James M. Jeffords Center’s

are made are nonphysical.[5,7] Opponents argue that developments in palliative care such as "psychological, social, existential, and spiritual dimensions" [6] can ease the dying process for terminally ill patients and offer an alternative to PAD.

In another study, a qualitative, in-depth study that utilized face-to-face interviews with 31 patients requesting PAD, Deeken et al. found that feelings such as "fatigue, pain, decline, negative feelings, loss of self, fear of future suffering, dependency, loss of autonomy, being worn out, being a burden, loneliness, loss of all that makes life worth living, hopelessness, pointlessness and being tired of living" are what contributes to patients' requests for PAD.[7] They concluded, "medical and social elements may cause suffering, but especially when accompanied by psycho emotional and existential problems suffering will become 'unbearable.' Unbearable suffering can only be understood in the continuum of the patients' perspectives of the past, the present and expectations of the future."[8]

Oregon requires physicians report.9(r)-1(t.9(r)-1(t.9(r)-1(t.9(r)-1(t.9(r)g /P <</7s -0.0)-1(z6lt.9(0 Tc 0.

prescribe drugs under the Death with Dignity Act without fear of federal penalty."[26]

Physician-Assisted Death in Oregon

The first state to legalize Physician Assisted Suicide (PAS) was Oregon. The Oregon Death with Dignity Act (DWDA) was passed on October 27th, 1997. The legislation allows "an adult...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."[19] The DWDA provides four requirements that patients must meet in order to be eligible. The patient must be an Oregon resident, over the age of 18, diagnosed with a terminal illness that will cause death in six months, and able to effectively communicate his or her health care needs.[20]

Once these requirements have been fulfilled, the patient may then begin the process of obtaining the lethal prescription. This process begins with two separate oral requests, followed by a written request signed in the presence of two witnesses. Once the request has been accepted the presiding physician "refer(s) the patient to a consulting physician for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily."[21] If either the presiding or consulting physician should feel that the "patient may be suffering from a psychiatric or psychological disorder," then they are required by DWDA to refer the patient to psychiatric consultation.[22] Finally the patient's primary physician is required to discuss other alternatives to physician-assisted suicide, "including, but not limited to, comfort care, hospice care and pain control."[23]

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[26] Pew Research Center Publications, "Supreme Court's Decision in Gonzales v. Oregon," January 31, 2006, accessed June 19, 2012, http://pewresearch.org/pubs/4/supreme-courts-decision-in-gonzales-v-oregon)

[19] The Oregon Death with Dignity Act, Oregon Revised Statute, 1994 (2011), 127.805 §2.01. accessed June 19, 2012, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx.

[20] The Oregon Death with Dignity Act, Oregon Revised Statute, 1994 (2011), 127.810 §2.02 accessed June 19, 2012, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx

[21] The Oregon Death with Dignity Act, Oregon Revised Statute, 1994 (2011), 127.815 §3.01(d). accessed June 19, 2012, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx

[22] The Oregon Death with Dignity Act, Oregon Revised Statute, 1994 (2011), 127.825 §3.03. accessed June 19, 2012, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx

[23] The Oregon Death with Dignity Act, Oregon Revised Statute, 1994 (2011), 127.800 §1.01(e). accessed June 19, 2012, http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ors.aspx

Physicians are required to report any prescription of DWDA to the Department of Human services. An annual report on requests for and use of lethal prescriptions is published by the Oregon Public Health division. “Since the law was passed in 1997, a total of 935 people have had DWDA prescriptions written and 596 patients have died from ingesting medications prescribed under the DWDA.[24] The most frequently mentioned end-of-life concern were loss of autonomy (93.8%), decreasing ability to participate in activities that made life enjoyable (93.8%), and loss of dignity (78.5%).[25]”

Physician Assisted Death in Washington State

The only other state to legalize “Death with Dignity” laws is Washington. The Washington Death with Dignity Act (DWDA) was passed on November 4, 2008 and is similar to Oregon’s law.

Similarly to Oregon’s recording system, Washington DWDA law also requires physicians to complete a report after prescribing lethal drugs for a patient under DWDA. These findings are published in an annual report put out by the Washington State Department of Health. In the 2010, there were 87 participants compared to 65 in the previous year of 2009.[26]

Failed Legislation in California

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Recent Developments

In Massachusetts, the Death with Dignity Coalition has collected over 70,000 petition signatures to add a doctor-assisted suicide initiative on the ballot this November.[39] An "Act Relative to Death with Dignity," would be similar to those passed in Oregon and Washington, requiring that the patient be diagnosed with a terminal illness in order to receive medication, among other stipulations.[40] Health care may be transferred to a different physician if the action physician has a personal moral conflict.[41]

Massachusetts could be a difficult arena for passage of such a controversial law. The state is heavily Catholic (46%, according to a 2009 Gallup poll), and the archdiocese has shown strong opposition to it.[42] Several prominent physicians have led the petitioning, although the Massachusetts Medical Society has reaffirmed its opposition to doctor-assisted suicide.[43] A Public Policy Polling poll conducted in March 2012 found 43% of Massachusetts citizens in favor of legalizing doctor-assisted suicide, 37% against, and 20% undecided.[44] A total of 936 individuals were polled. A similar poll conducted statewide in May 2012 by Western New England University found 60% in favor, 29% opposed, and 11% undecided. A total of 504 individuals were polled.[45] Although the polls occurred within months of each other, they showed a significant difference in public opinion.

In Vermont, the debate over doctor assisted death continues. Legislation has been introduced periodically in the legislature over the last ten years, modeled after the Death with Dignity laws in Oregon and Washington.[46] The attending physician must seek a second opinion, and refer the patient to a mental health specialist if the physician believes he or she is mentally unsound.[47] Bills have historically been defeated in the House, most recently in 2008 (defeated 83-82).[48] An "act relating to patient choice and control at end of life" was introduced in both the House (H.274) and Senate (S.0103) and sent to committee at the beginning of the 2011 legislative

session, where it remained in committee hearings into the new year. In April 2012 however, Senator Hinda Miller introduced the same bill as an amendment to legislation on tanning bed use, and the Committee on Health and Welfare voted to send it to the floor.[19] Opponents questioned the g