

STATEMENT ON QUALITY OF END-OF-LIFE CARE

Committee of Origin: Pain Medicine

(Approved by the ASA House of Delegates on October 21, 1998, last amended on October 22, 2008, and reaffirmed on October 16, 2013)

Patients developing incurable diseases frequently experience more pain and distressing symptoms than necessary near the end of life. This circumstance is distressing because adequate pain and symptom management in most cases is not dependent upon future medical discoveries, but can be achieved with contemporary management methodologies. Quality end-of-life patient care requires that palliative (or comfort) treatment concepts be integrated into the care of these patients.

The American Society of Anesthesiologists believes that opportunities exist to improve our patients' end-of-life care. Education and training of patients, families, health care workers and physicians should be undertaken to promote available, compassionate, comprehensive and interdisciplinary end-of-life care.

Further, the American Society of Anesthesiologists believes that the improvements in palliative care should be based on values-based advanced care planning. This advanced care planning should attempt to minimize the sense of abandonment often described by patients near the end of life and the loss of control many patients feel.

Finally, the American Society of Anesthesiologists declares opposition to physician-assisted suicide and agrees in principle with the American Medical Association that provision of assisted suicide is not compatible with the role of a physician. Anesthesiologists should always strive to relieve suffering, address the psychological and spiritual needs of patients at the end of life, add value to a patient's remaining life and allow patients to die with dignity.