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Introductory Remarks of Panel II: Legal, Medical, and Ethical Considerations for the Future of Physician-Assisted Suicice Symposium: Physician-Assusted Suicide: Legal Rights in Life and Death: Introductory Remarks of Panel II: Legal, Medicial, and Ethical Considerations for the Future of Physician-Assisted Suicide

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INTRODUCTORY REMARKS OF PANEL II: LEGAL, MEDICAL, AND ETHICAL CONSIDERATIONS FOR THE FUTURE OF PHYSICIAN-ASSISTED SUICIDE

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Once the Supreme Court issues it decision in the cases of *Quill v. Vacco*[1] and *Compassion in Dying v. Washington*[2] regarding the constitutionality of outlawing physician-assisted suicide for competent and terminally ill persons, the tension surrounding legal, medical, religious and ethical issues concerning end of life decision making will not be resolved. Specifically, the Supreme Court's conclusion that statutory prescriptions against physician-assisted suicide are unconstitutional will then leave us, as a society, with a number of complex questions. For instance, what will be interpreted as the final stage of terminal illness, the triggering mechanism for the right to physician-assisted suicide?[3] How will physicians be supervised or regulated?[4] How will patients be concretely protected from coercion?[5]

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1 80 F.3d 716, 716 (2d Cir.), *rev'd* 117 S. Ct. 2293, 2293 (1997).

2 79 F.3d 790, 790 (9th Cir.), *rev'd sub nom.*, Washington v. Glucksberg, 117 S. Ct. 2258, 2258 (1997).

3 *See* ALAN MEISEL, THE RIGHT TO DIE 505 (1995) (exploring "slippery-slope" issues); *see also* Cheryl K. Smith, *What About Legalized Assisted Suicide*, 8 ISSUES L. & MED. 503, 515 (1993) (noting "slippery-slope" argument asserts permissible patient killing will spread to the poor or disabled).

4 *See, e.g.*, MEISEL, *supra* note 3, at 503 (proposing that safeguards are necessary for successful implementation of assisted suicide).

5 *See* Robert L. Kline, *The Right of Assisted Suicide in Washington and Oregon: The Courts Won't Allow a Northwest Passage*, 5 B.U. PUB. INT. L. J. 213, 226 (1996) (recognizing states have interest in preventing undue influence of third parties who pressure terminal individuals to end their lives); Edward J. Larson, *Prescription for Death: A Second Option*, 44 DEPAUL L. REV. 461, 481-82 (1995) (discussing need to prevent undue influence upon terminal patients who opt for assisted suicide).

In the alternative, an absence of a declaration of unconstitutionality in prescribing physician-assisted suicide leaves each state with the question of whether they can and wish to legislate a statutory right to physician-assisted suicide.[6] At the same time, there is no national right to healthcare.

Aside from these general questions of what can be done once the Supreme Court makes its decision, what the physician-assisted suicide debate has generally highlighted for the future is our need as a society to substantively focus upon the qualitative medical and legal rights of the terminally ill and elderly population.[7]

6 *See, e.g.*, OR. REV. STAT. § 127.805 (1996) (permitting assisted suicide).

7 *See* Patricia C. Crowley, *No Pain, No Gain? The Agency for Health Care Policy & Research's Attempt to Change Inefficient Health Care Practice of Withholding Medication from Patients in Pain*, 10 J. CON. H. L. & POL'Y 383, 383 (1994) (discussing health care systems and inefficient pain relief systems); Fenella Rouse, *Decision Making About Medical Innovation: The Role of the Advocate*, 57 ALB. L. REV. 607, 608 (1994) (noting possible inadequacies of pain relief management).