RECENT DEVELOPMENTS IN PHYSICIAN-ASSISTED SUICIDE

Professor Valerie J. Vollmar
Willamette University College of Law

LITIGATION

Gonzales v. Oregon, 126 S.Ct. 904, 2006 WL 89200 (U.S. Jan. 17, 2006) (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). Although plaintiff and plaintiff-intervenors 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.

Ninth Circuit decision. On 5/26/04, a three-judge panel of the Ninth Circuit Court of Appeals affirmed the U.S. District Court by a vote of 2 to 1. *Oregon v. Ashcroft*, 368 F.3d 1118 (9th Cir. 2004). The majority held that Congress did not authorize the Attorney General to determine that physician-assisted suicide violates the CSA. 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 2/22/05, the U.S. Supreme Court granted Attorney General Ashcroft's petition for certiorari. *Gonzales v. Oregon*, 125 S.Ct. 1299, 161 L.Ed2d 104 (Feb. 22, 2005) (No. 04-623). Following the death of Chief Justice Rehnquist, John Roberts was appointed as Chief Justice prior to the start of the Court's term in October 2005. The Court heard oral arguments on 10/5/05 and issued its opinion on 1/17/06. *Gonzales v. Oregon*, 126 S.Ct. 904, 2006 WL 89200 (U.S. Jan. 17, 2006) (No. 04-623). A copy of the Court's opinion is available at http://www.supremecourtus.gov/ (click on "Opinions" and then on "Latest Slip Opinions"). A transcript of the oral arguments is available at the same website (click on "Oral Arguments" and then on "Argument Transcripts").

Decision. The U.S. Supreme Court affirmed the lower federal courts by a vote of 6 to 3. Justice Kennedy, who wrote the majority opinion, was joined by Justices Stevens, O'Connor, Souter, Ginsburg, and Breyer. Justice Scalia was joined in his dissenting opinion by Chief Justice Roberts and Justice Thomas. Justice Thomas also wrote a separate dissenting opinion, arguing that the court's decision was inconsistent with its recent opinion in the California medical marijuana case. The majority and dissenting justices agreed that the question was whether the CSA allowed the Attorney General to prohibit physicians from prescribing controlled substances for use in physician-assisted suicide, notwithstanding a state law permitting the practice.

Deference. The opinions consist in large measure of a discussion of the various levels of deference (*Auer*, *Chevron*, or *Skidmore*) that might be accorded to the Attorney General as an executive officer. The majority concludes that Ashcroft was not entitled to any level of deference in his decision to issue the directive; moreover, the CSA did not give Ashcroft authority to regulate the practice of medicine generally. In contrast, the dissent concludes that the directive was valid under both *Auer* and *Chevron* deference standards, was supported by the language of the CSA itself, and reflected the "overwhelming weight of authority" that physician-assisted suicide is not within the boundaries of medical practice.

Criticism of Ashcroft. The Justices who joined in the majority opinion seemed quite critical of Ashcroft's actions. The opinion notes that Ashcroft sought to end the "earnest and profound debate about the morality, legality, and practicality of physician-assisted suicide" that the Court had acknowledged in *Washington v. Glucksberg*. Ashcroft had supported efforts to curtail physician-assisted suicide while he was a Senator and did not consult with Oregon or anyone outside the Justice Department before issuing the directive, even though he had promised Oregon's Attorney General an opportunity to participate in any discussion of the issue. The majority opinion further points out that the CSA places the responsibility for making medical judgments on the Secretary of Health and Human Services and not on the Attorney General, who "lacks medical expertise."

Scope of the Attorney General's claimed authority. The majority opinion concludes that the Attorney General "claims extraordinary authority" that would in effect allow him to criminalize even the actions of registered physicians, whenever they "engage in conduct he deems illegitimate." According to the majority, Congress does not implicitly delegate such broad and unusual authority (Congress "does not, one might say, hide elephants in mouseholes").

Federalism. The majority opinion also cites the principles of federalism, which give the states great latitude under their police powers to regulate matters such as the practice of medicine. The majority rejects the federal government's claim that the CSA delegates to a single executive officer the power to "effect a radical shift of

authority from the States to the Federal Government to define general standards of medical practice in every locality."

Dissent. Justice Scalia is scathing in his criticism of the majority's view that physician-assisted suicide could be a reasonable understanding of medicine's boundaries, arguing that virtually every relevant authoritative source confirms that intentionally assisting suicide is not a "legitimate medical purpose." He acknowledges that the legitimacy of physician-assisted suicide rests on "a naked value judgment" but concludes that the federal government may use its powers for the purpose of "protecting public morality."

LEGISLATION

Arizona. On 1/18/05, Representative Linda Lopez and 17 other Democrats introduced HB 2313, which was similar to the Oregon Death with Dignity Act. Although the bill died in committee, Representative Lopez and other sponsors introduced the bill again on 1/19/06. Representative Doug Quelland, chairman of the House Health Committee, said that the bill will not get a hearing this year.

California

Bill introduced. In 1999, Assemblywoman Dion Aroner introduced a bill in the California legislature patterned after the Oregon Death with Dignity Act but dropped it for lack of support. On 2/17/05, Assemblywoman Patty Berg and Assemblyman Lloyd Levine introduced a similar bill, AB 654 (the California Compassionate Choices Act).

Assembly. After lengthy and contentious hearings, AB 654 was approved by the Assembly's Judiciary Committee on 4/18/05 by a vote of 5-4. On 5/26/05, the Assembly's Appropriations Committee approved the bill by a vote of 11-6. Because of uncertainty about whether AB 654 would pass on the Assembly floor, Assemblywoman Berg moved on 6/2/05 that the bill be placed on inactive status in the Assembly. However, through a procedure known as "gut-and-amend," the provisions of AB 654 were substituted into a different bill, AB 651, already pending before the Senate.

Bill carried over to 2006. Ultimately, backers of the California Compassionate Choices Act decided in July 2005 to abandon their efforts for the time being and to carry the proposed legislation over to the second year of the legislative session, which began in January 2006. AB 651 is expected to be debated during March 2006 in the Senate Judiciary Committee. Some changes have been made to the bill, such as making a mental health evaluation mandatory for a patient who is not under hospice care, and Berg and Levine say that they are "close" to acquiring the necessary votes for passage. If the bill passes in the Senate, it will return to the Assembly for its concurrence.

Governor's position. Governor Arnold Schwartzenberger has not taken a position on physician-assisted suicide but has announced his belief that the issue should be decided by the voters in a referendum, rather than by the legislature. Both of the Democrats who plan to run against Schwarzenegger this fall for governor—state treasurer Phil Angelides and state controller Steve Westly—support physician-assisted suicide.

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, but committee members voted against moving the bill forward after a lengthy and emotional hearing. On 1/25/06, SB 2448 was introduced in the 2006 legislature. Unlike prior bills, SB 2448 is very brief and does not resemble the Oregon Death with Dignity Act.

Oregon. Compassion & Choices of Oregon has now guided more than 750 clients through Oregon's physician-assisted dying process. More than 180 of them chose to hasten their deaths by using the Oregon Death with Dignity Act. Over 150 of Compassion's present clients and family members are participating in a study conducted by Dr. Linda Ganzini at the Oregon Health & Science University to determine their views on physician aid-in-dying; results of the study are expected to come out in 2006. New contact information for Compassion & Choices of Oregon is PO Box 6404, Portland, OR 97228, phone (503) 525-1956 or geighmey@aol.com.

Rhode Island. Senator Rhoda Perry and Representative Edith Ajello have indicated that they will submit a physician-assisted suicide bill in the current Assembly.

Vermont

Bill introduced. H. 318, which was patterned after the Oregon Death with Dignity Act, was introduced in the Vermont General Assembly in February 2003 and carried over to the 2004 legislative session, where it died. On 2/4/05, another bill patterned after the Oregon Death with Dignity Act was introduced in the 2005 legislative session as H. 168. Although the House Human Services Committee held a hearing, the committee did not vote on the bill before the legislature adjourned.

Further consideration of proposed legislation. The House Human Services Committee is expected to take up H. 168 again during the current legislative session, and House Speaker Gaye Symington said she expects the committee to take testimony and even approve the bill. However, it appears unlikely that the legislature will pass the bill. In that case, supporters of physician-assisted suicide would have to begin from scratch when the next biennial legislative session convenes in January 2007.

Washington

Bill introduced. On 1/24/06, Senator Pat Thibaudeau and other senators introduced SB 6843, the Washington Death with Dignity Act, in the Washington legislature. The bill was patterned after the Oregon Death with Dignity Act. The bill was referred to the Health & Long-Term Care Committee but died in committee without a hearing at the end of the legislature's 60-day session.

Voter initiative contemplated. In 1991, Washington voters narrowly rejected an initiative that would have allowed physicians to administer lethal injections to terminally ill patients, as well as prescribe lethal medications. Supporters of physician-assisted suicide now are considering another voter initiative, this time patterned after the Oregon Death with Dignity Act, most likely for the 2008 ballot. On 2/6/06, former governor Booth Gardner, who has battled Parkinson's disease for over 14 years, announced that he will campaign on behalf of a ballot initiative. Potential supporters had not yet begun to organize, but opponents have been galvanized into action.

Federal legislation. The possibility of new federal legislation has been discussed since *Gonzales v. Oregon* was decided. Although two prior efforts to overrule the Oregon Death with Dignity Act failed, President Bush opposes physician-assisted suicide and the composition of Congress has changed significantly. Nevertheless, some commentators have suggested that Congress may be unwilling to intervene because of the public's negative response to Congressional actions in the Terri Schiavo case. In addition, recent political events have eroded public and Congressional support of the Bush administration. Oregon Senator Ron Wyden has promised to filibuster in the Senate if necessary, and Senator Gordon Smith (who in the past has opposed Oregon's law) declared that "I accept the Supreme Court's decision, and Congress should do the same."

OTHER NATIONAL DEVELOPMENTS

Michigan. Dr. Jack Kevorkian is now 77 years old and is not scheduled to be paroled from a Michigan prison until June 2007. His attorney, Mayer Morgenroth, filed a motion in November 2005 asking Governor Jennifer Granholm to commute his sentence or move up the date when he becomes eligible for parole, due to his fragile health. However, the Michigan Parole Board voted 7-2 to recommend that the application be denied, and the governor's spokesperson said that she would follow the board's recommendation.

USA Today-CNN-Gallup Poll. A nationwide survey of 677 physicians and 1,057 members of the public conducted by HCD Research during 10/6-10/9/05 found that 62% of physicians and 64% of the public believed that "physicians should be given the right to dispense prescriptions to patients to end their life." Fifty-four percent of physicians and 70% of the public said that neither federal nor state government should be "given the right to decide whether assisted suicide is a legitimate medical purpose." A report on the poll is available at http://publish.hcdhealth.com/P1009/.

Fox News poll. Telephone interviews of 900 registered American voters, conducted on 10/11 and 10/12/05 by Opinion Dynamics for Fox News, showed that 48% of those polled favored "legalizing physician-assisted suicide for terminally ill patients," while 39% were opposed and 13% were not sure. When the word "suicide" was omitted, 52% of those polled said that states "should have the right to let doctors prescribe medications that would help mentally competent, terminally ill patients end their lives," while 37% were opposed and 11% were not sure.

Pew Research Center poll. During 11/9-11/27/05, Princeton Survey Research Associates International conducted telephone interviews on behalf of the Pew Research Center for the People and the Press of 1,500 adults nationwide regarding their attitudes about the right to die. Forty-six percent of those surveyed approved of laws permitting doctors to help patients end their lives, while 45% were opposed. White evangelical Protestants opposed physician-assisted suicide laws by a two-to-one margin (61% to 30%), while white mainline Protestant and secular individuals approved of such laws by a nearly identical margin. Catholics opposed such laws by a margin of 50% to 40%. Small majorities of Democrats (52%) and independents (52%) approved of allowing physician-assisted suicide, while most Republicans opposed these laws (by 55% to 34%), and conservative Republicans opposed them by a margin of two-to-one (62% to 29%). Fifty-seven percent of those who had given a great deal of thought to end-of-life issues approved of making physician-assisted suicide legal, a view shared by only 35% of those who had given little or no thought to these issues. A report on the poll is available at http://people-press.org/reports/display.php3?ReportID=266.

New York Times/CBS News poll. Telephone interviews of 1,229 American adults conducted during 1/20-1/25/06 by the New York Times and CBS News showed that 56% believed that a doctor should be allowed to assist a person in taking his or her own life if the person "has a disease that will ultimately destroy their mind or body and they want to take their own life"; 37% disagreed and 7% were not sure. Comparable figures for January 2005 were 54%, 39%, and 7%.

Euthanasia cruises. A group of Florida businessmen has created a company called Euthanasia

Cruises, Ltd. Each month the company takes 25 passengers on The Last Supper, a three-masted luxury sloop, for three days at sea before the passengers voluntarily end their lives by jumping into the ocean. Although a few passengers are terminally ill, most are able-bodied adults.

AUTONOMY. Members of the board of AUTONOMY, a disability organization, have strongly disagreed with the National Council on Disability's position opposing legalizing assisted suicide. Paul Spiers, AUTONOMY board president, pointed out that polls show a majority of the disability community favors passage of laws providing choice at the end of life.

MEDICAL DEVELOPMENTS

DEA investigations. 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 were intended to strike an appropriate balance between curbing drug-trafficking and permitting adequate treatment of patients in intractable pain. On 8/26/05, DEA published in the Federal Register a clarification of its policy reiterating the principles under the Controlled Substances Act and DEA regulations. However, palliative care specialists and others have begun to express their concern that DEA raids and prosecutions of physicians are causing physicians to be reluctant to treat pain adequately. Ronald Libby, a professor of political science at the University of North Florida, has estimated that 17% of specialists in pain treatment who prescribe opioids were investigated during one year by the DEA, and an even greater number by local and state authorities, usually working with the DEA. Thus, a pain specialist might have a one-in-three chance of being investigated.

Recent articles

Maria J. Silveira et al., *Net Worth Predicts Symptom Burden at the End of Life*, 8 J. Palliative Med. 827 (2005) [observational, secondary analysis of Health and Retirement Study data for 2,604 deceased, older adults showed that 58% had severe symptoms of four or more of fatigue, pain, dyspnea, depression, and anorexia during their last year of life; decedents in the highest quartile of net worth had fewer symptoms and less pain than those with a lower net worth].

Douglas D. Ross et al., *Long-Term Evaluation of Required Coursework in Palliative and End-of-Life Care for Medical Students*, 8 J. Palliative Med. 962 (2005) [University of Maryland School of Medicine implemented about 20 hours of mandatory coursework on the care of dying patients for all students, with satisfactory completion required for graduation; questionnaire mailed to all students who graduated in 2000, 2001, and 2002 revealed that the training was perceived as valuable and effective, and that respondents displayed good postgraduate palliative care practices, but the authors concluded that expanded medical school emphasis and curriculum hours were still needed for palliative care topics].

Carolyn E. Schwartz et al., *Detecting Attitudinal Changes About Death and Dying as a Result of End-of-Life Care Curricula for Medical Undergraduates*, 8 J. Palliative Med. 975 (2005) [authors studied effect of two end-of-life curricula for undergraduate medical students at the University of Massachusetts Medical School, a year-long elective and a day-long inter-clerkship; participants self-reported less concern about working with dying patients and a clearer concept of what constitutes a good death].

Karen S. Ogle et al., *Learning to Provide End-of-Life Care: Postgraduate Medical Training Programs in Michigan*, 8 J. Palliative Med. 987 (2005) [a mail survey of 275 postgraduate medical training programs in Michigan revealed that only 46% reported any formal training in end-of-life care and only 31% reported training in hospice care, and most programs did

not include a clinical component; authors concluded that improvements in end-of-life care training will be slow to come if left in the hands of program directors].

Mark A. Hall et al., *The Impact on Patient Trust of Legalising Physician Aid in Dying*, 31 J. Med. Ethics 693 (2005) [researchers conducted a random telephone survey of 1,117 adults in the United States to measure attitudes about physician aid in dying; only 20% of those surveyed said that they would trust their doctor less if "euthanasia were legal [and] doctors were allowed to help patients die," while 58% disagreed; although a higher percentage of older people (age 65 and older) and black people thought that physician aid in dying would lower trust, their percentages were only 27% and 32%].

Miles J. Edwards, *Opioids and Benzodiazepines Appear Paradoxically to Delay Inevitable Death After Ventilator Withdrawal*, 21 J. Palliative Care 299 (2005) [physician at Oregon Health & Science University Center for Ethics in Health Care reported five cases in which very sick patients who were given morphine after removal of a ventilator lived longer than expected, possibly because the drug eased their struggle to breathe; based on a 1954 study suggesting that such drugs increased a patient's risk of death, many physicians have been reluctant to sedate very sick patients being weaned off a respirator].

David Casarett et al, *Appropriate Use of Artificial Nutrition and Hydration—Fundamental Principles and Recommendations*, 353 New Eng. J. Med. 2607 (2005) [authors examine the ethical principles that should underlie decisions about the use of artificial nutrition and hydration and recommend steps to promote clinical practices that are more consistent with these principles].

Timothy E. Quill & Diane E. Meier, *The Big Chill—Inserting the DEA into End-of-Life Care* 354 New Eng. J. Med. 1 (2006) [authors express their concern that a finding in favor of the federal government in *Gonzales v. Oregon* would have a chilling effect on physicians' willingness to treat patients' terminal symptoms].

INTERNATIONAL DEVELOPMENTS

Australia

Suicide Materials Act goes into effect. New federal legislation known as the Suicide Materials Act, which went into effect on 1/6/06, makes it a crime in Australia to transmit by telephone, fax, email, or the internet any information that directly or indirectly incites suicide or provides instructions. The penalty for violating the law can exceed $100,000.

Dr. Nitschke moves operations to New Zealand. As a result of the new federal law, Dr. Philip Nitschke has moved the counseling service and website for Exit International from Australia to New Zealand, although the group's political arm will remain in Australia. Immigration Minister David Cunliffe says no sufficient grounds exist for him to intervene, although United Future MP Gordon Copeland has written to Cunliffe asking if there were grounds to bar Nitschke's entry. The Medical Council of New Zealand scheduled a meeting for 2/14/06 to decide whether Nitschke had unlawfully practiced medicine by presenting workshops in Auckland, Christchurch, and Wellington.

Peaceful Pill seminar. In November 2005, Exit International held its third biannual two-day Peaceful Pill seminar in Brisbane. The seminar featured 17 high-profile speakers and highlighted the so-called "Aussie Exit Bag" and the CoGenie.

Study of deaths in Victorian hospitals. Monash and Melbourne University bioethicists have completed a study finding that about 40% of Victorian physicians were willing to help patients die. Physicians played a part in almost two in three patient deaths in Victorian hospitals. Dr. Helga Kuhse, one of the researchers, previously studied the attitudes of Australian physicians towards euthanasia in 1988 and 1997.

Belgium

Pharmacists. Under a change in regulations approved by the Lower House of Parliament and the Senate, Belgian pharmacists now may legally supply physicians with a lethal dose of medication to carry out euthanasia, which is legal in Belgium.

Euthanasia cases. Belgian physicians reported almost 400 cases of euthanasia to the nation's supervision and evaluation commission during 2005, as compared to 200 when euthanasia was first legalized in 2002. The rise in the number of reported euthanasia cases is due largely to Flemish physicians, in part because they have the support of a network known as the Life Ending Information Forum.

Cambodia. In November 2004, Roger Graham was sued by Cambodia's Kampot Province governor Puth Chandarith for defamation. Graham, a U.S. national, was alleged to have destroyed Kampot's reputation by suggesting that it was a good place to come to die through his two websites, www.euthanasiaincambodia.com and www.asian-hearts.com. The websites informed visitors that

euthanasia is not illegal in Cambodia and encouraged donations to support euthanasia in Cambodia. After he was sued, Graham voluntarily shut down the websites.

Canada

Proposed legislation. On 6/1/05, private member's bill C-407 introduced by MP Francine Lalonde received a first reading in the House of Commons. The bill would legalize assisted suicide for a patient who is in extreme pain with no prospect of relief or is suffering from a terminal illness. The person assisting would have to be a medical practitioner or be helped by a medical practitioner. The bill received a second reading and was debated on 10/31/05. The bill was not expected to be adopted before parliament was dissolved for an election.

André Bergeron. Marielle Houle, a 44-year-old woman from Montreal with Friedreich's ataxia, died on 7/10/05, three days after her 46-year-old husband, André Bergeron, allegedly suffocated her with a plastic bag to end her suffering. He was charged with attempted murder and released on bail. Bergeron's lawyer is asking that his client face a lesser charge of assisted suicide.

Marielle Houle. Marielle Houle (not related to Bergeron's wife) was charged with assisting in the 2004 suicide in Montreal of Charles Fariala, her 36-year-old son who had multiple sclerosis. Houle entered a guilty plea. Although assisting a suicide carries a maximum penalty of 14 years in prison, Mr. Justice Maurice Larameé of Quebec Superior Court sentenced her to only three years probation.

Czech Republic. Euthanasia is considered to be murder under current Czech law, with lengthy prison sentences. Under a proposed new penal code, however, assistance in a suicide out of compassion would be punishable by up to six years in prison, with no minimum sentence specified. The Senate has rejected the proposed changes to the criminal code, but the Chamber of Deputies will decide on 3/7/06 whether to draft a new version or override the Senate.

France. A national debate about euthanasia was provoked in France by the death of 22-year-old Vincent Humbert. Humbert had been unable to speak, move, or see following injuries suffered in an automobile accident in 2000. He had repeatedly asked to die, including a request made to President Jacques Chirac in November 2002. Humbert's mother Marie allegedly injected his intravenous line with barbiturates in September 2003, leading to his death two days later. Criminal charges were lodged against both Marie Humbert and Humbert's physician, Frederic Chaussoy, who allegedly injected Humbert with a lethal dose of drugs and switched off his life support system. In January 2006, state prosecutor Gerald Lesigne said he had decided to drop charges against both of them after considering the "moral aspects" of the offense rather than the "material and legal aspects." The court in the northern town of Boulogne-sur-Mer must rule on whether to acquit them.

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 Lord Joffe's Assisted Dying for the Terminally Ill Bill. The committee issued its written report on 4/4/05. In October 2005, the House of Lords engaged in an eight-hour debate about the select committee's report, with 75 peers testifying. On 11/9/05, Lord Joffe introduced the bill again. He agreed to remove voluntary euthanasia from the bill but was unwilling to concede to the committee's recommendation that the definition of unbearable suffering be replaced with "unrelievable" or "intractable" suffering or distress. The bill now includes a clause providing that heath care professionals who object to assisted dying need not raise the option with a patient or refer the patient to another provider who does not object. Further, hospices, hospitals, and other health care establishments need not allow the assisted death of terminally ill patients on their premises. The patient will have to sign two separate declarations, one of which must be witnessed by a solicitor, and must consult with a palliative care expert.

Mental Capacity Act. On 1/20/06, a consultation paper was issued on the use of powers of attorney under the Mental Capacity Act to give authority over health care to a representative. The consultation will end on 4/14/06.

Scotland. Liberal Democrat Jeremy Purvis is expected to introduce a member's bill patterned after the Oregon Death with Dignity Act in the Scottish parliament this year. Several medical professionals have indicated their support.

Isle of Man. On 5/13/03, the House of Keys, which is the parliament for the Isle of Man, voted 15 to 4 in favor of a bill to legalize voluntary euthanasia. An amendment was then passed to make the legislation subject to a select five-member committee taking evidence on the subject and reporting back to the House before the bill's introduction. Early in 2006, the committee issued its two-volume report. The first volume reports on the law in other jurisdictions, medical views, and issues raised by any legislation allowing medically-assisted dying. The second volume contains the appendices, including transcripts of evidence taken by the committee. The report does not draw specific conclusions, but rather was intended to present a balanced assessment of the issues and evaluate the available evidence. The report is expected to be debated soon in the House of Keys.

Dr. Michael Irwin. Dr. Michael Irwin resigned as chair of the Voluntary Euthanasia Society after admitting that he had planned to help end the life of Patrick Kneen in the Isle of Man, although Irwin was not charged with any crime. On 9/27/05, the General Medical Council struck Irwin off the medical register. On 1/25/06, Irwin told BBC Radio 4's Today program that Surrey police had interviewed him about his links to the Swiss organization Dignitas, which has helped 42 British citizens to die. Irwin also admitted that he had accompanied a Glasgow woman to Switzerland in August 2005 and was present when she committed suicide. Irwin said that he was prepared to go to jail to further his campaign for recognition

of voluntary euthanasia.

Dr. Anne Turner. On 1/24/06, Dr. Anne Turner died in a planned assisted suicide at the Dignitas clinic in Zurich. Turner, who was 66 years old, had an incurable brain disease. She made her case public in an attempt to mobilize public opinion behind Lord Joffe's bill.

Voluntary Euthanasia Society. On 1/23/06, the Voluntary Euthanasia Society changed its name to "Dignity in Dying." During the tenure of Deborah Annetts, chief executive of the organization, membership has increased from 12,000 to 100,000. Annetts, who is a lawyer, represented Diane Pretty in the English courts and the European Court of Human Rights and assisted in the drafting of Lord Joffe's bill.

Care Not Killing Alliance. A new alliance, known as the Care Not Killing Alliance, has been formed to promote palliative care and oppose efforts to legalize physician-assisted suicide or euthanasia. Among the 18 groups that have joined the alliance are the Association of Palliative Medicine, the British Council of Disabled People, and the National Centre for Independent Living. The alliance is backed by peer Baroness Finlay of Llandaff, who sits on the All Party Parliamentary Group on Dying Well and is an expert on palliative care.

Guide published on use of Dignitas' services. The Scottish group Friends At The End (FATE), which supports euthanasia, has published a step-by-step guide on how to use the services of Dignitas. The guide, which costs £3, includes information on who can be helped by Dignitas, what forms and documents are required to make an application to the organization, how the actual assisted suicide takes place, and the fees charged, which add up to more than £2500.

Survey of physicians about euthanasia. The results of the first United Kingdom-wide study on euthanasia were reported in the journal Palliative Medicine in January 2006. The study was funded by the Nuffield Foundation and carried out by Professor Clive Seale of the School of Social Sciences and Law at Brunel University. A total of 857 physicians responded to the anonymous survey, providing details on the last death they attended. The results were then compared with the results of similar surveys conducted in the Netherlands, Australia, New Zealand, Belgium, Italy, Denmark, Sweden, and Switzerland. The survey showed no incidences of physician-assisted suicide in the UK, while only 0.16% of total deaths were from voluntary euthanasia and 0.33% involved the ending of life without an explicit request from the patient. In 32.8% of deaths, physicians reported that efforts to alleviate symptoms may have had the effect of shortening the patient's life. A small proportion of the physicians surveyed (4.6%) felt that UK law had inhibited or interfered with their preferred management of the patient, and 2.6% believed that a new law would have facilitated better management of that patient. Fifty-one of the respondents wrote comments on the questionnaires, and 82% of those supported the current legal ban on medical involvement in assisted suicide or euthanasia.

Israel. In December 2005, the Knesset voted 22 to 3 in favor of the government-sponsored Passive

Euthanasia Law, which will come into effect in one year's time. The law does not permit physician-assisted suicide or active euthanasia, but does allow a patient or patient's representative to decide that life-sustaining treatment should be withheld or withdrawn.

Italy. An Observa Science survey on behalf of the Italian women's health observatory ONDA showed that 58% of Italian women (as compared to 48.5% of men) favor euthanasia under extreme circumstances. About 29% would interrupt all medical assistance, and 28.9% would allow recourse to euthanasia through drugs.

Liechtenstein. By a vote of 80% to 20%, in November 2005 voters rejected a proposed constitutional amendment, supported by the country's Roman Catholic archbishop, that would have protected human life from "conception to natural death." Critics said that the amendment would have prevented abortion, birth control, assisted suicide, and living wills.

Mexico. Telephone interviews of 800 registered Mexican voters, conducted on 11/17/05 by Instituto de Mercardotecnia y Opinion, showed that only 35.9% of those polled supported legalization of euthanasia, while 47.5% were opposed. In May 2005, members of the opposition Democratic Revolution Party (PRD) in the Chamber of Deputies presented a proposal to decriminalize euthanasia. Currently, assisting a person to commit suicide is a crime punishable by up to 12 years in prison.

The Netherlands

> Euthanasia of severely ill newborn infants. In July 2005, the Dutch Pediatric Society voted unanimously to support the Groningen Protocol, which authorizes euthanasia for newborn infants under certain exceptional circumstances. On 11/29/05, the Dutch government announced that it was setting up a commission to regulate the practice. Although euthanasia of newborns will remain illegal, a commission composed of three physicians, a lawyer, and an ethicist may recommend that a physician who has followed certain rules not be charged. The newborn must be suffering hopelessly and unbearably with no prospect for future treatment, both parents must understand the decision and give their written consent, and the decision must be confirmed by a second independent physician. The commission will start its work in mid-2006.
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> Terminal sedation. Dr. Peter Vencken spent nine days in custody and was charged with murder for administering terminal sedation (inducing a coma in a dying patient by prescribing a sedative and increasing doses of morphine). In November 2004, a court acquitted Vencken based on expert evidence that his actions constituted proper palliative care. The public prosecutor appealed, but on 7/29/05 the appeal court returned a verdict in two hours instead of the usual 14 days, dismissing the charges. After the Royal Dutch Medical Association expressed its concern about the prosecution, the government asked the Association to make recommendations about the use of terminal sedation. A committee chaired by Marian Verkerk, professor of medical ethics at Groningen University, concluded that terminal sedation should not be brought under the regime of the euthanasia law but

instead be subject to guidelines drawn up by the Association.

De Einder. Under Dutch law, giving advice on suicide is legal, but the advisor may not prepare the drug or be present when the person takes it. De Einder is an organization founded by Jan Hilarius that gives advice to people contemplating suicide. On 12/7/05, Hilarius was sentenced to a year in jail for helping a 25-year-old mentally ill woman acquire medicine to kill herself in 2003.

Switzerland

Dignitas. Reportedly, Dignitas is considering opening an office in London. The organization currently is being investigated for administering lethal drugs to a 69-year-old German woman who had provided a false report from her general practitioner in Augsburg, indicating that she was terminally ill with cirrhosis of the liver.

Hospital to allow assisted suicide on premises. The university hospital in Lausanne has decided after almost three years of consideration to permit terminally ill patients to take their own lives on hospital premises, as long as they are of sound mind, are already too ill to return home, and have expressed a persistent wish to die. The new ruling will give patients access to an external doctor or to a member of the Swiss voluntary euthanasia society, Exit. The decision reflects the position of the Swiss Medical Association and the National Committee on Ethics.

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