

RECENT DEVELOPMENTS IN PHYSICIAN-ASSISTED SUICIDE
February 2005

Professor Valerie J. Vollmar
Willamette University College of Law

Copyright 2005

LITIGATION

Oregon v. Ashcroft, 368 F.3d 1118 (9th Cir. 2004), petition for cert. filed (U.S. Nov. 9, 2004) (No. 04-623)

Case filed. On 11/7/01, in response to Attorney General John Ashcroft's directive that prescribing lethal medication was not a legitimate medical purpose under the Controlled Substances Act (CSA), the State of Oregon filed a complaint in the U.S. District Court for the District of Oregon seeking a declaratory judgment and injunctive relief. The court allowed several individual patients, a physician, and a pharmacist to intervene as plaintiffs supporting the position of the state of Oregon.

U.S. District Court decision. On 4/17/02, Judge Robert E. Jones issued his written decision in favor of plaintiff and plaintiff-intervenors. *Oregon v. Ashcroft*, 192 F.Supp.2d 1077 (D.Or. 2002). Judge Jones permanently enjoined defendants from "enforcing, applying, or otherwise giving any legal effect to" Ashcroft's directive and ordered that health care providers in Oregon "shall not be subject to criminal prosecution, professional disciplinary action or other administrative proceedings for any actions taken in compliance with the Oregon Death with Dignity Act." Although plaintiff and plaintiff-intervenors had made statutory, administrative, and constitutional arguments, Judge Jones based his decision on statutory grounds exclusively, holding that neither the plain language of the CSA, its legislative history, nor the cases cited supported defendants' argument that Congress intended to delegate to the Attorney General the authority to override a state's determination as to the "legitimacy" of a medical practice.

Appeal to Ninth Circuit. On 5/24/02, defendants filed a notice of appeal to the Ninth Circuit Court of Appeals. The case was argued on 5/7/03 before a three-judge panel, which issued its decision on 5/26/04. *Oregon v. Ashcroft*, 368 F.3d 1118 (9th Cir. 2004).

Ninth Circuit decision. The three-judge Court of Appeals panel affirmed the U.S. District Court by a vote of 2 to 1, holding that the Ashcroft directive was "unlawful and unenforceable" and ordering that the injunction of the U.S. District Court be "continued in full force and effect."

Jurisdiction. All three judges agreed that original jurisdiction was in the Court of Appeals, rather than in the District Court, but found that Judge Jones' order properly transferred jurisdiction.

Majority opinion. Judge Tallman wrote the majority opinion, with which Judge Lay concurred. The majority held that Congress did not authorize the Attorney General to determine that physician-assisted suicide violates the CSA. Specifically, (1) Congress did not clearly authorize the Attorney General to exercise control over regulation of medical care, which is an area traditionally reserved for state authority; (2) the Ashcroft directive contradicted the plain language of the CSA; and (3) the directive contravened the express intent of Congress. The majority opinion criticized the Attorney General for failing to solicit input from the State of Oregon, imposing a sweeping and unpersuasive interpretation of the CSA despite lack of medical expertise, and interfering with the democratic debate about physician-assisted suicide.

Dissenting opinion. Judge Wallace dissented on the ground that the Attorney General's directive was an interpretive rule entitled to substantial deference.

Ninth Circuit denies review. On 7/12/04, the Attorney General requested a rehearing by the three-judge panel or an en banc review by an 11-judge panel. On 8/11/04, the three-judge panel denied a rehearing by a vote of 2 to 1; en banc review also was denied because no active judge had requested it.

U.S. Supreme Court. On 11/9/04, Attorney General Ashcroft filed a petition for certiorari in the U.S. Supreme Court. He did so on the day he announced his resignation, shortly after the November 2004 election. The filing of briefs on behalf of the parties was completed on 2/2/05, and the case was set for discussion in conference on 2/18/05.

LEGISLATION

Arizona. On 1/18/05, Representative Linda Lopez and 17 other Democrats introduced HB 2313, which is similar to the Oregon Death with Dignity Act. On the same date, they also introduced HB 2311, which would amend Arizona's advance directive statutes so that a person could indicate a desire to control suffering in the event of terminal illness by obtaining a prescription for lethal medication; the advance directive would have to be executed at least three months before the person requests a prescription. Comparable legislation was introduced previously but died in committee.

California. In 1999, Assemblywoman Dion Aroner introduced a bill patterned after the Oregon Death with Dignity Act but dropped it for lack of support. Late in 2004, Assemblywoman Patty Berg and Assemblyman Lloyd Levine announced that they intended to introduce a similar bill in the 2005 legislative session. The Assembly Committee on Aging and Long-Term Care and the Assembly Judiciary Committee held joint public hearings on the issue on 1/21/05 in Los Angeles and on 2/4/05 in San Francisco.

Connecticut. Senator Andrew Roraback plans to introduce a bill that would allow individuals accused of assisting suicide to be eligible for a special form of probation, known as accelerated rehabilitation, that allows first-time offenders to have their criminal records expunged after a period of probation. The proposal was prompted by the case of Huntington Williams, a 74-year-old man who is facing a charge of second-degree manslaughter based on allegations that he helped a friend with advanced prostate cancer use a gun to commit suicide. Leaders of the legislature's judiciary committee have agreed to consider the bill after it is drafted.

Hawaii. The proposed Hawaii Death with Dignity Act, patterned after the Oregon Death with Dignity Act, was narrowly defeated in the 2002 legislative session. The bill was introduced a second time in 2003 and carried over to the 2004 session, but died in committee. On 1/27/05, the bill was introduced again as SB 1308 and HB 1454 and referred to committee. On 2/5/05, the House Health Committee conducted a lengthy and emotional hearing, after which its members voted against moving the bill forward, effectively removing it from consideration in the current session.

Vermont

Bills introduced. Two bills relating to assisted suicide were introduced in the Vermont General Assembly in February 2003. H. 275 would have criminalized assisted suicide. H. 318 was patterned after the Oregon Death with Dignity Act. After considerable public debate, both bills were carried over to the 2004 legislative session. However, in light of the controversy over H. 318, Vermont Senator James Leddy and Representative Thomas Koch, chairs of the Senate and House Health and Welfare Committees, announced in January 2004 that their committees would not take up the bill. On 2/4/05, another bill patterned after the Oregon Death with Dignity Act was introduced in the 2005 legislative session as H. 168.

Report by Attorney General. After legislative hearings were held during February 2004 on H. 318 and on ways to improve end-of-life care, the legislature agreed to support an effort by Attorney General William Sorrell to draft a comprehensive end-of-life policy for Vermont.

Sorrell's study group divided into two committees, one focusing on the use of advance directives and the other on pain management issues. On 1/31/05, Sorrell released the study group's report. The report included recommendations for more user-friendly advance directive forms, a government-supported online registry for those forms, immunity to providers who follow do-not-resuscitate orders, a Bill of Rights for Hospital Patients, required pain management training for health care professionals, and guidelines on the relationship between law enforcement and aggressive treatment of pain. The study group did not address the issue of physician-assisted suicide.

Legislative research. A letter signed by 78 members of the Vermont House asked the Legislative Council's office to compile a report outlining the "factual disputes" related to the experiences of both Oregon and the Netherlands with physician-assisted suicide and euthanasia. William Russell, who heads the Legislative Council, had his staff go forward with the analysis despite orders to the contrary from the House Health and Welfare Committee. On 12/3/04, Legislative Council released a 43-page document describing areas of dispute and trying to either support or rebut claims using study data and interviews with health-care experts. As instructed, Legislative Council refrained from making any policy recommendations in the report.

Poll. A December 2004 poll by Zogby International of 500 Vermont residents, which was commissioned by two groups supporting physician-assisted suicide in Vermont, showed that 77.7% of respondents would support legislation "to allow a mentally competent adult, dying of a terminal disease, the choice to request and receive medication from a physician to peacefully end suffering and hasten death." The poll found strong support for such legislation among all demographic groups, except that a majority of people who described themselves as "very conservative" or who said they attended church once a week were opposed. A total of 17% of respondents opposed such legislation, and 5.3% said they were not sure of their views.

OTHER NATIONAL DEVELOPMENTS

Dr. Kevorkian

Petition for writ of habeas corpus. On 7/17/02, Jack Kevorkian's attorney Mayer Morganroth filed a petition for writ of habeas corpus in U.S. District Court, alleging ineffective assistance of counsel and multiple violations of Kevorkian's constitutional rights at his original trial in connection with the death of Thomas Youk by lethal injection. The petition was denied by District Judge Nancy Edmunds on 10/1/03, and the appeal from that decision was denied by the U.S. Court of Appeals for the Sixth Circuit on 6/17/04. On 11/1/04, the U.S. Supreme Court denied Kevorkian's petition for certiorari. *Kevorkian v. Warren* (U.S. Nov. 1, 2004) (04-380).

Health problems. In December 2004, the Michigan Parole Board denied another request from Kevorkian to be paroled or have his sentence commuted because of his poor health. On 2/3/05, Kevorkian was transferred to Foote Hospital in Jackson to undergo bilateral hernia surgery. He is expected to spend a few weeks in the hospital recovering, under constant guard in a secure wing separate from regular patients.

Compassion & Choices. On 10/30/04, the boards of Compassion in Dying Federation and End-of-Life Choices (formerly the Hemlock Society) voted to merge in January 2005 and form a new organization called Compassion & Choices. The initial board, chaired by Dr. Robert V. Brody, was formed with equal representation from both organizations. Barbara Coombs Lee (formerly with Compassion in Dying Federation) is in charge of legal advocacy, client services, public education, and development. Marsha Temple (formerly with End-of-Life Choices) is in charge of membership, information technology, and legislative and political advocacy.

Compassion in Dying of Oregon. Compassion in Dying of Oregon has created an advance directive CD ROM as a service to individuals who make a contribution of \$55 or more and mail in a copy of their completed and signed advance directive. The CD is 3" x 2.5" (the size of a credit card) and can be kept in a billfold or purse. The organization is retaining its name and telephone number following the merger of Compassion in Dying Federation and End-of-Life Choices.

National poll. A CBS News/New York Times poll conducted late in 2004 showed that 46% of the 885 respondents believed that physician-assisted suicide should be allowed, while 45% were opposed. Men favored physician-assisted suicide more than women (54% versus 39%). Blacks, Republicans, those age 65 and older, regular churchgoers, and residents of the South were overwhelmingly opposed.

MEDICAL DEVELOPMENTS

DEA guidelines on prescribing painkillers. On 8/11/04, the federal Drug Enforcement Administration and top pain specialists jointly issued detailed new guidelines spelling out proper prescribing of morphine-based painkillers, including how to diagnose severe pain. The guidelines, which were prominently posted on the DEA's website, were developed over more than a year and were intended to strike an appropriate balance between curbing drug-trafficking and permitting adequate treatment of patients in intractable pain. In early October 2004, however, the DEA took the guidelines off its website, announcing that the 31-page document "contained misstatements" and "was not approved as an official statement of the agency." Advocates for aggressive pain management have suggested that the DEA's decision was caused by an attempt to introduce the guidelines as evidence in the defense of Dr. William Hurwitz against drug-trafficking charges in a case set for trial on 11/3/04.

Religious health care providers. On 3/20/04, Pope John Paul II announced that Catholics are "morally obligated" to continue artificial feeding and hydration for patients in a persistent vegetative state, even if they remain so for years, and that removing feeding tubes is "euthanasia by omission." Subsequently, Compassion in Dying Federation, the National Women's Law Center, and 49 health care and consumer organizations sent a joint letter to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), asking that it adopt a policy that requires religiously-sponsored hospitals to notify patients of restricted end-of-life services.

Catholic conference on patient care. The Vatican held a conference for a week in November 2004 to promote the use of painkilling drugs for patients who are in chronic pain or terminally ill. The Pope's address to the Catholic health care providers in attendance condemned euthanasia but stressed that terminally ill patients have the right to refuse life-sustaining treatment.

Survey of European physicians. Interviews of 200 general practitioners in each of five European countries (France, Germany, Great Britain, Italy, and Spain) revealed that their support of assisted suicide varied but lagged behind public opinion. The percentage of physicians supporting legalization was almost two-thirds in France, 56% in Germany, and about half in Great Britain. On the other hand, 60% of physicians in Spain and 53% in Italy opposed legalization. The public was more supportive of legalization in all five countries, with polls in France, Germany, and Great Britain in the past three years showing public support at well over 80%. The survey was conducted by the international market research company Stethos and the results released in January 2005.

Recent articles

Timothy E. Quill, *Dying and Decision Making—Evolution of End-of-Life Options*, 350 *New Eng. J. Med.* 2029 (2004) [explains available end-of-life options and describes death of Dr. Quill's father].

Johan J.R. Bilsen et al., *Involvement of Nurses in Physician-Assisted Dying*, 47 *J. Advanced Nursing* 583 (2004) [large-scale study of deaths by euthanasia, physician-assisted suicide, and other end-of-life decisions during 1998 in the Flemish part of Belgium (prior to

legalization of euthanasia in that country) revealed that, although many physicians did not consult nurses about end-of-life decisions, nurses often administered lethal medication in euthanasia cases; physicians consulted at least one nurse in 52% of deaths in institutions and 21.4% of deaths at home, but nurses actually administered lethal medication in 82.7% of euthanasia deaths in institutions (usually without a physician present) and 25.2% of deaths at home].

INTERNATIONAL DEVELOPMENTS

Australia

South Australia. MP Bob Such announced plans to introduce a private member's bill in the South Australia parliament that would permit euthanasia. The Dignity in Dying Bill was first introduced by Australian Democrat Sandra Kanck in the Upper House in 2001. Kanck has tried unsuccessfully four times to have the bill passed.

Suicide pills. In November 2004, euthanasia advocate Philip Nitschke announced plans for a group of people in their 70s to meet at an undisclosed location in rural Australia to manufacture 300 grams of barbiturate. Each person will then take a 10 gram dose home with them, perhaps for use at a later date. The participants also plan to publish a handbook to help other groups follow their lead. Barbiturates can be manufactured in Australia even though they are no longer sold.

Canada

Evelyn Martens. On 6/26/02, Vancouver Island police arrested 71-year-old Evelyn Martens of Langford, British Columbia, on charges of counseling suicide and aiding and abetting suicide in the deaths of Monique Charest on 1/7/02 in Duncan and Leyanne Burchell on 6/26/02 in Vancouver. Each charge carried a maximum penalty of 14 years' imprisonment. On 11/4/04, a jury acquitted Martens of the charges, and the Crown did not appeal the verdict. Martens, an active euthanasia advocate, plans to use the publicity generated by her case to lobby for change in Canada's laws.

Justice Minister calls for renewed debate. On 11/17/04, Justice Minister Irwin Cotler told the House of Commons Justice Committee that he would like to see the Canadian parliament revisit the issue of legalizing assisted suicide. He said that the debate should be a "take note debate" (where the issue is discussed but no vote is taken).

Marcel Tremblay. On 1/28/05, Marcel Tremblay, a 78-year-old Ottawa man who had suffered from serious health problems for years and was an advocate for the right to die, killed himself by putting a helium-filled bag over his head. He had hired a prominent Ottawa lawyer to be sure that Tremblay's family would not be prosecuted for being present when he died. Tremblay said that he hoped to spark debate and help legalize assisted suicide in Canada.

Right to Die Society of Canada. In 1991, Victoria writer John Hofsess founded the Right to Die Society of Canada. Over time, Hofsess began to concentrate more on activities other than working to enact legislation in Canada. In 2002, Ruth von Fuchs became president of the organization, which now maintains a website at www.righttodie.ca. The website is a valuable source of information and web links worldwide.

Colombia. On 5/20/97, Colombia's Constitutional Court issued a 6-3 decision decriminalizing active euthanasia of terminally ill patients who consent; the court subsequently reaffirmed its ruling on 6/12/97. In 1999, Colombia's congress attempted unsuccessfully to enact legislation regulating the practice. In November 2004, Senator and former Constitutional Court Judge Carlos Gaviria again presented a bill that would permit and regulate the "dignified and voluntary death" of terminally ill patients.

France. On 11/30/04, France's National Assembly voted unanimously (only three of 551 legislators abstained) to adopt legislation that will change the code of medical ethics and the public health code to permit withdrawing and withholding life-sustaining treatment. The bill will go to the Senate for a final vote in early 2005. A parliamentary report supporting new laws was issued following the highly publicized death of 22-year-old Vincent Humbert, whose mother allegedly gave him a lethal injection after President Jacques Chirac denied his request to die. The new legislation does not authorize euthanasia, although supporters of legalization remain hopeful that legislation permitting euthanasia will pass eventually as well.

Great Britain

Proposed assisted suicide legislation. In September 2004, a select committee of the House of Lords began considering testimony on the issues raised by the Patient (Assisted Dying) Bill (HL 37) introduced on 2/20/03 by Lord Joffe. Since that time, the Royal College of Physicians, the Royal College of General Practitioners, and the Royal College of Nursing have decided to drop their prior opposition to the bill and adopt a neutral stance, but the British Medical Association continues to be opposed. In December 2004, members of the select committee flew to Oregon to see how the Oregon Death with Dignity Act is working. Testimony heard by the committee in January 2005 indicated that the Church of England might be shifting toward approval of the bill, but the Archbishop of Canterbury promptly reiterated his disapproval. Hearings conducted by the select committee ended late in January 2005. Regardless of the findings of the committee, the House of Lords is not expected to pass Lord Joffe's bill.

Opinion surveys

Public opinion polls. A public opinion poll conducted in September 2004 revealed that 82% of those questioned wanted the law on physician-assisted dying to be changed. A poll of 1,600 people conducted by the research firm YouGov and released in October 2004 showed that more than two-thirds of respondents would trust physicians as much as they did currently if assisted dying were legalized. A second YouGov poll of 2,000 disabled people found that 80% would support a bill allowing a rational disabled person with a terminal disease to be helped to die; 77% of respondents thought the law discriminated against them because they might be physically incapable of ending their lives on their own.

Survey of physicians. An internet survey of 1,000 physicians showed that 56%

avored legalization of physician-assisted suicide, while 21% supported continued criminalization; 53% of the physicians thought the law should permit voluntary euthanasia “under no circumstances.” Twenty-seven percent of the physicians said that they had been asked by a patient to help in assisted suicide or euthanasia, and 45% believed that some health professionals currently accede to their patients’ wishes.

Mental Capacity Bill. On 6/18/04, Constitutional Affairs Minister Lord Filkin published the Mental Capacity Bill, which would come into force in 2007 and for the first time set forth laws governing medical decisionmaking for persons who lack mental capacity. Among other things, the bill would allow execution of a living will and appointment of an agent to make medical decisions. After stormy debates caused in part by concerns that the bill would lead to euthanasia, the bill was passed by the House of Commons on 12/14/04 by a vote of 354 to 118. Legislators rejected two amendments proposed by opponents, but by much closer vote margins. In order to gain passage of the bill, the Labour Party directed its members to vote in favor of it. In addition, representatives of the government agreed with Roman Catholic archbishops that the bill’s protections for mentally incapacitated persons would be strengthened before enactment by requiring that living wills be written and witnessed and that the patient’s agents and physicians should not be motivated by a desire to cause the patient’s death. The bill will now be considered by the House of Lords, where opposition is expected to surface again.

Mrs. Z. Late in 2004, a High Court judge ruled that a husband could travel to Switzerland with his 46-year-old wife (referred to only as “Mrs. Z”), who suffered from an incurable brain disease, so she could be helped to die by the Swiss organization Dignitas. Local authorities providing care to the wife had stopped the couple from leaving for Switzerland. On 12/1/04, immediately after the court ruling, the woman flew to Zurich where she died of a lethal dose of medication.

Scotland. Liberal Democrat Jeremy Purvis has announced that he intends to draft a member’s bill patterned after the Oregon Death with Dignity Act for introduction in the 2005 term of the Scottish parliament. In November 2004, he presented a consultation paper, *Dying with Dignity*, intended to spark a national debate over legalization of euthanasia. A recent public opinion poll indicated that 82% of Scots were in favor of allowing aid in dying for terminally ill patients, and 39% indicated that they were prepared to break the law if a dying loved one asked for help to die.

India. In December 2004, the Andhra Pradesh High Court in Hyderabad denied the request of K. Sujatha to permit withdrawal of life support from her 25-year-old son K. Venkatesh so that he could carry out his wish to donate his organs before they deteriorated too badly to be used. Venkatesh, a national chess champion, suffered from muscular dystrophy and was paralyzed from the neck down and breathing through a ventilator. After the court denied Sujatha’s request on the ground that Indian law criminalizes suicide, she argued that the court should interpret the Organ Transplant Act to permit organ donation in non-brain death cases. While the court was investigating Venkatesh’s medical condition, he died before his wish could be granted. However, his mother indicated that she

would appeal to the Supreme Court.

Indonesia. On 10/22/04, Hasan Kusuma applied to the Central Jakarta District Court to permit euthanasia of his wife Agian Isna Naili, who had been in a coma for more than three months following unexpected medical complications during delivery of the couple's third child. The head of the District Court, I Made Karna, established a team to discuss whether the unprecedented request was permissible under Indonesian law. He indicated that the team would consult with the Jakarta High Court and the Supreme Court in making the decision. The head of the team, Cicut Sukardiman, directed Kusuma to rewrite his initial letter to explain the legal basis for his request. After the letter is accepted, the team will hold hearings and hear testimony from expert witnesses.

Israel. After almost three years, the recommendations of the Steinberg Committee have resulted in approval of a draft bill on end-of-life decisions by the Ministerial Committee on Legislation. Under the bill, terminally ill patients who want to die could end their lives through use of living wills, ethics committees, respirators with timers that turn themselves off, and a computerized database in which individuals could restate their end-of-life decisions every five years. The bill is being prepared by the Knesset Labor, Social Affairs and Health Committee under the direction of its chairman, MK Shaul Yahalom. In January 2005 in Tel Aviv District Court, Attorney General Menachem Mazuz for the first time did not oppose the request of a terminally ill patient to have life support removed.

Japan. In December 2002, Dr. Setsuko Suda was arrested and charged with killing a 58-year-old man on 4/19/02 at Kawasaki Kyodo Hospital by removing a tracheal tube and injecting a muscle relaxant after the patient suffered a cardiac arrest and lapsed into a coma following an asthma attack. Dr. Suda was indicted for murder, but entered a not guilty plea. During her first hearing on 3/27/03, her lawyer told the Yokohama District Court that the muscle relaxant could not have caused the patient's death and that Suda's intent was to help the patient die from natural causes. On 2/1/05, prosecutors demanded that Suda be sentenced to five years in prison, telling the Yokohama District Court that Suda should have waited to see whether the patient's condition improved.

The Netherlands

Application of euthanasia to children. Dutch authorities and the Groningen University Clinic have entered into an agreement authorizing a protocol of experimentation extending the practice of euthanasia to children under age 12 in cases where physicians believe a child (ordinarily a newborn) is suffering unbearably from a terminal condition. A study published in the Dutch Journal of Medicine on 1/22/05 showed that a total of 22 newborns with acute spina bifida died in the Netherlands by euthanasia during 1997-2004 and that Dutch prosecutors dismissed all the cases after judicial reviews. In December 2004, after physicians from the country's eight university hospitals sent a letter to the government asking that a committee of experts be set up to define specific criteria that would govern euthanasia of infants, officials from the Dutch Ministry of Justice indicated that protocols on the application of euthanasia to infants would be established by legislation.

Dijkhuis commission. On 12/16/04, a commission chaired by Professor Jos Dijkhuis

concluded after a three-year inquiry that existing Dutch euthanasia law allows a physician to help end the life of a patient who is not terminally ill but is “suffering unbearably.” This conclusion contradicts a 2002 ruling of the Supreme Court involving the conviction of Dr. Philip Sutorius of malpractice for assisting in the death of Edward Brongersma, an 86-year-old man who was not terminally ill but was obsessed with his physical decline and hopeless existence. The Dijkhuis commission recommended that protocols be developed by which to judge such cases and that further data be collected and analyzed. The Royal Dutch Medical Association (KNMG), which established the commission, will now consider the report and decide what guidance should be given to physicians faced with these cases. However, a government spokesman indicated that the Dutch government would be “extremely reticent” about allowing euthanasia under these circumstances.

Physician willingness to provide euthanasia. The Dutch Voluntary End to Life Association has asked Professor Gerrit van der Waal of the Free University medical center in Amsterdam to conduct an investigation into claims that physicians are trying to avoid performing requested euthanasia or are continually delaying carrying out the request. The study, which is expected to be completed by the end of 2005, will involve large-scale contacts with surviving relatives. Professor van der Waal has led two recent nationwide studies of euthanasia practices among Dutch physicians.

New Zealand

Lesley Martin. In September 2002, Lesley Martin, a euthanasia campaigner, published the book *To Die Like a Dog*, which described how Martin, an intensive care nurse, gave her mother a morphine injection in May 1999 as she was dying of cancer. Martin eventually was convicted of attempted murder and sentenced to 15 months in prison. She refused to apply for home detention and served half of her sentence before being released from prison in December 2004. On 2/14/05, the Court of Appeal dismissed Martin’s appeals against both her conviction and her jail sentence. Because Martin has come to disagree with some of Dr. Philip Nitschke’s controversial practices, she has severed her ties with him and renamed her lobbying group (formerly Exit New Zealand) as Dignity New Zealand.

Potential legislation. Following Lesley Martin’s conviction, First MP Peter Brown submitted a Death with Dignity Bill to the New Zealand Parliament, which ultimately was defeated by a vote of 60-57 on its first reading. However, MP Tim Barnett indicated in February 2005 that he backs Martin’s campaign for voluntary euthanasia legislation, and he wants to see the issue on the Labour Party’s post-election social reform agenda.

Russia. Euthanasia has become a subject of debate in Russia for the first time after two teenage girls were sentenced to a juvenile correctional facility for 4 years and 6 years after killing their suffering neighbor at her request. Surveys conducted by TV Channel One and various Moscow newspapers revealed that more than 80% of Russians support the legalization of euthanasia.

Spain. The premiere of Alejandro Amenabar’s popular film *Mar Adentro* (The Sea Within), based on the real-life story of euthanasia activist Ramon Sampedro, rekindled the debate in Spain over the

right to die. In November 2004, Roman Catholic bishops launched a campaign against euthanasia by printing seven million copies of leaflets to be distributed in churches and other religious centers. On 1/1/05, two months after the criminal statute of limitations had expired, Sampedro's close friend Ramona Maneiro told Telecinco television she helped Sampedro carry out his wish to die by placing the poisoned drink beside his bed with a straw before recording his final moments on video.

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