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Why Is The Supreme Court Wrong In Gonzales Versus Oregon State?

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Abstract:
This paper shows that the decision made by the supreme court in the Gonzales versus Oregon state trial is wrong. The clause of CSA used by the US attorney generals to fight this case is weaker compared for the core principle of the human right to live as declared in the constitution. The decision made cannot be at a state level as assisted suicide is wrong at a universal level and should be implemented at national level for all the states. This case again needs to be brought back to the supreme court to right the wrong and make sure that people in America can bank on the government to encourage the human will, the unwavering hope and the right to fight a terminal illness or any such life threatening condition as their basic right.

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I. Introduction:

The Gonzales versus Oregon State trail refers to a legal case that took place in the United States involving the right to die with the assistance of a physician. The case was officially titled Gonzales v. Oregon and was heard by the Supreme Court of the United States.

Background: In 1994, the state of Oregon passed a law known as the Death with Dignity Act (DWDA), making it the first state in the country to legalize physician-assisted suicide. Under this law, terminally ill patients with less than six months to live could request a lethal dose of medication from their doctor, which they could then self-administer to end their life.

Legal Challenge: The legality of the Oregon law was challenged by the then-Attorney General of the United States, John Ashcroft, in 2001. Ashcroft argued that physician-assisted suicide violated the federal Controlled Substances Act (CSA), which regulated the distribution and use of certain drugs.

The Case: The case was initially heard in the United States District Court for the District of Oregon, where the judge ruled in favour of the state of Oregon, upholding the DWDA. The ruling was then appealed to the Ninth Circuit Court of Appeals, which also sided with Oregon, stating that the CSA did not authorize the Attorney General to regulate physician-assisted suicide.

Supreme Court Review: The U.S. Department of Justice, under the leadership of Attorney General Alberto Gonzales, requested review by the Supreme Court. The Supreme Court agreed to hear the case in 2005, and it came to be known as Gonzales v. Oregon.

Arguments: The primary argument put forth by the U.S. Department of Justice was that the CSA should be interpreted to prohibit physician-assisted suicide, as it was against the public interest. They contended that the CSA regulated the use of prescribed drugs and that the DWDA violated federal law by allowing doctors to prescribe drugs for the purpose of ending a patient's life. On the other hand, the state of Oregon argued that the CSA was not intended to regulate medical practices such as physician-assisted suicide and that it should be left to individual states to make decisions regarding end-of-life care.

Supreme Court Decision: In a unanimous decision announced on January 17, 2006,

the Supreme Court upheld the ruling of the Ninth Circuit Court of Appeals, thereby supporting the legality of Oregon's Death with Dignity Act. The Court held that the CSA did not authorize the Attorney General to prohibit physicians from prescribing regulated drugs for the purpose of physician-assisted suicide.

Impact: The Supreme Court's decision in Gonzales v. Oregon reaffirmed the principle of federalism, recognizing that states have the authority to regulate medical practices within their borders. It also solidified the legality of physician-assisted suicide in Oregon, which remains the only state in the U.S. with a legal framework for this practice.

Overall, the Gonzales versus Oregon State trail marked a significant milestone in the ongoing debate surrounding the right to die and the role of physicians in assisting terminally ill patients who wish to end their lives [9], [10], [11] & [12].

II. Observations:

It has been seen that a human being with strong will can survive any illness, be it terminal or near death [1]. Off-course the medical history is filled with thousands of miracles where a patient that has been diagnosed to die or one with terminal illness survives the disease and not just survive but goes on to live his full life in a normal healthy condition [2], [3] & [4]. In all the cases there is one thing is common as miracles are not possible without the human hope to fight to the end and never give up no matter how bad the situation. A "real" human being fights to the last breadth and never gives up until the last one as people can still come back to life after the last breath of oxygen.

You may consider surviving beyond hospice's standard six months as a recovery of sorts – and a study published in the Journal of Palliative Medicine found that 13.4% of patients do survive six months after hospice admission [6]. Hospice care is recommended for patients who have a life expectancy of six months or less. However, there are patients who are discharged from hospice services. According to the Centres for Medicare & Medicaid Services (CMS), in 2014 about 1.3 million patients received hospice care. Although 29% had a diagnosis of cancer, the remaining 71% had other life-limiting diseases. Of all patients, 11% were live discharges. Thirteen percent survived the 6 month period. On average, the length of time patients receive hospice care is 70 days [7]. This clearly shows that terminally ill patients that have been diagnosed with 6 months to live are surviving, although the percentage is smaller but still it is better than assisted suicide as even a single patient that goes on to live further in life, a happy life is doing the right thing to fight the battels rather than giving up easily and dying by administering oneself poison drugs. Who will be called courageous and who a coward by people? People will always remember people who fight and win and not one who does not and dies without even lifting his hand!

A total of 515 NH patients with a maximum life expectancy of 6 weeks, as assessed by an NH physician, were included. NH physicians were accurate in more than 90% of their prognoses for terminally ill--mainly noncancer--NH patients, when death occurred within 7 days. For a longer period of time, their predictions became inaccurate. In the category of patients who were expected to die within 8-21 days, predictions were accurate in 16.0%, and in the category of patients expected to die within 22-42 days, this was 13.0%. Predictions in these categories were mainly optimistic (patient died earlier) in 68.6% and 52.2%, respectively. The findings of this study suggest that accurate prediction of survival of (mainly) noncancer patients in NHs is only possible when death is imminent and seems to be dependent on an intimate knowledge of patients [5]. This shows that the diagnosis of six months of survival for terminal illness as the cut-off period for assisted suicide is not even correct as people survive more and is only valid for very near term predictions of death up to 7 days only. One more study shows most terminally ill patients receive inaccurate survival estimates [8] and confirms the fact.

III. Discussions:

It can be easily seen from the above observations that the assisted suicide in case of terminal illness is wrong and that the death by natural causes until the last moment is the only thing that is morally right, true to the human nature and represents the true spirit of the humans. It has also been proved that the diagnosis of six months of cut-off period to live in case of terminal illness is also wrong and actually there are a good percentage of people who go one to live more. Also there are a fair percentage of people surviving hospice and are even discharged after full recovery, again beating the 6 months cut-off limit. Medical miracles and the will, hope and

the fighting spirit of the people are quoted in multiple citations and in real life to come from near death experience to live a happy life again with less than 6 months and even few days to survive in most of the cases.

This shows that using the clause of Controlled Substance Act (CSA) as the basis to fight the drugs administered in case of assisted suicide makes the case weaker and was a major mistake committed by both the attorney generals John Ashcroft and Alberto Gonzales. Although, it makes some sense that using a poison as a drug to commit suicide is an abuse of the drugs for human consumption. The right thing that should have been highlighted by both the attorney generals was the human right to live and has already been pointed out earlier is the right thing to do as a true human virtue. In a way the CSA act should ban the use of the poison drugs as it is a kind of abuse and definitely against public interest but a weaker point to use as a core basis is the human right to live, which is more apt. If a human being wants to die by suicide just because he has lost the will to fight is not right, he is not in the right state of mind and probably needs to be taught to fight which is also the right thing to do until he learn them, masters them. It is morally, judiciously and humanly wrong for letting him die on his own will without teaching him to live (which he is perfectly capable as proven earlier) with the help of a psychiatrists or other professionals if possible.

Again if the states are making the wrong decision by making assisted suicide legal then it is the duty of the federal government to fight the wrong until we make the right happen, which they did. This wrong decision by Oregon state can no longer be consider as a state issue as it is a national one, truth cannot be different for different states as truth can be one and only one that is applicable for all states, at national level or just to say at universal global level to be true. The supreme court made a wrong decision in this matter as has been proved by the above facts. The supreme court got it wrong on all fronts to name that the physically assisted suicide is wrong, federalism of state is not always right, particularly in this case and that CSA does hold good in preventing the abuse, although at a weaker level with human right to live being the primary clause (from the declaration of rights in the US constitution). .

IV. Conclusion:

This proves that the judgement passed by the supreme court on the Gonzales versus Oregon State trial is wrong. The clause of CSA used by the attorney generals to fight the case was weak and that the human right to live as declared in the declaration of rights should have been invoked and used as the basis. Also it has been proven that the assisted suicide for a terminally ill patient is completely wrong and the cut-off limit of 6 months does not hold, is not valid and that a fair percentage of people have been shown to fully recover beyond that limit. A human is not dead until his last breath and that dying in natural normal circumstances with a will to fight the pain and misery of illness is the right way, the right decision and the right judgement. This trail needs to go back to the supreme court and the correct decision needs to be made based on the arguments and the right needs to be done of the wrong that has been propounded.

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