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Article Document 1

Muller, David

**Attention to language in a request for physician aid in dying.**

The American journal of hospice & palliative care 2011 Feb; 28(1): 63-4



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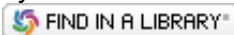
Article Document 2

Svenson, Arthur G

**Montana's courting of physician aid in dying. Could Des Moines follow suit?**

Politics and the life sciences : the journal of the Association for Politics and the Life Sciences 2010 Sep; 29(2): 2-16

**Abstract:** Montana recently joined Oregon and Washington as the only states in the nation to legalize the choice among terminally ill adults to hasten death by self-administering a lethal dose of drugs prescribed by a physician. Unlike Oregon and Washington, however, Montana's legalization of physician aid in dying (PAID) resulted not from public consideration of a statewide initiative, but from the judicial resolution of a lawsuit, *Baxter v. Montana*. As originally conceived, a trial judge reasoned that the unenumerated right to PAID is embraced by enumerated state constitutional rights to privacy and dignity. On appeal, Montana's supreme court jettisoned this construct, and, in its place, fashioned a legal home for PAID out of state homicide, consent defense, and end-of-life statutes. Central to this court's statutory rendering is the finding that state law, allowing terminally ill Montanans sustained by life support to withdraw such treatment and die, discriminates against terminally ill Montanans not sustained by life support who seek death; these classes are similar, the justices reckoned, entitling both to choose death. This analysis examines Montana's courting of PAID, offering textual examination of state trial and appellate court opinions, an accounting of legal strategies advanced in amici curiae briefs, and commentary about the problems and prospects with *Baxter's* holding. I argue, ultimately, that the equality principles statutorily conceived in *Baxter* (1) could be parroted in the vast majority of states that both criminalize assisted suicide and enumerate constitutional equal protection guarantees, and (2) could replace sub silentio the equal protection paradigm applied to "physician-assisted suicide" by the United States Supreme Court in its landmark *Vacco v. Quill* ruling.



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Article Document 3

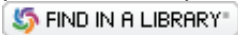
Lesser, Harry

**Should it be legal to assist suicide?**

Journal of evaluation in clinical practice 2010 Apr; 16(2): 330-4

**Abstract:** This paper argues that because it is a matter of dispute whether to assist suicide is ever morally right, the question whether assisted suicide should be legal should be decided independently of the moral issue and with reference to whether to assist suicide is genuinely to carry out the wishes of the person requesting it. It is then argued that it is possible to devise a set of criteria, based on those used in the Netherlands with regard to euthanasia, which would allow assisted suicide when the request is reasonable and genuine, but keep it illegal under other circumstances. It is further argued that there is no evidence that legalizing assisted suicide will lead us down the slippery slope to involuntary euthanasia. Finally, the question is raised to whether these assisted suicides should

be legalized or, as at the moment in the UK, simply not prosecuted, but, as is about to happen, with the criteria for non-prosecution made explicit. It is suggested that, although it is in some ways both irrational and unjust, non-prosecution is politically easier to achieve and also more cautious as a first move.



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**Article** Document 4

Krahn, Gloria L

**Reflections on the debate on disability and aid in dying.**

Disability and health journal 2010 Jan; 3(1): 51-5

**Abstract:** A policy resolution supporting physician aid in dying was proposed to the American Public Health Association (APHA) in 2007 that prompted a debate with the Disability Section on its meaning for people with disabilities.



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\*  **Article** Document 5

Ganzini, Linda; Goy, Elizabeth R.; Dobscha, Steven K.

**Oregonians' reasons for requesting physician aid in dying.**

Archives of Internal Medicine 2009 March 9; 169(5): 489-492

**Abstract:** BACKGROUND: Oregon is the only US jurisdiction with a legal process, the Oregon Death with Dignity Act, that allows terminally ill patients to obtain physician aid in dying (PAD). METHODS: Fifty-six Oregonians who either requested PAD or contacted a PAD advocacy organization completed a survey indicating the importance of 29 reasons for their interest in PAD on a scale where 1 was not important and 5 was very important; 28% of people referred from the PAD advocacy organization enrolled in the study. RESULTS: Forty-one patients died by the end of the study; 18 received a prescription for medication under the Oregon Death with Dignity Act, and 9 died by lethal dose of medication. The most important reasons for requesting PAD, all with median scores of 5, were wanting to control the circumstances of death and die at home; loss of independence; and concerns about future pain, poor quality of life, and inability to care for one's self. All physical symptoms (eg, pain, dyspnea, and fatigue) at the time of the interview were rated as unimportant (median score, 1), but concerns about physical symptoms in the future were rated at a median score of 3 or higher. Lack of social support and depressed mood were rated as unimportant reasons for requesting PAD. CONCLUSIONS: At the time they express initial interest in PAD, Oregonians are motivated by worries about future physical discomfort and losses of autonomy and function. When confronted with a request for PAD, health care providers should first work to bolster the patient's sense of control and to educate and reassure the patient regarding management of future symptoms.



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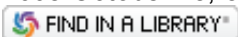


\*  **Article** Document 6

Ganzini, Linda; Goy, Elizabeth R.; Dobscha, Steven K.

**Prevalence of depression and anxiety in patients requesting physicians' aid in dying: cross sectional survey**

2008 October 25; 337(7676): 973-975



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<http://www.bmj.com> (link may be outdated)

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\*  **Book** Document 7

Preston, Tom

**PATIENT-DIRECTED DYING: A CALL FOR LEGALIZED AID IN DYING FOR THE TERMINALLY ILL**

New York: iUniverse, 2006. 180 p.

Call number: [R726 .P747 2006](#)  FIND IN A LIBRARY®

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