

RECENT DEVELOPMENTS IN PHYSICIAN-ASSISTED DEATH

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LITIGATION

Baxter v. Montana, No. ADV-2007-787 (Mont. Dist. Ct., filed Oct. 18, 2007). On 10/18/07, a suit over the right to die with dignity was filed in the Lewis and Clark County District Court in Helena, Montana, against the State of Montana and the Attorney General. 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 the nonprofit patients' rights organization Compassion & Choices. 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 several sections of Article II of the Montana state constitution, including Section 3 (right to seek safety, health, and happiness in all lawful ways), Section 4 (right of individual dignity and right to equal protection of the laws), Section 10 (right of privacy), and Section 17 (right to due process of law). The case is expected to reach the Montana Supreme Court.

Mahorner v. Florida, No. 3:08-CV-00300 (M.D. Fla., filed Feb. 25, 2008). James G. Mahorner, a 76-year-old retired lawyer from Jacksonville Beach, Florida, has filed a pro se suit against the State of Florida and the Florida Attorney General asking a federal court to either invalidate Florida's statute criminalizing physician-assisted suicide as unconstitutional or give his physician the legal right to provide him the same lethal injection cocktail used to execute condemned killers. Mahorner said he does not want to die yet, but rather when his physician certifies that his mental capacity has diminished to a specified level. He explained that he wanted to file the suit while he was still competent despite tiny strokes that are attacking his brain, and he has asked Florida Attorney General Bill McCollum to expedite the litigation "while I have competency." The Florida Supreme Court already has ruled that the Florida statute criminalizing physician-assisted suicide is constitutional. See *Krischer v. McIver*, 697 So.2d 97 (Fla. 1997).

LEGISLATION

Arizona. Every year since 2003, Representative Linda Lopez has introduced a bill similar to the Oregon Death with Dignity Act. She did so again on 1/24/08, when she introduced HB 2387, but the bill failed to get a hearing after being referred to a committee.

California

California Compassionate Choices Act. 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 is not in hospice care. Both the Assembly Judiciary Committee and the Assembly Appropriations Committee approved the bill, but its supporters decided not to send it to the Assembly floor after concluding that the bill was unlikely to pass. Supporters hoped to renew AB 374 during 2008, but it died when the 1/31/08 deadline for reintroducing 2007 measures passed without the bill's being scheduled for debate. Some commentators attributed the bill's failure to opposition by a coalition that included the California Catholic Conference, as well as to the state's budget crisis.

AB 2747. On 2/22/08, Assemblywoman Patty Berg and Assemblyman Lloyd Levine introduced AB 2747 in the California legislature. The bill would require health care providers to provide patients with the opportunity to receive information and counseling regarding legal end-of-life options, following a diagnosis that a patient has a terminal illness or has less than one year to live. Those options would include hospice care, withholding or withdrawing life-sustaining treatment, voluntarily stopping eating and drinking, and "palliative sedation" (use of sedatives that make the patient unaware and unconscious during the progression of the disease leading to the patient's death). AB 2747 was approved by the Assembly Judiciary Committee and was passed by the full assembly on 5/28/08 by a vote of 42 to 34. The bill was introduced in the Senate on 5/29/08 and referred to the Committees on Health and Judiciary. A hearing on the bill is scheduled before the Senate Health Committee on 6/25/08.

Oregon

Deaths during 2007. On 3/18/08, the Oregon Department of Human Services issued a report on deaths during 2007 under the Oregon Death with Dignity Act. The complete report is available on-line at www.oregon.gov/DHS/ph/pas. The report included the following information:

Prescriptions written. In 2007, 85 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, 64 in 2005, and 65 in 2007.

Number of patients. In 2007, 49 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, 38 in 2005, and 46 in 2006. The number has remained small compared to the total number of deaths in Oregon, with about 15.6 deaths under the Act in 2007 per 10,000 total deaths. Of the 85 persons who received prescriptions under the Act during 2007, 46 died after taking lethal medication, 26 died from their underlying illness, and 13 were alive as of the end of 2007. An additional three persons who received prescriptions before 2007 died in 2007 after taking their medications. A total of 341 patients have died under the terms of the Act since 1997.

Patient characteristics. Most of the 49 patients who died were between 55 and 84 years of age (80%), white (98%), and well-educated (69% had some college). Fifty-three percent of the patients were male, 43%% were married, and 55% lived in the Portland metropolitan area. Eighty-six percent of the patients who died had cancer,

88% were enrolled in a hospice program, and all of the patients had health insurance. Forty-four patients died at home, and five died in some type of care facility.

Patient concerns. The most common reasons for choosing assisted suicide expressed by patients to their physicians were loss of autonomy (100%), inability to participate in activities that make life enjoyable (86%), loss of dignity (86%), loss of control of bodily functions (63%), being a burden on family, friends, or caregivers (45%), and inadequate pain control (33%). Only two patients voiced concerns about the financial implications of treatment.

Mental health evaluations. None of the patients who died were referred for 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 2007, all lethal medications prescribed were barbiturates. The physician was present when the medication was ingested in 22% 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 20 minutes). Median time from taking the medication to death was 25 minutes (individual times ranged from 6 minutes to 83 hours). Three patients vomited some of the medication. No cases were referred to the Oregon Board of Medical Examiners.

Physicians. A total of 45 physicians prescribed lethal medications to 85 persons.

Oregon Health Division statistics for 2007 generally were consistent with statistics for 1998-2006, although referral to a specialist for a psychiatric or psychological consultation has declined from 31% in 1998 to none in 2007. In addition, the median age of patients who died in 2007 was lower than the median for 1998-2006 (65 years versus 70 years), and a higher percentage of patients lived in the Portland metropolitan area (55% versus 39%). More patients were concerned about inadequate pain control in 2007 than in 1998-2006 (33% versus 26%).

Compassion & Choices of Oregon. According to the 2007 annual report of Compassion & Choices of Oregon, the organization served more than 160 clients during 2007, 135 of whom died peacefully. Of the 138 who died in 2007, 31 chose to hasten their deaths by taking lethal medication, 99 died from their illness, four died by total sedation, two died by self-inflicted wounds, and two died after voluntarily stopping eating and drinking. The group prevented 11 violent suicides from occurring. In addition, Compassion & Choices of Oregon helped more than two dozen clients and others receive better pain management, referred 49 clients to hospice care, referred others to religious or spiritual counselors, and mailed or emailed more than 12,000 brochures, client packets, invitations, and information materials to people who wanted information about the organization's programs or who are on its mailing list.

Pew Forum study. A survey of 35,000 people released on 2/25/08 by the Pew Forum on Religion and Public Life found that 27% of Oregonians are unaffiliated with any religion, compared with 16% of all Americans nationally. No other state has a higher percentage of unaffiliated adults, although both New Hampshire and Vermont are at 26%, and both Maine and Colorado at 25%.

National politics. Assisted suicide is not mentioned in the platforms of the major presidential candidates, it does not come up in national debates, and neither Republicans nor Democrats in Congress are talking about the issue. The speculation is that at this point no one thinks that a challenge to Oregon's law could succeed.

Washington

Initiative filed. In 1991, Washington voters rejected by a vote of 54% to 46% Initiative 119, which would have allowed active euthanasia as well as physician-assisted suicide. On 1/9/08, former Governor Booth Gardner filed with the Secretary of State the Washington State Death with Dignity Initiative (Initiative 1000), which is based on the Oregon Death with Dignity Act. See <http://www.secstate.wa.gov/elections/initiatives/text/i1000.pdf>. In order to get the initiative on the 11/4/08 ballot, supporters must gather 224,880 valid signatures by 7/3/08.

Washington Death With Dignity Coalition. The political action committee for the Initiative 1000 campaign is called Yes! on I-1000, www.yeson1000.org. A coalition of right-to-die groups, called the Washington Death With Dignity Coalition, is running the campaign. Its members include Compassion & Choices of Washington, national Compassion & Choices, the Death With Dignity National Center, and Oregon Death With Dignity. As of 6/11/08, the coalition had gathered contributions of \$1.2 million, with about \$440,000 coming from Oregon-based right-to-die organizations Death with Dignity and Compassion & Choices and its state chapters. The largest individual donor is former Governor Booth Gardner, who has contributed \$120,000.

Coalition Against Assisted Suicide. A group including people with disabilities, physicians, nurses, hospice workers, minority persons, and religious groups, known as the Coalition Against Assisted Suicide, has been formed to fight against Initiative 1000. The Coalition has said that it particularly objects to the initiative's lack of a mandatory mental health evaluation and mandatory family notification.

Other opponents. Governor Chris Gregoire has stated that she is opposed to Initiative 1000 but will not actively work against it. In May 2008, a bipartisan group of 11 Republican and four Democratic state legislators urged voters not to sign the initiative petition.

Suit over wording of initiative. The Coalition Against Assisted Suicide filed a lawsuit objecting to the language of Initiative 1000 and the official voters pamphlet description. On 3/8/08, however, Thurston County Superior Court Judge Chris Wickham refused to add the words "physician-assisted suicide" to the ballot or official voters pamphlet description. Instead, Judge Wickham approved words saying that the initiative would allow some

terminally ill patients “to request and self-administer lethal medication” prescribed by a physician. *Coalition Against Assisted Suicide v. Washington*, No. 08-2-00265-6 (Thurston Co. Sup. Ct., Mar. 8, 2008).

Human Life of Washington. In April 2008, Human Life of Washington filed a federal lawsuit claiming that Washington’s campaign finance laws are overly broad and asking the court to invalidate portions of those laws for being unconstitutional. *Human Life of Washington v. Brumsickle*, No. 2:08-CV-00590 (W.D. Wash., filed Apr. 16, 2008). Human Life argues that it should not have to register with the state as a political action committee and disclose its donors, because it wants to sponsor ads only about the issue of assisted suicide, not ones explicitly about Initiative 1000. The group also argues that its donors will be harassed or intimidated by supporters of Initiative 1000 if their names are disclosed. Alex Morgan, campaign manager for Initiative 1000, said that Human Life wants to keep voters in the dark because much of the money to pay for “voter education” against assisted suicide is likely to come from out of state, largely from the Catholic church.

Wisconsin. Senator Fred Risser and Representative Frank Boyle once again unsuccessfully circulated bills (SB 151 and AB 298) similar to the Oregon Death with Dignity Act that would give terminally ill patients the right to “die with dignity.” These legislators have introduced such bills 16 times, but so far have never gotten one to a vote in either the state Assembly or the Senate. However, a public hearing was held on SB 151 on 1/23/08, only the second time a bill got to the hearing stage.

OTHER NATIONAL DEVELOPMENTS

Dr. Jack Kevorkian

HBO Films movie. HBO Films plans to distribute a feature film about Dr. Jack Kevorkian’s life based on the book *Between the Dying and the Dead: Dr. Jack Kevorkian’s Life and the Battle to Legalize Euthanasia*, written by Harry Wylie and Neal Nicol. Steve Jones and Glenn Rigberg are executive producers. Adam Mazer, who co-wrote the espionage thriller *Breach*, is writing the script.

Speaking engagements. Kevorkian was paroled from a Michigan prison on 6/1/07 and will be on probation for two years. He has promised that he will not assist in any form of suicide or euthanasia, but instead will push for legalization of physician-assisted suicide. His recent speaking engagements include Wayne State University in Detroit, Michigan, in November 2007, and the University of Florida in Gainesville in January 2008. Large crowds attended both events.

Kevorkian runs for Congress. In March 2008, Kevorkian announced his intention to run as an independent for the U.S. Congressional seat currently held by Representative Joe Knollenberg, a Republican.

Frances Tolliver. In March 2008, an Omaha jury found in favor of the daughters of Frances Tolliver, an 85-year-old woman who died of cancer while a resident of Hospice House. Tolliver’s

daughters had alleged that the hospice facility falsely claimed it could provide noncurative comfort care while she was dying of breast cancer, but that in fact her death was anxiety-ridden and prolonged because the staff was inadequately prepared to treat her pain. The jury found Hospice House negligent in failing to provide adequate pain care.

Catholic Organization for Life and Family. The Catholic Organization for Life and Family has published a brochure called *Euthanasia and Assisted Suicide: Urgent Questions*. The group also issued a downloadable workshop guide called *Life in the Balance: Workshop on Euthanasia and Assisted Suicide*.

Center for Practical Bioethics. On 2/18/08, the Center for Practical Bioethics announced that William H. Colby has joined the Center as the Senior Fellow, Law and Patient Rights. Colby represented the family of Nancy Cruzan in their lawsuit and has written two books on the right to die.

Montana polls. Two recent polls in Montana (where the case of *Baxter v. Montana* is pending) showed a high level of support for legalizing physician-assisted suicide. On 10/29/07, the Helena Independent Record reported that 575 readers had responded to the Question of the Week, with 417 in favor of legalization and 158 against. On 11/22/07, the Great Falls Tribune reported that the 22nd statewide poll conducted by the Political Science Department of Montana State University-Billings showed that 56% of the 412 Montana residents randomly selected for telephone interviews thought that terminally-ill patients should be able to have a physician assist them in ending their lives.

National poll. In a survey of 1,070 U.S. adults conducted for ELDR magazine and ELDR.com by Knowledge Networks between 3/13 and 3/25/08, 66.3% of respondents favored making it legal for physicians to give terminally ill patients the means to end their lives, while 33.7% were opposed. When asked how the decision to end life should be made, 81.5% of respondents said based on the individual's wishes, 10.3% said based on the laws of the church, 4.2% said based on the laws of the government, and 4.0% said based on some other third party. When asked what they would want if in a persistent vegetative state, 6.4% of respondents said they would want to be kept alive by artificial means, while 93.6% said they would want to have artificial means removed. If terminally ill with no hope of recovery, 61.0% of respondents said they would want a physician to give them the means to end their own life, while 39.0% said they would not want a physician to do so. If experiencing end-of-life suffering that the physician could not relieve, 82.1% of respondents wanted the option of being sedated into unconsciousness, even though that might hasten death, while 17.9% did not want that option.

MEDICAL DEVELOPMENTS

Palliative care. In May 2008, the American Hospital Association said that a third of hospitals have palliative care teams—more than double the number in 2000. About half of 50-plus-bed facilities have such teams in place. According to the National Hospice and Palliative Care Organization, more than a third of all deaths in 2006 occurred under hospice care, and more than 1.3 million patients received hospice services, up 61% from 1997. Also in 2006, 10 medical specialties claimed palliative medicine as a subspecialty for the purposes of accreditation.

Medical groups endorse aid-in-dying. The American Medical Student Association (AMSA), a progressive group of more than 68,000 physicians-in-training and practicing physicians, has joined the American Medical Women's Association in supporting aid-in-dying. AMSA first adopted a policy supporting aid-in-dying in the mid-1990s. At its March 2008 convention, the House of Delegates approved Resolution D 01, supporting passage of aid-in-dying laws and open and complete communication regarding all possible end-of-life care options for the terminally-ill patient. On 9/9/07, the Board of Directors of the American Medical Women's Association adopted a position supporting aid-in-dying.

Recent articles

Nia Williams et al., *Public Attitudes to Life-Sustaining Treatments and Euthanasia in Dementia*, 22 Int'l J. Geriatric Psychiatry 1229 (2007)

Timothy E. Quill, *Physician Assisted Death in Vulnerable Populations*, 335 Brit. Med. J. 625 (2007)

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M.K. Bendiane et al., *French District Nurses' Opinions Towards Euthanasia, Involvement in End-of-Life Care and Nurse-Patient Relationship: A National Phone Survey*, 33 J. Inst. Med. Ethics 708 (2007)

D.A. Neil, *End-of-Life Decisions in Medical Practice: A Survey of Doctors in Victoria (Australia)*, 33 J. Med. Ethics 708 (2007)

T.H. Rob de Jong, *Deliberate Termination of Life of Newborns with Spina Bifida, a Critical Reappraisal*, 24 Childs Nerv. Syst. 13 (2008)

Joke Lemiengre et al., *Ethics Policies on Euthanasia in Nursing Homes: A Survey in Flanders, Belgium*, 66 Soc. Sci. & Med. 376 (2008)

Tracy K. Koogler & K. Sarah Hoehn, *Euthanasia, Eye of the Beholder?*, 36 Crit. Care Med. 331 (2008)

Treatment of Seriously Ill Patients Who Are Near the End of Life: Recommendations from the American College of Physicians, 148 Annals Internal Med. 1 (2008)

Amir Qaseem et al., *Evidence-Based Interventions to Improve the Palliative Care of Pain, Dyspnea, and Depression at the End of Life: A Clinical Practice Guideline from the American College of Physicians*, 148 Annals Internal Med. 141 (2008)

Karl A. Lorenz, *Evidence for Improving Palliative Care at the End of Life: A Systematic Review*, 148 Annals Internal Med. 147 (2008)

Rubén Lisker, *Physician-Assisted Death: Opinions of a Sample of Mexican Physicians*, 39 Arch. Med. Research 452 (2008)

Rurik Lofmark et al., *Physicians' Experiences with End-of-Life Decision-Making: Survey in 6 European Countries and Australia*, BMC Med. 2008, 6:4

Judith Rietjens et al., *Continuous Deep Sedation for Patients Nearing Death in the Netherlands: Descriptive Study*, 336 Brit. Med. J. 810 (2008)

Jan L. Bernheim et al., *Development of Palliative Care and Legalisation of Euthanasia: Antagonism or Synergy?*, 336 Brit. Med. J. 864 (2008)

G.G. van Bruchem-van de Scheur et al., *Euthanasia and Assisted Suicide in Dutch Hospitals: The Role of Nurses*, 17 J. Crit. Nursing 1618 (2008)

G. Bosshard et al., *A Role for Doctors in Assisted Dying? An Analysis of Legal Regulations and Medical Professional Positions in Six European Countries*, 34 J. Med. Ethics 28 (2008)

J-J Georges et al., *Dealing with Requests for Euthanasia: A Qualitative Study Investigating the Experience of General Practitioners*, 34 J. Med. Ethics 150 (2008)

G.G. van Bruchem-van de Scheur et al., *The Role of Nurses in Euthanasia and Physician-Assisted Suicide in The Netherlands*, 34 J. Med. Ethics 254 (2008)

Malcolm Parker et al., *Impact of Specialty on Attitudes of Australian Medical Practitioners to End-of-Life Decisions*, 188 Med. J. Australia 450 (2008)

Susan E. Hickman et al., *The POLST (Physician Orders for Life-Sustaining Treatment) Paradigm to Improve End-of-Life Care: Potential State Legal Barriers to Implementation*, Perspectives on Bioethics 119 (2008)

INTERNATIONAL DEVELOPMENTS

Australia

Federal parliament. In March 2008, the Senate Standing Committee on Legal and Constitutional Affairs began an inquiry into the Rights of the Terminally Ill (Euthanasia Laws Repeal) Bill 2008, introduced by Australian Greens Senator Bob Brown as a private member's bill. The bill would repeal the 1997 Euthanasia Laws Act, which prohibited legalizing euthanasia in any Australian territory and served to overturn euthanasia laws in the Northern Territory nine months after they were enacted. (The federal parliament does not have the legal authority to prohibit Australian states from enacting euthanasia legislation.) The Senate Committee is expected to report back on 6/23/08. Australian Prime Minister Kevin Rudd is opposed to voluntary euthanasia but says parliamentarians are entitled to a conscience vote on the issue.

South Australia. On 5/31/07, the Voluntary Euthanasia Act 2007 was read for the first time in the South Australian House of Assembly. The Act would allow “voluntary euthanasia,” which is defined to include a medical practitioner either administering drugs, prescribing drugs for self-administration by a patient, or withholding or withdrawing medical treatment, in order to end life. To be eligible, the patient must be in the terminal phase of a terminal illness that is causing the patient to suffer unbearable pain which cannot be alleviated to a degree the patient finds acceptable. Two independent medical practitioners must advise the patient, and a palliative care specialist must be consulted if reasonably practical. The patient’s request must be made in the presence of the two medical practitioners and two other adult witnesses not related to the patient, and must then be filed with a Registrar. A medical practitioner not involved in the patient’s day-to-day treatment or care must personally examine the patient and provide a certificate of confirmation, after which at least 48 hours must elapse. A Voluntary Euthanasia Monitoring Committee would be required to make an annual report to the South Australian parliament. Former Speaker Bob Such introduced the bill.

Victoria. 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. Subsequently, Greens MP Colleen Hartland and Liberal MP Ken Smith introduced the Medical Treatment (Physician Assisted Dying) Act 2008. The bill would allow physicians to prescribe lethal medication but would not permit them to administer lethal injections. Victorian Premier John Brumby does not support the bill and says that the government already has a full legislative program.

West Australia. On 11/2/07, the West Australian Law Reform Commission issued its report on the state’s homicide laws. The commission recommended a separate inquiry into the laws governing euthanasia and called for “mercy killing” to be treated differently from murder, with a more lenient penalty. The commission found that the issues surrounding euthanasia were too complicated and controversial to be considered in its review of the state’s homicide laws. Attorney-General Jim McGinty said the Government would consider the commission’s recommendation.

Queensland. Former Brisbane Lord Mayor Clem Jones left a \$5 million bequest in his will to be used “in whatever way” to support the legalization of euthanasia. Polls have found that between 63% and 74% of the public in Queensland supports voluntary euthanasia. However, Queensland Premier Anna Bligh has declared that her government has no intention of reviewing euthanasia laws.

Graeme Wylie. Shirley Justins, 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, were 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. The women’s joint trial began on 5/5/08 before the New South Wales Supreme Court. After the trial began, Justins pleaded not guilty to murder but admitted to assisting with the suicide, and Jennings pleaded guilty

to importing the drug from Mexico but not guilty to being an accessory to murder or aiding and abetting in a suicide. However, the Crown Prosecutor rejected the not guilty pleas. After a six-week trial, a jury found Justins guilty of manslaughter and Jennings guilty of being an accessory to manslaughter. Bail has been continued, with a likely sentence date sometime in November. The women are expected to seek noncustodial sentences. Justice Roderic Howie, who presided over the trial, said that he would refer Kep Enderby to the Solicitor-General for contempt of court for his activities during the trial. Enderby is a former federal Labor MP for Canberra, federal attorney-general, and retired Supreme Court judge, and until recently was president of the NSW Voluntary Euthanasia Society.

June Burns. In March 1999, June Burns, who suffered from multiple sclerosis and bladder cancer, was the subject of a television advertisement in which she said she would take her life once the pain from the diseases became unbearable. She compared her plight to that of a sick dog, which would be put down under similar circumstances. In October 2007, Burns died after taking the lethal drug Nembutal, which she had stored at her home in Warwick, Queensland, since the late 1990s.

Dr. Nitschke loses in federal parliament election. 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. Although Nitschke received only 3.89% of the votes in the election, his campaign raised \$125,000. Nitschke ran against Andrews in 1996 for his role in overturning the Northern Territory's Rights of the Terminally Ill Act, but lost in that election as well.

Exit International's office. Exit International has opened its first interstate office in Melbourne. The center will have responsibility for the national organization of workshops, the Nancy's Friends network, and newsletter mailings. Lindy Boyd has been named as Exit Workshops Coordinator.

Nitschke workshops. Dr. Nitschke has warned people attending his workshops that they are under close scrutiny from the government. The Queensland government sent Compliance Investigator Tamsin Mellor to attend a workshop in Brisbane on 12/1/07. She explained that she represented the state arm of the Office of Film and Literature Classification and that it was her job to ensure that the banned *Peaceful Pill Handbook* would not be displayed or sold and that the YouTube.com video *The Single Shot* would not be shown.

"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. A group of 13 Exit members has been established in Perth, West Australia, to manufacture Nembutal. They operate independently of Exit.

Northern Analytic. A new company, Northern Analytic, will begin managing new gas chromatography/mass spectroscopy equipment in the near future. The company will help with testing and refining euthanasia techniques developed by several groups of Exit International members. The new company's web address is northernanalytic@bigpond.com.

Senator On-Line. Dr. Nitschke has endorsed Australia's first internet-based political party, Senator On-Line (SOL). The party's website at www.senatoronline.org.au will give registered Australian voters the opportunity to vote for or against every piece of legislation and issue that comes before the Senate. The majority vote will then be presented to the Upper House by the Senator-elect.

Instructional videos. Exit International has produced the first of 16 instructional videos on end-of-life options. *Do It Yourself with Betty* looks at making the plastic exit bag with Betty, a nurse educator, and *Betty Cooks with Sodium* shows the first of eight steps in making the "peaceful pill." Another three videos will describe the use of helium and the plastic exit bag, seven will cover the remaining steps involved in making the peaceful pill, and the final four will be on extending the shelf life of Nembutal. The films are being released to YouTube on completion.

Syme book published. In May 2008, Dr. Rodney Syme (who is sometimes called "Victoria's Dr. Death") published a book of his experiences with physician-assisted dying, titled *A Good Death: An Argument for Voluntary Euthanasia*. Syme is campaigning in favor of the bill that has been introduced in the Victorian parliament.

Australian Medical Association. The Australian Medical Association has voted on a new end-of-life care policy, which reiterates its opposition to voluntary euthanasia and physician-assisted suicide. However, a letter signed by 29 general practitioners and specialists from around the country calls on the organization to adopt a neutral position on the controversial issue.

Survey of Victorian physicians. Researchers from Wollongong and Melbourne have published a study of 854 Victorian physicians. D. A. Neil, *End-of-Life Decisions in Medical Practice: A Survey of Doctors in Victoria (Australia)*, 33 J. Med. Ethics 708 (2007). Forty-three percent of physicians indicated that they had been asked to administer lethal drugs, and most of them believed that such a request could be reasonable in certain situations. Of those who had received requests, 35% of respondents had given drugs at a patient's request with the intention of hastening death, and nearly all believed they had made the right decision. There was significant disagreement about the definition of what constituted euthanasia.

Survey of specialists. On 4/21/08, researchers from the University of Queensland published a survey of over 1,400 Australian physicians. Malcolm Parker et al., *Impact of Specialty on Attitudes of Australian Medical Practitioners to End-of-Life Decisions*, 188 Med. J. Australia 450 (2008). The survey showed that anesthesiologists, obstetricians, and gynecologists were more likely to euthanize terminally ill patients with less than three months to live compared to oncologists and geriatricians. The percentage of specialists who would help a patient commit suicide with two weeks to live and pain that was difficult to control was 25% for anesthesiologists, 21% for obstetricians and gynecologists, 1-2% for geriatricians, and 1% for oncologists. The percentage who would euthanize a patient with three months to live whose pain could be adequately controlled but who was extremely tired, short of breath, and bedridden was 22% for anesthesiologists, 20% for obstetricians and gynecologists, 1-2% for geriatricians, and 1% for oncologists. The study also found that nearly 4% of the physicians

surveyed would use drugs to hasten the death of a patient without the patient's consent if the patient had three months to live and was extremely tired, short of breath, and bedridden.

Public opinion poll. In February 2007, Dying with Dignity Victoria, Inc. issued the results of a national telephone poll of 2,423 adults, which was conducted by NEWSPOLL Market Research. Eighty percent of respondents thought that physicians should be allowed to provide a lethal dose to a patient experiencing unrelievable suffering and with no hope of recovery. Support was higher in regional and rural Australia (82%) than in capital cities (78%). Of the capital cities, support was highest in Perth (85%) and lowest in Sydney (73%). People who claimed to have a religion also supported the right of physicians to provide a lethal dose (74%), although people who claimed to have no religion were even more likely to support this view (91%).

Bahrain. Bahrain's parliament is pushing for a new law to deal with medical negligence. The law would have tough penalties that include death sentences in serious cases such as mercy killing.

Belgium

Deaths under current law. Euthanasia has been legal in Belgium since September 2002. Between that date and October 2007, the Federal Commission of Control and Evaluation of the Law on Euthanasia has received about 1,830 requests for euthanasia, which represents less than 0.5% of total deaths in Belgium. Cancer represented 82.5% of the cases, and patients over 80 years old were involved less frequently than those between 40 and 79 years old.

Proposed extension of law. Liberal Senator Jean-Jacques de Gucht is sponsoring a bill that would expand the current euthanasia law to allow euthanasia for children and persons with dementia. The Liberal Party made a similar effort in 2004. The law also would force physicians who refuse to apply euthanasia to refer patients to others who will.

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.

Canada

Draft legislation. Bloc Quebecois MP Francine Lalonde has announced her intent to introduce new legislation to legalize assisted suicide and euthanasia. Lalonde previously introduced a similar private member's bill C-407, the Right to Die with Dignity Act, in 2005, but the bill died when Paul Martin's minority Liberal government was defeated. The Euthanasia Prevention Coalition has launched a letter-writing campaign asking people to contact their MPs and urge strong opposition to any bill.

Robert Latimer. In 2001, Robert Latimer began serving a life sentence, without possibility of parole for 10 years, for the mercy killing of his disabled 12-year-old daughter. Latimer continued to express no remorse for his actions, and the National Parole Board denied him day parole after a hearing held on 12/5/07. In denying day parole, board members dismissed the conclusions of both Latimer's prison case workers and a recent psychological assessment. However, the appeal division of the board reversed the decision and released Latimer on day parole at an Ottawa halfway house in March 2008. He requested that he be released in Ottawa so that he could engage in advocacy work and to spare his family from media attention surrounding his release. Although the federal cabinet has wide discretion to grant a pardon, Latimer is unlikely to request one because he continues to insist that he did nothing wrong.

Astrid Hueller. Astrid Hueller, a 46-year-old woman from St. Catharines, Ontario, has been charged with manslaughter, criminal negligence causing death, and failing to provide the necessities of life in the sudden death of her 17-year-old daughter, Courtney Wise. Wise, who suffered from cerebral palsy and was confined to a wheelchair and unable to communicate, was found dead in a townhouse on 2/18/08. Hueller was released from prison on bail on 3/8/08.

Samuel Golubchuk. The Orthodox Jewish family of 84-year-old Samuel Golubchuk fought in a Winnipeg court to keep their father alive, arguing that their religious beliefs did not allow any action that would hasten death. Golubchuk's physicians were advocating that he should be taken off life support because his vegetative condition would never improve. In February 2008, Justice Perry Schulman of Manitoba Court of Queen's Bench extended an injunction preventing physicians from taking Golubchuk off a ventilator and feeding tube, ordering that everything necessary be done to keep him alive until a full trial could be held.

Treatment guidelines. The Manitoba College of Physicians and Surgeons has issued guidelines saying that physicians—not patients or their families—have the right to decide when life-sustaining treatment can be withdrawn. The guidelines, which went into effect on 2/1/08, state that the "minimum goal" of life-sustaining treatment, including providing nutrition and hydration, is for patients to recover to a level in which they can be aware of themselves, their environment, and their existence.

Use of "exit bag." Criminologist Russel Ogden of Kwantlen College in Vancouver has reported that at least 19 people in British Columbia have chosen the helium "exit bag" method to die. His report is based on statistics compiled for him by the Coroner's Service of B.C. Ogden estimated that such deaths are under-reported because in many cases the equipment or evidence is removed after the person's death.

Attitudes in Victoria. Victoria MP Denise Savoie, who was speaking to a crowd of seniors in Oak Bay, was asked a question about “dying with dignity.” Savoie asked for a show of hands from the crowd on who felt there should be a federal policy on the issue of assisted suicide, and was surprised when three-quarters of the seniors raised their hands. She indicated that she would be thinking more about the subject after hearing from the seniors.

Angus Reid poll. Angus Reid Strategies conducted an online survey among 1,004 adult Canadians from 10/11 to 10/12/07. The survey showed that at least 61% of respondents think that physician-assisted suicide is a morally acceptable practice, with the highest percentages in Manitoba and Saskatchewan (73%) and Quebec (69%) and the lowest in British Columbia (54%). Conservative and Conservative-leaning voters are the most opposed to euthanasia (33%). Nearly 70% of Canadians think that family members should decide when to remove a vegetative patient from life support, while 15% believe physicians should decide, and only 2% think the courts should decide. Only 11% of Canadians would want to be kept alive if they were in a vegetative state.

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, introduced another bill that would have established standards for euthanasia. Although the bill had the support of the Colombian government, its backers dropped the bill late in 2007 because sponsors concluded they lacked the votes to ensure passage. Villaneda said that changes would be made to the bill and that it would be brought before a Senate committee again in 2008.

Czech Republic. The extra-parliamentary Liberal Reform Party earlier proposed legislation permitting voluntary euthanasia for incurable patients. In March 2008, however, at a conference on “Dignified Dying” held in Prague, a crushing majority of politicians opposed legalization.

France

Chantal Sébire. In February 2008, 52-year-old Chantal Sébire appealed to French President Nicolas Sarkozy to allow her to die by euthanasia. Sébire suffered from a rare disease known as esthesioneuroblastoma, a very rare and incurable form of cancer in the nasal cavity which had produced facial tumors making her unrecognizable and robbed her of the senses of sight, smell, and taste. She said that the disease caused “atrocious bouts of pain that can last up to four hours at a time.” On 3/17/08, a court in the eastern city of Dijon ruled that Sébire could not have a physician help her die because it would breach both the code of medical ethics and French law making assisted suicide a crime. Her body was found at her home two days later, and the prosecutor said that her death was caused by a lethal overdose of the barbiturate Pentobarbital. Authorities are investigating Sébire’s death, which has ignited a debate in France over euthanasia, as a possible assisted suicide.

Clara Blanc. Clara Blanc, a 31-year-old woman who suffers from d’Ehlers Danlos syndrome, a rare degenerative disease of the connective tissue, has written a letter to

President Nicolas Sarkozy and Health Minister Roselyne Bachelot-Narquin calling on the country to begin an open debate on the question of euthanasia, leading to a referendum on the issue. Blanc said that a specialist had told her at the age of 25 that her life “ended there,” and that she would never have either children or a future. She is living on disability benefits and says she cannot afford to get help from Dignitas in Switzerland.

World Federation of Right to Die Societies. The 2008 meeting of the World Federation of Right-to-Die Societies will be held in Paris in November. Originally, the meeting was to be held in Cartagena, Colombia.

Public opinion poll. A poll of 956 French adults conducted on 3/20 and 3/21/08 by Ifop and published in *Paris Match* asked respondents whether they were personally in favor or against enacting a law “that would authorize a doctor to end the life of a person with an incurable disease and causing unbearable suffering, if this person requests it.” Fifty-one percent of respondents said they were completely in favor, 40% were somewhat in favor, 6% were somewhat against, and 3% were completely against.

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 lethal dose of potassium chloride in liquid form. The patient would be required to activate the flow of the fluids by pressing a button or similar release mechanism on a “Perfusor” machine. 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. The machines would be rented or loaned to patients. 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. Patient eligibility requirements are expected to be similar to those in effect in Switzerland and Oregon.

Dr. Mechthild Bach. Prosecutors have accused Dr. Mechthild Bach, age 58, of killing eight terminally-ill patients with overdoses of morphine between 2001 and 2003 in a clinic in Langenhagen in Hanover. The patients’ ages were between 52 and 96. Bach’s lawyers claim she was firmly convinced that her patients had consented to what she did. The court refused to admit evidence from family members about what they had requested Bach to do. The trial, which began on 2/28/08, was expected to address questions such as what constitutes “accompaniment of terminally-ill patients” and “manipulation of death,” as well as to highlight the differences between passive and active euthanasia.

Dignitate plans test case. Dignitate, the German branch of the Swiss organization Dignitas, has announced that it plans to set a legal precedent in Germany by carrying out an assisted suicide there. German law is not clear as to whether a person can be prosecuted if they do not go to the aid of a person who is dying, and supporters of assisted suicide hope to clarify

the law. Ludwig Minelli, head of Dignitas, said in November 2007 that his organization was prepared to take the case to the German Federal Court of Justice. A majority of patients who are helped to die in Switzerland by Dignitas are Germans.

Great Britain

British Medical Association. At the annual meeting of the British Medical Association in March 2008, physicians voted 65% to 35% to overturn the Association's neutral position on assisted dying, which had just been adopted at the organization's 2007 annual meeting. Conference delegates were overwhelmingly in favor of a statement that said ongoing improvements in palliative care already "allow[ed] patients to die with dignity." The majority agreed that "voluntary euthanasia should not be made legal in the UK"; delegates voted 94% to 6% that nonvoluntary euthanasia should not be made legal. If euthanasia were legalized, then 82% said they were in favor of a clear demarcation between those physicians who would be involved and those who would not.

Guidelines for CPR. The Royal College of Nursing, the British Medical Association, and the Resuscitation Council have agreed to new guidelines giving experienced nurses the power to decide over the resuscitation of patients. Previously, only consultants and general practitioners could make the decision. The new guidelines proposed that each patient should be individually assessed and a plan of treatment communicated to all health care professionals who come into contact with the patient. The Patients Association also has backed the guidelines.

Test case. Thirty-six Britons have written statements confessing to helping friends or relatives to die at a Swiss euthanasia clinic as part of a test case to change the law. Details of the admissions will be submitted to the director of public prosecutions (DPP) as part of a legal challenge by Debbie Purdy, a 44-year-old woman with progressive multiple sclerosis, who wants her husband to be allowed to accompany her to the Dignitas clinic in Zurich without the threat of prosecution. Purdy is seeking a statement from the DPP specifying what would be considered to be aiding and abetting a suicide. For example, she wants to know whether her husband could be prosecuted for booking her into the clinic, helping to push her wheelchair there, or making her travel arrangements. If he faces prosecution, she plans to travel to Switzerland alone and end her life early.

Public opinion poll. Over three-quarters of more than 2,000 adults surveyed in a May 2008 YouGov poll either agreed or strongly agreed that terminally ill people should be able to get medical help to end their lives.

Scotland. Borders MSP Liberal-Democrat Jeremy Purvis, who tried unsuccessfully in 2005 to have physician assisted suicide laws enacted in Scotland, is seeking to have a Royal Commission set up to consider allowing the practice. Margo MacDonald, independent MSP for the Lothians, recently told fellow MSPs during a parliamentary debate that she had Parkinson's disease and should be allowed to bring about her own death if her condition continues to worsen. Health Minister Nicola Sturgeon has ruled out a change of law within the life of the present parliament, but has said that individual parliamentary committees are

free to hold an inquiry on end-of-life issues if they wish.

India

Proposed legislation. C.K. Chandrappan, a CPI MP from Trichur, Kerala, has introduced the Euthanasia (Permission and Regulation) Bill 2007 in the Lok Sabha. The private member's bill says that "a person who's completely invalid and/or is bedridden or who cannot carry out his daily chores without regular assistance, can either himself or through persons authorised by him have the option to file an application for euthanasia with the civil surgeon or the chief medical officer (CMO) of the district government hospital." The CMO would place the application before a medical board which would be responsible for examining the patient, determining whether the disease was incurable, and potentially issuing a certificate recommending that the application be granted. The application would then be filed before a district court judge, who would appoint a team of lawyers to investigate whether the patient was seeking death without any extraneous influences. If so, the judge could grant the application for euthanasia.

Vijayshankar Pandey. In August 2007, the President of India denied a petition from Vijayshankar Pandey, a farmer from Ramgarth, Uttar Pradesh who has AIDS, to allow him to die.

Dilip Machua. On 4/4/08, 30-year-old Dilip Machua sent a petition to President Pratibha Patil seeking permission for euthanasia. Machua, a slag picker who worked in the steel city of Jamshedpur, became paralyzed below the waist from an accident in November 2007. Machua supports his elderly mother, wife, and two young daughters and cannot afford medical treatment that might be of some help to him. He asked that the government either arrange for his treatment or allow him to commit euthanasia.

Ireland. On 12/18/02, the coroner's court opened an inquest regarding the involvement of Reverend George Exoo and Thomas McGurrin 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 Irish Director of Public Prosecutions confirmed that extradition proceedings on charges of assisting in a suicide would be commenced in the United States against the two men. Exoo denied that he had assisted the woman, saying he had merely provided pastoral counseling, prayer, and a compassionate presence as she ended her own life. In June 2007, Exoo was arrested and jailed in West Virginia. At an extradition hearing in August 2007 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. On 10/26/07, VanDervort denied the request for extradition, finding that neither federal nor a preponderance of U.S. state laws would support a conviction for any wrongdoing. He ruled that the laws of only 25 states were analogous to those of Ireland. Exoo was immediately released from custody. Federal prosecutors have

suggested that federal agents could still attempt to extradite Exoo if he travels to one of the 25 states that prohibit conduct such as his, assuming Ireland does not withdraw its extradition request.

Italy

Eluana Englaro. In 2006, Beppino Englaro's request for court authorization to remove a feeding tube from his 34-year-old daughter Eluana was denied by a Milan appellate court. Eluana had been in a persistent vegetative state since 1992, when she suffered severe brain damage in an automobile accident. On 10/16/07, however, Italy's highest appellate court (the Court of Cassation) ordered a retrial in the case. Beppino Englaro says that his daughter had expressed a wish not to be kept alive if she were in a persistent vegetative state, but she had not signed a living will or left other tangible evidence of her wishes.

Hippocratic Oath. A number of senior medical figures in Italy are campaigning to abolish or modify the Hippocratic Oath on the ground that the passages forbidding abortion and euthanasia are outdated. The oath's critics include Giorgio Iannetti, professor of surgery at Rome University; Carlo Flamigni, professor of gynecology and obstetrics at Bologna University; and Giuseppe Remuzzi, professor of neurology at Bergamo University. The oath already has been modified in many Western medical schools.

Japan

Suicide statistics. Reports on suicides in Japan show that 32,155 people committed suicide in 2006 and 33,093 in 2007. The fastest growing group was age 60 and older, for whom Japan has the ninth highest suicide rate in the world. The suicide rate for this group increased by 8.9% between 2006 and 2007, and their suicides represented 36.6% of all suicides in Japan in 2007. Health problems and economic worries were significant factors in suicide cases. The government's goal is to cut the suicide rate by 20% in 10 years.

Internet instructions on suicide. The government recently allocated \$220 million for suicide prevention, including counseling and screening of websites. At police request, Japan's new recipe for killing oneself is being purged from the Internet, and drugstores are pulling ingredients from their shelves. About 300 people, most in their 20s and 30s, died in Japan in the past year by mixing common cleaning agents and inhaling the resulting hydrogen sulfide. In addition to causing the person's death, the colorless gas can sicken people nearby. Police began tracking the trend in Internet-assisted suicide in 2003.

Kazunari Saito. On 10/10/07, police arrested 33-year-old electrician Kazunari Saito. Allegedly, he maintained a website on Internet suicide and was paid \$1,700 by 21-year-old Sayaka Nishizawa to help her kill herself. Saito has been charged with supplying sleeping pills to Nishizawa and then suffocating her on 4/16/07.

Japan Society for Dying With Dignity. As of 12/6/07, the Japan Society for Dying With Dignity had 121,319 members, as compared to 100,000 members in December 2002. There are two female members for every male, and half of the members are age 75 or older.

Luxembourg. On 2/19/08, the parliament of the Grand Duchy of Luxembourg approved the Err/Huss bill No. 4909 decriminalizing assisted suicide and euthanasia by a vote of 30 to 26 on the bill's first reading. Under the bill, a patient would have to have a "grave and incurable" condition, and a national commission made up mainly of physicians and officials would have to check on a case-by-case basis that all legal conditions and procedures had been satisfied. The bill was expected to become law around summer 2008 after its second reading. The bill provoked an energetic public debate, with Prime Minister Jean-Claude Juncker's Christian Social Party, the Catholic church, and most physicians opposing it.

Mexico

Federal 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. The 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. On 4/22/08, the Senate voted 70-0 in favor of the bill. The bill must be approved by the lower house of Congress and signed by Mexico's President.

Mexico City ordinance. On 12/4/07, the local assembly of Mexico City unanimously passed an ordinance that will allow withdrawing and withholding life-sustaining treatment for terminally-ill patients. The new law does not apply to either federal or private hospitals in Mexico City. Patients will be permitted to sign a living will rejecting "tenacious, disproportionate, or useless" medical treatment that would, in their opinion, unnecessarily lengthen the "inevitable dying process." The patient's family can make decisions if the patient is unable to do so. The law expressly prohibits active euthanasia.

Foreigners buy euthanasia drugs. Exit International has concluded that Mexico is the best place to visit to obtain Nembutal legally and cheaply. The Mexican newspaper *Reform* reported that at least 200 people from Australia, Britain, New Zealand, and the United States have visited Mexico since 2001 to buy veterinary Nembutal, which can be used by a person to end his or her life. Foreign buyers usually fly to U.S. border cities and cross over to Tijuana, Nuevo Laredo, or Ciudad Juarez, where they buy the drug from a pet shop or veterinary supply store.

Public opinion poll. Interviews with 1,200 Mexican adults conducted by Parametría from 2/9 to 2/16/08 showed that 59% of respondents thought that physicians should have the legal right to end the life of a patient with an incurable illness if the patient and his family request it; 35% said no; and 6% were not sure.

The Netherlands

Legislative proposals. Activists are pushing for Dutch euthanasia laws to be relaxed to allow those suffering from dementia and those who are "tired of life" to die, and a parliamentary debate on the subject was held in March 2008. Changes to Dutch law appear unlikely, however, because the religious Christian Union is a junior partner in the ruling coalition.

The CU says improved medical care can solve the demand for euthanasia, and the cabinet has approved an extra 10 million euros in annual spending on care for the terminally ill for the next three years.

Euthanasia cases rise. According to official figures pushed in April 2008, the number of cases of euthanasia reported by physicians rose from 1,923 in 2006 to 2,120 in 2007. In three cases, the regional committees responsible for ensuring that the criteria for euthanasia are adhered to found that physicians had not acted in accordance with regulations. Those three cases have been sent to the justice department and health inspectorate.

Euthanasia for infants with spina bifida. Under the so-called Groningen Protocol, euthanasia can be performed on infants in the Netherlands under certain conditions. Dutch pediatric neurosurgeon Rob de Jong has challenged the practice in an article, *Deliberate Termination of Life of Newborns with Spina Bifida, a Critical Reappraisal*, published in the medical journal *Child's Nervous System*. Pediatric neurosurgeons from 12 countries agreed with de Jong. According to Dr. Edward Verhagen, a pediatrician and lawyer who helped draft the protocol, no cases of euthanasia on babies have been reported since 2004.

Gerard Schellekens. Gerard Schellekens, the 70-year-old president of the Voluntary Life Foundation, and five other people were arrested in November 2007 for allegedly helping an 80-year-old woman kill herself at a hospital in Almelo in the eastern Netherlands. Reportedly, the woman had been seriously ill for a long time and no longer wanted to live, but the hospital refused to cooperate in ending her life.

J.J. Voskuil. According to his widow, Dutch writer J.J. Voskuil died on 5/1/08 as a result of euthanasia. Voskuil gained literary fame for his seven-volume novel *The Office (Het Bureau)*, based on his 30-year career at a research institute of the Royal Netherlands Academy of Arts and Sciences. The novel was aired on radio as a daily play in 2004.

Guide to do-it-yourself suicide. A group of respected scientists and psychiatrists, including psychiatrist Boudewijn Chabot, have written a book containing detailed information about suicide by use of drugs as well as by starvation. Its authors are planning English, French, and German editions.

The Good Death. The play *The Good Death* is playing to packed houses across the Netherlands. In the play, a Dutch physician delivers a lethal injection to an old friend who is a cancer patient. The play reflects the fact that euthanasia remains an agonizing decision for all involved even though the practice has been legal since 2002.

Public opinion poll. A poll by Dutch research bureau Intomark GfK published in March 2008 showed that 63% of the 1,000 people surveyed supported granting the right to die to the elderly even if they were not ill, while 74% supported the controlled distribution of "suicide" pills to those who felt their lives were done.

New Zealand

The Peaceful Pill Handbook. On 6/7/07, the New Zealand Office of Film and Literature Classification banned the book *The Peaceful Pill Handbook*, co-authored by Dr. Phillip Nitschke and Fiona Stewart, as “objectionable” in New Zealand because it would promote violation of the criminal laws. On 5/9/08, New Zealand’s chief censor Bill Hastings approved sale of an amended version of the book, sealed and classified as R18. However, Right to Life New Zealand and The Society for the Promotion of Community Standards have been granted permission by the secretary of Internal Affairs to make a submission appealing the decision to the Film and Literature Review Board. About 20 New Zealand bookstores had agreed to sell the book.

Dr. Nitschke’s tour. Dr. Phillip Nitschke conducted a four-city tour in New Zealand early in 2008. The visit provoked considerable controversy, particularly over newspaper reports that a physically healthy 68-year-old life member of Exit named Anne had chosen to end her life using Nembutal about five years previously, using Nembutal she purchased in Mexico. New Exit chapters were formed after Nitschke’s visit in several locations, including Nelson, Bribie Island, and Northern Rivers.

Audrey Monica Wallis. An American woman from North Carolina, Susan Wilson, may be charged with murder or assisted suicide after she allegedly was paid \$12,000 by Audrey Monica Wallis to fly to New Zealand in August 2007 to help Wallis die using Nembutal. Wallis, a 49-year-old Auckland woman, is believed to have been depressed and suffering health problems from an addiction to prescribed medication. Wilson has openly admitted on a British documentary and an Exit International film that she helps people die, for a fee that she uses to reimburse her travel expenses and support Compassionate Chaplaincy, in which she acts as an assistant to Reverend George Exoo. If Wilson is charged with major offenses, the authorities are likely to seek her extradition from the United States.

Dignity New Zealand Trust. Dignity New Zealand Trust, which was founded by Lesley Martin and other euthanasia campaigners, is lobbying for law reform so that people can choose to end their lives safely and legally with support from a network of “dignity havens” the group wants to set up. The trust held a conference in February 2008 in Palmerston North that was attended by about a dozen members. Activities planned for the future include a public education campaign, and helping with a rewrite of the proposed Death with Dignity Bill that was narrowly defeated in 2003. The trust now has eight regional groups around the country.

Suicide prevention plan. In March 2008, the New Zealand government launched a five-year Suicide Prevention Action Plan to lower the number of suicides.

Poland. According to a survey of Polish citizens conducted by the *Gazeta Wyborcza* newspaper in November 2007, 57% of respondents favored approving adoption of the European Union’s Charter of Fundamental Rights. Twenty-eight percent feared that the document could pave the way for legalization of euthanasia and homosexual marriage in Poland.

Samoa. Legislators in American Samoa are reviewing proposed legislation that would implement the Health Care Decisions Act in order to comply with the federal Patient Self-Determination Act

of 1995. Samoa has not previously had any law providing for advance medical directives.

South Korea

Government considers “limited euthanasia.” The Korean Ministry of Health and Welfare is moving to adopt a form of “limited euthanasia” under which medical treatment keeping terminal cancer patients alive could be withdrawn at the last minute to permit death with dignity. Under this approach, measures such as CPR and respiratory tubes could be withdrawn, allowing the patient to die. Current laws ban physicians from any form of euthanasia. The Korean government formed a task force to deal with the issue in July 2007. The Korea Medical Association announced guidelines for applying death with dignity, but received considerable public criticism.

Court petition for death with dignity. In May 2008, the children of Kim, a brain-dead 75-year-old woman receiving medical care at Severance Hospital in Sinchon, Seoul, petitioned a court to allow her to die with dignity. The family asked the court to disallow the use of a respirator, CPR, injection of medications, and artificial nutrition and hydration. The petition is the first of its kind in Korea. Approval of the petition is highly unlikely, because current law views removal of a brain-dead patient from a respirator as murder.

Spain

Bioethics Committee. The Minister of Health and Consumption, Bernat Soria, confirmed on 10/11/07 that the Health Ministry had proposed creating a Bioethics Committee on euthanasia. The committee would handle cases of patients with untreatable illnesses or who resist treatment.

Socialist Party. In 2004, Prime Minister José Luis Rodríguez Zapatero of the ruling Socialist Party told voters that his government would reform the existing law on euthanasia. According to party sources, however, the party toned down its strategy in an attempt to reach out to conservative voters.

Dr. Luis Montes. In 2005, Dr. Luis Montes was dismissed from his position as head of the emergency room at Leganés hospital near Madrid after the regional government received an anonymous complaint that high doses of drugs were being administered, leading to the deaths of some 400 terminally-ill patients. A local court concluded in June 2007 that the deaths were due to medical malpractice. On 1/30/08, however, a higher court (the Audiencia de Madrid) overturned the judgment, finding that no crime or malpractice occurred and ordering that any reference to the charges be erased from the records of the physicians involved. The court’s decision cannot be appealed. Montes has claimed from the outset that the charges were politically motivated.

Sweden. In a survey of 1,200 Swedish physicians conducted late in 2007, one-third of the respondents said they would consider aiding in an assisted suicide if the patient was terminally ill or in severe pain and was not depressed or suffering from a psychological illness. Minister for Health and Social Affairs Göran Hägglund said that the numbers were higher than he expected, but

that he thought the question was somewhat unrealistic, which could account for the larger percentage of physicians who answered affirmatively. Assisted suicide and euthanasia are illegal in Sweden.

Switzerland

Dignitas evicted. In 2007, Dignitas was evicted from its leased Zurich apartments after local residents complained about its activities. Subsequently, it was evicted from a hotel and another location. As a result, Dignitas began a “death on wheels” service that would meet clients at a convenient place. However, an uproar was sparked in November 2007 after two German men, ages 50 and 65, ended their lives on consecutive days while parked in the same location near the small town of Maur, near Zurich. Dignitas finally was able to rent a space in an industrial area near Zurich, and resumed assisted suicides there. In May 2008, the cantonal government of Zurich said that Dignitas had done nothing illegal in using helium gas to suffocate people, rejecting three political parties’ demands for action.

Hospital allows assisted suicide. According to a report published on 11/24/07 in volume 335, issue 7629, of the *British Medical Journal (International Edition)*, a hospital spokesperson for the University Hospital in Bern reported that an assisted suicide of a terminally-ill patient took place on its premises in April 2007. The hospital’s administration and its ethics committee sanctioned the assisted suicide because the cancer patient was too ill to be transported elsewhere.

Poll. According to telephone interviews with 501 Swiss adults conducted 10/3-10/6/07 by Isopublic, 67.5% of respondents would continue to allow the practice of “passive euthanasia” in Switzerland, 22.2% would forbid it, and 10.3% were not sure.

Turkey. In February 2008, Tuğrul Cankurt asked that he be allowed to die by euthanasia. Cankurt was an art teacher for 25 years and has been paralyzed and bedridden for 3½ years following a traffic accident. His insurance does not cover the cost of a caretaker.

Ukraine. In October 2007, Canadian euthanasia activist Faye Girsh visited the Ukraine, where she met with a biologist and a physician. A group there wants to introduce a bill in the Ukrainian parliament that would exempt physicians from punishment if they terminated treatment at the request of a competent patient. The bill would create a pilot project in one Sevastopol hospital. The majority of the population, organized medicine, and the Orthodox Church all oppose the idea of refusal of treatment, but the Board of the Crimean Academy of Sciences plans to evaluate the entire issue of medical access and end-of-life care.

Vatican

Pope Benedict XVI. On 10/30/07, Pope Benedict XVI told the International Congress of Catholic Pharmacists that they should refuse to distribute medications that could help end a life through euthanasia. The pope also has urged Catholics to respect human life until “natural” death and expressed solidarity with the Roman Catholic Church in Italy, which celebrated a “Day for Life” to renew church teachings against abortion, euthanasia, and medically-assisted death.

Vatican conference. An international congress called “Close by the Incurably Sick and the Dying: Scientific and Ethical Aspects,” sponsored by the Pontifical Council for Life, was held on 2/25 to 2/26/08. Monsignor Maurizio Calipari, a member of the Pontifical Academy for Life and a bioethics professor at the John Paul II Institute for Marriage and the Family, said the congress would consider the ethical and technical criteria for prolonging life.

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