

No Consensus on AID, But We Can Agree on Palliative Care

Bryant A. Murphy, Michaux R. Kilpatrick, Palmer Edwards, Anthony J. Caprio

To the Editor—The North Carolina Medical Board and North Carolina Medical Society have concerns regarding the Correspondence To the Editor in the March/April 2019 issue of the *North Carolina Medical Journal* titled, “Aid in Dying in North Carolina” [1]. Although we recognize the beliefs shared by the individual authors were not intended to be conclusive guidance regarding the status of aid in dying (AID) in North Carolina, we feel compelled to respond with a few clarifying notes.

The authors of the correspondence opine: “In light of the legal analysis of North Carolina law, we feel confident that AID can be provided to patients who request it” and that “physicians can provide AID ... without risk of a viable criminal or disciplinary action” [1].

In all matters of medical practice, including end-of-life matters, physicians and physician assistants must meet the standards of acceptable and prevailing medical practice and the ethics of the medical profession. If the Medical Board receives a complaint related to AID, it will evaluate the complaint and determine, utilizing expert consultants, whether the physician engaged in unprofessional conduct as defined by the North Carolina Medical Practice Act.

Further, disagreement exists within the medical community regarding the role of clinicians in medical AID. In one national survey, there was no consensus about the acceptability of AID among physicians and other health care professionals caring for older adults [2]. Respondents also expressed concerns about AID applied to vulnerable populations, including those with low health literacy, low English proficiency, disability, dependency, or frailty [2].

Although AID remains a divisive issue, there is clear consensus on the need for expanded access to primary and comprehensive palliative care for all people with serious illness. Palliative care unquestionably improves patient and caregiver quality of life [3]. Unfortunately, access to palliative care continues to be limited. In a state-by-state report card, North Carolina received a “B” grade because nearly one-third of our hospitals have no access to a palliative care program [3]. There is also a critical national shortage of physicians specializing in palliative medicine and an ongoing

need for training in symptom management and communication skills among all health care professionals [3, 4].

We must not let the controversy surrounding AID distract from the pressing need for greater availability of high-quality palliative care. Please know that our organizations fully support continued efforts to expand equitable and reliable access to palliative care, and we will seek to increase awareness and identify initiatives that promote palliative care. NCMJ

Bryant A. Murphy, MD, MBA president, North Carolina Medical Board, Raleigh, North Carolina.

Michaux R. Kilpatrick, MD, PhD chair, Disciplinary Committee, North Carolina Medical Board, Raleigh, North Carolina.

Palmer Edwards, MD, DFAPA president, North Carolina Medical Society, Raleigh, North Carolina.

Anthony J. Caprio, MD chair, Ethical & Judicial Affairs Task Force, North Carolina Medical Society, Raleigh, North Carolina.

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Address correspondence to Bryant Murphy, 1203 Front St, Raleigh, NC 27609 (Bryant.murphy@ncmedboard.org).

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