



Recent Developments in Physician-Assisted Suicide

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LITIGATION

1. Sampson v. Alaska, No. 3AN-98-11288CI (Alaska Super. Ct.). On 12/15/98, Kevin Sampson (a 43-year-old HIV-positive man) and "Jane Doe" (a female physician in her 60's with cancer) filed suit in Alaska Superior Court in Anchorage challenging Alaska's ban on physician-assisted suicide based on state constitutional claims of privacy, liberty, and equal protection. On 9/9/99, Judge Eric T. Sanders issued a written opinion rejecting the plaintiffs' claims and granting summary judgment to the defendant. The plaintiffs have appealed the ruling.
2. Cooley v. Granholm, No. 99-CV-75484 (E.D. Mich.). On 11/12/99, Professor Robert Sedler filed a new federal lawsuit against Attorney General Jennifer Granholm and the Michigan Board of Medicine on behalf of two Michigan physicians, Roy Cooley and M.W. El-Nachef. The suit claims that Michigan's ban on assisted suicide violates the Fourteenth Amendment right "to be relieved from unbearable pain and suffering." On 1/31/00, Judge Nancy G. Edmunds entered a pretrial scheduling order and set the case for trial on 12/1/00.
3. Sanderson v. People, No. 99CA0203, 2000 WL 729008 (Colo.App. Jun. 8, 2000). In February 1996, retired state trial court judge Robert Sanderson filed a petition asking the Prowers County District Court for authority to execute a power of attorney authorizing his wife to have a physician end his life by lethal injection, provided that two physicians agree his medical condition is hopeless. Sanderson asserted claims under the First, Fourth, Fifth, Sixth, Ninth, and Fourteenth Amendments to the United States Constitution. In December 1998, Judge Norman Arends dismissed the lawsuit for failure to state a claim. Sanderson appealed, raising only his First Amendment claim that Colorado's statute criminalizing assisted suicide interfered with his religious belief in "free will" and therefore violated his rights under the Free Exercise Clause. On 6/8/00, the Colorado Court of Appeals affirmed the trial court's dismissal, finding that Colorado's assisted suicide statute "is a valid, religiously-neutral, and generally-applicable criminal statute that prohibits conduct a state is free to regulate." Sanderson plans to appeal.

LEGISLATION

1. Alabama. In February 2000, the Alabama Senate passed Senate Bill 8, which would make assisted suicide a Class C felony punishable by up to 10 years in prison.
2. Maine. In November 2000, Maine voters will vote on the proposed Maine Death with Dignity Act, which generally is patterned after the Oregon Death with Dignity Act but mandates mental health counseling and referral to a palliative care specialist. The citizens' initiative measure, which will appear first on the November ballot as a result of a random drawing, asks: "Should a terminally ill adult who is of sound mind be allowed to ask for and receive a doctor's help to die?"
 - a. Voter polls. Voter polls have produced differing results. A poll of 602 registered voters conducted by Research 2000 for the Bangor Daily News 2/27-2/29/00 showed that 38% favored the measure, 53% opposed it, and 9% were undecided. A poll conducted by RKM Research and Communication for WLBZ 2, WCSH 6, and the Bangor Daily News in May 2000 asked voters, "Do you favor a state initiative that legalizes physician-assisted deaths for patients who are terminally ill?"; 61.9% of those polled answered yes, and 30.4% answered no.

- (2) Add Congressional findings.
 - (3) Change references to "palliative care" to read "pain management and palliative care."
 - (4) Define pain management as "the evaluation, diagnosis, treatment, and management of primary and secondary pain, whether acute, chronic, persistent, intractable, or associated with the end of life."
 - (5) Declare the "Decade of Pain Control and Research" beginning 1/1/01.
 - (6) Confirm that the states shall retain the sole authority to regulate the practice of medicine, by stating that:
 - (a) "Nothing [in the bill] shall be construed to alter the roles of the Federal and State governments in regulating the practice of medicine."
 - (b) "[I]t remains solely within the discretion of State authorities to determine whether action should be taken with respect to the State professional license of the practitioner or State prescribing privileges."
 - (c) "Nothing [in the bill] shall be construed to provide the Attorney General with the authority to issue national standards for pain management and palliative care clinical practice, research, or quality."
 - (7) Impose on the Attorney General the burden of proving the practitioner's intent by clear and convincing evidence.
- d. Further Senate action. Oregon Senator Ron Wyden has declared that he will filibuster the legislation if it reaches the Senate floor. A filibuster can be ended by the votes of at least 60 Senators, but Senator Wyden is guaranteed a minimum of 60 hours of floor time before debate can be cut off. Senators Nickles and Wyden have engaged in various procedural maneuvers in an effort to advance or impede a vote on the bill by the full Senate.
 - e. Potential for veto. President Clinton's position is not clear. Although the President does not favor assisted suicide, an Attorney General's opinion issued by the Department of Justice in October 1999 opposed the bill on two grounds: (1) physician-assisted suicide would become a federal crime that could potentially subject a physician to a mandatory 20-year criminal sentence and (2) the federal government would be deciding policy questions more appropriately left to the individual states. Overriding a Presidential veto requires a 2/3 vote in Congress (which is more than the House vote in October).
 - f. Likely court challenges. If the Pain Relief Promotion Act passes, Oregon's Attorney General, as well as private parties such as physicians and patients, are expected to file suit in federal court. The plaintiffs' claims are likely to include violation of states' rights under the Tenth Amendment, an argument that has been strengthened by recent decisions of the United States Supreme Court regarding the limits on Congress' power to regulate interstate commerce.

OTHER NATIONAL DEVELOPMENTS

- 1. Dr. Jack Kevorkian
 - a. Pending appeal. On 3/26/99, Dr. Jack Kevorkian was convicted by a jury of second-degree murder and illegal delivery of a controlled substance in connection with the death of Thomas Youk by lethal injection. Kevorkian was transferred in March 2000 to the Egeler Correctional Facility in Jackson and will not be eligible for parole until May 2007. On 11/12/99, Kevorkian's lawyer Mayer Morgan filed an appeal with the Michigan Court of Appeals to reverse Kevorkian's conviction and dismiss the case or order a new trial. Grounds for appeal include a Fifth Amendment claim that a prosecutor improperly referred to Kevorkian's failure to testify, a Ninth Amendment claim of a patient's right to physician assistance in dying, and a claim of ineffective assistance of counsel.
 - b. ABC sues Department of Corrections. ABC has sued Michigan Department of Corrections director Bill Martin and deputy director Dan Bolden, claiming that they have arbitrarily and unconstitutionally applied a

new policy barring cameras and recording devices in the state's 39 prisons. ABC has sought for the last year to tape interviews with three Michigan prisoners, including a face-to-face interview with Dr. Jack Kevorkian by Barbara Walters for the television program "20/20." In June 1999, Genesee County Circuit Judge Robert Ransom directed Martin to reconsider ABC's requests.

2. Dr. Georges Reding. On 8/19/99, Dr. Jack Kevorkian's associate Dr. Georges Reding was indicted for first-degree murder, practicing medicine without a license, trafficking in a controlled substance, and evidence tampering in connection with the 8/30/98 death of Donna Brennan, a 54-year-old woman with multiple sclerosis, by a lethal dose of pentobarbital. After neither Reding nor any lawyer representing him appeared for his scheduled arraignment on 9/3/99, a judge issued a warrant for Reding's arrest without possibility of bail. Authorities have not been able to determine the whereabouts of Reding, who is believed to have fled the country. Brennan's relatives have contested her 8/21/98 will in favor of her neighbor and caregiver, Bernadette Griego, who was present when Reding met with Brennan. On 11/8/99, Sandoval County Judge Louis McDonald granted a default judgment against Reding in a civil suit filed by Brennan's family, finding Reding responsible for wrongful death, battery, breach of contract, infliction of emotional distress, and medical malpractice. A Michigan ranch house once owned by Reding and his wife Kathleen was transferred to a trust in the name of his wife in September 1999 and is now listed for sale at a price of \$989,000.
3. Video guide to suicide. Derek Humphry's videotape guide to suicide based on his book *Final Exit* was shown in Hawaii on 2/29 and 3/3/00 on Olelo Channel 52 public access television. After the videotape was aired, Human Life International (a pro-life organization based in Virginia) claimed that the videotape had caused a man and a woman suffering from depression to commit suicide in the manner described in the program. The organization offered the assistance of legal experts to the victims' families if they choose to sue the Hemlock Society or the station and also demanded that the Hawaii Attorney General file felony charges against Humphry, the Hemlock Society, and the station for assisting a suicide.
4. California physician sued for undertreatment of pain. The children of William Bergman, who died of lung cancer in February 1998, have filed a civil suit against California physician Dr. Wing Chin for medical malpractice and elder abuse, claiming that he failed to adequately treat his dying patient's pain. California Superior Court Judge Barbara Miller denied Chin's motion to dismiss the elder abuse claim. The family's attorneys include Kathryn Tucker, who is director of legal affairs for Compassion in Dying Federation, which earlier assisted with the family's complaint about Chin to the Medical Board of California. The board found in August 1998 that pain management for Bergman "was indeed inadequate" but declined to take any disciplinary action.
5. Utah physician charged with murder. Psychiatrist Dr. Robert Weitzel has been charged with murder in connection with the deaths of five elderly patients at the geriatric psychiatric unit of the Davis Hospital and Medical Center in Layton, Utah, during a 16-day period from late 1995 to early 1996. Prosecutors contend that all five were admitted for dementia, not for life-threatening diseases, and that Weitzel killed them with lethal doses of morphine. Trial was scheduled to begin 6/5/00 in Farmington.
6. Virginia nurse pleads guilty to administering morphine to patient. On 5/30/00, Rhea R. Henson, a 50-year-old critical care nurse at Inova Fair Oaks Hospital, pleaded guilty to one count of distribution of a controlled substance by administering a large overdose of morphine to a terminally ill 80-year-old man who was in a coma. Henson had also admitted administering a morphine overdose to another terminally ill man a week earlier. Although the felony carried a maximum prison term of 10 years, Circuit Court Judge Michael P. McWeeny sentenced Henson to two years in prison, which he then suspended conditioned on Henson's permanent surrender of her nursing license. Henson was not placed on probation.
7. World conference on assisted dying. On September 1-3, 2000, Hemlock USA will host a conference in Boston for the World Federation of Right to Die Societies. Speakers will include Derek Humphry, the Chief Justice of the Colombia Supreme Court, the former Chief Justice of the Florida Supreme Court, the director of the Oregon hospice organization, the director of Compassion in Dying Federation, and the widow of Thomas Youk.
8. Public television series on dying. On September 10-13, 2000, public television will broadcast a four-part series called "On Our Own Terms: Moyers on Dying," produced by a team of award-winning journalists led by Bill and Judith Davidson Moyers. Topics include America's search for new ways of thinking about death (September 10), the evolution of palliative care (September 11), efforts to control the circumstances of death (September 12), and the work of crusading individuals who offer palliative care to the working poor and the uninsured (September 13). The series will be accompanied by an extensive community action, education, and Web campaign. Further information about the series can be found at <http://www.pbs.org/wnet/onourownterms>.

MEDICAL DEVELOPMENTS

1. Duke Institute for Care at the End of Life. Duke University has opened a \$13.5 million research center devoted to the care of terminally ill patients and their families. The Institute for Care at the End of Life is housed in Duke's School of Divinity and includes faculty drawn from Duke's medical school and hospital and from the schools of nursing, divinity, and arts and humanities. The Institute also has links to the school of social work at the University of North Carolina at Chapel Hill, to North Carolina Central University (a predominantly black college), and to St. Christopher's Hospice in London.
2. Study shows physicians' reluctance to give patients accurate survival estimates. On 5/20/00, Drs. Elizabeth Lamont and Nicholas Christakis presented research results at the opening of the annual scientific meeting of the American Society for Clinical Oncology in New Orleans, Louisiana. The researchers had previously reported in a February 2000 article in the British Medical Journal [320 British Med. J. 469] that physicians who referred patients to five outpatient hospice programs in Chicago over 130 days in 1996 were inaccurate in their survival estimates for terminally ill patients, primarily by overestimating survival. The latest research involved 258 physicians caring for 326 cancer patients. Nearly all the physicians were willing to estimate their patients' survival time for the researchers, but only about one-third said they would give truthful information if a patient insisted on knowing the physician's prediction. One-quarter said they would refuse to answer. Another 40% said they would give an inaccurate estimate, with nearly three-quarters of these physicians saying they would tell patients they will live longer than the true estimate.
3. Survey of nurses on care of the dying. Researchers from City of Hope Cancer Center conducted a survey (reported in Oncology Nursing Forum) of 2,300 nurses on care of the dying, including subjects ranging from education to pain management. Only 13% of nurses rated their end-of-life training in nursing school as "very adequate," but 66% said that care of the dying is better than it was five years ago. Problem areas reported by participants included pain management techniques, dealing with the needs of family caregivers, and responding to rare requests for assisted suicide and euthanasia. About 23% of nurses said they had requests from patients for assisted suicide, but only 1% said these requests were common.
4. Kappa-opioids. Researchers at the University of California, San Francisco have discovered that a class of drugs known as kappa-opioids may provide a viable alternative to morphine for pain relief, with minimal side effects. These drugs have been available clinically for 40 years but were thought to be ineffective pain killers because only men were included in earlier clinical trials. After a recent study revealed that kappa-opioids provided substantial pain relief after jaw surgery for women, but not men, researchers combined a low dose of nalbuphine with naloxone and found that patients of both sexes experienced very effective, prolonged pain relief.
5. Recent articles
 - a. Harold I. Schwartz et al., *The Physician-Assisted Suicide Policy Dilemma: A Pilot Study of the Views and Experiences of Connecticut Physicians*, 27 J. Am. Acad. Psychiatry & L. 527 (1999) [397 Connecticut psychiatrists, internists, and family practitioners completed self-administered questionnaire regarding five end-of-life interventions including physician-assisted suicide and active euthanasia; 32% supported physician-assisted suicide and 26% supported active euthanasia, with psychiatrists being significantly more likely to support these practices; 9% of those who supported both practices acknowledged having already written lethal prescriptions, as opposed to 3.4% among all other respondents; study also gathered data on physician characteristics, factors influencing their attitudes, and their concerns about the role of depression in patients].
 - b. L. Grassi et al., *Attitudes of Italian Doctors to Euthanasia and Assisted Suicide for Terminally Ill Patients*, 354 Lancet 1876 (1999) [a euthanasia attitude questionnaire completed by 148 physicians at a local university-based hospital and 182 general practitioners in Ferrara, Italy, showed that 3.1% had received requests for physician-assisted suicide and 8.8% requests for active euthanasia; 31.2% favored legislation legalizing physician-assisted suicide and 26.7% favored legislation legalizing active euthanasia; Catholic physicians more firmly opposed physician-assisted suicide and active euthanasia than non-Catholics (86.7% vs. 50.7%)].
 - c. Alida Westman et al., *Relationships Among Assisted Suicide and Religiousness, Resources Available, Denial of Dying, and Autonomy*, 85 Psycholog. Rep. 1070 (1999) [nonrandom sample of 218 Michigan voters conducted two weeks prior to voting on physician-assisted suicide ballot measure showed that opponents were more religious, believed that only a person with a troubled mind would favor assisted

suicide, and believed that vulnerable individuals would suffer if it became legal; supporters perceived assisted suicide as a medical rather than a moral issue, believed in making one's own decisions on moral issues, and believed that people may have different individual opinions on assisted suicide; knowledge about the ballot proposal was very poor, and the authors cautioned that "election results in Michigan should not be compared to those in Oregon"].

- d. Richard Schulz & Scott R. Beach, *Caregiving as a Risk Factor for Mortality: The Caregiver Health Effects Study*, 282 JAMA 2215 (1999) [study conducted from 1993 through 1998 in four U.S. communities examined 4-year mortality rates of 819 spouses aged 66 to 96 of elderly individuals with disability; study participants who were providing care to disabled spouse and experiencing caregiver strain had mortality risks that were 63% higher than other participants].
- e. Kathleen Foley, *Dismantling the Barriers: Providing Palliative and Pain Care*, 283 JAMA 115 (2000) [commentary on needed improvements in pain and palliative care].
- f. Joanne Wolfe et al., *Symptoms and Suffering at the End of Life in Children with Cancer*, 342 New Eng. J. Med. 326 (2000) [interviews of 103 parents of children who died of cancer between 1990 and 1997 and who were cared for at Children's Hospital and the Dana-Farber Cancer Institute in Boston showed that 89% of the children suffered "a lot" or "a great deal" from at least one symptom in their last month of life, most commonly pain, fatigue, or dyspnea; treatment of symptoms was successful in only 27% of patients treated for pain and 16% of patients treated for dyspnea; suffering from pain was more likely when parents reported that the physician was not actively involved in providing end-of-life care].
- g. Michael W. Rabow et al., *End-of-Life Care Content in 50 Textbooks from Multiple Specialties*, 283 JAMA 771 (2000) [1998 review of 50 top-selling textbooks from multiple specialties showed that helpful information was provided in only 24.1% of 13 expected content areas involving end-of-life care, with coverage being especially inadequate for social, spiritual, ethical, and family issues and physician after-death responsibilities; textbooks with the highest percentage of absent content were in specialties with a high likelihood of death such as surgery (71.8%), infectious diseases and AIDS (70%), and oncology and hematology (61.9%); textbooks with the highest percentage of helpful end-of-life care content were in family medicine (34.4%), geriatrics (34.4%), and psychiatry (29.6%)].
- h. Timothy E. Quill & Ira R. Byock for the ACPASIM End-of-Life Care Consensus Panel, *Responding to Intractable Terminal Suffering: The Role of Terminal Sedation and Voluntary Refusal of Foods and Fluids*, 132 Annals Internal Med. 408 (2000) [describes terminal sedation and voluntary refusal of nutrition and hydration and suggests guidelines for their use as potential last resorts for terminally ill patients who are experiencing intolerable suffering].
- i. D. William Molloy et al., *Systematic Implementation of an Advance Directive Program in Nursing Homes: A Randomized Controlled Trial*, 283 JAMA 1437 (2000) [study at six nursing homes in Ontario, Canada, with 1,292 residents showed that homes implementing Let Me Decide advance directive program reported fewer hospitalizations per resident and less resource use; 49% of competent residents and 78% of families of incompetent residents in homes implementing the program completed advance directives].
- j. Joan M. Teno, *Advance Directives for Nursing Home Residents: Achieving Compassionate, Competent, Cost-Effective Care*, 283 JAMA 1437 (2000) [editorial notes failure of Molloy study to collect information on palliative care and to indicate whether advance directives stated preference regarding hospitalization].
- k. Ezekiel J. Emanuel et al., *Understanding Economic and Other Burdens of Terminal Illness: The Experience of Patients and Their Caregivers*, 132 Annals Internal Med. 451 (2000) [researchers who interviewed 988 terminally ill patients and 893 caregivers at six randomly selected U.S. sites found that 34.7% of patients had substantial care needs; patients with substantial care needs reported a greater economic burden and were more likely to consider euthanasia or physician-assisted suicide; caregivers of these patients were more likely to report noneconomic burdens, but their burdens were lessened by empathetic physicians].
- l. Assisted Suicide Consensus Panel. In 1997, the University of Pennsylvania's Center for Bioethics convened a national multidisciplinary panel of experts on the subject of assisted suicide, holding diverse viewpoints. The University of Pennsylvania's project, Finding Common Ground, established the 14-member Assisted Suicide Consensus Panel. On 3/21/00, results of the panel's deliberations and

consensus process were published in the Annals of Internal Medicine:

- (1) Lois Snyder and Arthur L. Caplan, *Assisted Suicide: Finding Common Ground*, 132 Annals Internal Med. 468 (2000) [describing project].
 - (2) Franklin G. Miller et al., *Assisted Suicide Compared with Refusal of Treatment: A Valid Distinction?*, 132 Annals Internal Med. 470 (2000) [panel uses three illustrative cases to argue that assisted suicide can be distinguished from withdrawal of artificial nutrition and hydration and from the decision to stop eating and drinking; three panel members dissent].
 - (3) Arthur L. Caplan et al., *The Role of Guidelines in the Practice of Physician-Assisted Suicide*, 132 Annals Internal Med. 476 (2000) [panel reviews sample guidelines, finding consistent core content, and identifies concerns that cause some to reject use of guidelines].
 - (4) Kathy Faber-Langendoen & Jason H.T. Karlawish, *Should Assisted Suicide Be Only Physician Assisted?*, 132 Annals Internal Med. 482 (2000) [panel concludes that physicians have limited competence in this area and that other professionals such as nurses, social workers, and clergy should participate and even take the lead; three panel members dissent].
 - (5) Timothy E. Quill et al., *Palliative Treatments of Last Resort: Choosing the Least Harmful Alternative*, 132 Annals Internal Med. 488 (2000) [panel illustrates, through summaries of real clinical cases, five practices that might be used for terminally ill patients: accelerating opioid therapy for pain, forgoing life-sustaining therapy, voluntarily stopping eating and drinking, administering terminal sedation, and physician-assisted suicide].
 - (6) James A. Tulsky et al., *Responding to Legal Requests for Physician-Assisted Suicide*, 132 Annals Internal Med. 494 (2000) [panel provides guidance to physicians in responding to requests for assisted suicide where such requests are legal].
- m. Walter J. Kade, *Death with Dignity: A Case Study*, 132 Annals Internal Med. 504 (2000) [Oregon physician (writing under pseudonym) describes the experience of assisting in a patient's death under the Oregon Death with Dignity Act].
- n. David E. Joranson et al., *Trends in Medical Use and Abuse of Opioid Analgesics*, 283 JAMA 1710 (2000) [despite substantial increase in medical use of opioid analgesics to treat pain from 1990 to 1996, researchers found that the percentage of hospital emergency department admissions resulting from drug abuse that was attributable to opioids declined from 5.1% to 3.8%].
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INTERNATIONAL DEVELOPMENTS

1. Australia

- a. State legislation. Every state in Australia has now considered and rejected legalizing euthanasia. In May 2000, the Western Australia state government and parliament refused to debate the proposed Voluntary Euthanasia Bill 2000.
- b. Euthanasia clinics. Dr. Philip Nitschke continues to conduct information clinics on euthanasia in various Australian cities, including clinics to be held in Tasmania for three days in June 2000. In addition, he is planning euthanasia clinics in New Zealand and considering the idea of a floating hospice on a ship in international waters.
- c. Survey of physicians. The results of a survey of nearly 1,000 Australian surgeons were released in May 2000 at the annual Scientific Congress of the Royal Australian College of Surgeons. The anonymous survey showed that 43% were in favor of legalizing euthanasia and 47% were opposed to any change in the law; 27% had been asked to administer a lethal dose of a drug and 4.2% had granted the request; and 36% had given doses greater than those required to relieve symptoms, with the intention of hastening a patient's death.

- d. Physician and family members charged with murder. A Western Australia urologist, Dr. Daryl Allan Stephens, has been charged with the murder of 48-year-old Freeda Patricia Hayes on 2/4/00 at the Murdoch Community Hospice in Perth. Hayes, who was suffering from terminal cancer of the kidney, allegedly died after being given a lethal intravenous injection of atracurium and midazolam. If convicted, Stephens would face a mandatory sentence of 15 years without parole. Hayes's brother and sister, Warren Hayes and Lena Vinson, also have been charged with murder for allegedly being present while the lethal injection was being administered. All three defendants have been released on bail.

2. Canada

- a. Senate Subcommittee to Update *Of Life and Death*. On 5/15/00, the Subcommittee to Update *Of Life and Death* of the standing Senate Committee on Social Affairs, Science and Technology finished its hearings on developments during the five years since the June 1995 report, *Of Life and Death: Report of the Senate Special Committee on Euthanasia and Assisted Suicide*. The subcommittee's charge was limited to the unanimous recommendations made in *Of Life and Death*, which covered palliative care, pain control and sedation practices, withholding and withdrawal of life-sustaining treatment, and advance directives. The subcommittee's charge did not include assisted suicide and euthanasia, as to which the 1995 recommendations were not unanimous. On 6/6/00, the subcommittee issued its written report, concluding that virtually nothing had changed during the last five years except for an increase in the need for improved end-of-life care. The report recommended that (1) federal and provincial governments develop a national strategy for end-of-life care and a five-year plan for implementing this strategy, (2) the federal government make an annual progress report on implementation, (3) government funding cover home care and needed medications, (4) federal programs provide income security and job protection for family members who care for the dying, and (5) health care professionals receive better training on end-of-life care.
- b. Son acquitted of assisting father's suicide. On 4/26/00, William Wayne Hussey was acquitted by a southern Ontario jury of criminal charges in connection with the death of his 86-year-old father, Elmer Hussey, on 6/7/99. The defendant had been charged with assisting his father's suicide by test-firing and handing a loaded gun to his father, who then shot himself. The elder Hussey was arthritic and incontinent and feared ending up in a hospital or nursing home, but was not terminally ill.
- c. Latimer appeal. On 6/14/00, the Supreme Court of Canada will begin hearing evidence in the case of Robert Latimer, who was convicted by a jury in 1997 of second-degree murder for the mercy killing of his disabled 12-year-old daughter. The jury recommended parole after one year and the trial judge granted a special constitutional exemption from the mandatory sentence, but the Saskatchewan Court of Appeal upheld the mandatory life sentence, without possibility of parole for 10 years. Latimer appealed both his conviction and the life sentence.

3. France

- a. National ethics committee. The French national committee on health ethics has recommended that an exception to the ban on euthanasia be allowed in "exceptional" cases in which a request is made by a patient with an incurable disease causing unbearable symptoms that cannot be relieved by palliative care. The committee recommended that each case be supervised by a judge.
- b. Nurse charged with murder. The prosecutor's office has charged nurse Christine Malevre with murder for allegedly practicing euthanasia to relieve the suffering of 11 elderly, terminally ill cancer patients who died in 1997 and 1998 at a hospital in Mantes-la-Jolie west of Paris. A court in Versailles must decide whether to follow the prosecutor's recommendation.

4. Germany. The European Patent Office ruled on 5/23/00 that a drug designed by researchers at Michigan State University to kill mammals painlessly could not be used to carry out euthanasia on humans. The patent office found in favor of an appeal brought by opponents of euthanasia and the drug company Hoechst.

5. Great Britain

- a. Private member's bill. MP Ann Winterton's private member's bill, the Medical Treatment (Prevention of Euthanasia) Bill, is expected to die in Parliament after facing opposition from physicians, health groups, and government officials. The bill, which was prompted by charges that National Health Service physicians were withholding nutrition and hydration from elderly patients as "involuntary euthanasia," would have made physicians guilty of unlawful killing if it was proved that their purpose in withdrawing

nutrition, hydration, or medical treatment was to end life. MP Peter Brand, a physician from the Isle of Wight, is being investigated by Hampshire police after revealing during parliamentary debate that he participated in withdrawing treatment from a two-year-old leukemia patient in 1973 at the request of the child's parents.

- b. Bereaved relatives to sue government. The group SOS-NHS Patients in Danger plans to sue the British government in High Court after the 1998 Human Rights Act goes into effect in October, claiming that the government has failed to carry out its statutory duty to protect vulnerable elderly patients from physicians who deliberately withhold intravenous fluids to hasten death. The group will challenge the legality of guidelines for physicians introduced in 1999 by the British Medical Association after consultation with the Department of Health. The guidelines allow physicians to deny artificial nutrition and hydration for stroke victims and those suffering from dementia, even when the patients are not terminally ill, if thought to be "in their best interests."
 - c. British Medical Association. At a consensus conference in February 2000, the British Medical Association rejected moves to change the law on physician-assisted suicide but strongly supported continuing improvements in the care of the dying.
 - d. Public opinion survey. A survey of more than two million Britons who have visited the Millennium Dome in London showed that 80% favor having the right to end their own lives by euthanasia.
6. Israel. A survey of Israeli physicians revealed widespread ignorance about the uses and effects of opium-derived pain medication such as morphine and oxycontin. For example, physicians overestimated the chances of addiction by a factor of 10 to 100 times greater than the actual figure of one to four persons in 10,000. In an effort to counter the stigma associated with the drugs, the Doctors' Association for Pain Treatment in Israel is expected to publish information on the use of opium derivatives, including a list of medicines, their effects, and the recommended dosages.
7. Netherlands
 - a. Proposed legislation. The Dutch government has proposed legislation to legalize physician-assisted suicide and euthanasia, which have been technically illegal in the Netherlands but not prosecuted if physicians followed prescribed guidelines. Debate on the bill, which was delivered to the lower house of parliament on 8/9/99, has been continually postponed. The government also dropped a controversial provision that would have allowed terminally ill children age 12 and older to request aid in dying even if their parents objected.
 - b. Regional committees issue first report. Dutch physicians have been required since 11/1/98 to report cases of euthanasia and assisted suicide to regional committees consisting of experts in ethics, medicine, and law that assess whether established criteria have been met in each case. The first report by the regional committees revealed that Dutch physicians reported 2,565 cases between November 1998 and January 2000, 90% of which involved cancer patients. Established guidelines had been violated in only three cases.
8. Norway. On 4/14/00, the Supreme Court of Norway unanimously upheld the conviction of retired physician Dr. Christian Sandsdalen of first-degree murder for admittedly giving a lethal dose of morphine in June 1996 to Bodil Bjerkmann, a 45-year-old woman with multiple sclerosis, at her request. Sandsdalen had demanded that he be prosecuted to test Norway's laws against euthanasia. The five-member court also upheld the lower court's decision to indefinitely postpone Sandsdalen's sentencing, which means that he will probably never be punished. The Supreme Court stated in its ruling that the most important thing was to confirm that euthanasia remains illegal in Norway, no matter how good the intentions.
9. Russia. A poll of 1,500 Russians conducted by the Russian Public Opinion Research Center (ROMIR), the results of which were reported in April 2000, showed that 39.1% of respondents thought that euthanasia is a justified intervention for incurably ill patients (18.7% in any case and 20.4% "in most cases"), 32.8% thought that euthanasia is not a justified intervention (20% not in any case and 12.8% not "in most cases"), 15.6% thought that decisions should be made on a case-by-case basis, and 12% were uncertain.

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