Everyone’s final assignment for the course will be a research paper of 8-10 pages, due in the middle of exam week. The topic will concern whether or not the Commonwealth of Massachusetts should adopt a law like Oregon’s Death with Dignity Act. The exact form of the assignment and the details of the topic will be presented in very early December. This handout is meant to help you begin serious work on your research. You should make use of all the readings assigned during this segment of the course. But you must also do some library research in law and social sciences and medicine and ethics that will help you formulate your paper and that you must cite where appropriate. You might want to pick a couple of the following things that look most interesting to you and start researching them:

1) Check into the report on death and dying in America called “Means to a Better End” published by R W. Johnson Foundation’s project, “Last Acts.” What are the realities of death and dying in America?

2) Professor Robert Burt’s article in NEJM read for the class discusses “palliative care” as an alternative to physician-assisted suicide. See what you can learn about what might be meant by “palliative care” and whether it seems like a reasonable alternative.

3) In conflicts or cases in which a patient has refused life-sustaining medical treatment, what legal and ethical issues have arisen? What can we learn from these situations about either the dangers of, or need for PAS? About the problems of providing palliative care?

4) What does Dr. Naramore’s case (Kansas) tell us about the complexity of providing palliative care, terminating unwanted medical treatment, dealing with death in the family? Are there other cases of doctors or nurses being unfairly accused of malpractice or of homicide for following the wishes of family members or patients who desire termination of life-support?

5) In the Vacco v. Quill case the plaintiff’s claimed that there were two groups of terminally-ill patients, one of which the state permitted to have a physician’s assistance in dying and other which it did not. Look into what realities lay behind this argument and whether these groups should be/are treated differently in the US.

6) Would the safeguards presently contained in the Oregon law (which is the model for what Massachusetts will be considering) be adequate for dealing with the possibility of abuses or discrimination directed against disabled persons or against racial and ethnic minorities or to deal with economic pressures on patients and families (if we were to adopt them in our state)? What is the nature of these potential abuses in the current healthcare system? If these abuses are present without PAS, what does that suggest about PAS (physician-assisted suicide)?
7) What is the relationship of advance directives (Massachusetts at present has healthcare proxies but no living wills) to PAS? Could such directives be used to provide additional evidence or safeguards for the voluntariness of patient decisions about PAS? Are there existing restrictions in some states on advance directives that make even palliative care difficult to secure? What is the position of the Right to Life movement on advance directives? On PAS?

8) What does the data about the experience of the first few years under the Oregon Death with Dignity Act tell us about that act and about whether the Massachusetts bill should be adopted?

9) What does the experience of other countries, such as the Netherlands, tell us about whether Massachusetts would be wise to adopt the pending physician-assisted suicide bill? Would adopting the bill be the first step on a “slippery slope” that might end with approving involuntary euthanasia imposed by the state or by the medical system?

10) Should the Massachusetts bill be extended to allow physicians to physically assist in a suicide by competent, terminally ill patients if such patients are not physically able to administer medications themselves?

11) Is there any reason why the Massachusetts bill ought not to be extended to cover incompetent, terminally ill patients who have advance directives demonstrating by clear and convincing evidence that their intentions would be to desire physician-assisted suicide when they are within six months of death and have no reasonable medical hope of regaining consciousness?

12) What are the best arguments in law, ethics, or medicine that you can find, both in favor of PAS and opposed? What “facts” are these arguments based on?