

Homework #2

Euthanasia and the Right to Die

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Euthanasia and the Right to Die

Thesis Statement:

The ethical issue of euthanasia is whether it is morally permissible for a third party, such as a physician, to end the life of a terminally ill patient who is in intense pain. Although the controversy over euthanasia and the right to die has been debated for centuries, we are not much closer to resolving this controversy than we were when it started. There are and always will be two schools of thought on this subject. The people against the idea of euthanasia would have terminally ill patients in excruciating pain die a tortuous and painful death. The people who advocate the use of euthanasia believe that every person should have the right to make the choice whether or not to spend their last days on earth in excruciating pain.

I. Euthanasia – What does it mean?

A. In order to fully understand what the Euthanasia movement is all about, we must first understand the terminology used within the movement. What are the different terms related to or describing euthanasia?

1. Euthanasia – Originated from the Greek **eu** which means “good” and **thantos** which means “death”. The intentional termination of life by another at the request of the person who dies.
2. Passive euthanasia – The deliberate disconnection of life support equipment, or cessation of any life-sustaining medical procedure, permitting the natural death of the patient.
3. Active euthanasia – Deliberate action to end the life of a dying patient to avoid further suffering.
4. Active voluntary euthanasia – A lethal injection by a doctor into a dying patient to end life by request of the suffering patient.
5. Active involuntary euthanasia – Lethal injection by a doctor into a dying patient without that person’s express request.
6. Self-deliverance – A terminally ill person who makes a rational decision to end his or her own life. This term is preferred by those who consider it mistaken to equate this type of action with suicide.
7. Mercy killing – A term loosely used to describe all acts of euthanasia. It is best defined as ending another person’s life without an explicit request in the belief that it is the only compassionate thing to do.
8. Double effect – Giving large amounts of opiate drugs to a patient to relieve pain while at the same time recognizing that these drugs will hasten death.
9. Negotiated death – A formal agreement between family, physicians, hospital management, etc. that life support systems to an incompetent person are better disconnected in the best interest of the patient. All parties agree not to bring lawsuits.
10. Snow – Slang term for administering heavy doses of opiate drugs to completely sedate a person who is dying painfully. The person dies while unconscious.

B. What are the different terms for suicide in relation to the right to die movement?

1. Assisted suicide – Providing the means by way of drugs or other agents in order for a person to take his/her own life.

2. Physician-assisted suicide –A medical doctor providing the lethal drugs with which a dying person may end his/her life.
3. Physician aid-in-dying – Euphemistic term for a medical doctor assisting the suicide of a dying patient.
4. Suicide – Deliberately ending one’s life.
5. Rational suicide – Ending one’s own life for considered reasons, as opposed to emotional or psychological ones.
6. Silent suicide – Starving oneself to death. This is usually carried out in extreme old age.

II. Euthanasia and the Right to Die – The Past.

- A. Euthanasia has a long history of philosophical discussion. It has been debated throughout history by many philosophers, physicians, theologians, and lay people.
 1. Ancient Greek thinkers seemed to have favored euthanasia even though they were opposed to suicide. Hippocrates (460 – 370 BCE) was the exception to this as evidenced by the Hippocratic Oath.
 2. In medieval times, Christian, Jewish & Muslim philosophers opposed active euthanasia, although the Christian Church has always accepted passive euthanasia.
 3. During the Renaissance, English philosopher Thomas More (1478 – 1535) defended euthanasia in his book Utopia (1516). He describes in idealistic terms the function of hospitals.
 - a. Hospital workers take care of patients with tender care and do everything in their power to cure their ills.
 - b. However, when a patient has a torturous and incurable illness, the patient has the option to die, either through starvation or opium.
 4. In New Atlantis (1627), British philosopher Francis Bacon (1561 – 1626) writes that physicians are “not only to restore the health, but to mitigate pain and dolours; and not only when such mitigation may conduce to recovery, but when it may serve to make a fair and easy passage.”
- B. The Right to Die movement has evolved over many centuries, but did not gain any momentum until the 20th century. There have been no giant steps taken in this issue, only small baby steps. However, the Right to Die controversy has been won in some areas of the world, including the United States. To fully appreciate the long up hill battle this movement has had, we must look at chronological events within the movement.
 1. In 1906 the first euthanasia bill was drafted in Ohio, but did not pass.
 2. In 1935 the world’s first euthanasia society was founded in London, England.
 3. In 1938 the Euthanasia Society of America was founded by the Rev. Charles Potter in New York.
 4. In 1954 Joseph Fletcher published “Morals and Medicine”, predicting the coming controversy over the right to die.
 5. In 1957 Pope Pius XII issued Catholic doctrine distinguishing ordinary from extraordinary means for sustaining life.
 6. In 1958 Oxford Law professor Glanville Williams published “The Sanctity of Life and the Criminal Law”, proposing that voluntary euthanasia be allowed for competent, terminally ill patients.

7. In 1967 the first living will was written by attorney Louis Kutner and his arguments for it appear in the Indiana Law Journal. In Florida's State Legislature, a right to die bill was introduced by Dr. Walter W. Sackett. It created extensive debate but was unsuccessful.
8. In 1968 doctors at Harvard Medical School proposed redefining death to include brain death as well as heart-lung death. Gradually this definition was accepted.
9. In 1969 the voluntary euthanasia bill introduced in the Idaho legislature failed and Elisabeth Kubler-Ross published her book "On Death and Dying", opening discussion of the once taboo subject of death.
10. In 1973 the American Hospital Association created the Patient Bill of Rights, which includes informed consent and the right to refuse treatment. Dr. Gertruida Postma, who gave her dying mother a lethal injection, received a light sentence in the Netherlands. The furor launched the euthanasia movement in that country (NVVE).
11. In 1975 the Dutch Voluntary Euthanasia Society (NVVE) launched its Members' Aid Service to give advice to the dying. They received 25 requests for aid in the first year.
12. In 1976, we saw a landmark legal case as well as some new laws that supported the right to die movement's philosophy of being able to die with dignity.
 - a. The New Jersey Supreme Court allowed Karen Ann Quinlan's parents to disconnect the respirator that kept her alive, saying it was affirming the choice Karen herself would have made. The Quinlan case became a legal landmark. But she lived on for another eight years.
 - b. The California Natural Death Act was also passed. This was the nation's first aid-in-dying statute that gave legal standing to living wills and protects physicians from being sued for failing to treat incurable illnesses.
 - c. Ten more U.S. States pass natural death laws.
 - d. The first international meeting of right to die groups took place in Tokyo (6 groups attended).
13. In 1978 the literary arts and the theatre got involved in the controversy of the right to die movement.
 - a. "Whose Life Is It Anyway?", a play about a young artist who becomes a quadriplegic was staged in London and on Broadway, raising disturbing questions about the right to die. A film version appeared in 1982.
 - b. "Jean's Way" was published in England by Derek Humphry, describing how he helped his terminally ill wife to die.
14. In 1980 the Catholic Church ruled on the issue and the movement went international.
 - a. Pope John Paul II issued his *Declaration in Euthanasia* opposing mercy killing but permitting the greater use of painkillers to ease pain and the right to refuse extraordinary means for sustaining life.
 - b. The Hemlock Society was founded in Santa Monica, California, by Derek Humphry. It advocates legal change and distributes how to die information. This launched the campaign for assisted dying in America. Hemlock's national membership grew to 50,000 within a decade.
 - c. Right to die societies also formed the same year in Germany and Canada.
 - d. The World Federation of Right to Die Societies was formed in Oxford, England. It comprised 27 groups from 18 nations.

15. In 1984 progress was made in the U.S. as well as overseas.
 - a. Advance care directives became recognized in 22 states and the District of Columbia.
 - b. The Netherlands Supreme Court approved voluntary euthanasia under certain conditions.
16. In 1986 Americans Against Human Suffering was founded in California, launching a campaign for what became the 1992 California Death with Dignity Act.
17. In 1987 the California State Bar Conference passed Resolution #3-4-87 to become the first public body to approve of physician aid in dying.
18. In 1988 the Unitarian Universalist Association of Congregations passed a national resolution favoring aid in dying for the terminally ill, becoming the first religious body to support the right to die.
19. 1990 was a very busy year. While there were some gains made, there were also some setbacks for the movement.
 - a. Washington Initiative (119) was filed; this was the first state voter referendum on the issue of voluntary euthanasia and physician-assisted suicide. The AMA adopted the formal position that with informed consent, a physician can withhold or withdraw treatment from a patient who is close to death, and may also discontinue life support of a patient in a permanent coma.
 - b. Dr. Jack Kevorkian assists in the death of Janet Adkins, a middle-aged woman with Alzheimer's disease. Kevorkian subsequently thumbed his nose at the Michigan legislature's attempts to stop him from assisting in additional suicides.
 - c. The Supreme Court decided the Cruzan case, its first aid-in-dying ruling. The decision recognized that competent adults have a constitutionally protected liberty interest that includes a right to refuse medical treatment; the court also allowed a state to impose procedural safeguards to protect its interests.
 - d. The Hemlock Society of Oregon introduced the Death With Dignity Act into the Oregon legislature, but it failed to get out of committee.
 - e. Congress passed the Patient Self-Determination Act, requiring hospitals that receive federal funds to tell patients that they have a right to demand or refuse treatment.
20. In 1991 there was an increasing awareness of the right to die movement.
 - a. A nationwide Gallup poll found that 75% of Americans approve of living wills.
 - b. Derek Humphry published *Final Exit*, a how-to-book on self-deliverance. Within 18 months the book topped the USA bestseller lists. It was translated into 12 different languages and total sales exceeded a million copies.
 - c. Washington State voters rejected Ballot Initiative 119, which would have legalized physician-aided suicide and aid in dying. The vote was 54% – 46%.
21. In 1992 Americans for Death with Dignity, formerly Americans Against Human Suffering, placed the California Death with Dignity Act on the state ballot as Proposition 161. However, the voters defeated Proposition 161 which would have allowed doctors to speed up death by actively administering or prescribing medications for self administration by suffering, terminally ill patients. The vote was 54% - 46%.

22. In 1993 Oregon Right to Die, a political action committee, was founded to write and subsequently pass the Oregon Death with Dignity Act.
23. In 1994 there was a lot of legal action, legislative debate and public education on the right to die movement.
 - a. The Death with Dignity Education Center was founded in California as a national nonprofit organization that works to promote a comprehensive, humane, responsive system of care for terminally ill patients.
 - b. The California Bar approved physician-assisted suicide. With an 85% majority and no active opposition, the Conference of Delegates said physicians should be allowed to prescribe medication to terminally ill, competent adults for self-administration in order to speed up death.
 - c. All states and the District of Columbia recognized some type of advance directive procedure.
 - d. Washington State's anti-suicide law was overturned. In *Compassion v. Washington*, a district court found that a law outlawing assisted suicide violates the 14th Amendment. Judge Rothstein wrote, "The court does not believe that a distinction can be drawn between refusing life-sustaining medical treatment and physician-assisted suicide by an un-coerced, mentally competent, terminally ill adult."
 - e. In New York State, the lawsuit *Quill et al v. Koppel* was filed to challenge the New York law prohibiting assisted suicide. Quill lost and filed an appeal.
 - f. Oregon voters approved Measure 16, a Death With Dignity Act ballot initiative that would permit terminally ill patients, under proper safeguards, to obtain a physician's prescription to end life in a humane and dignified manner. The vote was 51% - 49%. U.S. District Court Judge Hogan issued a temporary restraining order against Oregon's Measure 16, following that with an injunction barring the state from putting the law into effect.
24. 1995 brought with it more court battles, the raising of public awareness and a new organization to help push the cause forward.
 - a. The Oregon Death with Dignity Legal Defense and Education Center was founded. Its purpose was to defend Ballot Measure 16 legalizing physician-assisted suicide.
 - b. Washington State's Compassion ruling was overturned by the Ninth Circuit Court of Appeals, reinstating the anti-suicide law.
 - c. U.S. District Judge Hogan ruled that Oregon Measure 16, the Death with Dignity Act, was unconstitutional on grounds it violated the Equal Protection clause of the Constitution. His ruling was immediately appealed.
 - d. A survey found that doctors disregard most advance directives. The *Journal of the American Medical Association* reported that physicians were unaware of the directives of ¾ of all elderly patients admitted to a New York hospital; the *California Medical Review* reported that ¾ of all advance directives were missing from Medicare records in that state.
 - e. The Compassion case was reconsidered in Washington State by a Ninth Circuit Court of Appeals panel of eleven judges, the largest panel ever to hear a physician-assisted suicide case.

25. In 1996 the battle lines were drawn with federal government and state government squaring off.
 - a. The Northern Territory of Australia passed a voluntary euthanasia law. Nine months later the Federal parliament squashed it.
 - b. The Ninth Circuit Court of Appeals reversed the Compassion finding in Washington state, holding that “a liberty interest exists in the choice of how and when one dies, and that the provision of the Washington statute banning assisted suicide, as applied to competent, terminally ill adults who wish to hasten their deaths by obtaining medication prescribed by their doctors, violates the Due Process Clause.” The ruling affected laws of nine western states. It was stayed pending appeal.
 - c. A Michigan Jury acquits Dr. Kevorkian of violating a state law banning assisted suicides.
 - d. The Second Circuit Court of Appeals reversed the *Quill* finding, ruling that “The New York statutes criminalizing assisted suicide violate the Equal Protection Clause because, to the extent that they prohibit a physician from prescribing medications to be self-administered by a mentally competent, terminally ill person in the final stages of his terminal illness, they are not rationally related to any legitimate state interest.” The ruling affected laws in New York, Vermont and Connecticut. The court stayed enforcement of its ruling for 30 days pending an appeal to the U.S. Supreme Court.
 - e. The U.S. Supreme Court announced that it will review both cases sponsored by Compassion in Dying, known now as *Washington v. Glucksberg* and *Quill v. Vacco*.
26. 1997 was the year that government tried to impose its will on the people, however, some of the people had the last word.
 - a. On May 13 the Oregon House of Representatives voted 32 – 26 to return Measure 16 to the voters in November for repeal (H.B. 2954). On June 10, the Senate voted 20 - 10 to pass H.B. 2954 and return Measure 16 to the voters for repeal. No such attempt to overturn the will of the voters had been tried in Oregon since 1908.
 - b. The Dutch Voluntary Euthanasia Society (NVVE) reported its membership was now more than 90,000 and 900 of them made requests for help in dying to its Members’ Aid Service.
 - c. Britain’s parliament rejected by 234 votes to 89 the seventh attempt in 60 years to change the law on assisted suicide despite polls showing 82% of British people want reform.
 - d. On November 4, the people of Oregon voted by a margin of 60% - 40% against Measure 51, which would have repealed the Oregon Death with Dignity Act of 1994. The law officially took effect on October 27, 1997.
27. In 1998 Michigan and Oregon were the two most prominent states dealing with the issue of physician assisted suicide.
 - a. Dr. Kevorkian assisted the suicide of his 92nd patient in 8 years. Michigan passed a new law making such actions a crime. It took effect September 1, 1998, but Kevorkian carried on helping people to die – 120 by November.

- b. The Oregon Health Services Commission decided that payment for physician-assisted suicide can come from state funds under the Oregon Health Plan so that the poor will not be discriminated against. Sixteen people died by making use of the Oregon Death with Dignity Act, receiving physician-assisted suicide in its first full year of implementation.
 - c. Measure B on the Michigan ballot to legalize physician-assisted suicide was defeated by 70% - 30%.
28. In 1999 Dr. Kevorkian was able to martyr himself for the cause, while Oregon continued business as usual under their new law.
- a. Dr. Kevorkian was sentenced from 10 to 25 years in prison for the 2nd degree murder of Thomas Youk after showing a video of his death by injection on national television.
 - b. 26 people died by physician-assisted suicide in the second full year of the Oregon Physician Assisted Suicide law.
29. In 2002 Dutch law allowing voluntary euthanasia and physician-assisted suicide took effect on February 1. For 20 years previously it had been permitted under guidelines. Belgium also passed a similar law to the Dutch, allowing both voluntary euthanasia and physician-assisted suicide.
30. In 2003 U.S. Attorney General Ashcroft asked the 9th Circuit Court of Appeals to reverse the finding of a lower court judge that the Oregon Death with Dignity Act of 1994 does not infringe upon federal powers. 129 dying people have used this law over the last 5 years to obtain legal physician-assisted suicide.
31. In June of 2004 the 9th U.S. Circuit Court of Appeals ruled against Attorney General Ashcroft stating that he had exceeded his authority in trying to shut down the Oregon Death with Dignity Act. Ashcroft and the Department of Justice have filed an appeal.

III. A major issue with the Euthanasia Movement is the controversy over whether or not it is morally justified.

- A. One of the most cited contemporary discussions on euthanasia is “Active and Passive Euthanasia” (1975) by University of Alabama philosophy professor James Rachels. He argues that there is no moral difference between actively killing a patient and passively allowing the patient to die. Therefore, it is less cruel for physicians to use active procedures of mercy killing. He goes on to argue that, from a strictly moral standpoint, there is no difference between passive and active euthanasia.
 - 1. Rachels begins by noting that the AMA prohibits active euthanasia, yet allows passive euthanasia. He contends that passive euthanasia should be put in the same category as active euthanasia.
 - a. Techniques of passive euthanasia prolong the suffering of the patient; it takes longer to passively allow the patient to die than it would if active measures were taken. In the mean time, the patient is in unbearable pain. Since, in either case the decision has been made to bring on an early death, it is cruel to adopt the longer procedure.
 - b. He goes on to argue that the passive euthanasia distinction encourages physicians to make life and death decisions on irrelevant grounds. For example, Down’s syndrome infants often have correctable congenital defects; but decisions are made to forego corrective surgery because the parents do not want a child

- with Down's syndrome. The active-passive euthanasia distinction merely encourages these groundless decisions.
2. Rachels makes the observation that people think that actively killing someone is morally worse than passively letting someone die. However, they do not differ because both have the same outcome: the death of the patient for humanitarian reasons. The difference between the two is emphasized because we frequently hear about terrible cases of active killings, but not of passive killings.
 - a. One criticism would be that with passive euthanasia, the physician does not have to do anything to bring on the death of the patient. Rachels replies that letting the patient die involves performing an action by not performing other actions (similar to insulting someone by refusing to shake their hand).
 - b. Another criticism may be that Rachels' point is only of academic interest since, in point of fact, active euthanasia is illegal. Rachels replies that physicians should nevertheless be aware that the law is forcing on them an indefensible moral doctrine.
- B. In "Active and Passive Euthanasia: An Impertinent Distinction?" (1977), Thomas Sullivan argues that no intentional mercy killing (active or passive) is morally permissible. However, extraordinary means of prolonging life may be discontinued even though the patient's death may be foreseen.
1. Sullivan argues that Rachels' example of the Down's syndrome infant is misleading, since most doctors would perform corrective surgery because it would be clearly wrong to let the infant die.
 2. Sullivan also states that most reflective people will agree with Rachels that there is no moral distinction between killing someone and allowing someone to die. According to Sullivan, Rachels' biggest mistake is that he misunderstands the position of the AMA.
 - a. The AMA maintains that all intentional mercy killing is wrong, regardless if it's passive or active. Although extraordinary procedures for prolonging life may be discontinued for terminally ill patients, these procedures are ones that are both inconvenient and ineffective for the patient.
 - b. If death occurs more quickly by discontinuing extraordinary procedures, it is only a byproduct. In short, to aim at death (either actively or passively) is always wrong, but it is not wrong to merely foresee death when discontinuing extraordinary procedures.
- C. In response to Sullivan, Rachels wrote another essay entitled "More Impertinent Distinctions and a Defense of Active Euthanasia" (1978). Rachels makes the statement that Catholic thinkers, such as Sullivan, typically oppose mercy killing. However, Sullivan himself concedes that it is sometimes pointless to prolong the dying process.
1. Sullivan argues that it is important for the physician to have the correct intention when he stated that it was immoral to aim at the death of a patient, but not immoral to foresee his death.
 - a. Rachels contends that the physician's intention is irrelevant to whether the act is right or wrong.
 - b. If two physicians perform identical acts of withholding treatment, with one physician aiming at the death of the patient and the other only foreseeing it, because the acts are identical one cannot be judged right and the other wrong.

2. Sullivan argues that physicians are justified only in withholding extraordinary procedures. However, Rachel argues that to determine whether a given procedure is ordinary or extraordinary, we must first determine whether the patient's life should be prolonged.
3. Rachels continues by offering another argument in favor of the moral tolerance of active euthanasia. This argument comes from mercy. He describes a classic case where a person is terminally ill and in unbearable pain.
 - a. The condition alone is a compelling reason for the authorization of active euthanasia.
 - b. A more formal utilitarian version of this argument is that active euthanasia is morally acceptable because it produces the greatest happiness.
4. Critics have traditionally attacked utilitarianism for focusing too heavily on happiness, and not enough on other intrinsic goods, such as justice and rights.
5. Rachels offers a revised utilitarian version: active euthanasia is permissible since it promotes the best interests of everyone, such as the patient, the patient's family, and the hospital staff.
6. Rachels also argues that the golden rule supports active euthanasia insofar as we would want others to put us out of our misery if we were in a situation like the pain ridden terminally ill.
 - a. A more formal version of this argument is based on Kant's categorical imperative ("act only on that maxim by which you can at the same time will that it should become a universal law").
 - b. The categorical imperative supports active euthanasia since no one would willfully universalize a rule that condemns people to unbearable pain before death.
 - c. Rachels ends his argument noting that ironically the golden rule supports active euthanasia, yet the Catholic Church has traditionally opposed it.

IV. Over the years there have been numerous court cases deciding the legality of euthanasia and the right to die. Some of them have been contested on grounds that they violate Fourteenth Amendment rights; specifically, the due process clause and the equal protection clause.

A. In *Washington et al v. Glucksberg et al*, the plaintiff argued that the State's laws to ban physician assisted suicide was unconstitutional because it violated the liberty interest protected by the Fourteenth Amendment's Due Process Clause which, they felt, extended to a personal choice of selecting physician assisted suicide for a mentally competent, terminally ill adult. As their precedent, they cited the cases of *Planned Parenthood of Southeastern Pa. v. Casey* and *Cruzan v. Director, Mo. Department Of Health*.

1. The Federal District Court agreed and declared the Washington law unconstitutional.
2. The U.S. Supreme Court did not agree and declared that Washington's ban of physician assisted suicide does not violate the Due Process Clause.
 - a. One reason the Supreme Court gave was that "an examination of our Nation's history, legal traditions, and practices demonstrates that Anglo American common law has punished or otherwise disapproved of assisting suicide for over 700 years."
 - b. They also went on to say that physician assisted suicide is still a crime in almost every state and there were never any exceptions for those who were near death.

- c. Another point that was made is that this issue has been looked at time and again in a number of states and was still determined to be illegal.
 - d. The final note was that the President had signed the Federal Assisted Suicide Funding Restriction Act of 1997, which forbids the use of federal funds in support of physician assisted suicide.
 - e. The Supreme Court regularly observed that the Due Process Clause protects those fundamental rights and liberties which are deeply rooted in the Nation's history and tradition. They saw no evidence that the right to die was ever a tradition in America.
 - f. The other thing they looked at was that the Court requires a "careful description" of the proposed fundamental liberty interest. They assert that this was not provided by the plaintiff to the satisfaction of the Court.
3. The Supreme Court also addressed the precedence of the Cruzan case. They asserted that the Cruzan case was not founded on personal autonomy to refuse unwanted medical treatment, but was "grounded in the Nation's history and traditions, given the common law rule that forced medication was a battery."
- B. In *Vacco v. Quill* the plaintiff argued that New York's laws to ban physician assisted suicide was unconstitutional because it violated the Fourteenth Amendment's Equal Protection Clause.
- 1. The Federal District Court disagreed and upheld the State's laws banning assisted suicide.
 - 2. The Second Circuit Court reversed the District Court's decision.
 - a. The Circuit Court maintained that New York gives different treatment to those competent, terminally ill persons who wish to hasten their deaths by taking prescribed drugs than it does to those who wish to do so by directing the removal of life support systems.
 - b. They also maintained that the supposed unequal treatment is not rationally related to any legitimate state interests.
 - 3. The Supreme Court ruled that New York's prohibition on assisted suicide does not violate the Equal Protection Clause.
 - a. The Equal Protection Clause includes a general rule that States must treat like cases alike but may treat unlike cases accordingly.
 - b. The comparison between being able to refuse medical treatment and engaging in assisted suicide are two different issues.
 - c. Anybody has the right to refuse medical treatment; however, nobody has the right to engage in assisted suicide.
 - d. As far as New York's ban on assisted suicide not being related to a legitimate state interest, the Supreme Court ruled that there were many State interests involved including protecting vulnerable people from indifference, prejudice, and psychological and financial pressure to end their lives.
- V. With the advancement of the Right to Die movement, many organizations have emerged to facilitate the passage of right to die laws and also to oppose the laws.
- A. The Euthanasia Prevention Coalition opposes the promotion or legalization of euthanasia and assisted suicide.

1. They believe that euthanasia is murder and that assisted suicide is aiding and abetting murder. They also believe that the alternative should be palliative care which provides comfort and care (physically, emotionally, and spiritually) for the dying person when a cure is not possible.
 2. Some of their concerns are that allowing euthanasia will lead to increasing use of it without consent, circumvention of the law, and abuse of the vulnerable.
 3. Their purpose is to protect and preserve ethical guidelines and legal prohibitions against euthanasia and assisted suicide; to increase public awareness of effective care as a positive alternative for the relief of suffering; to educate the public on the harm and risks associated with allowing euthanasia and assisted suicide; to promote improvement in the quality and availability of effective care, and effective control of pain and suffering; to conduct, coordinate, and disseminate research on euthanasia related issues; and to represent the vulnerable and advocate before the courts on issues of euthanasia and related subjects.
- B. The National Right to Life Committee also opposes the right to die directive. Although they were originally started in response to the abortion issue in 1973 when Roe v. Wade was decided, they have expanded their scope to include euthanasia and assisted suicide.
- C. The International Task Force on Euthanasia and Assisted Suicide is an international leader in the debate over assisted suicide and euthanasia. They are a non-profit educational and research organization that addresses euthanasia, assisted suicide and end-of-life issues from a public policy perspective. This group appears to be neutral.
- D. Compassion in Dying Federation supports euthanasia and provides national leadership for client service, legal advocacy and public education to improve pain and symptom management, increase patient empowerment and self-determination and expand end-of-life choices to include aid-in-dying for terminally ill, mentally competent adults.
- E. The Hemlock Foundation supports the right to make end of life choices. They have one mission and that is to assure freedom of choice at the end of life.
1. They create, promote, and support legislation to maximize end-of-life options throughout the U.S.
 2. They provide education, information, and advice about choices at the end of life.
- F. The bottom line is that Euthanasia and the Right to Die issue is a very emotional issue and is not likely to be resolved at any time in the near future. There will always be the issue of whether or not it is moral to take human life, even if it is your own.

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