

RECENT DEVELOPMENTS IN PHYSICIAN-ASSISTED DEATH

Professor Valerie J. Vollmar
Willamette University College of Law

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LITIGATION

Montana case filed. On 10/19/07, a suit over the right to die with dignity was filed in the Lewis and Clark County District Court in Helena, Montana. The plaintiffs include two patients who are terminally ill, 53-year-old Steven Stoelb and 75-year-old Robert Baxter; four Missoula physicians who treat terminally-ill patients—Stephen Speckart, C. Paul Loehnen, Lar Autio, and George Risi, Jr.; and a nonprofit patients' rights organization. The two patients are represented by Mark S. Connell, a Missoula attorney, and Kathryn Tucker, legal affairs director for Compassion & Choices. The plaintiffs claim that the state statutes criminalizing assisted suicide violate the state constitution, including Article II, Section Four, which provides: "The dignity of the human being is inviolable." The case is expected to reach the Montana Supreme Court.

LEGISLATION

Arizona. Every year since 2003, Representative Linda Lopez has introduced a bill similar to the Oregon Death with Dignity Act, as well as a bill that would amend Arizona's advance directive statutes so that a person could indicate a desire to control suffering in the event of terminal illness by obtaining a prescription for lethal medication. Although the proposed legislation has never received a hearing, Lopez has indicated that she will continue to introduce the bills.

California. On 2/15/07, Assemblywoman Patty Berg, Assemblyman Lloyd Levine, and Assembly Speaker Fabian Nuñez introduced AB 374 (the California Compassionate Choices Act) in the California legislature. The bill was patterned after the Oregon Death with Dignity Act but required a mental health evaluation by a psychiatrist or psychologist if the patient was not in hospice care. On 3/27/07, the Assembly Judiciary Committee approved the bill by a vote of 7 (all Democrats) to 3 (all Republicans). Facing opposition in the Assembly, the bill's supporters amended it to require that a patient be diagnosed as having three months or less to live, rather than six months. The Assembly Appropriations Committee approved the bill by a vote of 10 to 5. On 6/7/07, however, the bill's supporters decided not to send it to the Assembly floor, having concluded that the bill was unlikely to pass. The bill may be renewed in 2008, which will be the second year of the current two-year legislative session.

Oregon

Deaths during 2006. On 3/8/07, the Oregon Department of Human Services issued a report on deaths during 2006 under the Oregon Death with Dignity Act. The complete report, which is a more abbreviated version than the reports for prior years, is available on-line at www.oregon.gov/DHS/ph/pas. The report included the following information:

Prescriptions written. In 2006, 65 prescriptions were written for lethal doses of medication, as compared to 24 prescriptions in 1998, 33 in 1999, 39 in 2000, 44 in 2001, 58 in 2002, 68 in 2003, 60 in 2004, and 64 in 2005.

Number of patients. In 2006, 46 patients died after taking lethal medication, as compared to 16 patients in 1998, 27 in 1999, 27 in 2000, 21 in 2001, 38 in 2002, 42 in 2003, 37 in 2004, and 38 in 2005. The number has remained small compared to the total number of deaths in Oregon, with about 14.7 deaths under the Act in 2006 per 10,000 total deaths. Of the 65 persons who received prescriptions under the Act during 2006, 35 died after taking lethal medication, 19 died from their underlying illness, and 11 were alive as of the end of 2006. An additional 11 persons who received prescriptions before 2006 died in 2006 after taking their medications. A total of 292 patients have died under the terms of the Act since 1997.

Patient characteristics. Median age of the 46 patients who died was 74, 57% were male, 50% were married, 39% lived in the Portland metropolitan area, and 41% were college graduates. Forty-five of the 46 patients were white, and one was Hispanic. Eighty-seven percent of the patients who died had cancer, 76% were enrolled in a hospice program, and all but one of the patients had health insurance. Forty-three patients died at home, and two died in some type of care facility.

Patient concerns. The most common reasons for choosing assisted suicide expressed by patients to their physicians were inability to participate in activities that make life enjoyable (96%), loss of autonomy (96%), loss of dignity (76%), loss of control of bodily functions (59%), inadequate pain control (48%), and being a burden on family, friends, or caregivers (43%). No patient voiced concerns about the financial implications of treatment.

Mental health evaluations. Two of the 46 patients (4%) received a psychiatric or psychological consultation. (However, a psycho-social evaluation by a clinical social worker is standard practice when a patient enrolls in an Oregon hospice.)

Medical information. During 2006, all lethal medications prescribed were barbiturates. The physician was present when the medication was ingested in 33% of cases, with other health care providers present in 51%. Median time from taking the medication to unconsciousness was five minutes (individual times ranged from 1 to 29 minutes). Median time from taking the medication to death was 29 minutes (individual times ranged from one minute to 16.5 hours). Four patients vomited some of the medication. Ten cases were referred to the Oregon Board of Medical Examiners for incorrect completion of reporting forms, but the Board found no violations of “good faith compliance” with the Act and did not sanction any physician for “unprofessional conduct” involving the Act.

Physicians. A total of 40 physicians prescribed lethal medications to 65 persons.

Oregon Health Division statistics for 2006 generally were consistent with statistics for 1998-

2005, although referral to a specialist for a psychiatric or psychological consultation has declined from 31% in 1998 to 4% in 2006. In addition, the median age of patients who died in 2006 was higher than the median for 1998-2005 (74 years versus 69 years), the number of patients who were in hospice care declined slightly (76% versus 87%), and more patients were concerned about inadequate pain control (48% versus 22%).

Wendy Melcher. In July 2007, the *Portland Tribune* reported that a Portland-area nurse and a nurse practitioner had been disciplined by the Oregon Board of Nursing after they administered massive doses of morphine and phenobarbital to cancer patient Wendy Melcher (who was receiving in-home care through Providence St. Vincent Hospice) with the intention of causing her death. Melcher died on 8/23/05, four days after the drugs were administered. The Board found that Rebecca Cain and Diana Corson had participated in an assisted suicide without a physician, in violation of the Oregon Death with Dignity Act. Both women were allowed to continue practicing nursing, Cain (who was the assigned Providence St. Vincent Hospice nurse) after two years' probation and Corson (who was present primarily as a friend) after a 30-day license suspension.

Lovelle Svart. Lovelle Svart, a 62-year-old Portland woman dying of lung cancer, used the Oregon Death with Dignity Act to die on 9/28/07. Svart, who was one of the intervenors in the U.S. Supreme Court case of *Gonzales v. Oregon*, had worked as a researcher for *The Oregonian* newspaper for many years before her death. She decided that she wanted to use her story to encourage society to talk more about death and dying, and the newspaper agreed to help by writing a series of articles about her during the final months of her life and posting her video diaries on-line. Information about Svart is available at the following websites: http://blog.oregonlive.com/multimedia/living_to_the_end/ <http://next.oregonianextra.com/lovelle/>

Compassion & Choices of Oregon. According to the 2006 annual report of Compassion & Choices of Oregon, the organization served more than 140 clients during 2006, 117 of whom died peacefully. Of the 117 who died, 30 chose to hasten their deaths by taking lethal medication, and nine died after voluntarily stopping eating and drinking; the group prevented seven violent suicides from occurring. In addition, Compassion & Choices of Oregon helped more than two dozen clients and others receive better pain management, referred 37 clients to hospice care, referred others to religious or spiritual counselors, and mailed or emailed more than 3,000 brochures and other materials to its supporters. The organization has participated in 73% of all aid-in-dying cases since 1998.

Vermont. On 10/4/07, the public library in Rockingham, Vermont, began a month-long discussion for the community about death and dying. The library planned to show the documentary *Holding Our Own* and have a number of local experts talk about what they do to help families with the dying process. One of the scheduled speakers was Vermont Representative Michael Mrowicki, who was to talk about the debate in the state legislature on the right to die.

Washington. Reportedly, the first steps are being taken towards a citizens' initiative vote on physician-assisted death in Washington in November 2008. Concerned groups have just created a Political Action Committee called the "It's My Decision Committee." Although the Washington

State Medical Association opposed the practice when the first initiative was defeated in 1991, the group's current president, W. Hugh Maloney, has said that its 9,000 members now are "passionately split" and "very much in disarray" over the issue.

OTHER NATIONAL DEVELOPMENTS

Dr. Jack Kevorkian. Dr. Jack Kevorkian was paroled from a Michigan prison on 6/1/07, the earliest date he could be eligible. Kevorkian, who had been in prison since 1999, will be on probation for two years and is required to pay a \$600 supervision fee and a \$60 crime victims assessment. Kevorkian has promised that he will not assist in any form of suicide or euthanasia, but instead will push for legalization of physician-assisted suicide. Kevorkian's planned speech at the University of Florida on 10/11/07 was delayed until 1/15/08 after university officials said they wanted time to address the controversy over police use of a Taser on a student during a speech by Senator John Kerry in September. The university planned to pay Kevorkian \$50,000 for speaking.

United Church of Christ. In June 2007, the United Church of Christ General Synod 26 decided not to affirm physician aid-in-dying, but voted for a report on the issue to be presented to General Synod 27 in 2009 in Grand Rapids, Michigan.

End-of-Life Consultation Service. In September 2007, after proposed California legislation was defeated, Compassion & Choices announced the creation of an expanded End-of-Life Consultation Service. Volunteers, clergy members, and terminal patients spoke in four major California cities, pledging their support for the program, which is intended to help terminal patients access hospice, pain treatment, and high-quality end-of-life care. Clergy and trained volunteer counselors will advise the terminally ill against violent suicide, instead helping to identify a path to a "peaceful death." A counselor will remain present to comfort a terminally ill person taking his or her own life, if that person wishes. Easy-to-read referral cards that describe the program and provide the service's 1-800 number are available free of charge (except for a small shipping and handling fee) by calling (800) 247-7421.

Organizations change names. The Final Exit Network affiliate in Illinois has changed its name back to "Hemlock of Illinois," which was its original founding name in 1985, in order to attract more members and be more visible. Groups in San Diego, California, and in Florida had previously resumed their original "Hemlock Society" names. The former Hemlock Society of East Bay, on the other hand, which had been renamed as the Socrates Death Acceptance Fellowship, has instead decided to join Caring Advocates, based in Carlsbad, California. Many Hemlock chapters changed their names to "Compassion & Choices" or "End-of-Life Choices" when those two national organizations merged in 2003.

AP-Ipsos poll. AP-Ipsos conducted telephone interviews with 1,000 randomly chosen adults during 5/22-5/24/07. Forty-eight percent of those polled thought it should be legal for physicians to help terminally ill patients end their own life by giving them a prescription for fatal drugs; 44% thought it should be illegal; 5% had no opinion; and 3% gave no answer. Support for allowing physician-assisted dying was lower among respondents who attended religious services regularly than among those who never attended religious services (34% versus 70%); among Republicans as compared to Democrats (39% versus 57%); and among women as compared to men (44% versus 53%).

Support for allowing physician-assisted dying also varied by geographical region: 59% in the Northeast, 52% in the West, 45% in the Midwest, and 43% in the South. Thirty-five percent said they would consider ending their own life if they were seriously ill with a terminal disease; 55% said they would not; 3% said they probably would; 2% said maybe they would; and 5% gave no answer.

Harris poll. A nationwide survey of 2,694 adults conducted online between 8/7 and 8/13/07 by Harris Interactive showed that 39% supported physician-assisted suicide, 31% opposed it, and 21% neither supported nor opposed it. Analyzed based on respondents' political parties, support for physician-assisted suicide was 45% among Independents, 40% among Democrats, and 31% among Republicans. Analyzed by generation, support was 32% among "echo boomers" (age 18-30), 42% among "Gen X" (age 31-42), 42% among "baby boomers" (age 43-61), and 39% among "matures" (age 62+).

MEDICAL DEVELOPMENTS

Recent articles

A.A.E. Verhagen et al., *Physician End-of-Life Decision-Making in Newborns in a Less Developed Health Care Setting: Insight in Considerations and Implementation*, 96 Acta Paed. 1437 (2007)

C. Dageville et al., *Fin de Vie en Médecine Néonatale à la Lumière de la Loi/End of Life in Neonatal Medicine by the Light of French Law*, 14 Arch. Pédiatrie 1219 (2007)

Franco A. Carnevale & Gilles Bibeau, *Which Child Will Live or Die in France: Examining Physician Responsibility for Critically Ill Children*, 14 Anthro. & Med. 125 (2007)

Seiji Bito, *Acculturation and End-of-Life Decision Making: Comparison of Japanese and Japanese-American Focus Groups*, 21 Bioethics 251 (2007)

Erwin Kompanje, *Euthanasia in Intensive Care: A 56-Year-Old Man with a Pontine Hemorrhage Resulting in a Locked-in Syndrome*, 35 Crit. Care Med. 2428 (2007)

Sorem Holm, *Euthanasia in Intensive Care: Some Unresolved Issues*, 35 Crit. Care Med. 2460 (2007)

Jacob M. Appel, *A Suicide Right for the Mentally Ill? A Swiss Case Opens a New Debate*, 37 Hastings Ctr. Rpt. 21 (2007)

R. Wade Kenny, *An Effect of Communication on Medical Decision Making: Answerability, and the Medically Induced Death of Paul Mills*, 22 Health Comm. 69 (2007)

Charles L. Sprung et al., *The Importance of Religious Affiliation and Culture on End-of-Life Decisions in European Intensive Care Units*, 33 Intensive Care Med. 1732 (2007)

Andrej Michalsen, *Care for Dying Patients—German Legislation*, 33 Intensive Care Med.

1823 (2007)

Hilde de Vocht, *Health Professionals' Opposition to Euthanasia and Assisted Suicide: A Personal View*, 13 Int'l J. Palliative Nursing 351 (2007)

Calum Mackellar, *Human Dignity and Assisted Dying*, 18 Islam & Christian-Muslim Rel. 355 (2007)

Lieve Van den Block et al., *Transitions Between Care Settings at the End of Life in Belgium*, 298 JAMA 1638 (2007)

David Clark, *End-of-Life Care Around the World: Achievements to Date and Challenges Remaining*, 56 J. Death & Dying 101 (2007)

Kathryn L. Tucker & Fred B. Steele, *Patient Choice at the End of Life: Getting the Language Right*, 28 J. Legal Med. 305 (2007)

Neil M. Gorsuch, *A Reply to Raymond Tallis on the Legislation of Assisted Suicide and Euthanasia*, 28 J. Legal Med. 327 (2007)

Julius Grossenbacher, *The Case of Terri Schiavo: Ethics at the End of Life*, 28 J. Legal Med. 419 (2007)

Alexa Craig et al., *Attitudes toward Physician-Assisted Suicide among Physicians in Vermont*, 33 J. Med. Ethics 400 (2007) [mail survey of 1,052 physicians in Vermont showed that 38.2% believed physician-assisted suicide should be legalized, 16.0% believed it should be prohibited, 26.0% believed it should not be legislated, and 15.7% were undecided; males were more likely to favor legalization than females (42% versus 34%); 30% of respondents had received a request for assistance with suicide]

David Shaw, *The Body as Unwarranted Life Support: A New Perspective on Euthanasia*, 33 J. Med. Ethics 519 (2007)

Margaret P. Battin et al., *Legal Physician-Assisted Dying in Oregon and the Netherlands: Evidence Concerning the Impact on Patients in "Vulnerable" Groups*, 33 J. Med. Ethics 591 (2007) [authors reviewed all available data from Oregon and the Netherlands to determine effect of existing laws on 10 groups of potentially vulnerable people; results showed that no heightened risk existed for the elderly, women, the uninsured (not applicable in the Netherlands), people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, and the only group with a heightened risk was people with AIDS; those who received physician-assisted dying appeared to enjoy comparative social, economic, educational, professional, and other privileges]

Ben Rich, *Gonzales versus Oregon: The Oregon Death with Dignity Act Meets the Controlled Substances Act*, 21 J. Pain & Palliative Care Pharmacotherapy 79 (2007)

Marilyn Smith-Stoner, *End-of-Life Preferences for Atheists*, 10 *J. Palliative Med.* 923 (2007)

Theo A. Boer, *Recurring Themes in the Debate about Euthanasia and Assisted Suicide*, 35 *J. Rel. Ethics* 529 (2007)

Timothy E. Quill, *Legal Regulation of Physician-Assisted Death—The Latest Report Cards*, 356 *New Eng. J. Med.* 1911 (2007)

Agnes van der Heide et al., *End-of-Life Practices in the Netherlands under the Euthanasia Act*, 356 *New Eng. J. Med.* 1957 (2007) [data summarized below under “INTERNATIONAL DEVELOPMENTS”]

G.L. Carter et al., *Mental Health and Other Clinical Correlates of Euthanasia Attitudes in an Australian Outpatient Cancer Population*, 16 *Psychooncology* 295 (2007)

A.A. Eduard Verhagen et al., *Physician Medical Decision-Making at the End of Life in Newborns: Insight into Implementation at 2 Dutch Centers*, 120 *Pediatrics* e20 (2007)

Johan Bilsen et al., *Changes in Medical End-of-Life Practices During the Legalization Process of Euthanasia in Belgium*, 65 *Soc. Sci. & Med.* 803 (2007)

INTERNATIONAL DEVELOPMENTS

Armenia. Officials from Armenia’s Ministry of Health have said that euthanasia has not been considered, and the government has received no requests from physicians to discuss the issue. However, some Armenian physicians have expressed their opinion that the issue should be raised. The Armenian Apostolic Church rejects the concept of euthanasia on the ground that it contradicts the teachings of Christianity.

Australia

Television debate. In April 2007, SBS’s insight program on voluntary euthanasia drew passionate debate from both sides of the issue. Those attending included Federal Minister for Aging Christopher Pyne, Dr. Phillip Nitschke of Exit International, and Dr. Rodney Syme of Dying With Dignity Victoria.

Suicide pill

Production of “peaceful pill.” Reportedly, the Peanut Project has succeeded in producing a “peaceful pill” that can be manufactured and used by individuals to end their lives without having to involve medical professionals. Supporters of voluntary euthanasia claim that the illegal drug pentobarbital (more commonly known under the brand name Nembutal) can be made by cooking metallic sodium and other ingredients in a hot, pressurized coffee pot. Exit International has reported that the process of manufacturing the soluble sodium salt form of Nembutal has been reduced

to just eight hours and can be completed by a single person acting alone. Moreover, manufacturing Nembutal may not be an indictable offense if a small enough amount is made at any one time.

ABC program. On 7/5/07, the Australian Broadcasting Corporation (ABC) Four Corners program said that manufactured Nembutal was about to be sent to 16 members of the group that produced it. The program also said that about 800 elderly people across Australia were waiting to get involved in making Nembutal in backyard laboratories, with at least four laboratories to be established soon in Sydney, Melbourne, Perth, and Wollongong.

Laboratory testing. Exit International has formed a separate company to facilitate the use of laboratory assay equipment (including gas chromatography and mass spectroscopy equipment) and arrange for training of laboratory staff. The company's purpose is to ensure accurate testing of the "peaceful pill" to establish its exact composition and degree of contamination. An additional project will be developing a "sampling kit" that will enable people with old stocks of sterile veterinary Nembutal to have their sample tested remotely without opening the bottle.

Single Shot. The five-minute film *Single Shot* purportedly shows Nembutal being manufactured by members of Exit International. The film was posted on the internet site YouTube on 8/27/07 and was downloaded more than 2,000 times during the first three weeks.

Possible criminal prosecution. Federal laws prohibit assisting a suicide by giving advice over the telephone or internet. On 5/1/07, Dr. Nitschke told 40 people at a workshop in Adelaide that his organization's communications were being monitored and that encrypted emails (available through the Hushmail website) were the best way to communicate. Nitschke also has warned that anyone who downloads *Single Shot* could violate Australian law. His organization has received a letter from the Attorney-General's department saying that the workshops Nitschke runs are likely to come under very close scrutiny. Justice Minister Senator David Johnston has announced that people who produce or traffic Nembutal would be investigated and brought before the courts.

Australian Medical Association. On 5/27/07, Perth physician Rosanna Capolingua was appointed as president of the Australian Medical Association. After her appointment, she said that she agreed with the AMA's official position that physicians should not be involved in actions with the intent to kill. Capolingua stood by her statement on the Four Corners program that people who make the "peaceful pill" in backyard laboratories would be committing a crime and should be prosecuted. The AMA has not yet issued a redrafted position statement on euthanasia that is more comprehensive, but Capolingua said that any redrafted statement would not alter the AMA's position.

Graeme Wylie. Shirley Justin, a 58-year-old woman and longtime partner of Graeme Wylie, and her friend Caren Jennings, a 74-year-old woman who supports voluntary euthanasia, have been charged with murdering 71-year-old Wylie in Cammeray in March 2006 with a lethal

overdose of the drug Nembutal. Wylie suffered from severe dementia and Alzheimer's disease, and Swiss authorities had rejected his request to go to Switzerland for an assisted death because tests showed him to be incapable. After being released on bail, Justin and Jenning returned to court on 10/5/07 and pleaded not guilty to murder and assisted suicide charges. They will be tried together in May 2008.

Dr. Nitschke runs for federal parliament. In July 2007, Nitschke announced that he would run for a Victorian seat in the federal parliament against Kevin Andrews, the federal Immigration Minister and occupant of the seat since 1991. Nitschke ran against Andrews in 1996 for his role in overturning the Northern Territory's Rights of the Terminally Ill Act, but Nitschke lost in that election.

Victoria. On 6/20/07, a rally on the steps of the state parliament in Victoria drew hundreds of people demanding law reform to permit voluntary euthanasia in Victoria. The rally occurred on the second anniversary of the death of Steve Guest, a journalist and former government media advisor who suffered from inoperable esophageal cancer. Dr. Rodney Syme, Vice President of Dying With Dignity Victoria, said that he had provided Guest with medication to end his life, and challenged the Victorian parliament to pass legislation to permit physicians to respond to the requests of people like Guest. The President of the organization, Neil Francis, pointed out that this issue is controlled by individual state legislation and that the federal parliament cannot override state legislation. On 7/17/07, a petition with over 8,000 signatures supporting voluntary euthanasia legislation was presented to the Victorian parliament by the Deputy Premier.

Belgium

Study of infant deaths. Professor Veerle of the University of Ghent studied the medical files of about 300 infants who died under the age of one and concluded that about half of the deaths resulted from active termination of life, either by withdrawing treatment or by administering a fatal dose of opiates. In 9% of cases, products were explicitly administered to end the child's life. In 84% of cases, the decision was made in consultation with the parents. The babies whose deaths involved active termination of life had no chance of survival or, in 30% of the cases, little hope of having an acceptable quality of life.

Electoral platform. A draft version of the electoral platform of the Flemish liberals Open VLD party presented in April 2007 proposed that patients in all government-funded hospitals have the right to euthanasia if they choose. If a physician refuses to perform euthanasia, the hospital itself would be required to ensure that the patient's request is carried out by another physician.

Brazil. On 3/19-3/20/07, Datafolha conducted a poll of 5,700 Brazilian adults, asking "Do you think euthanasia, that is, the intentional death of another person in the event of an incurable disease, should be allowed?" The results of the poll were published in *Folha de Sao Paulo*. Thirty-six percent of those polled said yes, 57% said no, and 7% were not sure. Approximately 80% of Brazilians are baptized Roman Catholics.

Canada

Dr. Ramesh Sharma. Dr. Ramesh Sharma, a longtime family physician from Vernon, British Columbia, appeared in court on 8/1/06 charged with attempting to assist an elderly patient to commit suicide. The alleged incident, which was interrupted by staff at a residential care facility, involved a 92-year-old female patient. Sharma ultimately pleaded guilty and was sentenced in June 2007 to two years less a day, to be served in the community. The British Columbia College of Physicians and Surgeons removed Sharma's right to practice in the province, and he agreed to pay \$9,000 to cover 50% of the College's costs for doing an independent investigation into the allegations.

Chantal Maltais. In July 2007, 30-year-old Stéphan Dufour entered a not guilty plea to a charge of assisting a suicide in connection with the September 2006 death of his 49-year-old uncle, Chantal Maltais, who suffered from advanced muscular dystrophy and had attempted suicide several times. Although Maltais lived in an institution, he remained close to several family members, especially his nephew. Dufour says that his uncle begged for help to commit suicide. Allegedly, Dufour provided his uncle with a dog-collar chain that Maltais used to hang himself.

Elizabeth MacDonald. Elizabeth MacDonald, a 38-year-old Nova Scotia woman suffering from advanced multiple sclerosis, died at a Dignitas clinic in Switzerland on 6/8/07. The Euthanasia Prevention Coalition in Ontario made a complaint to the police after her obituary mentioned the Dignitas clinic, and police questioned her husband Eric, a retired Anglican priest who had accompanied his wife to Switzerland. The police investigated and consulted with Crown counsel before determining that no charges should be filed against Mr. MacDonald. Ludwig Minelli, the founder of Dignitas in Zurich, reported that up to five Canadians had used Dignitas to die and at least two others had inquired about its services, which cost about \$7,200. MacDonald is considering writing a book on what he and his wife had endured for nearly a decade. He said that the premise of the book would be about how society and the church view "ownership" of a person's body, and its purpose would be to help change the law in Canada to permit physician-assisted suicide for terminally ill patients when all hope of recovery is gone.

The Suicide Tourist. CTV's original documentary *The Suicide Tourist*, which premiered in April 2007 at the Hot Docs Canadian International Documentary Festival, was voted by audiences as the top Canadian film at the festival. The film, by Canadian John Zaritsky, examines the Swiss organization Dignitas. The documentary was expected to make its broadcast premiere on CTV in October or November 2007.

Policies on assisted dying. In the summer of 2007, the Ethics Committee of the Canadian Medical Association presented a report on assisted dying. The CMA is reviewing its existing policy. The Canadian Hospice and Palliative Care Association also is reviewing its position, which is described at www.chpca.net/public_policy_advocacy/PAD_issues_paper.htm.

MP Francine Lalonde. Bloc Québécois MP Francine Lalonde introduced a private member's

bill in parliament in June 2005 that would have legalized assisted suicide. She is now helping to form an organization in Quebec that supports end-of-life choice and expects to re-introduce the same bill in the near future. However, a spokesperson for Justice Minister Rob Nicholson indicated that the Conservative government has no plans to address the issue of assisted suicide.

Polls

Ipsos Reid poll. In an Ipsos Reid poll of 1,005 Canadians released in June 2007, 76% agreed with the right-to-die concept for people who want to die instead of enduring the full course of an incurable illness. Support was highest in Quebec (87%) and lowest in Alberta (66%). The 76% figure remains unchanged in over 14 years.

Palliative-care patients. In a study published in *Health Psychology* in May 2007, six percent of the palliative-care patients polled (22 respondents from a survey of 379) said that they would immediately request physician-assisted suicide if it was available to them.

International symposium. The First International Symposium on Euthanasia and Assisted Suicide is scheduled for 11/30-12/1/07 in Toronto. The symposium is co-sponsored by several organizations from Canada, Great Britain, and the United States that oppose euthanasia and assisted suicide.

Colombia. In 1997, Colombia's Constitutional Court issued a 6-3 decision decriminalizing active euthanasia of terminally ill patients who consent. Colombia's Congress has the role of drawing up rules and regulations to prevent abuses, but cannot change the core of the court's ruling. Prior attempts to pass legislation failed in 1999 and 2005, but Armando Benedetti, a Colombian pro-government senator, is now leading a proposal that would give a person suffering from a terminal illness the freedom to decide between life and death. Under the proposed law, any person could go to a notary and voluntarily express his or her wish to die of euthanasia if terminally ill and overwhelmed by pain. A written authorization from the patient (or family) would be required, as well as confirmation from another professional and psychiatrists or psychologists. The bill has the support of the Colombian government. Minister of Social Protection Diego Palacio Betancur has written a letter to the commission in charge of debating the subject, saying that the initiative "is in line with what is stated in the Political Constitution." The Catholic church strongly opposes the proposed legislation.

Czech Republic

Death in Switzerland. In August 2007, the Czech press reported the first assisted death of a Czech citizen in Switzerland. Another four people from the Czech Republic allegedly are on the list of registered applicants for euthanasia.

Polls

CVVM poll. A CVVM poll of 1,132 Czechs over the age of 15 was released to CTK in June 2007. The poll showed that 15% clearly supported euthanasia, 43% rather supported it, 10% were clearly against it, and 18% were rather against it. People over 60 and church-goers mostly opposed euthanasia.

SC&C poll. A poll conducted by SC&C and published by *Mlada fronta Dnes* on 7/11/7 showed that 64% of those polled would legalize physician-assisted euthanasia, 28% were against legalization, and 8% had no clear stance. The highest support for euthanasia (70%) was among the followers of the rightist Civic Democrats (ODS) of Prime Minister Mirek Topolánek, while the lowest support (47%) was among Christian Democrats. Young people and higher-income groups particularly favored legalizing euthanasia.

Proposed legislation. ODS lower house deputy Boris Stastný wants to propose legislation permitting voluntary euthanasia for incurable patients, but he has few hopes for succeeding because the strongest parties in parliament are opposed to the idea.

France. The death notice published in *Liberation* newspaper by the family and friends of 67-year-old French actress Maia Simon called on President Nicolas Sarkozy to legalize euthanasia. Simon, who was suffering from cancer, died in September 2007 in Zurich with the help of the Swiss organization Dignitas.

Germany

Dr. Roger Kusch. Dr. Roger Kusch, a former Senator in the Council of the City of Hamburg, with responsibilities for the judiciary, announced in September 2007 that he has developed a new method of offering physician-assisted suicide to terminally and chronically ill patients, which he says would be legal in Germany. The method involves a two-step intravenous flow of (1) a glucose solution, followed by (2) a frequently prescribed anesthetic in liquid form. The patient would be required to activate the flow of the fluids by pressing a button or similar release mechanism. The patient would then fall into a coma and die peacefully in a state of unconsciousness. Kusch expects the system to be operational early in 2008, although organizational and administrative details have not yet been made public. Evidently, retired physicians would be used to the maximum extent possible, since retirees can continue to write prescriptions without fear of losing their license to practice. The requirements for patients to be eligible are expected to be similar to those in effect in Switzerland and Oregon.

Dr. Uwe-Christian Arnold. In an interview with the German newspaper *TAZ* on 6/17/07, German urologist Dr. Uwe-Christian Arnold declared that he not only supports the concept of physician-assisted suicide but that he has practiced it and plans to continue doing so in appropriate cases. Arnold, who serves as the Deputy Director of Dignitate-Deutschland (an associate organization of the Swiss Dignitas Zurich), contends that chronic and terminally ill patients can be assisted in Germany without having to travel to Switzerland. Active euthanasia would not be allowed. According to Arnold, many German physicians already are performing physician-assisted suicide, and his goal is to have the practice publicly acknowledged and made acceptable in Germany.

Poll. A recent DGHS survey on living wills showed that 62% of respondents would be prepared to forgo a possible residual chance of waking up if their living wills specified that life-preserving measures should not be taken if they were in a coma. Fifty-eight percent wanted not just a legal ruling on living wills, but further measures such as exemption from prosecution if treatment is discontinued and assisted suicide for the terminally ill. Sixty-eight percent believed that there should be legal rulings on assisted death, all the way from humane terminal care through killing of patients on request.

Great Britain

Patient in persistent vegetative state. In November 2006, Sir Mark Potter, president of the High Court's family division, ruled that a 53-year-old woman in a persistent vegetative state (PVS) since 2003 would be given the drug zolpidem in an attempt to wake her up, over the objections of her family members. The judgment allowed only a three-day course of the drug, and physicians were required to stop if the woman began to suffer. Use of the drug was suggested by Laurence Oates, the outgoing Official Solicitor who represents the interests of PVS patients in cases brought by physicians and families seeking court approval for patients to be allowed to die. The woman's family wanted to have artificial nutrition and hydration withdrawn. The drug failed to wake the woman up, and she died after the court authorized discontinuing it.

Kelly Taylor. Kelly Taylor, a 30-year-old woman from Bristol, asked the High Court in London to approve her request that her physicians be required to provide her with adequate pain control, even if that put her in a coma, and then follow her living will's instruction that she not be given artificial nutrition or hydration. Taylor is terminally ill with untreatable Eisenmenger's syndrome and Klippel-Feil syndrome and suffers from constant pain and breathlessness. Her lawyers based their legal argument on the provision in the European Convention on Human Rights that bans "inhuman or degrading treatment" and on the doctrine of double effect. In February 2007, Mr. Justice Kirkwood directed that the case should go to a full hearing before the High Court and said that he would inform the Attorney General about the case because a potential ruling under civil law could affect criminal law. However, the High Court case was dismissed at Taylor's request because the NHS Trust and her physicians refused to allow an adjournment to permit her to try non-drug treatments that some physicians had suggested might relieve her pain. Taylor indicated that she continues to support the right of patients to determine when and how they die.

Frank Lund. On 9/1/06, Frank Lund, a 58-year-old retired accountant from New Brighton, Merseyside, placed a plastic bag on his wife's head and smothered her after she pleaded for him to help her die. Patricia Lund, age 66, had been miserable for many years due to an irritable bowel condition and had attempted suicide several times. Mr. Lund's claims were uncontested during the trial, and his late wife's relatives all gave him their support. However, the jury was instructed to put sympathy aside and find Lund guilty of murder if they were satisfied that he deliberately killed his wife. After deliberating for three hours, the jury found Lund guilty of murder. On 5/24/07, Justice Silber sentenced Lund to life and ordered him to serve a minimum of three years, despite pleas for leniency from Mrs. Lund's children.

Dr. Michael Munro. In July 2007, the General Medical Council fitness to practice panel conducted a hearing regarding the actions of 41-year-old neonatologist Michael Munro in the deaths of two extremely premature babies at Aberdeen Maternity Hospital in June and December, 2005. Munro had injected both babies with high dosages of the muscle relaxant Pancuronium, which some colleagues charged had stopped their breathing and hastened their deaths. The panel heard that both sets of parents fully supported Munro's actions. On 7/10/07, the disciplinary panel ruled that it was "undisputed" that Munro's actions were taken "to relieve suffering rather than hasten death" and that he acted with the best of intentions to relieve the perceived distress of both babies.

Poll of general practitioners. A poll of 309 general practitioners reported in *Pulse* magazine on 5/17/07 showed that 42% would be prepared to help a patient die if the law allowed it, and 30% would actively support a change in the law to make physician-assisted suicide legal. Seventy-nine percent said they could justify withholding drugs such as antibiotics under some circumstances, and 54% had done so. Three-quarters said they could justify giving doses of painkilling medication they knew could hasten death, and 58% had done so.

National database of living wills. The British government has long been committed to developing a national database of personal medical records that could readily be accessed when necessary. However, in response to a Parliamentary Question, the government refused to include the existence of a living will in the database. After Dignity in Dying and others campaigned to include living wills in the database, the government reversed its position.

Secular Medical Forum. Dr. Michael Irwin, together with other medical professionals, has launched the Secular Medical Forum (www.secularmedicalforum.org.uk) to combat religious influences that affect the way in which medicine is practiced in Britain. One of the main purposes of the Forum is to challenge the Christian Medical Fellowship, a 4,500-member group that led the successful effort to overturn the British Medical Association's previously neutral position on physician-assisted suicide. The Forum's goal is to have 1,000 members by 2010.

Dignitas. In May 2007, to mark the fifth anniversary of Diane Pretty's death, Dignity in Dying reported that a total of 76 British people had traveled to Switzerland to obtain an assisted suicide through the Swiss organization Dignitas. The numbers have accelerated significantly, with an average of 14 people a year between January 2003 and January 2006 and 34 people from January 2006 on.

Criminal penalties for "mercy" killing. The Director of Public Prosecutions for England and Wales, Ken Macdonald, has said that the offense of murder should be replaced by three or four degrees of homicide so that an offense like serial killing can be subject to a more severe penalty than a "mercy" killing. The Law Commission, the government's independent law advisory body, recommended in November 2006 that mercy killings be reduced from first- to second-degree murder, but the Home Office has not responded to the Commission's recommendations.

Green party supports assisted suicide. On 9/14/07, at a conference in Liverpool, the Green

party called for assisted suicide to be legalized, despite warnings that the party's position would be unpopular among some voters. The policy adopted included safeguards for persons wishing to end their lives and for health care professionals involved in the process.

Conference in Edinburgh. On 10/3/07, a major conference sponsored by the Royal College of Physicians was held in Edinburgh on the subject of "Physician-Assisted Suicide—A Good Death?"

Hong Kong. Thirty-seven-year old Tang Siu-pun, who has been a quadriplegic since a 1991 accident, has written a 300-page Chinese-language book titled (in the English translation) *IDemand Euthanasia*. After coming across the book at the Hong Kong Book Fair in July 2007, Hospital Authority chairman Anthony Wu Ting-yuk said that he personally supported euthanasia. In 2004, Tang had written a letter to legislators and the then chief executive Tung Chee-hwa demanding that the law be changed so he could die with medical assistance in a peaceful and painless manner.

India. The Law Commission of India has published a 434-page report titled "Medical Treatment to Terminally Ill Patients (Protection of Patients and Medical Practitioners)." The report recommended formation of a three-member panel of respected medical experts having at least 20 years' experience to approve requests to withdraw life support. The panel would be appointed by a statutory body, the names of the experts would be public, and decisions would be made by majority vote. If the High Court declared that a physician's decision was "lawful," the physician would not be subject to civil or criminal proceedings. An informed decision by a competent patient would be binding on the physician, and the patient could not be accused of suicide nor the physician of assisting a suicide. The Commission sought to make it clear that active euthanasia and physician-assisted suicide were always "held unlawful and continue to be unlawful."

Ireland

Rosemary Toole Gilhooley. On 12/18/02, the coroner's court opened an inquest regarding the involvement of Reverend George Exoo and Thomas McGurrian of Beckley, West Virginia, in the suicide of Rosemary Toole Gilhooley, a 49-year-old woman who died in Dublin in January 2002 after swallowing crushed sleeping pills, covering her head with a plastic bag, and breathing helium. Exoo was a minister at New River Unitarian-Universalist Fellowship and ran Compassionate Chaplaincy, a tax-exempt organization that counsels people seeking to commit suicide. In September 2003, the Director of Public Prosecutions confirmed that extradition proceedings would be commenced in the United States against the two men. On 6/25/07, Exoo was arrested and jailed in West Virginia. At an extradition hearing on 8/17/07 before U.S. Magistrate Clarke VanDervort, Exoo's public defender and the U.S. Attorney's office argued about whether the extradition treaty between Ireland and the United States applied to the case. Assisted suicide is a criminal offense in Ireland, but not in West Virginia. As a result, extradition is available only if a "preponderance" of the states in the United States would treat Exoo's alleged actions as a crime. Following the hearing, Van Dervort said that the case was a difficult one and took it under advisement. Exoo was jailed again pending a decision, and no further court dates have been set. However, in September 2007 federal prosecutors filed a motion to reopen the extradition hearing, stating that a person incarcerated with Exoo claimed that he made incriminating

statements about his conduct in Ireland.

Dublin radio talk show. On 9/27/07, Paul Connolly and Allison O'Reilly hosted a program on assisted suicide on "The Inbox," a call-in talk show of Dublin radio station 98FM. The invited guests were Derek Humphry, founder of The Hemlock Society and leader in the international right-to-die movement, and Dr. Peter Saunders, a spokesperson for Care, Not Killing, a British anti-euthanasia group. The talk show was the first major radio program ever devoted to the topic of assisted suicide in Ireland. All of the listeners who called in or sent a text message to voice their opinions supported Humphry. The full text of the radio program can be found at www.compassionate-chaplaincy.com.

Italy

Piergiorgio Welby. In September 2006, Piergiorgio Welby asked to be granted the right to be taken off a respirator. Welby, a 60-year-old man who suffered from progressive muscular dystrophy, was fed by a feeding tube and communicated through a voice synthesizer. On 12/16/06, Judge Angela Salvio rejected Welby's argument that forcibly-administered life-sustaining medical treatment violated Italy's constitution, ruling that Italian law did not permit a physician to grant his wish but urging lawmakers to address issues like assisted suicide. Welby died on 12/20/06 after Cremona physician Mario Riccio disconnected his respirator. A medical board disciplinary commission in Cremona opened an investigation into Riccio's actions but unanimously decided on 1/31/07 that he had not violated any rules. Rome prosecutors also opened an investigation into Welby's death but on 3/6/07 cleared Riccio of wrongdoing. In April 2007, Rome Judge Renato La Viola rejected the prosecutors' recommendation and ordered an investigation into Riccio's actions, calling him a suspect in a consensual murder, which carries a penalty of six to 15 years' imprisonment. Judge La Viola was overruled in July 2007 by Judge Zaira Secchi, who said that Welby had the right to ask for the respirator to be turned off and Riccio had the duty to act on his request.

Giovanni Nuvoli. Following Welby's appeal, Maddalena Nuvoli also wrote a letter to Italian President Giorgio Napolitano asking for the legalization of euthanasia. Nuvoli's 52-year-old husband, Giovanni Nuvoli, who had suffered from ALS for seven years and had been in bed for the past four years, was on a respirator and could only move his eyes. She was unsuccessful, and her husband died on 7/23/07 after one week of refusing food and water.

Moana Pozzi. Prosecutors in Rome have opened an investigation into the death in France 13 years ago of 33-year-old porn star Moana Pozzi. They suspect her husband, Antonio Di Ciesco, of committing euthanasia so she would not suffer a slow death from cancer. The action came after Di Ciesco told a Rome newspaper he injected air into his wife's intravenous medicine drip after she asked for help to end her suffering. If the account is confirmed, Di Ciesco could be charged with "killing a consenting adult."

Catholic church. On 9/14/07, the Vatican's Congregation for the Doctrine of the Faith issued a document reaffirming that it considers the removal of feeding tubes from people in a vegetative state to be an immoral act. On 9/17/07, speaking to the executive committee

of the episcopal conference, Archbishop Angelo Bagnasco said that the Church would continue to insist on the preservation of human life until natural death.

Pope John Paul II. In an article in the Italian journal *Micromega*, anesthesiologist Dr. Lina Pavanelli alleged that Pope John Paul II violated Catholic teaching against euthanasia by refusing medical care that would have kept him alive longer. Pavanelli argued that he was not given adequate nutrition soon enough, a charge immediately dismissed by Vatican officials.

Living wills. In late 2006, a Senate committee began hearing opinions from experts over legislation to approve living wills, or “biological testaments.” The Catholic church has indicated opposition to any form of living will, and the bill remains stalled in the Senate.

Prisoner request. In June 2007, three hundred Italian inmates signed a letter to Italy’s president Giorgio Napolitano urging him to bring back the death penalty. The letter was from Carmelo Musumeci, a 52-year-old member of the Sicilian Mafia who is serving a 17-year sentence and feels that he is “dying a little bit every day” anyway and wants to “die just once.” A month later, a prisoner serving in a Welsh jail at Swansea wrote to the prisoners’ newspaper *Inside Time* calling for the government to consider allowing voluntary euthanasia for inmates serving long sentences.

Japan

Proposed legislation. A nonpartisan group of lawmakers headed by former Foreign Minister Taro Nakayama, a member of the ruling Liberal Democratic Party in the Lower House who is also a physician, has expressed its intention to propose legislation in the Diet dealing with dignified death. The draft, compiled by the House of Representatives’ Legislative Bureau from a number of points of agreement reached by the group, proposes allowing physicians to take patients off life support if two or more other physicians confirm a “near-death situation.” Removal of life support would be permitted only if a patient over the age of 15 has signed an advance directive declaring that he or she does not want life-prolonging treatment. Under the proposed legislation, a physician who follows proper procedures could not be prosecuted for removing life support. The Japan Medical Association has expressed opposition to the proposal, saying that an outline describing proper practice is better than codified laws.

Nippon Medical School guidelines. The ethics panel of Nippon Medical School in Tokyo has compiled interim guidelines for ending life support for hopelessly sick or injured patients under certain conditions, in order to make decisionmaking more objective and avoid situations in which physicians could face criminal liability. The school will begin using the guidelines in April 2008 at its four affiliated hospitals—Nippon Medical School Hospital and its three branch hospitals in Tokyo, Kanagawa, and Chiba prefectures. The guidelines define “end-of-life” as a condition in which a patient is bound to die from illness or injury “within two weeks or within a month at longest” or a condition that is incurable and life-sustaining treatment would only serve to delay the time of death. Determination of whether a patient has entered the “end-of-life” period would be made by a team of physicians and not

by a single attending physician. The patient's decision against life supports should be confirmed in writing or through family, and physicians must receive the family's consent. If the case involves steps that would lead directly to death, such as removal of a respirator, the matter would be brought to the ethics board.

Mexico

Proposed legislation. On 4/12/07, Mexico's Senate began discussing a proposed bill that would liberalize Mexico's existing law mandating lengthy jail time for anyone who assists a patient in ending medical care that keeps the patient alive, even if the patient is terminally ill. Senator Lazaro Mazón, a surgeon who sponsored the bill, said that he expected approval by the Senate soon. The bill then would have to be approved by the lower house of Congress and signed by Mexican President Felipe Calderón. The proposed bill would allow a patient (or the patient's immediate family) to withdraw or withhold life-sustaining treatment but would not permit active euthanasia or assisted suicide. In June 2007, Cardinal Norberto Rivera Carrera, the Archbishop of Mexico, confirmed the Catholic church's opposition to the bill and said that the government should amend the constitution to allow priests to discuss political affairs at will.

Public opinion poll. During 6/8-6/11/07, Parametria asked 720 Mexican adults "Do you agree or disagree with Cardinal Norberto Rivera Carrera voicing his opinion about political affairs in Mexico?" Sixty percent disagreed, 18% agreed, 16% said they neither disagreed nor agreed, 5% did not reply, and 1% were not sure.

The Netherlands

Five-year report. On 5/10/07, an official report about the medical practice of euthanasia and physician-assisted death in the Netherlands between 2001 and 2005 was published. The following statistics were reported in Agnes van der Heide et al., *End-of-Life Practices in the Netherlands under the Euthanasia Act*, 356 *New Eng. J. Med.* 1957 (2007):

Number of patients. The number of reported deaths had declined significantly. Active euthanasia was performed 3,500 times in 2001 (2.6% of all deaths), as compared to 2,325 times in 2005 (1.7% of all deaths). Physician-assisted suicide was performed 300 times in 2001 (0.2% of all deaths), but only 100 times in 2005 (0.1% of all deaths). In 0.4% of all deaths in 2005, a patient's life was ended without an explicit request by the patient.

Reporting. The report indicates that 80.2% of all cases of euthanasia and physician-assisted suicide were reported in 2005, as compared to 18% reported in 1990 and 41% in 1993.

Physicians' participation. Eighty-four percent of physicians received a request for immediate active euthanasia or physician-assisted suicide in 2005, but only 19% actually performed it; 14% emphatically stated they never perform it; and 1% even refused to refer a case to a colleague.

Physicians' attitudes. Twenty-eight percent of physicians support the view that, in exceptional cases, assistance is justified in the case of elderly patients who suffer unbearably and are tired of living; 28% had the opposite view. Twenty-five percent of physicians admitted that they were not fully aware of the exact legal requirements (such as justification of the request or the degree of suffering required).

Continuous deep sedation. The number of cases in which the patient was placed under continuous deep sedation (or "palliative sedation") until death occurred increased from 8,500 cases (5.6% of all deaths) in 2001 to 9,700 cases (7.1% of all deaths) in 2005.

Life-extending treatment. The number of cases in which physicians refrained from life-extending treatment increased from 21,300 cases in 2001 to 28,000 cases in 2005.

2006 report. In May 2007, an annual report covering 2006 was issued by the Regional Review Commission. The report contained the following information:

Number of cases. A total of 1,923 cases of active euthanasia and physician-assisted suicide were reported in 2006, ten less than in 2005. Active euthanasia was involved in 1,765 cases, physician-assisted suicide in 132 cases, and a combination of the two in 26 cases. These cases constituted 1.4% of all deaths.

Physicians. A general practitioner reported 1,692 cases, a medical specialist reported 151 cases, and a nursing home physician reported 80 cases. Only one case was forwarded to the Public Prosecutor.

Type of illness. Most patients had cancer. Only six cases involved patients with beginning dementia, a situation in which the Commission recommends that extreme restraint be observed. Ten thousand patients die annually in an advanced state of dementia, but euthanasia is highly exceptional in those cases.

Palliative sedation. The Commission expressed concern that physicians were turning to palliative sedation to avoid the paperwork and hassle of euthanasia. Reina de Valk, chairman of the Regional Review Commission, indicated in an interview that physicians often prefer palliative sedation (which does not need to be reported) over euthanasia. However, de Valk said that palliative sedation is meant for patients whose life expectancy is one or two weeks at most, and that the patient dies of the sedation itself rather than the illness if life expectancy is longer. The Commission recommends that physicians become more knowledgeable about the exact requirements for palliative sedation.

Government position. In April 2007, at a guest lecture at the Erasmus University in Amsterdam, Labour party PvdA state secretary for public health Jet Bussemaker indicated that the ChristenUnie's agenda would not tamper with government policy on the existing euthanasia laws and that patients would not be put under any pressure in making decisions.

Free University of Amsterdam. The Free University of Amsterdam has been commissioned to scientifically investigate the role of personal dignity at the end of life, and a specific professorship on the subject is being created. A scientific council will assist in the investigation.

New novel. Pediatrician Paul Brand, who is 46 years old, recently published a novel titled *God's Chair*. In the novel, an 11-year-old patient with the fatal disease of cystic fibrosis, together with his parents and specialist physician, are confronted with the fact that children under age 12 are not covered by the existing Dutch euthanasia laws. Brand, who believes that the age of 12 is rather arbitrary, used the form of a novel to bring out the problem more emotionally and also avoid any potential court case against him. Brand says that the problem does not have high priority on the government's political agenda, and that medical professionals and society should therefore take the initiative to promote change in existing laws.

New Zealand

The Peaceful Pill Handbook. In February 2007, the board of the Australian Office of Film and Literature Classification voted to ban *The Peaceful Pill Handbook*, co-authored by Dr. Phillip Nitschke and Fiona Stewart, in Australia on the grounds that it told people how to manufacture barbiturates and violated federal laws prohibiting the promotion of suicide. On 6/7/07, the New Zealand Office of Film and Literature Classification banned the book as "objectionable" in New Zealand because it would promote violation of the criminal laws, although Nitschke said that the book could easily be revised to delete the objectionable portions.

Dignity New Zealand Trust. On 5/28/07, volunteers from Dignity New Zealand Trust, which was founded by Lesley Martin and other euthanasia campaigners, handed out information on the streets on what was called "National Dignity Day." The group wants the public to get behind the next effort to legalize voluntary euthanasia.

Suicide drugs. On 6/19/07, TV3 Radio Live reported that five New Zealanders would meet staff from Exit International in the United States in October and then travel to Mexico to buy the banned drug Nembutal.

Man charged with attempted murder. A 49-year-old man whose name has been suppressed has been charged with attempted murder in connection with the death of his 77-year-old mother, who had stomach cancer and died on 2/5/07 in Taumarunui's Avonlea Hospital and Home. Authorities allege that he interfered with an automated syringe and pump, which administered liquid morphine and a combination of sedatives and medication to prevent nausea and anxiety. Pathology reports showed that the cancer was the primary cause of the mother's death, although the morphine was a possible contributing factor, and reports at trial indicated that she had been in pain and crying out for help on the day she died.

Possible legislation. MP First Deputy leader Peter Brown supported the Death with Dignity Bill that was narrowly defeated in 2003, which would have resulted in a referendum. He

now believes that parliament may back a bill to change existing law.

Poland. Janusza Switaja, a 32-year-old who was left completely paralyzed following a motorbike accident in 1993 and is on a respirator, petitioned a local court for help to end his life after one or both of his parents become too old to care for him. In September 2007, Switaja was notified by the Warsaw District Court that his request had been dismissed.

South Korea. The case of a “mercy killing” has opened debate in South Korea for the first time. A 30-year-old physician identified only by the name Park removed the respirator that kept a comatose woman suffering from liver cirrhosis alive. The woman had previously expressed her wish not to be kept alive by artificial means. The physician was arrested at the request of the woman’s daughter, whom he claimed had requested him to carry out the act in the first place. Police from Bangbae and Seoul sent the case to prosecutors with the opinion that the physician should not be charged with a crime. In the absence of precedent, the case was sent to the Supreme Court.

Switzerland

EX-International. The website of the Scottish group FATE (Friends At The End) has reported that a second Swiss group—EX-International based in Bern—shares with Dignitas the policy of providing suicide assistance to people from outside Switzerland. Although the group has worked mostly with people from Europe, it is willing to accept people from outside Europe as well. The group prefers at this point that interested parties begin by approaching the right-to-die group they belong to in their own country.

Dr. Peter Baumann. Retired Swiss psychiatrist Peter Baumann, who is the head and founder of the assisted suicide organization Verein SuizidHilfe Schweiz, has been found guilty of involuntary manslaughter based on charges that he helped three depressed people take their lives rather than trying to save them. Baumann was given a three-year prison sentence, two years of which were suspended by the Basel criminal court. The prosecution argued that the three people in question were not capable of judgment and that Baumann had acted out of self-interest and a desire to spread his beliefs.

Dignitas evicted. Local residents in a Zurich suburb had complained about the constant flow of police cars and ambulances to two apartments leased to Dignitas, and the organization has now been evicted. About 700 people had committed suicide at the apartments over an 8-year period. The landlady is a cousin of Ludwig Minelli, who heads Dignitas. Dignitas has since moved several times but so far has been unable to find a permanent home. On 10/1/07, the authorities in Schwerzenbach, near Zurich, refused to allow Dignitas to continue using premises in the village’s industrial area. The Zurich cantonal authorities say that the construction or conversion of a building to be used for assisted suicide needs special permission, but Dignitas has appealed the ruling. The owner of a Swiss hotel said that he would bring legal action against Dignitas after the group helped a German man end his life in one of the hotel rooms without asking permission.

Ozzy and Sharon Osbourne. MSNBC.com has reported that Ozzy and Sharon Osbourne have agreed to end their own lives by assisted suicide in Switzerland if a mentally

degenerative disease afflicts either of them. The couple had seen Sharon Osbourne's father suffer from 2002 to his death in July 2007.

Polls. According to a report by the polling institute Demoscope, 53% of 500 Swiss people recently polled approved of assisted suicide if a patient is terminally ill, 27% fully agreed with the right to assisted suicide, and 15% opposed assisted suicide. A similar survey by the Isopublic Institute found that 54% of those interviewed would consider assisted suicide for themselves, while 45% said they would leave the decision to close friends or relatives in cases where patients are unable to decide for themselves. Opinions varied about so-called "death tourism," where foreigners travel to Switzerland to obtain assisted suicide. Demoscope said 54% of its respondents were opposed to death tourism. The Isopublic survey found regional differences between the German-speaking and French-speaking parts of Switzerland.

Supervision for assisted suicide organizations. The Swiss National Advisory Commission on Biomedical Ethics, a government advisory panel, has recommended state supervision for assisted suicide organizations. The Senate passed a motion in June 2007 aimed at tightening the assisted suicide rules, but Justice Minister Christoph Blocher has made it clear that it is up to the cantons and communes to apply the law as it stands.

European parliament. On 5/7/07, a conference on "Medically Assisted Dying and Euthanasia: A Matter of Human Rights" sponsored by the World Federation of Right to Die Societies and other parties was held at the European Parliament in Brussels, Belgium. The conference produced a proposed Declaration that could be used to request the European Parliament or member governments to collect and analyze empirical evidence about end-of-life medical practices and consider reviewing legislation that would ensure that the wishes of the patient would be respected.

*Some information obtained from media reports has not been independently verified.