PHYSICIAN-ASSISTED SUICIDE:
THE PRIVACY, CHOICE, AND RIGHTS OF THE PATIENT
Jessica Dunn

According to the United States Constitution, individuals are guaranteed the right to control their lives and their right to liberty, a right which protects them from governmental intrusion into their most private, personal choices. As stated in the Fourteenth Amendment, "No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States" (Bill of Rights). Yet this is not so when it comes to physician-assisted suicide. With the exception of Oregon, every state in America deems it a crime to assist in suicide due to its strong interest in preserving life. However, when one is terminally ill and suffering greatly, thus having a strong desire to end one's life, not only does this alleged interest lessen but denying this right inevitably causes the patient to feel as if his dignity has been stripped from him. As Bruce Robinson contends in his book, *Euthanasia and Physician-Assisted Suicide: All Sides*, "[physician-assisted suicide] is a question of choice: empowering people to have control over their own bodies" (1). While allowing one to have the option of physician-assisted suicide does not mean one has to take advantage of this right, the right must be available nonetheless. Essentially, governmental intrusion should not impede one's will to live or to die. Such intrusion, however, does indeed occur. Quite simply, the judicial system is flawed and to rectify the situation and to uphold the Constitution of the United States, Congress need only review Oregon's Death with Dignity Act, along with prior cases that deal with issues of privacy and personal choice—namely, *Roe v. Wade, Griswold v. Connecticut,* and *Cruzan v. Missouri Department of Health*— to see that precedents have already been set to pave the way for a much-needed nationwide law that would ultimately legalize physician-assisted suicide.

While The Constitution does not plainly protect a general right to privacy, the various guarantees of the Bill of Rights do establish one, as was made clear by the 1965 *Griswold v. Connecticut* case. Estelle Griswold was the Executive Director of the Planned Parenthood League of Connecticut where she gave information and other medical advice to married couples concerning birth control. Griswold and her colleague were arrested and subsequently convicted for counseling and for providing medical treatment to married couples who wanted to prevent conception. The decision by the Connecticut Court upholding Griswold's conviction was appealed,

however, to the U.S. Supreme Court in *Griswold v. Connecticut.* The Supreme Court held that "there is a right to privacy under the liberty clause of the United States Constitution" and thus reversed the state's court's decision (*Griswold*). The Supreme Court went further in its decision to establish that "the principles laid down in this opinion…affect the very essence of constitutional liberty and security….They apply to all invasions on the part of the government…of the sanctity of a man's home and the privacies of life" (*Griswold*). In Justice Goldberg's concurrence with the opinion of the Court he maintains the idea that "the right of privacy is a fundamental, personal right, emanating 'from the totality of the constitutional scheme under which we live'" (*Griswold*). Furthermore, privacy, one's explicit right to keep one's life and personal affairs out of public view, is an important aspect in which the foundation is established for a physician-assisted suicide law. In conjunction with privacy is the freedom of choice. While Estelle Griswold set the premise for the right to privacy in personal acts in one's own home, *Roe v. Wade* presented the nation with not just the concept of "the right to choose," but also with the right to control one's body. In 1973, eight years after the decision in *Griswold*, Roe, a woman from Texas, sought to terminate her pregnancy by abortion; however, the state law prohibited abortions unless it was to save the pregnant woman's life. In *Roe v. Wade*, the Supreme Court held that a woman's right to an abortion falls within the right to privacy, which is protected by the Fourteenth Amendment. As a result, forty-six states had to modify their law regarding abortion (*Roe*). As stated by John H. Ely in "The Wages of Crying Wolf: A Comment on *Roe v. Wade*," "The right to privacy, though not explicitly mentioned in The Constitution, is protected by the Due Process Clause of the Fourteenth Amendment" (Ely). *Roe v. Wade* declared that the Bill of Rights grants each individual the right to control one's own body.

A great deal of criticism has followed this Supreme Court decision, most of it stemming from the finding of the privacy right. Dissenters of the Court's decision argue that the right to privacy was invented by the Justices and has no true legal backing within the Constitution. Scott Whiteman quotes the chairman of the Senate Judiciary Committee, Senator Arlen Specter:

> **the Griswold case is neither good nor law. It is not good because this 1965 case simply invented a Constitutional "privacy right" from "the penumbra of specific guarantees of the Bill of Rights," supposedly the First Amendment which, allegedly, "has a penumbra where privacy is**

protected from governmental intrusion." Oh, and it was also said that these Bill of Rights "penumbras" are "formed by emanations."

Senator Specter is correct in arguing that the right to privacy is not explicitly stated anywhere in the Constitution; hence, the Justices did technically "invent" this right. However, it is also true that it is the sole purpose of the Supreme Court Justices to uphold and interpret the constitutionality of laws. In the decision of *Griswold*, that is exactly what the Justices did. To deny such rights as privacy and personal choice would have been unconstitutional. Furthermore, if The Constitution is to carry any weight, these two rights must be granted because once the government opens the door to somebody's life and then tells that somebody what she can or cannot do to her body—especially if they intrude upon the life of a terminally ill patient and then tell that person she cannot choose for herself whether to live or die—then they begin forcing their morals, their beliefs, onto others. This simply cannot and should not happen.

Both *Griswold v. Connecticut* and *Roe v. Wade* make it clear that the state does not have the authority to deny any individual the right to do as they please with his or her body. Therein lies the inconsistency of the United States government, for in the case of *Roe v. Wade* the choice to terminate a pregnancy is deemed legal and considered reasonable, while physician-assisted suicide, which ultimately bears the same result, is not. These incongruous rulings are further made evident in the 1990 *Cruzan v. Missouri* case, which debated the right to control one's death in the absence of a living will. Here, the mere acknowledgement of such a scenario in which the termination of life-sustaining treatment, thus essentially causing the patient to die, is allowed lays down the foundation for legalizing physician-assisted suicide.

Nancy Cruzan was in a vegetative state and had no chance of recovery. Her parents requested to stop life-sustaining treatment as this was what they knew their daughter would have wanted. Nevertheless the Missouri Department of Health denied the parents' request, a denial that was upheld by the Missouri Supreme Court. Cruzan's parents then appealed to the U.S. Supreme Court, which upheld the Missouri Court. The Justices based their decision on the grounds that, in the absence of a living will, the state has the right to protect individuals' interests from "improper motives of others" by requiring "clear and convincing" evidence from those seeking to end another person's life.

It is not a reasonable requirement that, in the event that one has no living will and cannot speak for oneself, close relatives be required to provide "clear and convincing evidence" of the patient's wishes. It is reasonable, however, to assume that the parents or close family member are acting on behalf of the patient's best interests. The family member does not have to pay for the life-sustaining treatment as it is covered through either Medicare, insurance, or some like form of payment. Clearly there is then no ulterior motive for the family to end life-sustaining treatment. In the vast majority of similar situations, the family suffers emotional damage from such an experience and to prolong the agony is unjust. Though this case applies primarily to people in a vegetative state and though this case can be seen as a blatant reminder of the flaws in current laws pertaining to controlling one's death, Cruzan still created a precedent for other laws. Through the "living will" clause, the Supreme Court recognized situations in which suicide can be deemed legal. This paved the way for the possible and much needed reform. What needs to be done now is to simply remove the "living will" clause. In other words, rather than deem physician-assisted suicide legal simply for those in a vegetative state and those with a living will, the act should simply be allowed for the terminally ill when desired. Having a "living will" should not be relevant.

Justice Stevens, one of the judges during the trial and accounted for one of the four justices who were out-numbered by the other five, dissented from the Court's decision in *Cruzan v. Missouri Department of Health* and declared:

> **the failure of Missouri's policy to heed the woman's interests with respect to private matters was ample evidence of the policy's illegitimacy; and the court's deference to such policy was patently unconstitutional, insofar as it seemed to derive from the premise that chronically incompetent persons had no constitutionally cognizable interests at all, and so were not persons within the meaning of the Constitution. (*Cruzan*)**

This decision may be considered just under the current laws, yet, as Justice Stevens proves, being legally sound does not always mean individual justice is served.

America is an ever-evolving nation which has been successful in counteracting injustice by creating new laws that base "rights on wrongs for immediate action." As Alan Dershowitz explains in *Rights from Wrongs: A Secular Theory of the Origins of Rights*, "The development of rights is an on-going human process, because changing

experiences demonstrate the need for changing rights" (27). The right to a living will is the individual right to control the end of one's life with written documentation in the event that one is incompetent and cannot make life-sustaining decisions. In the absence of a living will, the next closest family member is entitled to make the decision. It is definite that a terminally ill patient is going to die and often faster than someone who is in a vegetative state—yet the latter is legal, whereas physician-assisted suicide is considered immoral. This could perhaps be due to the perception that a terminally ill patient appears "more alive" than one who is, perhaps, brain dead. Morals begin to effect court decisions, but, in fact, it seems less moral to allow a dying patient to suffer an unnecessarily long and painful death. The Supreme Court has recognized the right to control the end of one's life with a living will. Thus, the next logical step is for the Supreme Court to acknowledge the same right of terminally ill patients to control the end of their lives without further suffering by creating a federal law that legalizes physician-assisted suicide, using *Cruzan*, along with *Griswold's* privacy and *Roe's* right-to-choose findings, as its premise.

At this point, Oregon is the only state in America that has such a law. In the 2006 case of *Gonzalez v. Oregon,* the United States Supreme Court upheld the constitutionality of Oregon's Death with Dignity Act. The court's decision recognizes a state's right to provide physician-assisted suicide, which allows a terminally ill patient to control the end of his life. This process began in 1997 when Oregon's citizens voted for the first and only physician-assisted suicide law in the United States, giving the terminally ill the right to control when and how to die. Yet in 2001, Attorney General Ashcroft, representing the administration's opposition to the Oregon Act, released an Interpretive Rule, declaring that "using controlled substances to assist suicide is not a legitimate medical practice and that dispensing or prescribing them for this purpose is unlawful under the Controlled Substances Act [of 1970]" (*Gonzalez v. Oregon*). Ashcroft then threatened to revoke the medical licenses of physicians who took part in the practice. *Gonzalez v. Oregon* began shortly thereafter when the state, a physician, a pharmacist, and some terminally ill residents challenged the government's Rule. Alberto Gonzalez, having replaced John Ashcroft as Attorney General, represented the Bush administration in court.

In a 6-3 opinion delivered by Justice Anthony Kennedy, the Supreme Court ruled that not only is the Attorney General excluded from medical policy decisions, but the rule was not proven under the Controlled Substances Act. The citizens of

Oregon voted for and passed the Death with Dignity Act, therefore the federal government has no authority to undermine a state issue voted on by the people. The ruling in *Gonzalez v. Oregon* exemplifies the court's acknowledgement of the right to control the end of one's life as a state matter. Justice Kennedy reasoned that "by making a medical procedure authorized under Oregon law a federal offense, it altered the balance between the States and the Federal Government" (546 U.S., No. 04-623). Furthermore, the rule altered the balance between the state and the federal government's power. "The Constitution…has provided a 'social contract,' a contract initially between the several states, yet transferred over time as a social contract between the government and the people'" (Porsdam 3). The contract between the state government and the people in *Gonzalez v. Oregon* was the vote to legalize Oregon's Death with Dignity Act. Under this contract, the Supreme Court acknowledges that not even the federal government can deny the citizens of Oregon the right to choose physician-assisted suicide. The citizens of Oregon are now receiving their constitutionally guaranteed right to liberty.

From this, one may conclude that the citizens of Oregon are simply more liberal than the rest of the nation, but, interestingly enough, this is not so. In a 1997 CNN/*USA Today* poll, fifty-seven percent of American citizens said that they are in favor of legalizing physician-assisted suicide. Furthermore, ethical and legal perspectives from modern medical care show that "the extension of life in some patients for whom quality has deteriorated to intolerant levels" has resulted in the movement toward legalizing physician-assisted suicide as well ("Clinical Practice Guideline" 5). In *Legally Speaking*, Helle Porsdam proposes that, "judicial activism ... refers to the idea of the law responding to social need and social change and to a responsive judiciary committed to the protection of rights." (3). Porsdam's concept that the law must adapt to fulfill social demands reflects the importance of needed change in the federal laws pertaining to physician-assisted suicide. However, at this time, this is not necessarily so. A crucial factor in this discrepancy is that the current government is controlled primarily by the conservative Republicans who tend to advocate for many religious groups. They argue that "opposing assisted-suicide comes from the principle of respect for human life and the related beliefs that killing is wrong, even if a person consents to it" ("End of Life Issues" 2). Because this ruling minority, the other forty-three percent of that CNN/*USA Today* poll, holds more

power and makes up the majority of the governing body, physician-assisted suicide has not been nationally legalized.

Clarence Braddock, in *Ethics in Medicine,* explains that physician-assisted suicide will never be accepted as morally and religiously right due to the strong belief in the sanctity of life held by the powerful minority. Such individuals see physician-assisted suicide as an unjustifiable active killing, thus more wrong than a passive death—that is, letting someone die by refusing treatment. Such an argument is understandable; however, it has no legal backing. Though it is true that those who are very religious will probably never agree with physician-assisted suicide, those who are less religious or have a different moral view are still citizens of the United States and hence are still guaranteed "equal protections of the law." The political doctrine, separation of church and state, maintains that government and religious institutions are to be kept separate from each other, thus including laws and legislative decisions.

While there are those of the Religious Right who feel physician-assisted suicide is morally wrong, others argue that professional integrity is at risk. This is because the Hippocratic Oath states, "I will not administer poison to anyone where asked." Opponents such as religious organizations or conservatives like Connecticut Senator Joe Lieberman are concerned that physician-assisted suicide may damage the public's image of the profession. In "Opposition to Assisted Suicide," Lieberman writes that "[d]octors should do everything they can to reduce pain, but not to administer drugs to end life. I think we go over a line then" (1). However, in the Hippocratic Oath, a doctor also swears to help a patient, and allowing a patient to suffer a long, painful death does not constitute helping the patient. If death is inevitable due to a terminal illness, and a person can no longer enjoy life because of the excruciating agony the illness is inflicting and requests physician-assisted suicide, it is reasonable to believe that denying such a request goes over a line as well.

Nevertheless, there is also a concern that physicians will make mistakes. This leaves room for potential abuse among patients as well as doctors. Doctors could possibly make an error in the diagnosis of depression or give insufficient treatment for pain. There are also others who simply fear this would be the first step towards a society that will kill not only the terminally ill but also the disabled. Robinson's online article "Euthanasia and Physician Assisted Suicide" argues that medical associations whose members are dedicated to saving and extending life are

uncomfortable with helping people end their lives. Robinson quotes Dr. Abraham Halpern and Dr. Alfred Freedman's fear of legalized physician-assisted suicide:

> **Oregon's Death with Dignity Act … should be repealed. It greases the slippery slope and will surely result in undignified and unmerciful killings. We will eventually be killing those who aren't sick, those who don't ask to die, those who are young and depressed, those who someone considers to have a poor quality of life, and those who feel it is their obligation to "get out of the way."**

However, the built-in safeguards in Oregon's Death with Dignity Act make it evident that these notions of a "slippery slope" and unmerciful killings are absolutely absurd. For instance, the Act does not permit a doctor to prescribe the means of ending life without going through the appropriate procedure. In order to even request a prescription a patient must be eighteen years of age or older, a resident of Oregon, capable of making and communicating health care decisions, and be diagnosed with a terminal illness that will lead to death within six months. If one fulfills these requirements, one then has to make two verbal requests with a separation of at least fifteen days. Next, the patient must write and submit a formal request, after which two doctors evaluate the patient through rigorous mental and physical examinations. If the patient is thought to have any psychiatric or physiological disorders, such as depression, the doctor will refer the patient to counseling. The doctor must also inform the patient of all possible alternatives and request (but not require) the notification of close family members. Only the terminally-ill person can request physician-assisted suicide for himself and both doctors must concur with the decision to prescribe medication at the patient's request (Oregon Physician-Assisted Suicide). Due to the rigorous tests and application procedure, it is unreasonable to believe that patients will become victims.

The Oregon Death with Dignity Act proves that it is possible to grant every individual their rights to life and liberty under the Fourteenth Amendment while implementing regulations in order to uphold the state's value of human life. Porsdam often refers to the fact that the Constitution provides citizens with protections against the power of the state. In the case of legalizing physician-assisted suicide state-by-state, citizens are denied their individual liberty as a result of the state laws. Some terminally ill patients are in persistent pain or experience an

intolerably poor quality of life. These individuals prefer to end their lives while they feel they have some dignity, rather than continue until their body finally gives up.

What is interesting to note is that, though in Oregon this choice is given, the option of death is not always carried out. There is a significant difference in the number of written prescriptions and the number of patients who actually ingest the medication each year. Since 2002, the number of prescriptions written as compared to those that were used has become relatively constant. The official Oregon Physician-Assisted Suicide website reported that only "thirty-two of the 2005 prescription recipients died after ingesting the medication" (11). Out of the sixty-three patients who received a prescription for physician-assisted suicide, only thirty-two of them chose to take the medication and end their lives. This means that roughly forty-nine percent of the terminally ill patients who went through the effort to request and acquire the physician-assisted suicide prescription did not choose to utilize it. It is evident then, that for these patients, the prescription was a comfort. Simply having the means to end their lives gave those patients some consolation. With the choice of physician-assisted suicide, terminally ill patients gain reassurance in knowing that, if and when their pain becomes utterly unbearable, they can end the suffering and control their death with dignity. This is why a similar law must be passed nationwide.

The right to control one's own life and body without government interference is a fundamental right protected and guaranteed in our country that prides itself on being a democratic nation. The next necessary and logical step is for individuals to have the right to control when and how to end their own lives. It is true that, despite all the arguments against those who opposed assisted suicide, Braddock is right in that such a thing will never be fully accepted. Nonetheless, physician assisted suicide must at least be a personal choice one can make in their "right to choose" and in their right to liberty and pursuit of happiness. Porsdam refers to the United States government as, "a complete civil society, perhaps the only one in political history… a society in which individual self-interest and a passion for liberty reign supreme" (3). For liberty to reign supreme, these patients have the right to hasten their own death by refusing treatment that essentially prolongs their suffering and steals their dignity. For these select terminally ill people, the only option left is physician-assisted suicide. It is important for Congress to look at previous cases and, from that, create a national law that legalizes it. This law would not only be for the benefit of the

patient and of the patient's family, but also to eliminate unconstitutional state laws that deny individuals their Fourteenth Amendment rights and ignore the Ninth Amendment. Only through such a law can The Constitution be upheld.

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COMMENTARY: Courtney Borack

Physician-Assisted Suicide. This is an undeniably emotionally-charged term. Then again, so is Cancer. Or Amyotrophic Lateral Sclerosis, also known as Lou Gehrig's Disease. Or, for that matter, any debilitating and, ultimately, fatal disease that not only strips from a person their life, slowly, day by day, but has also the power to strip from such individuals their sense of self, their sense of dignity. So when a person can no longer pursue happiness and is no longer physically free because they are bedridden, dying from some such fatal disease, does this mean their Constitutional rights end there, too, in that bed, in that sick room? Or have they, in their Constitutional rights, the right then to pursue death? The answer to the latter question is yes, for to say no is to simply deny a person that which the United States Constitution claims to grant every individual—that is, not just life, liberty, and the pursuit of happiness, but also privacy, personal choice, and autonomy over one's own body. It is with these things that Jessica Dunn boldly wrestles with in her thought-provoking essay, "Physician-Assisted Suicide: The Privacy, Choice and Rights of the Patient."

At the core of Dunn's argument is the claim that the United States Constitution is gravely flawed because, although the Fourteenth Amendment clearly proclaims that "No state shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States," every state in America, with the exception of Oregon, still "deems it a crime to assist in suicide." Using as her backing the inconsistencies seen in various trial hearings and findings, as well as in current laws, and using for her foundation prior cases as potential precedents, Jessica Dunn builds her own case that leads to her declaration of a hypothetical, but much needed, law comparable to Oregon's Death with Dignity Act.

Starting with the 1965 *Griswold v. Connecticut* case and the 1973 *Roe v. Wade* trial, Dunn first presents the issues of privacy and choice. Though each case stemmed from issues of birth control and abortion, both, as Jessica Dunn writes, "make it clear

that the state does not have the authority to deny any individual the right [or personal choice] to do as they please with his or her body," nor does the state have the right to invade the privacy of one's own home. This includes an individual's right to pursue death in the event that they are terminally ill. From these two cases, Dunn then presents the 1990 *Cruzan v. Missouri* case in which the Supreme Court deftly acknowledged "situations in which suicide can be deemed legal." Though this case dealt primarily with individuals in a vegetative condition who may or may not have a living will, it, as Dunn asserts, "paved the way for the possible and much needed reform." She goes on to write, "what needs to be done now is to simply remove the 'living will' clause" and alter the ruling so that not just those in a vegetative condition can be allowed to die, but that those suffering from an inevitable death due to an incurable disease, too, have this option. Linking these three cases to her own argument, Dunn explains that it is crucial for Congress to reexamine the existing laws on physician-assisted suicide by using such cases as *Roe*, *Griswold*, and *Cruzan* as precedents and perhaps as a catalyst to a national Death with Dignity Act.

While unflinchingly tackling the Constitution's gaping flaws, Jessica Dunn proceeds to address the various obstacles that block the creation of this hypothetical nationwide law. She presents to her readers those who deemed the rulings of *Griswold v. Connecticut* and, ultimately, *Roe v. Wade*, unconstitutional due to what appeared to be the invention of the privacy right. Dunn agrees with Senator Specter in that "the right to privacy is not explicitly stated anywhere in the Constitution" and that "the Justices did technically 'invent' this right." However, Dunn explains "it is also true that it is the sole purpose of the Supreme Court to uphold and interpret the constitutionality of laws." To not do so and to deny such rights would have been, as Dunn proclaims, unconstitutional. Yet, it struck me as peculiar that such issues of privacy would even be open to debate. We as citizens of America have clearly defined rights, but attached to these rights is not the clause, "except if we disagree with what you want to do with your body." Therefore, to then argue against acts done in the privacy of one's own home would not only be a physical invasion but a psychological invasion as well. One person asserting autonomy over another person's body is unthinkable and one would think it fairly obvious that to do so would be unconstitutional—but trial after trial tells it otherwise.

There are inconsistencies, too, that lay embedded in current laws in which Dunn addresses—namely, the question of why it is considered acceptable to hasten

the death of one who is in a vegetative state, but that it is deemed illegal and considered immoral to assist in the suicide of a terminally ill patient who is "going to die and often faster [than the former]." Jessica Dunn wonders if the answer to this lies in who is considered to be "more alive," thus dying, what seems to be, a more blatant death. The idea of one person being "more alive" than another is a most intriguing proposition. Dunn writes that opponents of physician-assisted suicide claim such allowances could potentially result in "undignified and unmerciful killings," that "[physician-assisted suicide] would be the first step towards a society that will kill not only the terminally ill, but also the disabled." Dunn explains that this alleged greasing of the slippery slope is unfounded and absurd, using as her backing the "safeguards" within the Death with Dignity Act. While I do agree with Dunn here, another aspect arose in my mind. That is, the unspoken hypocrisy of such opponents. These individuals fear "undignified killings," but, if it is true that embedded within the Court's acknowledgment of some instances in which assisted-suicide is acceptable is the belief that a person in a vegetative state is not "as alive" as one who, perhaps, is dying of cancer, then isn't this itself undignified—that is, to pass judgment over something so personal and so private as the humanness of another? Not only is there inconsistency at the core of the Courts here, but as Dunn writes, "Morals begin to affect court decisions." Related to this is, of course, the question of religion and the sanctity of life. Yet, these two matters carry little weight when bringing forth the Constitution. As Dunn writes, the political doctrine, separation of church and state, comes to mind here and "those who are less religious or have a different moral view are still citizens of the United States and hence are still guaranteed 'equal protections of law.'" Likewise, one doctor's fear of going against the Hippocratic Oath, due to his or her own interpretation of it, should not be the cause of another doctor's prosecution. Ultimately, the patient —not the government—should have control over his body.

It is understandable that with the creation of this Nationwide Death with Dignity Act not all would agree. However, it is a frightening thing when more than half of Americans who are "in favor of legalizing physician assisted suicide," as Dunn uncovers, are denied what should be granted to them because the minority—who hold strongly to their personal morals and "tend to advocate for many religious groups"—is more powerful and, thus, disregards what the rest of America clearly desires. Quoting from Porsdam, Jessica Dunn writes, "judicial activism …

refers to the idea of the law responding to social need and social change and to a responsive judiciary committed to the protection of rights," but Dunn points out the paradox inherent in this statement, and while it is true that the Constitution can only be upheld through this hypothetical Death with Dignity Act—without it, the flaw and its, essentially, hypocritical doctrine, will further this gaping hole—I wonder if, with the Supreme Court's most recent ban on "some" abortions, our personal choices and liberties will slowly decrease, thus causing America to regress, rather than to progress, as it makes its way into the future. While I agree with Jessica Dunn that a Death with Dignity Act is so important and so very needed, I wonder if such bans will ultimately impede the possibility of such a new law, thus hindering our nation's progress in making the Constitution and our Fourteenth Amendment more real rather than a merely unattainable ideal. As citizens of the United States of America we have inalienable rights, but how frightening it would be should these rights diminish and how frightening the day would be should the clause, "unless your personal morals disagree with our personal morals," be included at the end of our Fourteenth Amendment.