

Trustworthy assurance that there will be no abandonment by the physician. Patients should be able to trust that their physician will continue to care for them when dying. If a physician must transfer the patient in order to provide quality care, that physician should make every reasonable effort to continue to visit the patient with regularity, and institutional systems should try to accommodate this.

Trustworthy assurance that dignity will be a priority. Patients should be treated in a dignified and respected manner at all times.

Trustworthy assurance that burden to family and others will be minimized. Patients should be able to expect sufficient medical resources and community support, such as palliative care, hospice or home care, so that the burden of illness need not overwhelm caring relationships.

Attention to the personal goals of the dying person. Patients should be able to trust that their personal goals will have reasonable priority whether it be: to communicate with family and friends, to attend to spiritual needs, to take one last trip, to finish a major unfinished task in life, or to die at home or at another place of personal meaning.

Trustworthy assurance that care providers will assist the bereaved through early stages of mourning and adjustment. Patient and their loved ones should be able to trust that some support continues after bereavement. This may be by supportive gestures, such as a bereavement letter, and by appropriate attention to/referral for care of the increased physical and mental health needs that occur among the recently bereaved.