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"The Fight to Die: An Update from the Front Lines in the Battle Against Suicide by Physician"

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I. Introduction

In 2020, there were 3,383,729 resident deaths in the United States.[i] Of these, 44,298 were attributed to intentional self-harm: suicide.[ii] Suicide is currently the eleventh-leading cause of death in the country.[iii] Lawmakers recognize the "significant medical and non-medical costs" of suicide and its "physical, emotional, and psychological damage" to patients and their families and friends.[iv]

Yet even as this epidemic increasingly threatens our society, some lawmakers are proposing and enacting legislation that perversely escalates rather than resolves America's suicide crisis. Why is that? There is a push to take some suicides and classify them differently. Speaking to the false distinction between independent and assisted suicide deaths, Dr. Kevin Fitzpatrick, former Director of Hope Ireland, wrote, "When non-disabled people say they despair of their future, suicide prevention is the default service we must provide. Disabled people, by contrast, feel the seductive, easy arm of the few, supposedly trusted medical professionals, around their shoulder; someone who says 'Well you've done enough. No-one could blame you.'"[v]

II. History of Suicide by Physician

The contemporary debate on suicide by physician and euthanasia is in fact the latest manifestation of a campaign begun in the late 19th century, when proponents began promoting legislation that would legalize one or both of these practices. Initially, such legislation was largely rejected due to the wide criticism and controversy that attended the topic. However, in 1942, Switzerland became the first country to decriminalize suicide by physician where no "selfish motives" existed:[vi] "Any person who for selfish motives incites or assists another to commit or attempt to commit suicide is, if that other person thereafter commits or attempts to commit suicide, liable to a custodial sentence not exceeding five years or a monetary penalty." Swiss Criminal Code, Art. 115.

The next major changes in the law came in the mid-1990s, when Australia briefly legalized suicide by physician in the Northern Territory[vii]—and quickly became the first and only place to repeal it when the Australian federal government overrode the Northern Territory legislation via the Euthanasia Laws Act 1997. Also in the mid-1990s, courts in Colombia ruled that euthanasia on demand was legal, but passed no substantive law on the matter. And a lower court case in a Japan came down setting up a tentative legal framework for suicide by physician. In the 2000s, activists continued to see some modest success as the Netherlands and Belgium legalized euthanasia in 2002, as did Luxembourg seven years later.[viii] In 2015, Colombia enacted a law legalizing euthanasia on demand; Canada legalized it in 2016[ix]

and in February 2020 introduced a bill that would expand that law and make even those whose deaths are not imminent eligible for suicide by physician.

In South Korea the National Assembly and the Ministry of Health and Welfare voted in favor of suicide by physician and euthanasia; it went into effect February 2018. The Australian state of Victoria passed a law legalizing suicide by physician; it went into effect June 2019, and Western Australia passed a similar law in December 2019. Otherwise, suicide by physician and euthanasia are illegal in Australia. In February 2020 the Portuguese[x] and Spanish[xi] parliaments voted in favor of euthanasia, and the German Federal Constitutional Court ruled the German ban on suicide by physician unconstitutional. And New Zealand will vote on a binding referendum on September 19, 2020, alongside the 2020 general election.[xii]

- Australia, State of Victoria
    - "When may a person access voluntary assisted dying? A person may access voluntary assisted dying if—
        - (a) the person has made a first request; and
        - (b) the person has been assessed as eligible for access to voluntary assisted dying by—
            - (i) the co-ordinating medical practitioner for the person; and
            - (ii) a consulting medical practitioner for the person; and
        - (c) the person has made a written declaration; and
        - (d) the person has made a final request to the co-ordinating medical practitioner; and
        - (e) the person has appointed a contact person; and
        - (f) the co-ordinating medical practitioner has certified in a final review form that the request and assessment process has been completed as required by this Act; and
        - (g) the person is the subject of a voluntary assisted dying permit."[xiii]
- Belgium:
    - "The physician who performs euthanasia commits no criminal offence when he/she ensures that:
        - The patient has attained the age of majority or is an emancipated minor, and is legally competent and conscious at the moment of making the request;
        - The request is voluntary, well-considered and repeated, and s not the result of any external pressure;
        - The patient is in a medically futile condition of constant and unbearable physical or mental suffering that can not be alleviated, resulting from a serious and incurable disorder caused by illness or accident;
        - And when he/she has respected the conditions and procedures as provided in this Act."[xiv]
- Canada:
    - "This enactment amends the Criminal Code to, among other things,
        - (a) create exemptions from the offences of culpable homicide, of aiding suicide and of administering a noxious thing, in order to permit medical practitioners and nurse practitioners to provide medical assistance in dying and to permit pharmacists and other persons to assist in the process;
        - (b) specify the eligibility criteria and the safeguards that must be respected before medical assistance in dying may be provided to a person;

- (c) require that medical practitioners and nurse practitioners who receive requests for, and pharmacists who dispense substances in connection with the provision of, medical assistance in dying provide information for the purpose of permitting the monitoring of medical assistance in dying, and authorize the Minister of Health to make regulations respecting that information; and
- (d) create new offences for failing to comply with the safeguards, for forging or destroying documents related to medical assistance in dying, for failing to provide the required information and for contravening the regulations."[xv]

- Korea
  - "The purpose of this Act is to prescribe matters necessary for hospice and palliative care and life-sustaining treatment for patients at the end of life, determination to terminate, etc., such life-sustaining treatment, and the implementation thereof , and thereby to protect the dignity and value of human beings by assuring the best interests of the patients and by respecting their self-determination."[xvi]
- Luxembourg:
  - "For a request for euthanasia or assisted suicide to be considered legal, the patient must:
    - be conscious at the time of the request;
    - be of legal age with legal capacity to make their own decisions (i.e., they must not have been ruled incapable of making their own decisions by the court);
    - have made the decision without any outside pressure;
    - have an incurable medical condition, with no prospect of improvement, arising as a result of an accident or illness;
    - be undergoing constant and unbearable physical and/or mental suffering as a result of that condition, with no hope of improvement."[xvii]
- Netherlands:
  - "The requirements of due care, referred to in Article 293 second paragraph Penal Code mean that the physician:
    - a. holds the conviction that the request by the patient was voluntary and well considered,
    - b. holds the conviction that the patient's suffering was lasting and unbearable,
    - c. has informed the patient about the situation he was in and about his prospects,
    - d. and the patient hold the conviction that there was no other reasonable solution for the situation he was in, e.
    - e. has consulted at least one other, independent physician who has seen the patient and has given his written opinion on the requirements of due care, referred to in parts a - d, and f. has terminated a life or assisted in a suicide with due care."[xviii]

III. Suicide by Physician Domestically

While no federal law has been enacted on the subject, suicide by physician is now legal in 10 U.S. jurisdictions: California, Colorado, the District of Columbia, Hawaii, Maine, New Jersey, New Mexico, Oregon, Vermont, and Washington.

1. Oregon (1997: by referendum)
    a. "An adult who is capable, is a resident of Oregon, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication for the purpose of ending his or her life in a humane and dignified manner in accordance with ORS 127.800 to 127.897."[xix]
2. Washington (2009: by referendum)
    a. "An adult who is competent, is a resident of Washington state, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication that the patient may self-administer to end his or her life in a humane and dignified manner in accordance with this chapter."[xx]
3. Vermont (2013: by legislation)
    a. "A physician shall not be subject to any civil or criminal liability or professional disciplinary action if the physician prescribes to a patient with a terminal condition medication to be self-administered for the purpose of hastening the patient's death and the physician affirms by documenting in the patient's medical record that all of the following occurred:"[xxi]
4. California (2015: by legislation)
    a. "This bill, until January 1, 2026, would enact the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from a terminal disease, as defined, to make a request for a drug prescribed pursuant to these provisions for the purpose of ending his or her life. The bill would establish the procedures for making these requests. The bill would also establish specified forms to request an aid-in-dying drug, under specified circumstances, an interpreter declaration to be signed subject to penalty of perjury, thereby creating a crime and imposing a state-mandated local program, and a final attestation for an aid-in-dying drug. This bill would require specified information to be documented in the individual's medical record, including, among other things, all oral and written requests for an aid-in-dying drug."[xxii]
5. Colorado (2016: by referendum)

a. "An Adult resident of Colorado may make a request, in accordance with Sections 25–48–104 and 25-48-112, to receive a prescription for medical aid-in-dying medication if:
    i. The individual's attending physician has diagnosed the individual with a terminal illness with a prognosis of six months or less;
    ii. The individual's attending physical has determined the individual has mental capacity; and
    iii. The individual has voluntarily expressed the wish to receive a prescription for medical aid-in-dying medication.
b. The right to request medical aid-in-dying medication does not exist because of age or disability."[xxiii]

6. Washington, D.C. (2017: by legislation)
    a. Goal of the Act is "To provide procedures and requirements regarding the request for and dispensation of covered medications to qualified patients seeking to die in a humane and peaceful manner, to define the duties of attending physicians and consulting physicians, to provide for counseling of patients and family notification, to require informed decision-making and waiting periods, to require reporting from the Department of Health, to outline the effect of the act on contracts, wills, insurance, and annuity policies, to provide for immunities, liabilities, and exceptions, to provide an opt-out provision for health care providers, to provide for claims against a qualified patient's estate for costs incurred by the District government when a qualified patient ingests a covered medication in public, and to establish criminal penalties."[xxiv]
7. Hawaii (2019: by statute)
    a. "The legislature concludes that adult, terminally ill residents of the State can determine their own medical treatment as they near the end of life and should have a full complement of support services available, including palliative care, hospice care, aggressive medical care, and the right to choose to avoid an unnecessarily prolonged life of pain and suffering. The choice elected by an individual must be fully informed, including about options for care that are presented and discussed with health care providers in a values-neutral manner."[xxv]
8. New Jersey: On April 12, NJ Gov Phil Murphy signed a bill legalizing assisted suicide into law in the Garden State. It went into effect August 1, 2019.
    a. "Recognizing New Jersey's long-standing commitment to individual dignity, informed consent, and the fundamental right of competent adults to make health care decisions about whether to have life-prolonging medical or surgical means or procedures provided, withheld, or withdrawn, this State affirms the right of a qualified terminally ill patient, protected by appropriate safeguards, to obtain medication that the patient may choose to self-administer in order to bring about the patient's humane and dignified death."[xxvi]
9. Maine: On June 12 2019, Maine Gov Janet Mills, after publicly saying that she was not sure whether she would sign, legalized assisted suicide there. The bill had passed in the House by just one vote; it went into effect January 1, 2020.
    a. "An adult who is competent, is a resident of this State, has been determined by an attending physician and a consulting physician to be suffering from a terminal disease and has voluntarily expressed the wish to die may make a written request for medication that the adult may self-administer in accordance with this Act. An adult does not qualify under this Act solely because of age or disability."[xxvii]
10. New Mexico: On April 08, 2021, Gov. Michelle Lujan Grisham signed H.B. 47, the Elizabeth Whitefield End-of-Life Options Act. It went into effect on June 18, 2021.

a. "A prescribing health care provider may provide a prescription for medical aid in dying medication to an individual only after the prescribing health care provider has (1) capacity; (2) a terminal illness; (3) voluntarily made the request for medical aid in dying; and (4) the ability to self-administer the medical aid in dying medication…" xxviii

IV. Suicide by Physician in the Courts

And the legislative efforts to protect vulnerable populations from suicide by physician have almost universally been supported by the courts. The U.S. Supreme Court, in particular, has consistently found that for "over 700 years, the Anglo-American common law tradition has punished or otherwise disapproved of both suicide and assisting suicide."[xxviii] The first two Supreme Court decisions on the subject, *Washington v. Glucksberg*[xxix] and *Vacco v. Quill*,[xxx] declared that nothing in the U.S. Constitution provides for a fundamental right to suicide by physicisn and continue to protect Americans today. Moreover, the Court has repeatedly held that the preservation and protection of life is a legitimate and valuable state interest, and that while all lives have intrinsic value, society's most vulnerable members—elderly adults and those with disabilities—are particularly in need of protection. As recently as 2022,however, the intersection of assisted suicide with conscience rights, federal statutory law, residency requirements, and the like has raged in a handful of states:

Washington v. Glucksberg:

- "Attitudes toward suicide itself have changed since *Bracton*, but our laws have consistently condemned, and continue to prohibit, assisting suicide. Despite changes in medical technology and notwithstanding an increased emphasis on the importance of end-of-life decisionmaking, we have not retreated from this prohibition. Against this backdrop of history, tradition, and practice, we now turn to respondents' constitutional claim." *Glucksberg* at 720.
- "We need not weigh exactingly the relative strengths of these various interests. They are unquestionably important and legitimate, and Washington's ban on assisted suicide is at least reasonably related to their promotion and protection. We therefore hold that Rev.Code §9A.36.060(1) (1994) does not violate the Fourteenth Amendment.…" *Glucksberg* at 735.

Vacco v. Quill:

- "Unlike the Court of Appeals, we think the distinction between assisting suicide and withdrawing life-sustaining treatment, a distinction widely recognized and endorsed in the medical profession and in our legal traditions, is both important and logical; it is certainly rational. *See Feeney* at 272, 99 S.Ct., at 2292 ("When the basic classification is rationally based, uneven effects upon particular groups within a class are ordinarily of no constitutional concern"). The distinction comports with fundamental legal principles of causation and intent. First, when a patient refuses life-sustaining medical treatment, he dies from an underlying fatal disease or pathology; but if a patient ingests lethal

medication prescribed by a physician, he is killed by that medication." *Vacco* at 800–01.

Christian Medical & Dental Associations v. Bonta (C.D Cal. No. 5:22-cv-335)

- Assisted suicide and rights of conscience case challenging the removal of conscience protections from the End of Life Option Act. Complaint filed Feb. 22, 2022. Hearing on motion for preliminary injunction reset for July 8, 2022. Hearing on motion to dismiss set for Sept. 16, 2022.

Shavelson v. California Department of Health (N.D. Cal. No. 3:21-cv-6654)

- Assisted suicide case challenging, under federal disability rights laws, to expand End of Life Option Act to active euthanasia of persons with disabilities. Amended complaint filed. Held hearing regarding motion to dismiss Apr. 14, 2022

Kliger v. Healey (Mass. No. SJC-13194)

- Assisted suicide case regarding decriminalization for physicians. Trial court partially granted (free speech) and partially denied (equal protection) plaintiffs' motion for summary judgment and partially granted (involuntary manslaughter) and partially denied (free speech) defendants' motion for summary judgment. Supreme Judicial Court *sua sponte* accepted plaintiffs' appeal. Oral argument held Mar. 9, 2022. Supreme Judicial Court ordered supplemental briefing of Dobbs' effect upon substantive due process analysis July 7, 2022

Final Exit Network, Inc. v. Stuart (D. Minn. No. 0:21-cv-01235)

- Assisted suicide case regarding free speech. Granted in part (void for vagueness and § 1983), denied in part (as-applied challenge) State's motion to dismiss Feb. 3, 2022. Case stayed through Aug. 8, 2022, or until further order of the Court.

Petro v. Grewal (N.J. Superior Ct. App. Div. No. A-003837-19)

- Assisted suicide case regarding pro-life challenge to N.J. Medical Aid in Dying Law for the Terminally Ill Act. Trial court granted State's motion to dismiss for lack of standing and failure to state a claim upon which relief may be granted Apr. 1, 2020. On appeal in the appellate division. No recent action reported

Gideonse v. Brown (D. Or. No. 3:21-cv-1568)

- Assisted suicide case regarding removal of residency requirements. Complaint filed Oct. 28, 2021. Answer due Mar. 30, 2022. Case settled Mar. 28, 2022. Per the settlement agreement, the State will not enforce the residency requirements

V. Risks of Legalizing Suicide by Physician

Research has shown that for the most part, the reason individuals choose suicide has nothing to do with pain, or even the fear of pain. Ezekiel Emanuel has written that "[p]atients themselves say that the primary motive is not to escape physical pain but psychological distress; the main drivers are depression, hopelessness and fear of loss of autonomy and control. . . . In this light, assisted suicide looks less like a good death in the face of unremitting pain and more like plain old suicide."[xxxi] And the top reasons cited for suicide by physician in Oregon are fear of losing autonomy (91.5 percent), of being less able to engage in activities (88.7 percent), and loss of dignity (79.3 percent).[xxxii]

One study in that state specifically cites depression as an overlooked factor in requests for suicide by physician.[xxxiii] Yet the legislation that is being proposed has no psychological-screening requirement, only a circular requirement that the attending physician refer the patient for counseling if he or she believes the individual needs it. Counseling referrals are not as common as they should be. In 2014 only three patients of the 155 who requested suicide in Oregon were referred for a psychological evaluation.[xxxiv] In 2013, only two of the 71 patients who actually went through with suicide by physician in that state were referred for counseling.[xxxv] In one particularly clear-cut case, a man with a 43-year-history of suicide attempts, paranoia, and depression was deemed not to require counseling prior to receiving a lethal prescription.[xxxvi] In one study, 94 percent of non-psychiatric physicians indicated that they could not determine whether a psychiatric disorder was impairing the judgment of a patient who requested suicide.[xxxvii]

Aside from the obvious flaws, there are endless loopholes that exist in state laws legalizing suicide by physician. Even if a doctor refers for counseling, the purpose of such evaluations is to determine competence, not to treat the patient's underlying issues. As no witnesses are required at the time of actual ingestion, there is no assurance that the act itself was truly voluntary, or even self-administered. And, in fact, in the bills proposed thus far, there is no requirement that "only" the person who receives the prescription may administer the dose. Rather, "self-administer" is defined as the patient's "act of ingesting"; in Washington, for example, the suicide by physician act states: "'Self-administer' means a qualified patient's act of ingesting medication to end his or her life . . . ." There is grim irony in the prospect of mainstreaming suicide by physician in the name of individual autonomy and liberty, when such legalization simultaneously introduces new ways to compromise that autonomy and potentially coerce and oppress vulnerable individuals.

VI. Conscience Rights

Meanwhile, physicians tend to be rightly concerned about suicide by physician as a threat to the integrity of their profession and to their conscience. Suicide by physician laws and proposed bills contain, at best, only the most limited conscience protections to avoid coercive or mandatory participation in these deaths by doctors—the same healing professionals who have sworn to "first do no harm."[xxxviii] Most contemporary versions of the Hippocratic Oath require physicians to swear that they "will give no deadly drug to anybody who asked for it, nor . . . make a suggestion to this effect."[xxxix] Prescribing fatal medication with the express intent to kill flies in the face of that duty. And the very integrity of the profession depends on its ability to utilize the evidence-based best practices, with the best information, to promote patient well-being. Suicide by physician negates a core tenant of the curative, healing, and caring professional role of the physician.

The Supreme Court has stated that "[t]he government undoubtedly 'has an interest in protecting the integrity and ethics of the medical profession.'"[xl] Accordingly, Justice Scalia wrote: "Virtually every relevant source of authoritative meaning confirms that the phrase 'legitimate medical purpose' does not include intentionally assisting suicide. 'Medicine' refers to '[t]he science and art dealing with the prevention, cure, or alleviation of disease' . . . . [T]he AMA has determined that '[p]hysician-assisted suicide is fundamentally incompatible with the physician's role as healer.'"[xli]

VII. Conclusion

Justice Gorsuch wrote a pivotal book on assisted suicide, *The Future of Assisted Suicide and Euthanasia*,[xlii] in 2006, the year he joined the Tenth Circuit.

In this book, Justice Gorsuch reveals that he firmly opposes assisted suicide and euthanasia, arguing that "all human beings are intrinsically valuable and the intentional taking of human life by private persons is always wrong." He says that an act that summons death—whether by administering lethal drugs or pulling the plug on a life-support machine—is murky, but the intention matters. "Once we open the door to excusing or justifying the intentional taking of life as 'necessary,'" he writes, "we introduce the real possibility that the lives of some persons (very possibly the weakest and most vulnerable among us) may be deemed less 'valuable,' and receive less protection from the law, than others."

And he recognizes the potential for abuse accompanying the "right" to end one's life, including "mistake, abuse, or pressure." In practice, few governments require doctors to provide proof of intolerable pain before facilitating life-ending procedures, he argues. Instead, "the impulse for assistance in suicide, like the impulse for old-fashioned suicide, might more often than not be the result of an often readily treatable condition," such as depression.

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[i] Sherry L. Murphy et al, *Mortality in the United States, 2020*, 427 NATIONAL CENTER FOR HEALTH STATISTICS DATA BRIEF REPORT 1, 4 (December 2021), https://www.cdc.gov/nchs/data/databriefs/db427.pdf (last visited July 22, 2022).

[ii] CENTERS FOR DISEASE CONTROL AND PREVENTION, https://www.cdc.gov/suicide/suicide-data-statistics.html (last visited July 22, 2022).

[iii] Farida Ahmad and Robert Anderson, *The Leading Causes of Death in the U.S. for 2020*, JOUNRAL OF THE AMERICAN MEDICAL ASSOCIATION, https://jamanetwork.com/journals/jama/fullarticle/2778234#jvp210048t1 (last visited July 22, 2022).

[iv] *See, e.g.*, http://www.state.nj.us/dcf/documents/behavioral/prevention/preventionplan.pdf.

[v] Kevin Fitzpatrick, *Assisted Suicide for Disabled People – Democracy in Britain?*, Euthanasia Prevention Coalition blog, June 23, 2015, available at http://alexschadenberg.blogspot.com/2015/06/assisted-suicide-for-disabled-people.html.

[vi] SCHWEIZERISCHES STRAFGESETZBUCH [StGB] [CRIMINAL CODE] Dec. 21, 1937, SR 311.0 (2018), https://www.admin.ch/opc/en/classified-compilation/19370083/201803010000/311.0.pdf.

[vii] The Rights of the Terminally Ill Act of 1995 (Cth) (Austl.).

[viii] Gerrit va der Wal, The Euthanasia Law in Belgium and the Netherlands, THE LANCET (Oct. 11, 2003), https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)14520-5/fulltext.

[ix] Merrit Kennedy, Canada Legalizes Physician-Assisted Dying, NPR (Jun. 18, 2016), https://www.npr.org/sections/thetwo-way/2016/06/18/482599089/canada-legalizes-physician-assisted-dying.

[x] Portugal MPs in Move to Legalise Euthanasia. BBC, February 21, 2020. https://www.bbc.com/news/world-europe-51588601.

[xi] Euthanasia Bill Moves Ahead in Spanish Parliament. Reuters, February 11, 2020. https://www.reuters.com/article/us-spain-politics-euthanasia/euthanasia-bill-moves-ahead-in-spanish-parliament-idUSKBN2052C0.

[xii] New Zealand to Hold Referendum on Euthanasia. BBC, November 13, 2019. https://www.bbc.com/news/world-asia-50408033.

[xiii] Voluntary Assisted Dying Act of 2017.

[xiv] The Belgian Act on Euthanasia of May, 28th 2002. http://www.ethical-perspectives.be/viewpic.php?TABLE=EP&ID=59.

[xv] Statutes of Canada 2016, Chapter 3. https://parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent.

[xvi] Act on Decisions on Life-Sustaining Treatment for Patients in Hospice and Palliative Care or at the End of Life. http://law.go.kr/lsInfoP.do?lsiSeq=180823&urlMode=engLsInfoR&viewCls=engLsInfoR#0000.

[xvii] Information on Requesting Euthanasia or Assisted Suicide. https://guichet.public.lu/en/citoyens/famille/euthanasie-soins-palliatifs/fin-de-vie/euthanasie-assistance-suicide.html.

[xviii] Termination of Life on Request and Assisted Suicide (Review Procedures) Act. https://www.researchgate.net/publication/314693428_A_Bureaucracy_of_Medical_Deception_Falsifying_Death_Certificates_in_EuthanasiaAssisted_Suicide_Cases_Quebec's_New_Euthanasia_Law_Raises_Questions.

[xix] Oregon Revised Statute: Oregon's Death with Dignity Act. https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Pages/ors.aspx.
[xx] The Washington Death with Dignity Act. https://app.leg.wa.gov/RCW/default.aspx?cite=70.245.
[xxi] Title 18: Health, Chapter 113: Patient Choice at End of Life. https://legislature.vermont.gov/statutes/section/18/113/05283.
[xxii] Assembly Bill No. 15: End of Life. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15.
[xxiii] Colorado End-of-Life Options Act. https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2015-2016/145Final.pdf.
[xxiv] Death with Dignity Act of 2016. https://code.dccouncil.us/dc/council/laws/21-182.html.
[xxv] H.B. No. 2739 H.D. 1. https://www.capitol.hawaii.gov/session2018/bills/HB2739_HD1_.htm.
[xxvi] An Act concerning medical aid in dying for the terminally ill. https://www.njleg.state.nj.us/2018/Bills/PL19/59_.PDF.
[xxvii]An Act to Enact the Maine Death with Dignity Act. https://www.mainelegislature.org/legis/bills/bills_129th/billtexts/HP094801.asp.
[xxviii] Washington v. Glucksberg, 521 U.S. 702, 711 (1997); see also id. at n.9 (Rehnquist opinion).
[xxix] 521 U.S. 702 (1997) (also enumerating the prohibitions or condemnations of assisted suicide in 50 jurisdictions, including 47 States, the District of Columbia, and 2 Territories, 521 U.S. at 710 n.8).
[xxx] 521 U.S. 793 (1997).
[xxxi] Ezekiel J. Emanuel, Four Myths About Doctor-Assisted Suicide, N.Y. TIMES (Oct. 27, 2012), https://opinionator.blogs.nytimes.com/2012/10/27/four-myths-about-doctor-assisted-suicide/.
[xxxii] Oregon Public Health Division, Oregon's Death With Dignity Act Evaluation Report 2014, available at https://www.oregon.gov/oha/ph/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf.
[xxxiii] See Linda Ganzini et al., Prevalence of Depression and Anxiety in Patients Requesting Aid in Dying: Cross Sectional Survey, 337 BRITISH MED. J. 1682 (2008). Available at http://www.bmj.com/content/337/bmj.a1682.full.
[xxxiv] See http://www.healthoregon.org/dwd.
[xxxv] See http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year16.pdf.
[xxxvi] See, e.g., http://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/.
[xxxvii] See L. Ganzini et al., Attitudes of Oregon Psychiatrists Toward Physician-Assisted Suicide, 153 AM. J. PSYCHIATRY 1469 (1996); see also http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1852925/; http://www.cmaj.ca/content/184/4/413.short (discussing screening issues).
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[xxxix] Peter Tyson, The Hippocratic Oath Today, PBS (Mar. 27, 2001), http://www.pbs.org/wgbh/nova/body/hippocratic-oath-today.html.
[xl] Gonzales v. Carhart, 550 U.S. 124, 128 (2007) (quoting Washington v. Glucksberg, 521 U.S. 702, 731 (1997)).
[xli] Gonzales v. Oregon, 546 U.S. 243, 285-86 (2006) (Scalia, J., dissenting) (internal citations omitted).
[xlii] Neil M. Gorsuch, The Future of Assisted Suicide and Euthanasia (2006).