

RECENT DEVELOPMENTS IN PHYSICIAN-ASSISTED DEATH

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***NOTE:** The title of this report uses the term “physician-assisted death” instead of “physician-assisted suicide” for the first time. The reasons for this change are described below under “National Developments.” The report continues to use the term “physician-assisted suicide” when that term appears in the original source. The address and title of this website remain unchanged for ease in accessing the site.

LEGISLATION

Arizona

Physician-assisted suicide and advance directive to control suffering. In January 2007, Representative Linda Lopez and eight other Democrats introduced HB 2572, which is similar to the Oregon Death with Dignity Act. On the same date, they also introduced HB 2357, 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. As was the case with comparable legislation introduced in 2005 and 2006, the bills have not advanced in the legislature.

Million Geezer March. On 1/24/07, Representative Lopez joined other supporters of the proposed legislation in demonstrating outside the state capitol in Phoenix.

California

Bill introduced. On 2/15/07, Assemblywoman Patty Berg, Assemblymen Lloyd Levine, and Assembly Speaker Fabian Nuñez introduced AB 374 (the California Compassionate Choices Act) in the California legislature. Twenty-four other members of the legislature co-authored the bill, which was patterned after the Oregon Death with Dignity Act but requires a mental health evaluation by a psychiatrist or psychologist if the patient is not in hospice care. The bill requires 41 votes to pass in the Democrat-dominated, 80-member Assembly and 21 votes to pass in the 40-member, Democrat-controlled Senate. A similar bill passed the lower House in the prior legislative session but died in a Senate committee. On 3/27/07, the Assembly Judiciary Committee approved the bill by a vote of 7 (all Democrats) to 3 (all Republicans). On 4/18/07, AB 374 was put on “suspense” in the Assembly Appropriations Committee, which is generally a delaying tactic used by a bill’s supporters when they feel they lack enough support to allow a vote on the Assembly floor. In order for the Senate to have time to pass the bill during the current session, it must pass out of the Appropriations Committee by 6/1/07 and receive a favorable vote on the Assembly floor by 6/8/07.

Coalitions. Supporters of AB 374 have formed a coalition called Californians for Compassionate Choices, while opponents have formed a coalition called Californians Against Assisted Suicide.

California Association of Physician Groups. On 3/7/07, the public policy committee of the California Association of Physician Groups (CAPG) voted to support AB 374. The committee noted that the experience in Oregon had shown a significant improvement in end-of-life quality of care as measured by clinical standards. CAPG represents thousands of physicians in organized medical groups throughout California and is California's largest physicians' group, as well as one of the largest in the nation.

Hawaii. HB 675 (the Hawaii Death with Dignity Act), patterned after the Oregon Death with Dignity Act, was introduced on 1/22/07 by House Judiciary Vice Chairman Blake Oshiro and co-signed by 12 Democrats and two Republicans. On 2/7/07, a four-hour hearing was held before the House Health Committee, with both oral and written testimony strongly against the bill. After the hearing, the committee voted 6 to 1 not to report the bill out to the full House, effectively killing the bill. SB 1995 introduced in the Senate is not expected to make it out of committee. Similar bills have failed to pass a number of times since 1999.

Oregon

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

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

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

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

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

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

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

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

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

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

Vermont. Bills patterned after the Oregon Death with Dignity Act were introduced in the Vermont General Assembly during 2003-04 and 2005-06 but died in both legislative sessions. A similar bill, H. 44 (the Act Relating to Patient Choice and Control at the End of Life), was introduced in January 2007 by five co-sponsors. On 3/1/07, after a week of hearings, the House Human Services Committee voted 7 to 4 in favor of the proposed legislation. The bill subsequently was approved

by the House Judiciary Committee but was rejected by the full House on 3/21/07 by a vote of 82 to 63 after four hours of emotional debate. Governor Jim Douglas had also reiterated his strong opposition.

Washington. Former Governor Booth Gardner, who has battled Parkinson's disease for over 15 years, continues to support the idea of a voter initiative in 2008 that would approve a new law patterned after the Oregon Death with Dignity Act.

Wisconsin. Senator Fred Risser and Representative Frank Boyle once again unsuccessfully circulated bills (SB 151 and AB298) similar to the Oregon Death with Dignity Act that would give terminally ill patients the right to "die with dignity." These legislators have spent more than 10 years trying to get the Wisconsin legislature to pass such a bill, but so far have never gotten one to a vote in either the state Assembly or the Senate.

OTHER NATIONAL DEVELOPMENTS

Terminology. The title of this month's report uses the term "physician-assisted death" instead of "physician-assisted suicide" for the first time. This change reflects the developments described below. The web address and title of the website remain unchanged for ease in accessing the site.

Oregon Department of Human Services. In August 2006, Barbara Coombs Lee and George Eighmey of Compassion & Choices began meeting with representatives of the Oregon Department of Human Services (DHS) to request that DHS change the term it uses when referring to the Oregon Death with Dignity Act from "physician-assisted suicide" to a more neutral term. Lee and Eighmey argued that the term "physician-assisted suicide" is value-laden and negatively biased, perpetuating misunderstanding of Oregon law and policy. They cited language in the Oregon Death with Dignity Act stating that "[a]ctions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law." DHS initially announced on 10/16/07 that it would begin using the term "physician-assisted death." When opponents of the Act immediately objected, however, DHS quickly changed its position and indicated that in the future it would simply refer to persons who use the "Oregon Death with Dignity Act."

American Psychological Association. A working group of the American Psychological Association has recognized that "[i]t is important to remember that the reasoning on which a terminally ill person (whose judgments are not impaired by mental disorders) bases a decision to end his or her life is fundamentally different from the reasoning a clinically depressed person uses to justify suicide."

American Public Health Association. At its annual meeting in November 2006, the American Public Health Association (APHA) adopted a new policy urging that health educators, policy makers, journalists, and health care providers recognize that the choice of a mentally competent terminally ill patient to self-administer medications to bring about a peaceful death is not "suicide," nor is the prescribing of such medications by a physician "physician-assisted suicide." The policy further urges use of "accurate, value-neutral terms such as 'aid in dying' or 'patient directed dying'" to describe this choice.

American Academy of Hospice and Palliative Medicine. On 2/14/07, the American Academy of Hospice and Palliative Medicine (AAHPM) issued a Position Statement on Physician-Assisted Death, which recommends a systematic approach for medical practitioners to follow when a request for assistance in hastening death is made by a patient. The Position Statement defines the term physician-assisted death (PAD) as “a physician providing, at the patient’s request, a lethal medication that the patient can take by his own hand to end otherwise intolerable suffering.” The Position Statement further explains that the term PAD is utilized in the document “with the belief that it captures the essence of the process in a more accurately descriptive fashion than the more emotionally charged designation” of physician-assisted suicide.

Kevorkian

Parole. In December 2006, the Michigan Parole Board granted Dr. Jack Kevorkian parole from a Michigan prison on 6/1/07, the earliest date he would be eligible. Kevorkian, who has been in prison since 1999, will be on probation for two years. The Board had rejected four requests for commutation of his sentence. Kevorkian has promised that he will not assist in any form of suicide or euthanasia, but instead will push for legalization of physician-assisted suicide.

Television program. During November 2006, HBO Sports aired a television program about Kevorkian helping Buddy Miley, a paralyzed football player from Pennsylvania, to die in 1997. The case had never previously been reported.

National polls

AP-Ipsos. An AP-Ipsos poll of 1,000 adults surveyed nationwide on 5/22-5/24/07 showed that 53% thought Dr. Jack Kevorkian should not have been jailed, while 40% supported his imprisonment. Sixty-eight percent said there are circumstances when a patient should be allowed to die, but 30% said physicians and nurses should do everything possible to save the life of a patient.

USA Today/Kaiser/ABC. A USA Today/Kaiser/ABC poll of 1,201 Americans taken by telephone in September 2006 found that the public was divided about what care should be given at the end of life. When asked if it is better to keep a terminally ill person alive as long as possible, regardless of the expense, or to make a judgment as to whether it is worth the expense, 48% said it is better to weigh the costs, while 40% said to keep the person alive regardless of the cost. Among those age 65 and older, 60% said expense should be considered, while 28% said cost should not enter the decision.

Book by William H. Colby. In 2006, AMACOM/American Management Association published *Unplugged: Reclaiming Our Right to Die in America*, by William H. Colby. Colby represented the family of Nancy Cruzan in the right-to-die case decided by the U.S. Supreme Court. The book is reviewed by Ernie W.D. Young in 296 JAMA 1662 (2006) and by Kathryn L. Tucker in 10 J. Palliative Med. 260 (2007).

Vatican upholds excommunication of lay group. In a letter dated 11/24/06, Cardinal Giovanni Battista Re, Prefect of the Vatican Congregation for Bishops, upheld the decision of Nebraska Bishop Fabian Bruskewitz to excommunicate members of the lay organization Call to Action for “unacceptable” doctrinal and disciplinary positions. The organization works to change church teachings in areas such as mandatory celibacy for priests, the male-only priesthood, the selection process for bishops and popes, and opposition to artificial contraception. Although the Vatican letter only dealt with Call to Action, the other groups named by Bishop Bruskewitz were Planned Parenthood, Society of St. Pius X, Hemlock Society, St. Michael the Archangel Chapel, Freemasons, Job’s Daughters, DeMolay, Eastern Star, Rainbow Girls, and Catholics for a Free Choice.

Groups assume new names. The group most recently known as End of Life Choices, San Diego, has decided to become an independent organization and reverted to its old name of Hemlock Society of San Diego. Hemlock Society of Florida, Inc. also has declared itself an independent organization and gone back to the Hemlock name after being known for a period of time as End of Life Choices Florida.

ProCon.org launches website. On 1/8/07, ProCon.org launched its newest website, Euthanasia ProCon.org (www.euthanasiaprocon.org) to impact the public debate over euthanasia, physician-assisted suicide, and other end-of-life controversies. The website features nearly 600 pro, con, and general reference arguments in 80 questions categorized into five broad issues and 21 sub-issues surrounding the core question: “Should euthanasia be legal?” The content areas include a timeline of euthanasia developments beginning with ancient Greece, case summaries of landmark court decisions, a guide to state laws on assisted suicide, surveys of medical professionals, and public opinion polls. ProCon.org is a nonprofit educational organization.

Chief Executive Officer of Compassion & Choices resigns. On 1/9/07, Marsha Temple, CEO of Compassion & Choices (which was born out of the 2005 merger of Compassion in Dying and End-of-Life Choices) resigned her position. Temple explained in a letter to chapter leaders that the organization needed to evolve from a multiple-leadership model to a single-leadership organization. Judith Fleming becomes CEO as of 3/1/07 and Barbara Coombs Lee remains as President. Fleming will be responsible for management of all programs, staff, operating systems, and the fiscal health of Compassion & Choices.

ERGO online bookstore. In its first 25 months of operation, ERGO’s online bookstore was visited by 505,919 people. A total of 2,439 purchased books, ebooks, DVDs, and VHS videos. Of those, 1,117 bought the 3rd edition of *Final Exit*, published in paperback.

“Ethics in America” television program. Public broadcasting stations recently broadcast a program called “Three Farewells: Medicine & the End of Life” as part of the second series of “Ethics in America.” On the program, Compassion & Choices Director of Legal Affairs Kathryn Tucker made the case for aid in dying. The program is available at www.learner.org for streaming video on demand.

Euthanasia film. On 3/5/07, the organizers of the third annual HollyShorts, Short Film Festival, announced that the short film “Euthanasia,” directed by Adrian Grenier, will have its Hollywood premiere in August 2007 as the official opening short film for the festival. The 17-minute film tells

the story of Sam and her best friend Becky, who are forced by an unfortunate accident to make some hard decisions about life and death.

MEDICAL DEVELOPMENTS

American Academy of Hospice and Palliative Medicine. The American Academy of Hospice and Palliative Medicine, which is the nation's leading organization of hospice physicians, has dropped its opposition to physician-assisted suicide and decided to take a position of "studied neutrality." The full statement is available at <http://www.aahpm.org/positions/suicide.html>.

End-of-life costs. According to the 10/18/06 issue of USA Today, researchers at the Dartmouth Atlas Project at the Dartmouth Medical School have analyzed Medicare data on patients with chronic illnesses to develop statistics on end-of-life care costs. The data show that it costs far more to die in some parts of the country than in others. On average, a patient who dies in Miami sees physicians (mostly specialists) 46 times during the last six months of life, spends more than six days in an intensive care unit, and has a 27% chance of dying in a hospital ICU; the total cost is just over \$23,000. A patient who dies in Portland, Oregon, on the other hand, sees a physician 18 times (one-half of the visits being with a primary care physician), spends one day in intensive care, has only a 13% chance of dying in an ICU, and is likely to die at home with the support of hospice; the total cost is slightly more than \$14,000. The most expensive hospital referral region is Manhattan, at a cost of \$35,838 for the last six months; the least expensive is Wichita Falls, at \$10,913.

New book. Two highly-respected physicians, Sidney Wanzer and Joseph Glenmullen, have written a new book, *Your Right to Comfort, Calm, and Choice in the Last Days of Life* (Da Capo Press). The book provides a comprehensive and understandable view of how patients, families, and physicians can deal with the challenges of life-threatening and fatal illness.

Survey of physicians. A nationwide survey of 2,000 physicians revealed that 40% of physicians believe religion and spirituality assist in prevent of heart attacks, infections, and even death; 54% believe God intervenes in patients' health; 76% believe God helps patients cope with and endure illness and suffering; and 74% believe God gives patients a hopeful state of mind. Religious physicians were more likely than nonreligious physicians to have these beliefs, and to report that patients bring up religious issues.

Recent articles

Jean-Jacques Georges et al., *Requests to Forgo Potentially Life-Prolonging Treatment and to Hasten Death in Terminally Ill Cancer Patients: A Prospective Study*, 31 J. Pain & Symptom Mgmt. 100 (2006)

Johan Bilsen et al., *Drugs Used to Alleviate Symptoms with Life Shortening as a Possible Side Effect: End-of-Life Care in Six European Countries*, 31 J. Pain & Symptom Mgmt. 111 (2006)

Guido Miccinesi et al., *Continuous Deep Sedation: Physicians' Experiences in Six European Countries*, 31 J. Pain & Symptom Mgmt. 122 (2006)

Craig D. Blinderman, *Review: Clinical Wisdom in End-of-Life Care*, 31 J. Pain & Symptom Mgmt. 477 (2006)

Amy S. Kelley et al., *Differential Medical and Surgical House Staff Involvement in End-of-Life Decisions: A Retrospective Chart Review*, 32 J. Pain & Symptom Mgmt. 110 (2006)

J. Schildmann et al., *Decisions at the End of Life: An Empirical Study on the Involvement, Legal Understanding and Ethical Views of Preregistration House Officers*, 32 J. Med. Ethics 567 (2006)

I. Brassington, *Killing People: What Kant Could Have Said About Suicide and Euthanasia But Did Not*, 32 J. Med. Ethics 571 (2006)

B. van Oorschot & A. Simon, *Importance of the Advance Directive and the Beginning of the Dying Process from the Point of View of German Doctors and Judges Dealing with Guardianship Matters: Results of an Empirical Survey*, 32 J. Med. Ethics 623 (2006)

P. Louhiala & H-M Hilden, *Attitudes of Finnish Doctors Towards Euthanasia in 1993 and 2003*, 32 J. Med. Ethics 627 (2006)

B. A. Manninen, *A Case for Justified Non-Voluntary Active Euthanasia: Exploring the Ethics of the Groningen Protocol*, 32 J. Med. Ethics 643 (2006)

E. Ferrand et al., *Participation of French General Practitioners in End-of-Life Decisions for Their Hospitalised Patients*, 32 J. Med. Ethics 683 (2006)

A. Chapple et al., *What People Close to Death Say About Euthanasia and Assisted Suicide: A Qualitative Study*, 32 J. Med. Ethics 706 (2006)

Linda Ganzini et al., *Views on Physician-Assisted Suicide Among Family Members of Oregon Cancer Patients*, 32 J. Pain & Symptom Mgmt. 230 (2006) [98 Oregonians with advanced cancer and their family members were surveyed to understand their agreement in views on physician-assisted suicide (PAS), which was a legal option for these patients; 51% of family members said they would support the patient if he or she requested PAS, 30% said they would oppose it, and 19% were either undecided or would take no position; family members were able to predict patients' political views on PAS but were not knowledgeable about patients' interest in PAS for themselves]

Harvey Max Chochinov et al., *Personality, Neuroticism, and Coping Towards the End of Life*, 32 J. Pain & Symptom Mgmt. 332 (2006)

Szeto Yan & Cheng Kin-Fong, *Quality of Life of Patients with Terminal Cancer Receiving Palliative Home Care*, 22 J. Palliative Care 261 (2006)

Elizabeth K. Vig et al., *Beyond Substituted Judgment: How Surrogates Navigate End-of-Life Decision-Making*, 54 J. Am. Geriatrics Soc'y 1688 (2006)

Joseph W. Shega et al., *Management of Noncancer Pain in Community-Dwelling Persons with Dementia*, 54 J. Am. Geriatrics Soc'y 1892 (2006)

Fredrick R. Abrams, *Colorado Revised Statutes in Support of Palliative Care Limiting Criminal Liability*, 9 J. Palliative Med. 1254 (2006)

Russell K. Portenoy et al., *Opioid Use and Survival at the End of Life: A Survey of a Hospice Population*, 32 J. Pain & Symptom Mgmt. 532 (2006)

Peter L. Hudson et al., *Desire for Hastened Death in Patients with Advanced Disease and the Evidence Base of Clinical Guidelines: A Systematic Review*, 20 Palliative Med. 693 (2006)

Iwao Osaka et al., *Palliative Care Philosophies of Japanese Certified Palliative Care Units: A Nationwide Survey*, 33 J. Pain & Symptom Mgmt. 9 (2007)

Farr A. Curlin et al., *Religion, Conscience, and Controversial Clinical Practices*, 356 New Eng. J. Med. 593 (2007)

Alexander De Graeff & Mervyn Dean, *Palliative Sedation Therapy in the Last Weeks of Life: A Literature Review and Recommendations for Standards*, 10 J. Palliative Med. 67 (2007)

Tracy A. Schroepfer, *Critical Events in the Dying Process: The Potential for Physical and Psychosocial Suffering*, 10 J. Palliative Med. 136 (2007)

Denise Bickel-Swenson, *End-of-Life Training in U.S. Medical Schools: A Systematic Literature Review*, 10 J. Palliative Med. 229 (2007)

Stephen J. Ziegler & Georg Bosshard, *Role of Non-Governmental Organisations in Physician Assisted Suicide*, 334 Brit. Med. J. 295 (2007)

Helene Starks et al., *Family Member Involvement in Hastened Death*, 31 Death Studies 105 (2007)

Bryan Hilliard, *The Politics of Palliative Care and the Ethical Boundaries of Medicine: Gonzales v. Oregon as a Cautionary Tale*, 35 J. Law Med. & Ethics 158 (2007)

S.A. Hurst et al., *Ethical Difficulties in Clinical Practice: Experiences of European Doctors*, 33 J. Med. Ethics 51 (2007)

A. Bagheri, *Individual Choice in the Definition of Death*, 33 J. Med. Ethics 146 (2007)

M. Cholbi, *Self-Manslaughter and the Forensic Classification of Self-Inflicted Death*, 33 J. Med. Ethics 155 (2007)

E. Gedge et al., *Withholding and Withdrawing Life Support in Critical Care Settings: Ethical Issues Concerning Consent*, 33 J. Med. Ethics 215 (2007)

C. O. Sham et al., *Do-Not-Resuscitate Decision: The Attitudes of Medical and Non-Medical Students*, 33 J. Med. Ethics 261 (2007)

Keith G. Wilson et al., *Desire for Euthanasia or Physician-Assisted Suicide in Palliative Cancer Care*, 26 Health Psychology 314 (2007)

Elizabeth S. Menkin, *Go Wish: A Tool for End-of-Life Care Conversations*, 10 J. Palliative Med. 297 (2007)

Justin N. Baker et al., *National Survey of Pediatric Residency Program Directors and Residents Regarding Education in Palliative Medicine and End-of-Life Care*, 10 J. Palliative Med. 420 (2007)

Egidio Del Fabbro et al., *Palliative Sedation: When the Family and Consulting Service See No Alternative*, 10 J. Palliative Med. 488 (2007)

Jacob M. Appel, *A Suicide Right for the Mentally Ill? A Swiss Case Opens a New Debate*, Hastings Center Rep. 21 (May-Jun. 2007)

INTERNATIONAL DEVELOPMENTS

Australia

South Australia. In May 2007, South Australian Greens Senator Bob Such introduced the Voluntary Euthanasia Bill 2007, a private member's bill, in the South Australian parliament. Although six prior attempts have failed, Such said that safeguards would be increased in the new bill. Democrats leader Senator Sandra Kanck supports a referendum on voluntary euthanasia at the next general election, and intends to add such a referendum to another on reform of the Senate.

Victoria. A survey of 128 politicians in the Victoria state parliament conducted by Dying With Dignity Victoria, Inc. showed that 75% of those who responded supported the right to an assisted death and 25% did not. Legislation proposed by the organization has been endorsed by a number of politicians and organizations in Victoria.

Proposed federal legislation. On 2/8/07, Australian Greens leader Senator Bob Brown introduced a private member's bill to legalize voluntary euthanasia in Australian external territories such as Norfolk Island and Christmas Island. The bill, which is called the Rights of the Terminally Ill Bill 2007, is similar to the Northern Territory laws that were overturned by the federal government in 1996. The bill would require three physicians, including a psychiatrist, to oversee the process.

Suicide pill. A report in the November/December issue of "Deliverance" (a newsletter

published by Exit International of Australia) said that initial chemical analysis of the Peanut Project's "peaceful pill" showed that Dr. Philip Nitschke and others had succeeded in producing significant quantities of barbiturates. The newsletter also indicated that a second phase of the project would begin in 2007 with the transfer of equipment and know-how to another group of people wanting to end their lives. Due to difficulty in getting services from commercial laboratories, a fundraising drive has been launched to purchase sophisticated equipment for in-house chemical testing of drugs that are beyond their normal expiration date.

The Peaceful Pill Handbook. On 9/19/06, 45 copies of Nitschke's *The Peaceful Pill Handbook* were seized by Customs officials at the Brisbane airport. On 12/18/06, the board of the Office of Film and Literature Classification voted to allow the book to be sold in bookstores wrapped in plastic as a Category 1 - Restricted publication only for those over 18. Federal Attorney General Philip Ruddock appealed the board's decision, and the board voted in February 2007 to ban the book in Australia on the grounds that it told people how to manufacture barbiturates and violated federal laws prohibiting the promotion of suicide. However, the book will soon be available in downloadable form on Google for about \$30. On 3/25/07, two busloads of "freedom riders" burned hundreds of copies of the book in front of the federal parliament building to mark the 10th anniversary of parliament's overturning the Northern Territory's law permitting euthanasia.

Nancy Crick. Nancy Crick, a 69-year-old resident of Queensland, ended her life on 5/22/02 in the presence of 21 family, friends, and supporters of voluntary euthanasia with the intent of challenging laws against assisting a suicide. Although Queensland police investigated the case for possible criminal prosecution, they decided not to proceed. However, in September 2006 John Edge published a book, *Telling It Straight*, in which he admitted that he was present when Crick died and helped dispose of the evidence that could have been used to support a charge of assisted suicide. Gold Coast production company Launch Pictures has acquired film rights to the book, and work has begun on a movie about Crick.

TV programs. On 10/9/06, Sundance Channel screened the documentary "Mademoiselle and the Doctor" (which is about the voluntary euthanasia movement in Australia) in the United States. In November 2006, SBS channel aired the documentary "Do Not Resuscitate" (which is the story of three Australian patients) in Australia.

Helium shortage. A report issued in December 2006 indicated that the state of Victoria had only 10% of its normal supply of commercial helium, although no shortage existed in the United States or Europe. Helium is necessary for one method of hastening death.

Dr. John Elliott. In January 2007, Nitschke and Fiona Stewart accompanied Dr. John Elliott and his wife to support him in his decision to die in Switzerland, where assisted suicide is legal. Elliott was a 79-year-old physician who had terminal cancer. Elliott wrote a final statement saying that he was sharing his story publicly to help politicians understand that patients should be allowed control and responsibility in dying.

Award denied. In January 2007, Sunshine Coast mayor Joe Natoli used his veto power to

deny the Humanitarian of the Year award to Lee Davis, despite total support of Davis by the independent judging panel. Davis is an 86-year-old woman who had been selected for her work with the Voluntary Euthanasia Society.

Survey of neonatologists. In February 2007, the Archives of Disease in Childhood reported on an anonymous survey of 78 neonatologists in Australia and New Zealand conducted by Dr. Peter Barr, a neonatologist and senior staff physician at the Children's Hospital at Westmead. The survey indicated that, if legal ramifications were disregarded, almost half of those surveyed were prepared to speed up death in babies for whom further treatment was considered hopeless. One in three were prepared to break the law to intentionally hasten the death of a baby born with a severe life-threatening disability.

Graeme Wylie. Shirley Justin, a 58-year-old woman and longtime partner of Graeme Wylie, and her friend Caren Jennings, a 74-year-old woman who supports voluntary euthanasia, have been charged with murdering 71-year-old Wylie in Cammeray in March 2006 with a lethal overdose of the drug Nembutal. Wylie suffered from severe dementia and Alzheimer's disease, and Swiss authorities had rejected his request to go to Switzerland for an assisted death because tests showed him to be incapable. Justin and Jennings were granted bail on 3/6/07 but ordered to reappear before a local court on 5/10/07.

Opinion polls. A survey conducted by Newspoll during February 2007 showed that 80% of Australians believe that terminally ill individuals should have a right to seek and obtain assistance to end their life, 14% were opposed, and 6% were undecided.

Belgium

Dr. Marc Cosyns. In February 2006, Ghent physician Marc Cosyns published an article in the medical magazine Huisarts stating that he had ended the life of Suzanne Roegiest, an 87-year-old dementia patient, on 1/20/06 by giving her a lethal dose of barbiturates. Cosyns, a general practitioner and a lecturer in end-of-life care at the University of Ghent, later told the British Medical Journal that he wanted to reignite the debate about extending euthanasia to children and people with dementia. In April 2006, the public prosecution office said that Cosyns did not break the law. However, the case was not dismissed because it had to be considered by the euthanasia supervision and evaluation commission.

Right-to-die group honored. In September 2006, the physicians' association of the Free University of Brussels awarded its annual prize of 2,500 euros to ADMD (Association pour le Droit de Mourir dans la Dignité). ADMD concentrates on helping with implementation of the euthanasia laws, chiefly by giving information to physicians and the public.

Deaths under euthanasia laws. In November 2006, the Belgian Commission responsible for monitoring Belgium's euthanasia laws issued its second report, which indicated that 742 legal euthanasia deaths occurred during 2004-05, as compared to 259 deaths during the preceding 15 months. The increase was about 50% between 2003 and 2004, but only 13% between 2004 and 2005. The overall findings of the second report were similar to the first, and the only fact that concerned the commission was the continuing preponderance of

declarations in Flemish over those in French (88% versus 14%).

Central data bank of living wills. As provided for in the euthanasia laws, a system permitting registration of living wills in a central data bank is nearing completion. In January 2007, the Ministry of Public Health indicated that a Royal Decree to that effect was almost ready, but security requirements are likely to delay the system's actual implementation.

Proposal to extend euthanasia laws. A proposal has been made to extend the Belgian euthanasia laws to minors and patients who are mentally incompetent. In January 2007, Cardinal Godfried Danneels of Brussels said that he opposed the proposal and urged other Catholics to do so.

Canada

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. After authorities refused to reduce the charge to assisted suicide, Bergeron entered a guilty plea to a charge of aggravated assault endangering the life of his wife. On 10/20/06, Quebec Court Judge Danielle Côté sentenced Bergeron to three years of probation. In a 19-page ruling, the judge noted that Bergeron had cared for his ill wife for 20 years, had refused her requests until 2005, and was in a deep depression, and that Bergeron's acts could not be tied to Houle's death because her death was imminent in any event.

Dr. Ramesh Sharma. Dr. Ramesh Sharma, a longtime family physician from Vernon, British Columbia, appeared in court on 8/1/06 charged with attempting to assist an elderly patient to commit suicide. The alleged incident, which was interrupted by staff at a residential care facility, involved a 92-year-old female patient. Sharma was freed on \$50,000 bail, and a police investigation began. On 3/28/07, Sharma pleaded guilty and agreed to stop practicing medicine while the British Columbia College of Physicians and Surgeons conducted its own investigation into the matter. Sharma's sentencing was scheduled for 6/11/07.

Dr. Peter Marshall. In early December 2004, well-known Barrie child psychologist and author Dr. Peter Marshall accompanied his very ill friend "Su" to Switzerland, where she died in his presence with the assistance of Dignitas. Marshall wrote a letter to the editor of the National Post describing what had occurred, which was published on 12/15/04. The letter was written in response to an article about Marielle Houle, who had been charged with helping her disabled son kill himself. Following publication of the letter, prominent Ontario psychologist Dr. Marty McKay, an opponent of assisted suicide, filed a complaint with the Ontario College of Psychologists. Ultimately, the College rejected the complaint as "frivolous and vexatious" on the ground that Marshall acted in a personal rather than a professional capacity. The complaints committee noted that a Barrie police officer had closed the case after concluding that Marshall went to Switzerland to "provide moral support for a life-long friend at her request" and that Swiss police found nothing of a suspicious

nature. On 11/3/06, the Ontario Health Professions Appeal and Review Board rejected McKay's appeal of the decision.

Manitoba College of Physicians and Surgeons. On 10/16/06, Manitoba's College of Physicians and Surgeons issued a draft statement setting out proposed policies for end-of-life decisions in hospitals (www.cpsm-secure.com/news/06-1016-1.php), which describes the process that physicians must follow when deciding whether to withhold or withdraw respirators, breathing tubes, and feeding tubes, or to continue with treatments like dialysis. Physicians would have the authority to make the final decision, but families would be given 96 hours notice and the right to appeal through a second opinion or court intervention.

China

Euthanasia requests denied. Euthanasia has become a subject of debate again in China as a result of the request of 54-year-old Yu Pao-chin of Pingtung County for legislation to allow "humane measures" to end the life of her 25-year-old son Chu Chia-jung, who has suffered from cerebral palsy and other handicaps since birth. Officials at the Department of Health replied that euthanasia is still illegal and that Chu did not meet the criteria for hospice treatment. A euthanasia request also was denied recently for Hu Youshuang, a six-year-old boy with cerebral palsy.

Li Yan. Li Yan, a 28-year-old Chinese woman, has suffered from terminal cancer since she was born and requires almost total care from her mother. Li has been writing a blog by typing with a chopstick held in her mouth, urging China to enact legislation on euthanasia. In March 2007, she appealed to delegates at the current session of the National People's Congress to legalize euthanasia. Her request became a media sensation after popular CCTV investigative news anchor Chai Jing presented it at an NPC meeting.

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 have been punishable by up to six years in prison, with no minimum sentence specified. The junior ruling Christian Democratic party announced that the party would not support changing the law that regulates euthanasia, and the constitutional legal committee of the Chamber of Deputies recommended that the controversial article be deleted from the law. In February 2007, Justice Minister Jiri Pospíšil agreed to drop the proposal.

France

Léonie Crevel. In October 2006, 80-year-old Léonie Crevel was convicted in Rouen of murdering her severely disabled and bedridden daughter Florence in July 2004. The court ordered a two-year suspended sentence.

Physicians' petition. On 3/8/07, the weekly *Nouvel Observateur* published a declaration signed by 2,314 French physicians and nurses stating that they had helped patients suffering from incurable diseases to "die with decency" and calling for the government to legalize active euthanasia.

Paulette Drualis. On 3/15/07, a court in southwestern Perigueux convicted Dr. Laurence Tramois on charges of prescribing lethal medication that caused the death of Paulette Drualis, a terminally ill cancer patient, on 8/25/03. Chantal Chanel, the nurse who administered the lethal injection, was acquitted. Tramois could have received a sentence of up to 30 years, but only received a one-year suspended sentence. Drualis's husband and son supported the nurse and physician, who had admitted their actions.

French election. The physicians' petition and the Tramois trial stirred debate over the issue of euthanasia in the French presidential election. Segolene Royal, candidate of the Parti Socialiste, indicated that she would push for a new law to allow euthanasia under some circumstances. The winner of the election, Nicolas Sarkozy of the ruling conservative Union pour un Mouvement Populaire, also suggested he might favor a law permitting euthanasia. Francois Bayrou of the center-right Union pour la Democratie Francaise, however, has said that physicians and patients—not the law—should decide.

Germany

Academy Foundation for Terminal Care. The Academy Foundation for Terminal Care (Akademie-Stiftung für Sterbbegleitung, or AsfS) has been established in Germany by DGHS, the German society for dying with dignity. Unlike its parent organization, one of the Academy's aims is to enable the dying to spend their last days in dignity in familiar surroundings rather than alone in a hospital. The organization will promote education of the general public, assistance for the elderly, and science and research focusing on social, cultural, mental, and medical care for the dying.

Persons present at a suicide. At its annual convention in September 2006, the 8,000-member German Lawyers' Association passed resolutions concerning the right to die, including one saying that the law should make it clear that companions who do not intervene to stop a person's suicide are not subject to prosecution. Subsequently, in response to a letter from a highly respected, medically-trained member of DGHS, the federal Ministry of Justice indicated that companions would not place themselves in jeopardy of prosecution if the suicide was clearly voluntary and carried out by a mentally competent and responsible individual.

Living wills. On 3/29/07, Germany's parliament debated the issue of living wills when considering draft legal guidelines that would apply to the documents. Currently, the legal framework around living wills is unclear and open to multiple interpretations. A draft guideline introduced by Wolfgang Bosbach of the conservative Union bloc of parties would make living wills valid only in the case of irreversible, terminal illness or injury. An alternative draft presented by Joachim Stünker of the Social Democratic party would give the wishes of the patient the highest priority.

Great Britain

Mental Capacity Bill. The Mental Capacity Bill, which was adopted in 2005, came into effect on 1/1/07. This legislation for the first time sets forth laws governing medical

decisionmaking for persons who lack mental capacity. Among other things, the law now allows execution of a living will and appointment of an agent to make medical decisions. In November 2006, the Lord Chancellor issued guidelines for physicians, with the backing of Health Secretary Patricia Hewitt. Lord Falconer warned physicians that a physician who refuses to follow the instructions in a living will may face a legal claim for damages or a criminal prosecution for assault. A physician who has religious or moral objections to carrying out the instructions must refer the patient to another physician who will follow them. A physician who reasonably believes that a valid living will exists and who allows a patient to die will not be held liable for the consequences, even if it turns out that the living will was not valid or no living will exists.

Survey of physicians. A survey of 857 British physicians found that 88% would help a terminally ill patient to die only if the patient was expected to live less than a week. In 70% of prior cases, the physician had discussed the action with the patient, the patient's family, and medical and nursing colleagues. A report on the survey by Professor Clive Seale will be published in the Journal of Palliative Medicine. The report compares the attitudes of British physicians with those working in the Netherlands, Australia, Belgium, Italy, Denmark, Sweden, and Switzerland.

Mrs. Z. Late in 2004, a High Court judge ruled that a husband could travel to Switzerland with his 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. In October 2006, the order protecting Mrs. Z's identity ended, and the couple were identified as Harry and Grace Cross. On the advice of the Crown Prosecution Service, local authorities decided in July 2006 not to prosecute Mr. Cross.

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

Treatment of premature babies. The Royal College of Obstetricians and Gynaecology called for the Nuffield Council on Bioethics to consider "active euthanasia" of seriously disabled newborn babies as part of the independent body's two-year inquiry into the ethical issues raised by the policy of prolonging life in newborns. On 11/15/06, the council issued its report recommending that treatment be based on the number of weeks that a baby is premature. Because a baby born before 22 weeks gestation is very unlikely to live, the presumption should be not to try to keep the baby alive. On the other hand, because a baby born after 25 weeks has a high chance of survival and a low chance of severe disability, the

baby should receive treatment to keep the baby alive. The report also contained recommendations for each week between 22 and 25. The report stressed that euthanasia of newborn babies should not be allowed, and that the council was opposed to any legislation that would ban resuscitation of a premature baby. The council sent its report to the Department of Health and the royal colleges and hopes its recommendations will become part of new codes of practice. The chair of the medical ethics committee of the British Medical Association stated that the group did not agree with stringent cut-off points for treatment.

Dave Richards. On 11/15/06, Dave Richards, a 61-year-old paleontologist who was terminally ill with Huntington's disease, died in a Dignitas clinic in Switzerland. Before leaving for Switzerland, Richards had dinner with Sunday Times reporter Sarah-Kate Templeton to explain the reasons for his action. Richards was accompanied on his trip by Michael Irwin, former chair of the Voluntary Euthanasia Society, who was struck off the physicians' medical register because of his campaign for voluntary euthanasia and his links to Dignitas.

Elisabeth Rivers-Bulkeley. On 12/19/06, 82-year-old Elisabeth Rivers-Bulkeley died in a Dignitas clinic in Switzerland. She was a member of the Scottish pro-euthanasia group Friends at the End (Fate) and had planned to publicize her situation to highlight voluntary euthanasia, but she did not because of concern about the potential consequences for her traveling companion. Rivers-Bulkeley, who was terminally ill with cancer, was a prominent Scottish businesswoman and may have been the most high-profile person among the 55 British people who are thought to have died in Switzerland with the help of Dignitas.

Public opinion poll. A British Social Attitudes Survey released in January 2007 showed that 80% believed that a physician "probably" or "definitely" should be allowed by law to end the life of a patient, at the patient's request, if the person has an incurable or painful illness that will cause death. Seventy-five percent backed physician-assisted death for patients with an incurable and terminal illness who say their suffering is unbearable. If a patient is not already facing death as a result of the patient's condition, support for physician-assisted death dropped to 45% for a patient with an "incurable and painful illness" and 43% for a patient who is permanently and completely dependent on relatives. The researchers concluded that public opinion seems to be stable, even though physician-assisted death remains illegal. Slightly less than half of those polled said that a patient's relatives should be allowed to administer voluntary euthanasia. The survey was conducted by Professor Sheila McLean of Glasgow University and a team of researchers from the National Centre for Social Research.

Kelly Taylor. Kelly Taylor, a 30-year-old woman from Bristol, has asked the High Court in London to approve her request that her physicians be required to provide her with adequate pain control, even if that hastens her death, and then follow her living will's instruction that she not be given artificial nutrition or hydration. Taylor is terminally ill with untreatable Eisenmenger's syndrome and Klippel-Feil syndrome and suffers from constant pain and breathlessness. Her lawyers base their argument on the provision in the European Convention on Human Rights that bans "inhuman or degrading treatment" and on the

doctrine of double effect. In February 2007, Mr. Justice Kirkwood directed that the case should go to a full hearing before the High Court and said that he would inform the Attorney General about the case because a potential ruling under civil law could affect criminal law. The hearing before the High Court was scheduled to begin on 3/26/07.

Ireland. On 12/18/02, the coroner's court opened an inquest regarding the involvement of Reverend George Exoo and Thomas McGurrin of Beckley, West Virginia, in the suicide of Rosemary Toole Gilhooley, a 49-year-old woman who died in Dublin in January 2002 after swallowing crushed sleeping pills, covering her head with a plastic bag, and breathing helium. Exoo is a minister at New River Unitarian-Universalist Fellowship and runs Compassionate Chaplaincy, a tax-exempt organization that counsels people seeking to commit suicide. In September 2003, the Director of Public Prosecutions confirmed that extradition proceedings would be commenced in the United States against the two men. On 2/2/07, the court was informed at another hearing that a reminder of the extradition request had been sent to the U.S. State Department on 1/17/07 but that difficulties had arisen regarding the extradition request because the United States will only extradite a person who potentially faces a sentence of longer than 12 months if convicted. After the hearing, the coroner granted an adjournment until 7/13/07. Toole Gilhooley tried to leave money under her will to the Compassionate Chaplaincy Foundation in West Virginia and Last Right Publications in Victoria, Canada, but the Irish High Court ruled in 2005 that she had no right to do so because the transfers were not charitable donations under Irish succession law.

India

Law Commission. A number of residents of India have requested that courts grant permission to die by euthanasia, but so far all the requests have been denied. However, the Law Commission of India recommended legislation that would permit a terminally ill patient or the patient's family to request a physician's assistance in euthanasia. If the physician agreed, the request would be considered by a government-appointed committee of three expert physicians, who would have to concur before euthanasia would be allowed. The commission's recommendation was rejected by the Health Ministry after discussions during December 2006, on the ground that euthanasia could be misused and abused.

Fasting with intent to die. In 2006, petitioner Nikhil Soni challenged the Jain religious practice of Santhara, or fasting with the intent of dying. The lawsuit was brought in response to the actions of 61-year-old Vimala Devi Bhansali, who took the santhara vow and renounced food and water on 9/14/06 after being diagnosed with cancer. Soni argued that Santhara is just as illegal as suicide and mercy killing, and subtly encourages the elderly to follow the practice. The matter was scheduled for a hearing before the Rajasthan High Court on 10/5/06, but Bhansali died on 9/28/06 before the matter could be heard.

Common Cause litigation. Ignoring the government's opposition, the Supreme Court of India agreed on 2/28/07 to hear public interest litigation brought by the non-governmental organization Common Cause seeking to declare the "right to die with dignity" a fundamental right under Article 21 of the Constitution. Common Cause has asked the court to direct the government to adopt procedures to ensure that a terminally ill patient can execute a document titled "My Living Will & Attorney Authorization."

Israel. On 12/15/06, a year after the Knesset approved the Steinberg Committee's recommendations, new laws relating to dying patients went into effect. People of all ages will now be able to submit a form to the Health Ministry declaring how they would like to be treated if they become terminally ill. Application forms, which are available on the Health Ministry's website, must be filled out by hand and submitted to the ministry's data center. Data center staff will then enter the information into an electronic database that will be accessible by all hospitals and health funds. Active euthanasia will continue to be prohibited.

Italy

Piergiorgio Welby. In September 2006, Piergiorgio Welby sent a videotape to Italy's President, Giorgio Napolitano, asking to be granted the right to euthanasia. Welby, a 60-year-old man who suffered from progressive muscular dystrophy, was on a respirator, was fed by a feeding tube, and communicated through a voice synthesizer. Napolitano responded with a letter saying that he was emotionally moved by the appeal and that he hoped euthanasia would be discussed in parliament "because the only unjustifiable stance would be silence." The situation provoked considerable debate, with political and religious leaders split on the issue. On 12/12/06, Judge Angela Salvio heard arguments on whether Welby's request to be taken off a respirator should be granted on the ground that forcibly-administered life-sustaining medical treatment violates Italy's constitution. On 12/16/06, the judge rejected Welby's request, ruling that Italian law did not permit a physician to grant his wish but urging lawmakers to deal with such issues as assisted suicide. However, Welby died on 12/20/06 after Cremona physician Mario Riccio disconnected Welby's respirator. The Roman Catholic Church then denied Welby a religious funeral. Riccio said that his actions did not constitute illegal euthanasia, but rather carried out Welby's constitutional right to refuse treatment. Rome prosecutors opened an investigation into Welby's death but on 3/6/07 cleared Riccio of wrongdoing. A medical board disciplinary commission in Cremona also opened an investigation into Riccio's actions but unanimously decided on 1/31/07 that he had not violated any rules.

Giovanni Nuvoli. Following Welby's appeal, Maddalena Nuvoli also wrote a letter to Italian President Giorgio Napolitano asking for the legalization of euthanasia. Nuvoli's 52-year-old husband, Giovanni Nuvoli, who has suffered from ALS for seven years and has been in bed for the past four years, is on a respirator and can only move his eyes. Maddalena Nuvoli said that the story of her husband and his battle for euthanasia will be told in a book that will be published after his death. She has indicated that, if Italian courts do not grant his request, she will take him abroad to a country where euthanasia is legal.

Living wills. In late 2006, a Senate committee began hearing opinions from experts over legislation to approve living wills, or "biological testaments."

Public opinion poll. The 40th annual report on the social situation of Italy by Censis (Centro Studi Investimenti Sociali), published at the beginning of December 2006, showed that 57% of Italians believe that patients with incurable diseases, or close family members of those patients, have the right to ask for the interruption of medical treatment, as compared to 50% in 2003. Forty-three percent remain insistent that everything possible be done to prolong the

patients' lives.

Japan

Dr. Setsuko Suda. 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 3/25/05, the court sentenced Suda to three years in prison, suspended for five years. The judge found that Suda had deviated from proper medical treatment but took into account the complexity of treating comatose patients and the fact that she had already had to leave her job at the hospital. On 2/28/07, the Tokyo High Court on the appeal reduced Suda's sentence to a suspended 18-month prison term, finding that family members had requested Suda to act after they looked at the patient's medical records.

Government guideline for end-of-life treatment. The Ministry of Health, Labor, and Welfare has issued a guideline on medical treatment for patients who are terminally ill or have no chance of recovery from serious diseases such as cancer. The guideline puts top priority on the patient's will, and clearly bans physicians from participating in active euthanasia or physician-assisted suicide. The guideline calls for informing patients fully about their condition before confirming their wishes. If a patient's will cannot be confirmed directly, a team of more than one physician and nurses will discuss the situation with the patient's relatives. After taking advice from the relatives, the medical team will decide on the course of treatment which it deems best. A team of experts in the medical institution also will give advice to the medical team. Professor Atsushi Asai of Kumamoto University's Graduate School of Medicine is in charge of the 13-member research body given the task of getting bioethics "SWAT teams" up and running. The group's first focus is on compiling a checklist that includes the main points the teams would need to be aware of before offering advice. Plans call for creating a nonprofit organization in or after fiscal year 2007.

Other guidelines. The Japanese Association for Acute Medicine has about 10,000 members who work in emergency hospitals or intensive care units. A special committee of the organization, headed by Professor Toru Aruga of Showa University, has compiled guidelines on when it is acceptable to end treatment that prolongs the lives of terminal patients. The guidelines are more thorough than those issued by the Ministry of Health, Labor, and Welfare. A legal expert indicates that even JAAM's guidelines would not protect physicians from criminal charges.

Japan Society For Dying With Dignity. On 4/14/07, the Japan Society For Dying With Dignity released a report defining the "terminal stage" of patients suffering certain diseases, aiming to provide a basis for judgment on whether to discontinue life-sustaining treatment. A nonpartisan group of lawmakers, which has expressed its intention to propose legislation during the current session of the Diet dealing with dignified death, is expected to use the

report as a basis for their discussions involving the issue.

Survey of emergency and critical care centers. A survey of 200 emergency and critical care centers in Japan which was released on 1/2/07 revealed that up to 14% had removed terminally ill patients from respirators and 79% had been asked by patients or their families to stop treatment to prolong life. Asked who made the decision to end treatment for terminally ill patients, 39% said it was a medical team made up of physicians and nurses, 24% a patient's chief physician, and 15% an ethics committee. Fifty-one percent said a legal framework must be established for the care of terminally ill patients, while 46% called for guidelines rather than regulations.

Mexico

Public opinion poll. Interviews with 1,000 Mexican adults conducted by Parametria during 9/8-9/11/06 revealed that 39% approved of ending the life of a patient in the event a group of specialists deems that the patient's disease is incurable, 46% disapproved, and 15% were undecided. Forty-one percent said it was acceptable for a physician to allow a patient suffering from an incurable disease to die by injection or administering a drug, 48% said it was unacceptable, 9% said they were not sure, and 2% gave no answer.

Proposed legislation. On 4/12/07, Mexico's Senate began discussing a proposed bill that would liberalize Mexico's existing law mandating lengthy jail time for anyone who assists a patient in ending medical care that keeps the patient alive, even if the patient is terminally ill. Senator Lazaro Mazón, a surgeon who sponsored the bill, said that he expected approval by the Senate soon. The bill then would have to be approved by the lower house of Congress and signed by Mexican President Felipe Calderón. The proposed bill would not permit active euthanasia or assisted suicide.

The Netherlands

ERGO publication. In 2006, the Euthanasia Research and Guidance Organization (ERGO) published a pamphlet for NuTech written by Aycke Smook, a retired Dutch surgeon-oncologist, called *Helping people to die in dignity in the Netherlands*. The pamphlet includes a discussion of historical developments, current practices, and the law in the Netherlands.

Guide to a Humane Self-Chosen Death. In 2006, WOZZ Foundation of Delft published *Guide to a Humane Self-Chosen Death*, a 112-page paperback book written by Dr. Pieter Admiraal and several other authors. The book, which is sold only to physicians, pharmacists, and in bulk to right-to-die societies, contains highly technical information about lethal drugs and is geared toward medical professionals.

Coalition accord. On 2/5/07, the controlling political parties—the Christian Democrats, the Labour Party, and Christen Unie—signed a coalition accord that includes a section on medical ethics. The new government plans to take steps to discourage euthanasia, although it will remain legal.

Radio program. On 4/22/07, Radio Netherlands broadcast a debate on euthanasia on its topical discussion program, Amsterdam Forum. Various experts discussed issues such as why other countries had been unwilling to follow the Netherlands in allowing euthanasia.

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. Her appeals from the conviction were denied. In June 2006, a professional conduct committee of the Nursing Council asked the Health Practitioners Disciplinary Tribunal to cancel Martin's registration on the ground that her conviction made her unfit to practice. Although the tribunal refused to do so, a Wellington High Court judge ruled on 2/27/07 that Martin's registration would be canceled because she continued to say that she would do the same thing if faced with a similar situation in the future. Subsequently, Martin was barred from holding a public meeting at Otago University.

Dignity New Zealand Trust. Dignity New Zealand Trust, which was founded by Lesley Martin and other euthanasia campaigners, is trying to come up with a game plan to work toward social and legal change. The group expects that a decade of education, debate, and advocacy may be required. Ultimately, the organization would like to set up Dignity Havens as hospice alternatives where end-of-life decisions could be made and carried out.

Suicide drugs smuggled to New Zealand. Dr. Philip Nitschke told The Dominion Post in February 2007 that he would escort eight New Zealanders to Mexico, where they would buy Nembutal legally. He said it was up to them whether they wished to risk bringing it back to New Zealand. A Customs spokesperson said that any Nembutal would be subject to seizure as "restricted or prohibited" goods. In April 2007, a 67-year-old Auckland woman whose cancer is in remission told a reporter that she had smuggled Nembutal into the country from Mexico.

Poland

Janusza Switaja. Janusza Switaja, a 32-year-old who was left completely paralyzed following a motorbike accident in 1993 and is on a respirator, has petitioned a local court for help to end life. The request is unprecedented in Poland, which is more than 90% Roman Catholic, and has provoked a public debate. A survey conducted by the TNS public opinion institute showed that 50% favored granting the right to die for patients with incurable diseases, 36% were opposed, and 14% had no view. The ruling Catholic conservative Law and Justice party is seeking to place legal bans on euthanasia in the country's constitution.

Kraków court rejects plea for euthanasia. A judge in Kraków has rejected the demand of a Polish man for the right to euthanasia. The man, an invalid since birth, had claimed that he could not afford necessities or medical treatment on his disability pension, and that he had

no prospects for employment. The judge rejected the suit on formal grounds, but the judge ruled that the suit would have been unacceptable even if formally correct. Euthanasia is illegal in Poland and punishable by up to five years in jail, although courts can refrain from punishment in particular cases.

Russia. Valentina Petrenko, chair of the Federation Council Social Policy Committee, has drafted a bill that would permit euthanasia in Russia in “exceptional cases.” If adopted, incurable patients could be deprived of their life at their request provided the request is granted by a group of physicians and by a commission made up of medical personnel, lawyers, and prosecutor’s office staff. The patient’s request would have to be made orally and then in a writing that is certified by a notary. During April 2007, several senior Duma members indicated that the lower house of the Russian parliament would not support the bill pending in the upper house. Although patients’ rights organizations have supported the measure, it is opposed by the Russian Orthodox Church, various medical and scientific groups, and organizations providing palliative care for the terminally ill.

Spain

Inmaculada Echevarria. Inmaculada Echevarria, a 51-year-old resident of Granada, had been bedridden and on a respirator for 20 years as a result of muscular dystrophy. In 2006, she signed a living will and retained a lawyer to help her have the respirator turned off. In February 2007, the Autonomic Ethics Committee at the Junta de Andalucia issued a report supporting Echevarria’s decision, and the regional government’s Consultative Commission decided to support the committee’s report. On 3/14/07, after Echevarria was transferred from the Catholic hospital where she had been treated to a state hospital, her life support was switched off and she died.

Jorge Leon Escudero. Jorge Leon Escudero, a 53-year-old quadriplegic former nurse who lost the use of his arms and legs in an accident and was on a respirator, wrote a weblog in 2006 pleading for help to “die with dignity.” A Spanish judge opened an investigation into Leon Escudero’s death after he was found at his home disconnected from the respirator, with an empty glass that apparently contained a sedative that someone gave him.

Madeleine Z. In January 2007, a 69-year-old Alicante woman known as Madeleine Z who was suffering from Lou Gehrig’s disease, was helped to die by two members of the Association for the Right to a Dignified Death. After her son lodged a complaint with the authorities, a Spanish judge ordered an investigation into her death, which apparently resulted after she swallowed a cocktail of drugs at her home.

Sweden. In April 2007, the Swedish Society of Medicine issued new guidelines supporting physicians who withdraw life-sustaining treatment at the request of a competent patient. The guidelines were prompted by the case of a 35-year-old Swedish man who chose to travel to a Swiss euthanasia clinic to die after he had appealed in vain to be allowed to take a similar course of action in Sweden.

Switzerland

Right of mentally ill to assisted suicide. On 10/27/06, a case was argued before the Swiss Federal Court on behalf of a 53-year-old Dignitas member with bipolar disorder who wanted to have the option of assisted suicide. On 2/2/07, the court ruled in the man's favor, finding that article 8, section 1, of the European Convention on Human Rights gives the same right of self-determination to the mentally ill as other persons have, provided the mentally ill individual is able to form his or her will freely and then act upon it. However, the court stressed that the utmost restraint needed to be exercised, and that the appropriate assessment required a special in-depth psychiatric opinion. The court denied the man's request for access to barbiturates without the need for a prescription.

Zurich University Hospital. Since the beginning of February 2007, Zurich University Hospital has banned assisted suicide on its premises, although those wanting to die may leave the hospital. The directive applies not only to hospital personnel, but also to any visitors. However, assisted suicide groups can still visit patients.

Thailand. On 1/3/07, the National Legislative Assembly (NLA) of Thailand passed the National Health Bill, which authorizes the use of advance medical directives. Health professionals will be required to honor a patient's advance directive and will not be held responsible for any resulting consequence. Public Health Minister Mongkol na Songkhla indicated that his ministry would draft clear regulations that would prioritize the authority of relatives to make decisions.

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