



At Issue #2:

9th Circuit Court (Calif.)

Due process clause gives persons a liberty interest in choosing the time and manner of their deaths.

THE DEBATE OVER EUTHANASIA IN AMERICA



JESSICA ALLEWALT
THIRD PERIOD

GLOSSARY OF TERMS CONCERNING "END OF LIFE" ISSUES

prepared by Euthanasia Research and Guidance Organization

Euthanasia: Help with a good death. (Legally vague but useful as a broad, descriptive term.)

Passive euthanasia: The deliberate disconnection of life support equipment, or cessation of any life-sustaining medical procedure, permitting the natural death of the patient.

Active euthanasia: Deliberate action to end the life of a dying patient to avoid further suffering.

Active voluntary euthanasia: A lethal injection by a doctor into a dying patient to end life by request of the sufferer.

Active involuntary euthanasia: Lethal injection by a doctor into a dying patient without that person's express request.

Assisted suicide: Providing the means (drugs or other agents) by which a person can take his or her own life.

Physician-assisted suicide: A doctor providing the lethal drugs with which a dying person may end their life.

Physician aid-in-dying: Euphemistic term for medical doctor assisting the suicide of a dying patient.

Self-deliverance: A person irreversibly ill who makes a rational decision to end his or her own life. This term is preferred by those who consider it mistaken to equate this type of action with suicide.

Suicide: Deliberately ending one's life.

Rational suicide: Ending one's own life for considered reasons, as opposed



THE HEMLOCK SOCIETY USA

MAXIMIZING THE OPTIONS FOR A GOOD DEATH, INCLUDING VOLUNTARY PHYSICIAN AID IN DYING FOR TERMINALLY ILL, MENTALLY COMPETENT ADULTS

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AS AN AMERICAN you have the right to live wherever you want, to worship any way you wish, and to determine your own destiny.

These rights are at the core of your personal liberty. They give you freedom of choice. They give you control over your life.

But not over your death.

Right now in America, people dying from a terminal illness are denied the fundamental right to choose a peaceful, dignified way to end their lives.

Right now in America, the law prohibits doctors from helping dying patients who request aid in hastening their deaths, no matter how much they are suffering.

Right now in America, the law says terminally ill people can choose a lingering death by refusing to eat. Or by refusing treatment that keeps them barely alive. Or by refusing to be hooked up to a respirator that keeps them from suffocating.

But the law does not allow terminally ill people to choose a peaceful, painless death that their doctors could easily provide.

Right now in America, we've got to change the law.

And Hemlock is leading the way!

General Information		What's Hemlock Doing?
Current Issues	Legislative Matters	Current TimeLines
Student's Forum	Physician's Forum	Patient Resources
Book List	Local Chapter Information	Other Organizations

**"Euthanasia should be voluntary,
legal, and rare."
-- Derek Humphry**

Right-To-Die Organizations in the U.S.A.

- Americans for Death with Dignity, Palm Springs, CA
- Death With Dignity Education Center, San Mateo, CA
- Choice in Dying, New York, NY
- Compassion in Dying, Seattle, WA
- Dying Well Network, Spokane, WA
- ERGO!, Junction City, OR
- Oregon Right to Die, Portland, OR
- Death with Dignity Legal Defense and Education Center, Portland, OR
- Colorado Citizens for Peaceful Death, Denver, CO

Chapters of the Hemlock Society:

• <u>Hemlock Society USA</u>	
<ul style="list-style-type: none"> • <u>California</u> • <u>Colorado</u> • <u>New Hampshire</u> • <u>Connecticut</u> • <u>Florida</u> • <u>Greater Pittsburgh / WV</u> 	<ul style="list-style-type: none"> • <u>New York</u> • <u>Indiana</u> • <u>Hawaii</u> • <u>Minnesota/Upper Midwest</u> • <u>Washington</u>
• <u>Other Chapters of the Hemlock Society</u>	

Americans for Death with Dignity

President: Anita Rufus
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 E-mail:
 I R S tax code: 501c4 (tax exempt)

Works for law reform in California through the courts, the legislature, or ballot

Assisted Suicide

For:

Assisted suicide is a protected 14th amendment "right".

Against

There is no right to die in the constitution. The right to liberty is not unlimited. The inalienable right to liberty does not include, for example, the right to sell yourself into slavery.

Assisted Suicide

For:

Societal attitudes have changed with the times and with the increase in ability to prolong the period of dying.

Against

The state laws in a solid majority of the states ban assisted suicide and these laws reflect true societal attitudes.

Assisted Suicide

For:

Laws against assisted suicide are seldom enforced, indicating societal approval.

Against

Whether a law is enforced has no bearing on whether most people approve of a practice. Laws still exist against adultery and even though seldom enforced, the existence of these laws indicates societal disapproval of adultery.

Assisted Suicide

For:

Public opinion polls indicate people want assisted suicide.

Against

The electorate in 3 states voted on referenda to legalize assisted suicide. In California and Washington referenda were defeated and in Oregon it was approved by only a razor thin margin. Public opinion polls are in error.

Assisted Suicide

For:

Intimate and personal choices, such as abortion and choosing a dignified and humane death are central to the liberty protected by the 14th amendment.

Against

All intimate and personal choices are not protected by the 14th amendment. Consensual incest is an example of an intimate and personal choice that no court would deem a protected 14th amendment liberty.

Assisted Suicide

For:

The supreme court affirmed the right to refuse unwanted medical treatment, including nutrition and hydration, in the Cruzan case. Therefore, refusing treatment is the same as assisted suicide and is constitutional.

Against

Refusing unwanted treatments is not the same as asking a physician to assist you in committing suicide. Cardinal Bernadine said:

Commentary

Uneasy lessons to live by

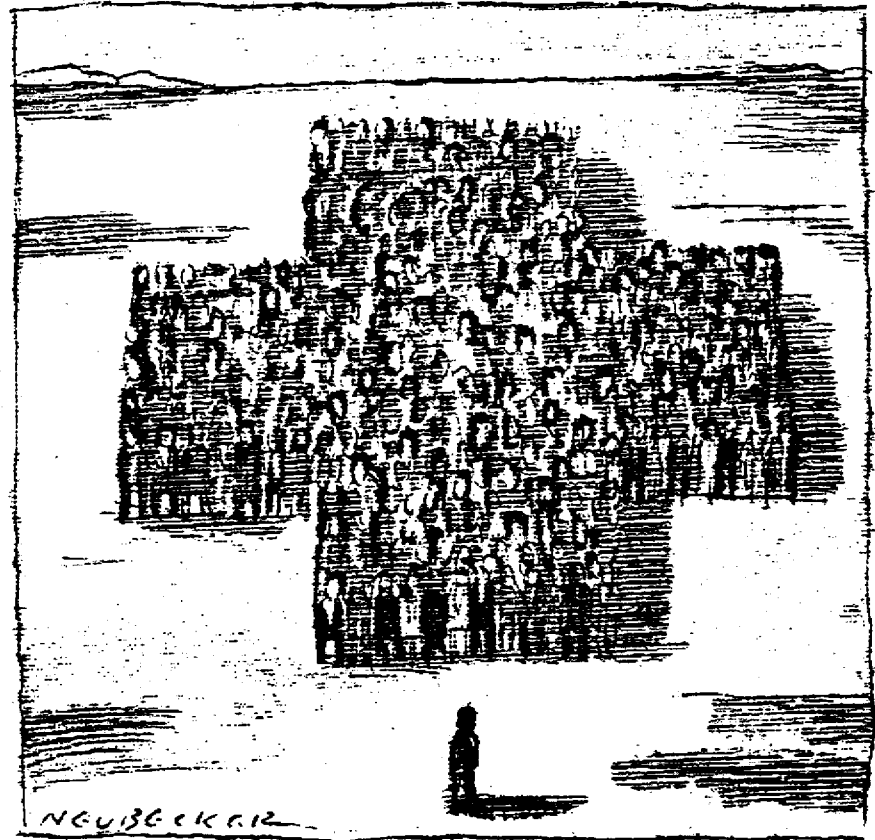


Illustration by Robert Neubecker

Cardinal Bernardin decided in October to discontinue his chemotherapy treatment but, as he made clear in his personal letter opposing physician-assisted suicide in a 'friend-of-the-court' brief to the Supreme Court, 'even a person who decides to forgo treatment does not necessarily choose death. Rather, he chooses life without the burden of disproportionate medical intervention.'

Assisted suicide: Right to die or right to kill?

By James A. Serritella and James C. Geoly

There can be no such thing as a "right to assisted suicide" because there can be no legal and moral order which tolerates the killing of innocent human

pain relief and a quicker death, does not change its legitimate palliative purpose. The key is that the physician acts with an intent to heal, not to kill.

The right to discontinue even life-sustaining treatment is firmly grounded in a patient's longstanding right to consent to or refuse treatment,

competent adults. In 1990 there were 2300 cases of voluntary euthanasia and 400 cases of physician-assisted suicide. There were also more than 1,000 cases of non-voluntary euthanasia (of which 25 percent involved fully- or partially-competent adults) and 25,000 cases of withdrawal of life-sustaining

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Assisted Suicide

For:

People should be free to choose.

Against

Assisted suicide will not be a choice; for many it will be a DUTY to die and to stop being a burden and an expense.

Assisted Suicide

For:

Doctors should assist at suicide or euthanasia because they have the expertise.

Against

How can you trust your doctor if you think he might be in league with the family or the insurance company to save money? Assisted suicide law would destroy the role of the medical profession.

Assisted Suicide

For:

Safeguards can be enacted into law to prevent abuses of assisted suicide laws.

Against

Safeguards are unenforceable. Abuses such as the killing of the mentally incompetent or of defective infants will occur. Guidelines are not followed in 40% of euthanasia cases in the Netherlands. Nine percent of the annual overall death rate in the Netherlands is by euthanasia or assisted suicide.

Euthanasia in the Netherlands

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Patients Euthanized, 1990

	Active Euthanasia	Physician-Assisted Suicide	Morphine Overdoses Intended to Terminate Life	Total
With Patient's Consent	2,300	400	3,159	5,859
Without Patient's Consent	1,000		4,941	5,941
Total	3,300	400	8,100	11,800

Total population (1991)	15,022,000
Total deaths (1991)	135,200
Euthanasia deaths	11,800
Euthanasia as percent of total deaths	9%

Sources:

Medische Beslissingen Roknd Het Levensende: Rapport van de Commissie Onderzoek Medische Praktijk inzake Euthanasie (Medical Decisions About the End of Life: Report of the Committee to Investigate the Medical Practice Concerning Euthanasia) The Hague, 1991

1993 World Almanac and Book of Facts, New York, 1992

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Comments to life@infinet.com

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Assisted Suicide

For:

There has been no slippery slope in the Netherlands since the acceptance assisted suicide 15 years ago.

Against

The Netherlands proves the slippery slope thesis: The Netherlands has moved from assisted suicide for mentally competent terminally ill adults to non-voluntary euthanasia of incompetents, infants, and even fully competent adults.

Assisted Suicide

For:

For some, suffering at the end of life is needless and cruel.

Against

Doctors can and should provide adequate palliative care and pain control when needed. More training in end of life care, if necessary, can be done.

Assisted Suicide

For:

**The Hippocratic oath is
obsolete.**

Against

**Then so are the ten
commandments.**



Wrestling with physician-assisted suicide

Just days before he died of pancreatic cancer, Chicago's beloved Cardinal Joseph Bernardin used some of his waning strength to write the U.S. Supreme Court about the most controversial issue it will face this year—physician-assisted suicide.

"I am at the end of my earthly life," the cardinal wrote. "As one who is dying I have especially come to appreciate the gift of life."

"There can be no such thing as a 'right to assisted suicide,'" the cardinal continued, "because there can be no legal and moral order which tolerates the killing of innocent human life, even if the agent of death is self-administered. Creating a new 'right' to assisted suicide will endanger society and send a false signal that a less than 'perfect' life is not worth living."

The cardinal's is just one of the voices that have bombarded the Supreme Court in recent weeks on this heartbreaking issue. Justices heard oral

Dollars & Death

Money changes everything. Now it's entering the debate over the right to die—with explosive results.

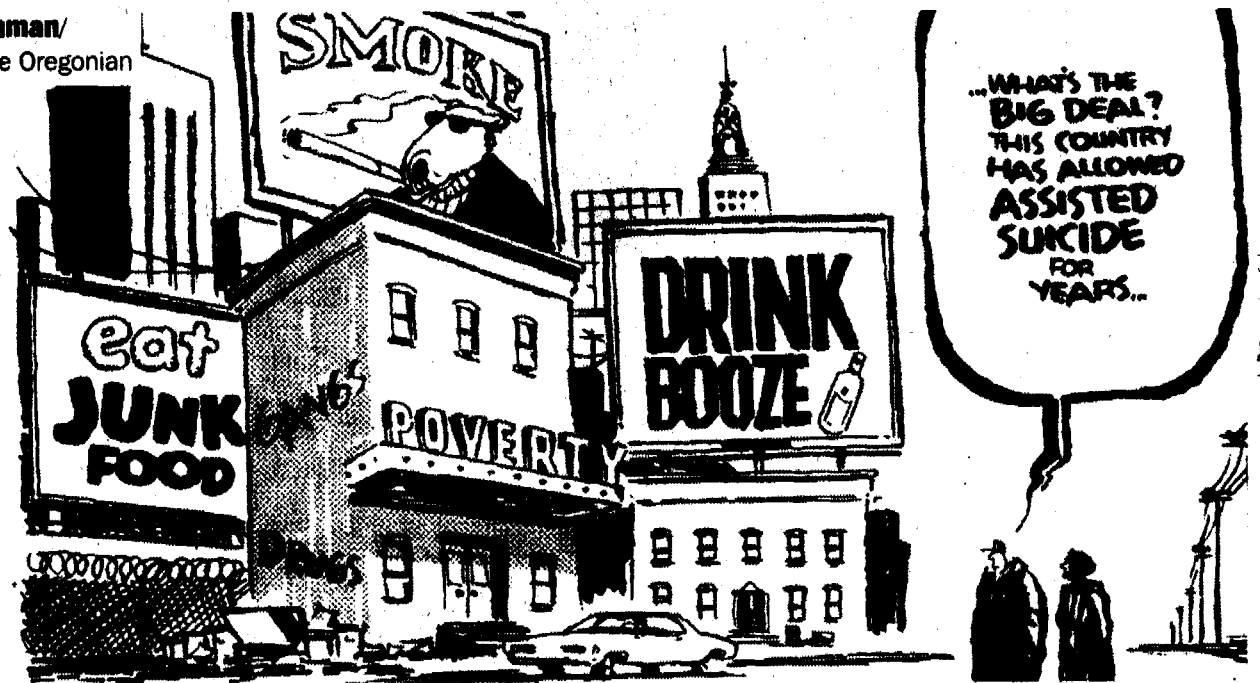
In America, as death closes in, so does financial pressure. Of families coping with a member's terminal illness, nearly a third will later add poverty to their list of woes, having spent their savings on end-of-life treatments. Nationwide, care for the terminally ill accounts for 10 percent of the health care tab. The percentages are even higher for Medicare. Treatments in the last year of life absorb 27 percent of the program's spending—40 percent of that incurred during the final month.

Numbers like these show why the end of life may present a tempting cost-cutting opportunity for patients, families, insurers and society at large. In fact, there is growing apprehension that money may be a potent force influencing patients who ask their doctors for help in hastening death. Art Caplan, a leading voice in the debate over physician-assisted suicide, calls money the most critical—and most overlooked—issue. Today, physician autonomy, medical ethics and compassion are the lightning rods, says Caplan, who directs the Center for Bioethics at the University of Pennsylvania, Philadelphia. "My opposition to physician-assisted suicide comes not from a fear that money will play a role, but from a conviction that money will play *the* role in the decision."

Physician-assisted suicide is out of the closet, and with its emergence come both facts and fears. "A right to die may become a duty to die, as a patient pressures himself to stop being a burden on his family," nationally syndicated columnist Joan Beck recently wrote. "Or a family member may subtly suggest suicide to a patient out of greed for an inheritance or weariness with providing care, or even just grief at a loved one's suffering." Another fear, Beck said, is that "managed care organizations may subtly or overtly pressure old folks to commit suicide rather than keep on using costly medical services."

Justified or not, those jitters arise against a backdrop of controversy that's turning physician-assisted suicide into the hottest legal potato of the 1990s. Point man is the highly controversial Jack Kevorkian, M.D. Unashamedly acknowledging that he has assisted in more than 45 suicides, the repeatedly indicted but never-convicted former pathologist has propelled the issue onto front pages, through courtroom doors, and into the national consciousness.

Ohman/
The Oregonian





OOPS! YOU MEAN
THE ASSISTED
SUICIDE IS IN
THE NEXT BED?