LEGISLATION

Arizona

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

Chronic disease and pain management task force. On 4/18/05, Arizona's governor signed SB 1132, which creates a Chronic Disease and Pain Management Task Force. The task force is directed to evaluate state laws that impact pain management, review professional education, analyze available information and resources, and submit by 11/15/06 a report of its findings and recommendations to improve access and to integrate pain management into the practice of health care professionals.

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

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.

Senate. AB 651 is expected to be assigned to either the Senate Judiciary or the Senate Health Committee for hearings before being considered on the Senate floor.

Governor Schwarzenegger. The position of California Governor Arnold Schwarzenegger on the bill is unknown, although the bill's supporters say a senior aide indicated that the governor is "open-minded." State Department of Health officials are preparing an assessment of the bill for Kim Belshe, the director of Health and Human Services, who ultimately would recommend a position to the governor.

Oregon

Methadone use. Use of the narcotic methadone to treat chronic pain patients doubled in Oregon between 2002 and 2004, and Oregonians now consume more methadone per capita than in any other state, at a rate nearly three times the nationwide average. Consumption began soaring in the late 1990s, when the Oregon Death with Dignity Act focused greater attention on end-of-life care. Methadone is an attractive pain medication because of its low cost, but the number of methadone-related deaths in Oregon has increased from 23 in 1999 to 104 in 2004 in part because impatient users seeking to decrease their level of pain increase their dosage too early.

Assisted-suicide attempt fails. David E. Prueitt, a 42-year-old Estacada man with lung cancer who took a supposedly lethal dose of medication on 1/30/05, woke up nearly three days later. Coherent and alert, he survived until 2/15/05 before dying of natural causes. Prueitt was the first patient to regain consciousness since the Oregon Death with Dignity Act went into effect in 1997. The Oregon Board of Pharmacy is conducting an inquiry into the pharmaceutical aspects of the medication used, including testing the 100 empty Seconal capsules retrieved from Prueitt's home.

Deaths during 2004. On 3/10/05, the Oregon Department of Human Services issued a report on deaths during 2004 under the Oregon Death with Dignity Act. The complete report is available on-line at www.oregon.gov/DHS/ph/pas. The report included the following information:

Prescriptions written. In 2004, 60 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, and 68 in 2003.

Number of patients. In 2004, 37 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, and

42 in 2003. However, the number has remained small compared to the total number of deaths in Oregon, with about 12 per 10,000 Oregonians dying by physician-assisted suicide. Of the 60 persons who received prescriptions under the Act during 2004, 35 died after taking lethal medication, 13 died from their underlying illness, and 12 were alive as of the end of 2003. An additional two persons who received prescriptions during 2003 died after taking their medications in 2004.

Patient characteristics. Median age of the 37 patients who died was 64, 100% were white, 51% were female, 41% were married, 43% lived in the Portland metropolitan area, and 51% were college graduates. Seventy-eight percent of the patients who died had cancer, 89% were enrolled in a hospice program, and all patients had health insurance. (Compassion in Dying of Oregon, which represented 29 of the 37 patients who died, has reported that 17 of the 29 patients were Democrats, eight were Republicans, and four were "other." As to religious affiliation, seven were Protestant, four were Catholic, three were Unitarians, two were Jewish, and 13 said "other.")

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 (92%), loss of autonomy (87%), loss of dignity (78%), loss of control of bodily functions (65%), and being a burden on family, friends, or caregivers (38%). Eight patients cited concerns about pain control, and two patients voiced concerns about the financial implications of treatment.

Mental health evaluations. Two of the 37 patients (5%) received a psychiatric or psychological consultation.

Medical information. During 2004, all lethal medications prescribed were barbiturates. The physician was present when the medication was ingested in 16% of cases, with other health care providers present in 68% of cases. Median time from taking the medication to unconsciousness was five minutes (individual times ranged from 1-30 minutes). Median time from taking the medication to death was 25 minutes (individual times ranged from 5 minutes to 31 hours). No patient regained consciousness after taking the medication. Three patients vomited after taking the medication, including one who lived for 31 hours after having ingested only about one-third of the intended dose. One case was referred to the Oregon Board of Medical Examiners for failure to submit a physician survey in a timely manner, filing an incomplete Attending Physician's Compliance Form, and witnessing of signatures on a patient request form, but the referral did not result in disciplinary action.

Physician characteristics. A total of 40 physicians prescribed lethal medications to 60 persons. The physicians' median years in practice was 22.

Oregon Health Division statistics for 2004 generally were consistent with statistics for 1998-

2003, although referral to a specialist for a psychiatric or psychological consultation has declined, falling from 31% in 1998 to 5% in 2003 and 2004. Rates of participation in physician-assisted suicide decrease with age, but are higher among those patients who are divorced or never married, those with more years of education, and those with amyotrophic lateral sclerosis (Lou Gehrig's disease), HIV/AIDS, or cancer.

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.

Bill fails to receive vote. In April 2005, the House Human Services Committee listened to three days of emotion-packed testimony about H. 168. Despite the fact that eight of the 11 committee members had expressed some support for H. 168, committee chair Ann Pugh announced that the committee was unlikely to vote on the bill before the end of the session. The committee took no further action, and the legislature adjourned on 6/4/05. However, the House Human Services Committee is expected to take up physician-assisted suicide legislation again next year.

Wisconsin. On 5/31/05, Senator Fred Risser and Representative Frank Boyle, Democrats who have spent more than 10 years trying to get the Wisconsin legislature to pass a law similar to the Oregon Death with Dignity Act, introduced SB 224. The bill was referred to the Senate Committee on Health, Children, Families and Long Term Care, but Republican committee chair Carol Roessler says she does not intend to hold a hearing on the issue. The bill has never received a vote in the full Assembly or Senate and often has not even been given a public hearing in past legislative sessions.

Federal legislation. In the wake of Congressional action in the Terri Schiavo case, Oregon Senator Ron Wyden said that he will once again strenuously object to any attempts to limit the Oregon Death with Dignity Act by federal legislation. Senator Wyden's threatened filibuster derailed the proposed Pain Relief and Promotion Act of 1999.

OTHER NATIONAL DEVELOPMENTS

FOX News opinion poll. A national telephone poll of 900 registered voters conducted by Opinion Dynamics Corporation for FOX News on 3/1-3/2/05 found that 59% said that as Terri Schiavo's guardian they would remove her feeding tube, 24% would keep the tube inserted, and 17% were uncertain. Seventy-four percent said that they would want their own guardian to remove their feeding tube in such a situation, while 15% said they would not. Forty-five percent of those polled would leave this type of decision to the patient's spouse (about 5% less than in a similar 2003 poll),

state-specific advance directive documents and instructions in response to telephone and on-line inquiries, reported filling more than 26,000 requests during the same period.

Arizona advance directive registry. The Arizona Secretary of State's office is maintaining a free

MEDICAL DEVELOPMENTS

DEA guidelines on prescribing painkillers. On 8/11/04, the federal Drug Enforcement

who were killed illegally by euthanasia; 79% of physicians thought it was their professional duty, if necessary, to prevent unnecessary suffering by hastening death, and 58% supported legalization of the termination of life in some cases].

Hiroyuki Kohara et al., *Sedation for Terminally Ill Patients with Cancer with Uncontrollable Physical Distress*, 8 J. Palliative Med. 20 (2005) [study of patients in Japanese hospice suggested that sedation was effective in relieving severe, refractory physical symptoms in terminally ill patients with cancer].

Brigit R. Taylor & Robert M. McCann, *Controlled Sedation for Physical and Existential Suffering?*, 8 J. Palliative Med. 144 (2005) [case study on controlled sedation].

Susan Okie, *Physician-Assisted Suicide—Oregon and Beyond*, 352 New Eng. J. Med. 1627 (2005); Timothy E. Quill, *Terri Schiavo—A Tragedy Compounded*, 352 New Eng. J. Med. 1630 (2005); George J. Annas, *"Culture of Life" Politics at the Bedside—The Case of Terri Schiavo*, 352 New Eng. J. Med. 1710 (2005) [discussing current events].

Robert A. Pearlman et al., *Motivations for Physician-Assisted Suicide: Patient and Family Voices*, 20 J. General Internal Med. 234 (2005) [interviews of patients and family members revealed that patients deliberated about physician-assisted suicide over considerable lengths of time with repeated assessments of the benefits and burdens of their current experience; patients were motivated by illness-related experiences, loss of sense of self, and fears about the future; none were acutely depressed].

INTERNATIONAL DEVELOPMENTS

Australia

Peaceful pill. Dr. Philip Nitschke and the euthanasia advocacy group Exit have two separate projects under way to create a suicide device known as the "peaceful pill." The pill under the first project could be cooked up at home using legally obtainable ingredients, so that no law would be violated. The second project, known as the Peanut project, involves input from former scientists, laboratory technicians, and academics who hope to manufacture their own professional-strength Nembutal-like barbiturate during 2005.

Liberal Party. Prime Minister John Howard has indicated that the Liberal Party will not have a formal policy on euthanasia as long as he is its leader. Although Howard cast a conscience vote against euthanasia when the federal parliament overturned Northern Territory laws in 1997, he said that a free vote should be allowed on such a sensitive issue.

Nancy's Friends. Exit Australia has established the Nancy's Friends network in honor of the late Nancy Crick. Nancy's Friends is an Australian and New Zealand network of volunteers who will provide free home counseling and advice to people who are making end-of-life decisions.

Belgium. The Federal Control and Evaluation Commission for Euthanasia was established in September 2002 when euthanasia was decriminalized in Belgium. In April 2005, the commission reported that registered cases of euthanasia were averaging 30 per month, as compared to 20 cases per month during the first 15 months of the Commission's existence. Eighty percent of cases are recorded in Dutch-speaking Flanders, where a group of some 200 general practitioners and hospital physicians called LEIFartsen exists to advise colleagues on end-of-life care for patients.

Canada. Choices in Dying has presented a petition to British Columbia Justice Minister Irwin Cotler supporting legalization of physician-assisted suicide. Cotler has confirmed that he is serious about revisiting this question.

Chile. Following media coverage of the Terri Schiavo case, attention has been focused in the Chilean parliament on end-of-life issues. Parliamentary Deputy Guido Girardi, a physician, has called for passage of a bill on "death with dignity" that would allow use of living wills. Senator Nelson Avila has urged lawmakers to begin to debate a bill that he introduced in January, which would permit withdrawing or withholding of life-sustaining treatment for patients with no hope of recovery.

Czech Republic. On 4/21/05, Jiri Paroubek, who was expected to become the new Social Democrat prime minister, said that he supported the idea of euthanasia. Euthanasia is considered to be murder under current law, with lengthy prison sentences. Under a proposed bill, the maximum penalty would be six years in prison.

patient's interest. The Department of Health, which oversees the government-funded

the guidelines are silent on other issues. Recently it was learned that a 37-year-old Irish quadriplegic had traveled to Switzerland to end his life by assisted suicide.

Public opinion poll. In April 2005, irishhealth.com reported the results of a poll of its more than 76,000 registered users regarding whether euthanasia should be permitted in Ireland. Fifty-three percent of respondents said it should be permitted, 35% said it should not, and 12% were unsure.

Israel. On 5/9/05, the Tel Aviv District Court ruled that a 59-year-old terminally ill patient should be allowed to be disconnected from a respirator. Yael Hirschorn, who had suffered from muscular dystrophy for eight years, could communicate only through the use of her eyelids. Her daughter filed a petition asking that her mother not be reconnected to the respirator once it was disconnected for regular cleaning. Judge Uri Goren based his decision on the opinions of two physicians, whom he required to be present and supervise disconnection of the respirator. A similar petition was submitted to the Tel Aviv District Court on 5/9/05 on behalf of Tina Levy, who is on a feeding tube after sustaining severe brain damage following a heart attack.

Japan. In December 2002, Dr. Setsuko Suda was arrested and charged with killing a 58-year-old man on 4/19/02 at Kawasaki Kyodo Hospital by removing a tracheal tube and injecting a muscle relaxant after the patient suffered a cardiac arrest and lapsed into a coma following an asthma attack. Dr. Suda was indicted for murder, but entered a not guilty plea. During her first hearing on 3/27/03, her lawyer told the Yokohama District Court that the muscle relaxant could not have caused the patient's death and that Suda's intent was to help the patient die from natural causes. On 2/1/05, prosecutors demanded that Suda be sentenced to five years in prison, telling the Yokohama District Court that Suda should have waited to see whether the patient's condition improved. However, on 3/25/05, the court sentenced Suda to only 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. Suda said that the ruling was unjust and she would appeal to a higher court.

Korea. Hallym University law professor Lee In-young, who polled 1,020 Koreans in 16 cities and provinces about their attitudes toward end-of-life treatment, presented the results of his research at a forum on 4/1/05. The poll showed that 69.3% of respondents favored allowing a competent patient or a patient's family to request that life-sustaining treatment be withheld or withdrawn, while 27.5% were opposed. In the case of active euthanasia, 56.2% were in favor and 39.1% were opposed. In June 2004, the Supreme Court sentenced a 41-year-old physician identified as Yang and a third-year resident identified as Kim at Boramae Hospital to 18 months in jail with a two-year stay of execution for causing a comatose patient's death by withdrawing his respirator and discharging him from the hospital at his wife's request.

The Netherlands

Possible extension of euthanasia. On 12/16/04, a commission established by the Royal Dutch Medical Association and chaired by Professor Jos Dijkhuis concluded after a three-

year inquiry that existing Dutch euthanasia law allows a physician to help end the life of a patient who is not terminally ill but is "suffering unbearably." This conclusion could extend euthanasia to infants and to persons who have dementia or otherwise are mentally unable to make medical decisions. Although a government spokesman initially indicated that the Dutch government would be "extremely reticent" about allowing euthanasia under these circumstances, in March 2005 Health Secretary Clemence Ross agreed to send an opinion on the question to the Dutch parliament. The new proposal calls for a panel of medical experts, plus a judge or court