Legal, Medical, and Ethical Considerations for the Future of Physician-Assisted Suicide (Introductory Remarks of Panel II)

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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 com-
petent and terminally ill persons, the tension surrounding legal,
medical, religious and ethical issues concerning end of life deci-
sion making will not be resolved. Specifically, the Supreme
Court's conclusion that statutory prescriptions against physi-
cian-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 trig-
gering mechanism for the right to physician-assisted suicide?\(^3\)
How will physicians be supervised or regulated?\(^4\) How will pa-
tients 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 pres-
sure terminal individuals to end their lives); Edward J. Larson, Prescription for Death: A
Second Option, 44 DEPAUL L. REV. 461, 461-82 (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. 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.
