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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 its decision in the cases of Quill v. Vacco1 and Compassion in Dying v. Washington2 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).
4 See, e.g., MEISEL, supra note 3, at 503 (proposing that safeguards are necessary for successful implementation of 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. 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.

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