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An Analysis of Oregon's Process of Defending Right to Die in Its Death with Dignity Act: From Tackling External Challenges to Making Internal Changes

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Abstract

The right to die movement in the United States has evolved through two distinct phases: initially recognizing the right of terminally ill patients to refuse treatment, followed by the advocacy for death with dignity, often involving physician-assisted suicide. While the right to refuse treatment gained acceptance in the 1980s, the concept of death with dignity remains contentious to this day. Oregon has been a pioneer in this field, enacting the Death with Dignity Act, the world's first law allowing physician-assisted death. Nevertheless, research has predominantly focused on the act's impacts rather than its evolution and new changes. Thus, this study aims to explore two key questions: What are the changes in Oregon's Death with Dignity Act? And what has made these changes possible? This study reveals that for one thing, from Lee v. Oregon (1994-1997) to Oregon v. Gonzales (2001-2006), Oregon has consistently upheld death with dignity and secured favorable outcomes in Supreme Court rulings; for another, amendments to the act, such as Senate Bill 579 (2019-2020) to House Bill 2279 (2023), have prioritized the interests of Oregon's residents while effectively countering challenges from the federal government. This study suggests that these transformations involve individual, state, and federal levels, emphasizing individual rights, legal precedents, and federalism. However, the Death with Dignity Act only applies to patients capable of communication, indicating ongoing efforts needed.

Keywords: U.S. Right to Die Movement, death with dignity, Oregon, federalism

1. Introduction

The right to die movement in the United States has evolved continuously with progress of the civil rights movement post World War II and advancements in medical technology (Whiting, 2001). Marked by the Cruzan case, the right to die movement can be divided into two main phases (Huang & Chen, 2012). The first phase aims to change societal perceptions of death and to legalize the right of terminally ill patients to refuse treatment. The second phase advocates for the concept of death with dignity and seeks to legalize the right of terminally ill patients to request physician-assisted suicide. By the 1980s,

American society had generally accepted the right to refuse treatment. However, as for the second phase, debates over death with dignity persist in American society to this day (Sullivan, 2003).

Death with dignity related cases in the United States have been abundant since 1990, starting from lawsuits against Dr. Kevorkian, to New York's Vacco v. Quill and Washington's Washington v. Glucksberg, and further to Oregon's Lee v. Oregon and Oregon v. Gonzales. Decisions by various levels of American courts have to some extent propelled the dynamic development of the death with dignity movement in the legal realm. Throughout this process, it is evident that while the Supreme Court of the United States has implied a right to die through ratifying a right to refuse medication, it refuses to extend constitutional protection to a robust right to die (Schultz, 2010). Additionally, the Court has deferred the right to die debate to individual states (Gostin, 1997).

Oregon, among all states in the United States, has been a pioneer in the legislative field of death with dignity. It is the first jurisdiction in the U.S. to authorize and regulate aid in dying (Dresser, 2024). Serving as an experiment state, Oregon's legislation in this area can provide inspiration for other states. Therefore, this study intends to focus on Oregon's process of defending the right to die, specifically exploring the Oregon's Death with Dignity Act.

The Death with Dignity Act was passed by a ballot initiative in Oregon in 1994, allowing terminally ill individuals to end their lives through the voluntary self-administration of lethal medications, expressly prescribed by a physician for that purpose (Oregon Health Authority, 2023). In October 1997, the Death with Dignity Act was officially implemented, making it the first law in the United States, and even the world, to allow physicians to provide medical assistance in dying to qualified patients (Bosshard et al., 2002).

In the history of the Death with Dignity Act, the formulation process has encountered several external legal challenges and internal legislative changes.

Following the passage of the act in 1994, it faced its first external challenge, Lee v. Oregon. Subsequently, in 2001, the second major external challenge, Oregon v. Gonzales, arose. These two primary external challenges shape the emergence of the Death with Dignity Act.

Since the Court's ruling in 2006, no further challenges have been made to Oregon's Death with Dignity Act. With the conclusion of external challenges, the Act remained unchanged until 2019, when it began the internal optimization process. Internal changes to the Death with Dignity Act primarily include Senate Bill 579 and House Bill 2279. These two major internal changes have facilitated the growth and maturity of the Death with Dignity Act.

Therefore, this study attempts to examine Oregon's process of defending the Right to Die in its Death with Dignity Act, focusing on the act's external legal challenges such as Lee v. Oregon and Oregon v. Gonzales, as well as internal legislative changes including Senate Bill 579 and House Bill 2279.

This study holds practical significance for two main reasons. Firstly, by analyzing how Oregon navigated external legal challenges and internal legislative changes to uphold its Death with Dignity Act amid shifting legal landscapes and political climates, the study informs discussions on state-federal dynamics in regulating end-of-life practices. Secondly, by examining the evolution of Oregon's Death with Dignity Act, including changes in eligibility criteria and procedural requirements, the study may well provide valuable lessons and considerations for other U.S. jurisdictions considering similar legislation or facing legal challenges related to physician-assisted death.

Moreover, this study also harbors some academic importance, which is covered in detail in the next section.

2. Literature Review

2.1 U.S. Right to Die Movement

Regarding the right to die movement in the United States, research both at home and abroad encompasses diverse perspectives, including the evolution of the movement, the significance of legal processes in its development, and debates surrounding the death with dignity movement. For instance, Lim (2005) traces the evolution of the right to die movement from its beginnings in 1976 all the way to 2005, focusing on the Quinlan and Cruzan cases, and discussing the events leading up to the Supreme Court's 1997 rulings. Price and Keck (2015) explore the dynamic through historical case studies on the

right to die and abortion, considering that avoiding litigation doesn't necessarily reduce courts' involvement, disagreeing with detractors who argue against using courts for social change. Garrow (1998) focuses almost exclusively upon the law and the politics of death with dignity in America, arguing that the proportion of Americans who believe that the terminally ill should be able to make their own most fundamental choices at the end of life makes the debate inescapable. Behuniak (2011) reviews how "dignity" serves both as a divisive wedge in the debate over the right to die but also as a value that can open the way to productive discourse. Through analyzing the views of Compassion & Choices and Not Dead Yet, he concludes that the two organizations are more parallel than contrary. Among these, the death with dignity movement is the focus of study for most scholars.

In addition to separate studies on the movement's evolution, legislation, and debates, there are also comprehensive integrated studies. For example, Huang Xianquan and Chen Xuejuan (2012) provide introductions to the U.S. right to die movement and death with dignity movement, including the backgrounds, meanings, and influences, analyze the moral and rights disputes surrounding euthanasia, and discuss the U.S. Supreme Court's recognition of the legalization experiments of physician-assisted suicide in states like Oregon.

2.2 U.S. Death with Dignity

Concerning the death with dignity movement in the United States, research can generally be divided into two categories based on different research themes. One category primarily analyzes death with dignity itself, while the other category explores the manifestation of the death with dignity movement in specific states in the United States, such as Washington, Oregon, Montana, California, etc.

In the first category, for example, Gentzler (2003) assesses different notions of dignity that are operating in many arguments for the legalization of assisted suicide in America, and finds them all to be deficient. Player (2018) explores death with dignity and mental disorder, arguing that when a person requests the assistance of a physician to hasten death, the only concern should be whether he or she is competent to consent to physician-assisted dying.

In the second category, for instance, Wang and Elliott (2016) examine the amyotrophic lateral sclerosis patients who sought medication under the Washington State Death with Dignity Act since its inception in 2009. Ganzini and Nelson (2000) discuss physicians' experiences with the Oregon Death with Dignity Act through questionnaires. Dallner and Manning (2004) explore the right of a terminally ill Montanan to medical assistance in hastening death by reviewing the argument that this right arises under the right to privacy section of the Montana Constitution. Sun Yelong (2017) employs the examples of legislation passed in California, USA, and South Korea regarding the autonomy of terminally ill patients to analyze the typification of patient autonomy and its legal significance.

Among these, as for the first category, scholars generally converge on their viewpoints in research on the debate surrounding death with dignity. They typically do not deviate significantly from dichotomous camps such as liberal and conservative, pro-choice and pro-life, etc. Nevertheless, as for the second category, there seems to be more research space available. From related studies, it is evident that among the various states in the United States, Oregon is a pioneer, whose Death with Dignity Act has significantly stimulated the accelerated development of the death with dignity movement in the United States. It is an unavoidable subject in the research and receives great attention in related studies. Therefore, this study attempts to focus on Oregon's Death with Dignity Act.

2.3 Oregon's Death with Dignity Act

Concerning the literature on Oregon's Death with Dignity Act, scholars examine the number and characteristics of people accessing assisted deaths (Regnard et al., 2023), the impact on physicians (Ganzini et al., 2001), the public discussion upon Oregon's Death with Dignity Act (Purvis, 2012), and etc. Of these, there is a richer discussion around the influence of the act, and less research on the evolution of the act itself. Accordingly, this study would like to explore more about Oregon's Death with Dignity Act's own evolution.

Regarding the research on the act's own evolution, scholars focus on several topics including analyses of the case Gonzales v. Oregon (Rich, 2007), comparative studies of the

development of Oregon's Death with Dignity Act in 1994 and 1997 (Purvis, 2012), experience of Oregon's Death with Dignity Act (Hedberg et al., 2009) and so forth. Among these, there are more studies centered around single points of change in the development of the act and a lack of analysis of the evolution as a whole. Hence, this study attempts to pay more attention to the evolution of Oregon's Death with Dignity Act as a whole.

Additionally, it is worth noting that some scholars have analyzed and summarized Oregon's experience utilizing the twenty-year time-frame following the passage of the act (Hedberg & New, 2017). For example, Shen Wen and Lu Chunli (2018) explore the official report data on Oregon's implementation of the Death with Dignity Act over 20 years, providing evidence and experience for the related debates and ethical issues in American society. They calculate the death rates of death with dignity from 1998 to 2017 based on annual reports from the Oregon Health Authority and summarize patient characteristics, underlying diseases, death with dignity processes, and participating physician features. However, for one thing, their research does not keep up with the new changes in the Act in 2023, and for another, their studies focus more on the implementation level of the Act.

Therefore, this study intends to fill the gaps by focusing on the formulation level of the act in the time-frame from 1994 to 2023, analyzing the process of Oregon defending right to die in its Death with Dignity Act through the lens of Oregon's legal efforts from tackling external challenges, including Lee v. Oregon and Oregon v. Gonzales, to making internal changes, such as Senate Bill 579 and House Bill 2279.

3. Research Questions

Oregon's Death with Dignity Act has faced several challenges and changes through its establishment and development, partly because the nature of assisted suicide implied by death with dignity has traditionally been unacceptable in American societal and cultural traditions. However, from 1994 to 2023, Oregon's Death with Dignity Act has steadily progressed for nearly 30 years, also demonstrating the momentum for development. This indicates that Oregon's Death with Dignity Act has a certain vitality, and its dynamic evolution is inspirational. Hence, two questions emerge in this study:

(1) What are the changes in Oregon's Death with Dignity Act?

(2) What have made these changes possible?

In a bid to explore these two questions, this study adopts a qualitative research method and strives to obtain first-hand data from official sources. The materials needed for this study mainly include the cases Lee v. Oregon and Oregon v. Gonzales, as well as the legislation Senate Bill 579 and House Bill 2279. For the two cases, this study obtains opinions from the Oyez website and the Justia website. Regarding the two bills, considering that the Oregon Death with Dignity Act requires the Oregon Health Authority to publish annual statistical reports, this study analyzes relevant documents obtained from the Oregon government's official website, the Oregon Health Authority website, and the Oregon State Legislature website, including annual reports and the Oregon revised statute.

Concerning the first research question, the changes in Oregon's Death with Dignity Act are classified and arranged in a chronological order, focusing on four main points: Lee v. Oregon, Oregon v. Gonzales, Senate Bill 579, and House Bill 2279. This section is structured around three main aspects, including from Lee v. Oregon (1994-1997) to Oregon v. Gonzales (2001-2006), from Senate Bill 579 (2019-2020) to House Bill 2279 (2023), and from external challenges (Lee v. Oregon, Oregon v. Gonzales) (1994-2006) to internal changes (Senate Bill 579, House Bill 2279) (2019-2023).

Regarding the second research question, the factors contributing to these changes are discussed based on the analysis of the first question. The exploration is conducted from three dimensions, involving emphasis on individual rights, tendency of legal precedents, and balance of federalism.

4. What Are the Changes in Oregon's Death with Dignity Act

According to the chronological order of occurrence, from 1994 to 2023, Oregon's Death with Dignity Act mainly experiences such four key changes as the Lee v. Oregon case from 1994 to 1997, the Oregon v. Gonzales case from 2001 to 2006, Senate Bill 579 in 2020, and House Bill 2279 in 2023.

To take a step further, considering that Oregon's Death with Dignity Act did not undergo any

changes from 2007 to 2019, and prior to this period it primarily faced external challenges, while after this period it mainly underwent internal adjustments, this study classifies Lee v. Oregon and Oregon v. Gonzales as external legal challenges, and Senate Bill 579 and House Bill 2279 as internal legislative changes.

4.1 From Lee v. Oregon to Oregon v. Gonzales

In the first external challenge Lee v. Oregon, the case was adjudicated by two levels of courts. Firstly, the District Court ruled in favor of plaintiffs, placing a temporary hold in the implementation of Oregon's Death with Dignity Act. Secondly, the Ninth Circuit Court of Appeals dismissed the case in February 1997, marking a monumental victory for Oregon's Death with Dignity Act and the medical aid in the right to die movement. And later in October 1997, the act was officially implemented (Schultz, 2010).

In the second external challenge Oregon v. Gonzales, the Bush administration weighed in against Oregon's Death with Dignity Act in 2001. In November 2001, Attorney General John D. Ashcroft issued an interpretative rule under the federal Controlled Substances Act (CSA), the statute regulating use of the drugs physicians prescribed under Oregon's Death with Dignity Act. Ashcroft declared physician-assisted suicide "not a 'legitimate medical purpose'" under the CSA (Justia, 2005).

In this case, three levels of courts rendered judgments. The District Court and the Ninth Circuit both held Ashcroft's directive illegal. The Supreme Court, concerning the question whether the CSA authorized the Attorney General to ban the use of controlled substances for physician-assisted suicide in Oregon, ruled the Attorney General's attempt to intervene in medical aid in dying exceeded his authority, affirming the Oregon law in January 2006. The Court did not address the constitutional issues. Thus, the right to die remained neither constitutionally rejected nor accepted, but as a state matter.

As seen from both Lee v. Oregon and Oregon v. Gonzales, Oregon's stance remained unchanged, steadfastly asserting the legality of death with dignity within the state. When faced with external challenges, Oregon's bottom line remained unwavering. This could become an advantage during the Supreme Court's deliberations, because the essence of the Supreme Court's ruling was not to resolve the issue of death with dignity but to address the balance between state and federal law, leaving the decision of whether to continue the Death with Dignity Act to Oregon itself.

Oregon's stance is largely represented by the people of Oregon. Before Lee v. Oregon, Oregon's Death with Dignity Act was affirmed by a ballot initiative in 1994 by 51% of voters, and the Act was therefore passed (Cohen-Almagor & Hartman, 2001). Prior to Oregon v. Gonzales, Oregon legislators put a repeal, known as Measure 51, which voters rejected by almost 60% in November 1997 (Murphy, 2012). This demonstrates that before both cases, Oregon's Death with Dignity Act underwent a direct democratic process led by the people of Oregon.

Moreover, unlike the situation in Lee v. Oregon, federal forces participated in the external challenge to Oregon's Death with Dignity Act via Oregon v. Gonzales. From Lee v. Oregon to Oregon v. Gonzales, the forces challenging Oregon's Death with Dignity Act shifted from internal dissenters within Oregon to opponents within the United States at large, indicating a continual strengthening of external challenges. This also suggests, in reverse, the far-reaching impact of the formulation of Oregon's Death with Dignity Act within the United States.

4.2 From Senate Bill 579 to House Bill 2279

As for the first internal change since 2019, Senate Bill 579 went into effect January 1, 2020, marking the first time Oregon's legislators amended a medical aid-in-dying law to reduce barriers. It has two main contributions, including it creating exception under Oregon's Death with Dignity Act to 15-day waiting period for patient with less than 15 days to live and it creating exception to two-day waiting period for patient with less than two days to live.

Specifically, for example, in "SECTION 2, ORS 127.840. §3.06.(2)", it reads that "if the qualified patient's attending physician has medically confirmed that the qualified patient will, within reasonable medical judgment, die within 15 days after making the initial oral request under this section, the qualified patient may reiterate the oral request to his or her attending physician at any time after making the initial oral request." (Oregon State Legislature, 2019)

As for the second internal change, House Bill 2279, serving as the latest amendment

introduced, repeals residency requirement in Oregon's Death with Dignity Act (Oregon State Legislature, 2023).

According to the requirements of the prescription for lethal medications in Oregon's Death with Dignity Act, the act requires that a patient must be: (1) an adult (18 years of age or older), (2) a resident of Oregon, (3) capable (defined as able to make and communicate health care decisions), and (4) diagnosed with a terminal illness that will lead to death within six months (Oregon Health Authority, 2022).

From the above, it is evident that both in Senate Bill 579 and House Bill 2279, the amendments to Oregon's Death with Dignity Act revolve around the interests of the people of Oregon, particularly those of eligible patients under the act. In the first internal adjustment, Senate Bill 579 addresses an important procedural detail regarding the possibility of patients facing situations that did not align with rigid time constraints. In the second internal adjustment, House Bill 2279 focuses on patient needs at the requirement rules level, relaxing the insignificant restriction of residency solely within Oregon.

From Senate Bill 579 to House Bill 2279, it reflects the continuous deepening of internal changes to Oregon's Death with Dignity Act. The amendments to the details of the bills also indirectly confirm the practical implementation of the Death with Dignity Act in Oregon. The adjustment of the understanding level of the act through its practice highlights the significance. Therefore, Oregon's Death with Dignity Act may well serve as a guiding and inspirational example for other similar processes or states that may be lagging behind.

4.3 From External Challenges (Lee v. Oregon, Oregon v. Gonzales) to Internal Changes (Senate Bill 579, House Bill 2279)

From Lee v. Oregon to Oregon v. Gonzales, Oregon's stance remains unchanged, affirming the legality of death with dignity within the state. This stance proves advantageous during the Supreme Court's ruling process. And Oregon's position is largely represented by the people of Oregon, reflecting the direct democracy led by the state's residents.

And from Senate Bill 579 to House Bill 2279, amendments to Oregon's Death with Dignity Act at the procedural and requirement levels revolve around the interests of Oregon's residents. Such continuous deepening of adjustments to the act's internal details can indirectly confirm its practical implementation in Oregon.

It is worth mentioning that the escalation of external challenges, marked by the involvement of the federal government, occurs. However, due to Oregon's steadfast legislative stance, these external challenges are neutralized. And from external challenges to internal changes, represented by Oregon's Death with Dignity Act, a certain balance is achieved between Oregon state law and federal law, which has propelled the progress of Oregon's death with dignity movement and has also contributed to the peak of the death with dignity movement nationwide in the United States.

5. What Have Made These Changes Possible?

Based on the analysis of changes in the previous section, this section explores the factors that make the changes possible from the perspectives of different levels of actors. The discussion mainly focuses on three dimensions, including the individual level, the state level, and the federal level. Specifically, these factors respectively highlight the emphasis on individual rights, the tendency of legal precedents, and the balance of federalism.

5.1 Emphasis on Individual Rights

America's social and cultural tradition underscores the respect for individual rights and dignity (Glensy, 2011). This tradition, rooted in ideals such as liberty, equality, and justice, is enshrined in such key documents as the Declaration of Independence and the Bill of Rights, encompassing the belief in personal autonomy and the right to self-determination (Baer, 2009). The importance of individual rights is as always serving as essential components of US democratic society.

Direct democracy is one of the features of American democratic society, embodying the tradition of valuing individual rights and thus being highly advocated. Direct democracy in the United States refers to a form of government where citizens have the opportunity to participate directly in the decision-making process, particularly in matters of legislation and public policy (Reilly, 2009).

Citizens' initiatives can be one of the primary mechanisms of direct democracy (Cronin, 1989). In some states of the United States, citizens have

the ability to propose new laws or amendments to existing laws, via the ballot through a petition process.

Notably, direct democracy practices vary among states, some states embracing it more extensively than others. Of them, Oregon has a long history of applying initiatives. It is because of citizen initiatives that the death with dignity movement in Oregon has established a clear legislative direction (Haider-Markel, 2008).

As for its Death with Dignity Act, Oregon has demonstrated significant public support and acceptance for the act since its enactment. Public opinion polls consistently show a majority of Oregonians in favor of the law, reflecting a broader cultural acceptance of end-of-life autonomy and patient-centered care in the state. For instance, in 1994, the act was affirmed by ballot initiative by 51% of voters and then was passed; and in 1997, voters rejected the repeal Measure 51 put by Oregon legislators by almost 60% (Easterly & Tatalovich, 2021).

Besides, as for the internal legislative changes of Oregon's Death with Dignity Act, the revisions to the provisions demonstrate a concern for individual rights. From Senate Bill 579 to House Bill 2279, the amendments, ranging from procedure rules to requirement rules, include making waiting periods more flexible to accommodate the specific needs of individual patients and expanding the beneficiaries of the law from Oregon residents to residents of the United States.

Overall, the legal foundation of Oregon's death with dignity movement can be based on civil rights and freedom. Furthermore, the ongoing internal improvements to the Death with Dignity Act also reflect a commitment to upholding individual rights.

5.2 Tendency of Legal Precedents

As for the external legal challenges confronted by Oregon's Death with Dignity Act, from Lee v. Oregon to Oregon v. Gonzales, the Death with Dignity Act manages to overcome obstacles and move forward. Apart from the victories in these two cases, the influence of legal precedents cannot be sneezed at.

However, oddly, in the case of Washington v. Glucksberg, the Ninth Circuit Court of Appeals' ruling in March 1996 had a positive impact on Oregon's case in February 1997 likewise within the Ninth Circuit. However, in a later development in Washington v. Glucksberg, the ruling by the U.S. Supreme Court overturned the Ninth Circuit's decision. Nonetheless, it seems that Oregon v. Gonzales was not affected again by such a precedent, as the U.S. Supreme Court's ruling upheld the decision of the appellate court (Justia, 1997).

To address this puzzle, this study intends to analyze the specific opinions of the four cases.

Examining precedent cases such as Vacco v. Quill in New York (Justia, 1997) and Washington v. Glucksberg in Washington (Justia, 1997), this study finds that the two Supreme Court rulings are both favorable to the respective states. For example, in both New York and Washington, the Supreme Court upheld laws prohibiting assisted suicide, aligning with the states' own decisions.

From the opinions in the precedent cases, it is evident that the focus is not primarily on the debate over death with dignity itself but rather on whether the state laws are unconstitutional. Specifically, this can manifest in different interpretations of the Fourteenth Amendment's Due Process Clause and Equal Protection Clause. For instance, in Vacco v. Quill, the Supreme Court answers negatively to the question "did New York's ban on physician-assisted suicide violate the Fourteenth Amendment's Equal Protection Clause?" The Court held that New York's ban was rationally related to the state's legitimate interest in preserving human life (Oyez, 1997). Similarly, in Washington v. Glucksberg, the Court answers negatively to the question "did Washington's ban on physician-assisted suicide violate the Fourteenth Amendment's Due Process Clause by denying competent terminally ill adults the liberty to choose death over life?" Employing a rationality test, the Court held that Washington's ban was rationally related to the state's legitimate interest in preserving life (Oyez, 1997).

Hence, the commonality in the two rulings is that both recognize the traditional American opposition to suicide; hence the right of physician-assisted suicide does not fall under fundamental liberty rights and is not protected by the Due Process Clause. In other words, physician-assisted suicide is not constitutionally protected.

However, when it comes to Oregon's cases, the story is different. For one thing, unlike the precedents of New York and Washington states,

which both use the term "physician-assisted suicide", Oregon uses the phrase "death with dignity", avoiding the word "suicide". For another, unlike the precedents of New York and Washington states, where the states themselves prohibited death with dignity, Oregon has allowed death with dignity within the state.

Specifically, as for the external challenges faced by Oregon, namely Lee v. Oregon and Oregon v. Gonzales, the Supreme Court similarly did not directly address the legality of death with dignity practices. Instead, the focus was on whether the use of drugs by physicians was constitutional, and whether the intervention of the Attorney General was constitutional. It is evident that the Supreme Court has implicitly accepted that the decision to allow death with dignity can be determined based on the circumstances of each state.

Therefore, in summary, the authority to decide on the legality of death with dignity has been delegated to the states. New York and Washington both prohibit physician-assisted suicide within their states, hence the Supreme Court rulings reflect a dis-allowance of death with dignity. By comparison, Oregon's state law supports death with dignity, so the Supreme Court rulings favor the formulation of death with dignity. Because the Supreme Court rulings have never focused on death with dignity itself, essentially, it is the states' decision-making power at play. Accordingly, Oregon's steadfast allowance of death with dignity experimentation has greatly facilitated the development of death with dignity laws within the state.

5.3 Balance of Federalism

Federalism in America refers to the division of powers between the national government and the individual state governments (Fenna & Schnabel, 2024). It is a foundational principle of the United States Constitution. Among the numerous key aspects of federalism, such three points as checks and balances, states' autonomy and experimental flexibility are demonstrated through the evolution of Oregon's Death with Dignity Act.

Firstly, checks and balances are embodied as the interactions between federal authority and state authority concerning the case Oregon v. Gonzales. Hereby, given federalism, the federal government attempts to serve as a check on state power. Specifically, Attorney General Ashcroft issued an interpretative rule under the federal CSA, in a bid to regulate use of the drugs physicians prescribed under Oregon's Death with Dignity Act (Oyez, 2005). According to Ashcroft, "prescribing, dispensing, or administering federally controlled substances to assist suicide violates the CSA, and such conduct by a physician... may 'render his registration... inconsistent with the public interest' and therefore subject to possible suspension or revocation." (Oyez, 2005)

Secondly, states' autonomy is also of significance within the system of federalism. In the United States, each state has its own constitution, legislature, and executive branch to administer state-level policies (Shane, 1998). Likewise, in Oregon v. Gonzales, part of discussion by the Supreme Court can demonstrate states' autonomy in America. For instance, in the case, the Court also discussed the dispute's significance for federalism. As Kennedy noted, "the structure and operation of the CSA presume and rely upon a functioning medical profession regulated under the States' police powers... Oregon's regime is an example of the state regulation of medical practice that the CSA presupposes." By contrast, Ashcroft's position would "affect a radical shift of authority from the States to the Federal Government to define general standards of medical practice in every locality." (Justia, 2005)

Thirdly, experimental flexibility results from the power dynamics between the state authority and the federal authority. Such flexibility in federalism enables the states in America to experiment with different policies to address local needs and preferences, which may well lead to innovation (Agranoff & McGuire, 2001). Therefore, it can be said that it is the role of Oregon as a pioneering state that has played a pivotal role in increasing acceptance of death with dignity not only within Oregon but also across the entire American society. In Oregon, from citizens' initiatives, to Lee v. Oregon, and then to Oregon v. Gonzales, legislative actions have gradually promoted the resolution of the legality issue of death with dignity within the state. In other words, against the backdrop of these prominent cases and legal challenges, Oregon takes a proactive approach to address the issue of end-of-life care through legislative action.

Moreover, in the case of Oregon v. Gonzales, the petitioner Attorney General Ashcroft belonged to the Republican Party. Considering that the

case occurred in 2001, which was the year of the presidential election, and the fact that the Democratic and Republican parties in the United States have different stances on the issue of death with dignity, the partisan interests of American political parties may also be one of the factors behind the obstruction of the advancement of Oregon's Death with Dignity Act to some extent. However, due to limited evidence, this factor is not elaborated on here, and further analysis is expected to be conducted in future research.

6. Conclusion

This study explores Oregon's process of defending the Right to Die in its Death with Dignity Act, paying attention to the act's external legal challenges involving Lee v. Oregon and Oregon v. Gonzales, as well as internal legislative changes including Senate Bill 579 and House Bill 2279. Through analysis of case opinions and documents related to Oregon's Death with Dignity Act, this study argues that from Lee v. Oregon to Oregon v. Gonzales, and then to Senate Bill 579 and House Bill 2279, the evolution of Oregon's Death with Dignity Act has undergone a transition from responding to external challenges to making internal changes. As of 2023, the progress of this act at the formulation level reflects an emphasis on individual rights, the tendency of legal precedents, and the balance of federalism.

Additionally, it is important to note that the eligibility requirements outlined in Oregon's Death with Dignity Act indicate that the act only protects the interests of a specific subset of patients who are capable of communicating their medical condition. However, for patients such as those in a vegetative state who lack the capacity to communicate decisions, the Death with Dignity Act currently does not apply. Oregon serving as an experimental state in the United States and the first to legislate this practice, there is currently no mature or systematic legislation specifically addressing patients who are unable to communicate decisions. This suggests that in the United States, the right to die movement, represented by death with dignity, may still have a long way to go.

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