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IN THE SUPREME COURT OF FLORIDA

CLERK, SUPREME COURT

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Chief Deputy Clerk

CASE NO. 89,837

BARRY KRISCHER, in his official
capacity as State Attorney of the 15th
Judicial Circuit,

Appellant,

vs.

**CECIL McIVER, M.D.; C.B.
CASTONGUAY; ROBERT G.
CRON; AND CHARLES E.
HALL,**

Appellees.

On Writ of Certiorari to Review A Judgment of the
Fifteenth Judicial Circuit, certified by the Fourth District Court of Appeal

**BRIEF OF 25 RELIGIOUS ORGANIZATIONS,
LEADERS AND SCHOLARS AS *AMICI CURIAE*
IN SUPPORT OF APPELLEES**

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The Reverend Douglas I. Norris
The Reverend C. William Pearson
The Reverend David A. **Pettee**
Bishop John S. Spong
The Reverend Deborah Streeter
The Reverend Doctor John Swomley
The Reverend Judith Clymer Welles
The Reverend Doctor Ray L. Welles

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INTEREST OF THE *AMICI*

Amici are a diverse array of religious organizations, leaders and scholars as well as advocates of religious liberty. They have in common their dedication to the personal liberties and religious freedoms of all Americans as well as their concern for the plight of the terminally ill. Many of the individual *amici* counsel and comfort terminally ill people, and are thus familiar with their physical, emotional, and spiritual suffering and their struggle over the intensely personal decision to hasten an inevitable death. This decision implicates issues of great spiritual significance - issues that are not viewed in the same manner by all religious denominations or their adherents.

The interest of *amici* in these cases is to ensure that terminally ill persons of all faiths are free to make decisions about the time, place and manner of death that reflect their personal understanding of life's meaning, reduce the suffering of their bodies and their minds, and conform to their own ethical and spiritual values. While the government may properly regulate this choice to assure that it is truly voluntary and informed, the government may not proscribe the choice altogether, which would undermine the interests protected by the Right of Privacy Amendment to the Florida Constitution as well as the Equal Protection Clause of the United States Constitution,

* Counsel for both parties have consented to the filing of this brief,

STATEMENT OF THE CASE AND FACTS

Amici adopt the statement of the case and of the facts of the Appellees.

SUMMARY OF ARGUMENT

Amici urge that physician-assisted suicide is one of the most important liberties protected by the Florida Privacy Amendment, implicating as it does “the right to **define** one’s own concept of . . . the mystery of human life.” *Planned Parenthood v. Casey*, 505 U.S. 833, 851 (1992).

Given the incredibly personal nature of the decision involved, the trial court’s ruling that it is a fundamental right to choose physician-assisted suicide and that the State of Florida has asserted no sufficiently compelling interest to override this right should be **affirmed**.

Furthermore, *Amici* ask this Court to consider the many diverse religious faiths represented in this state, all which have diverse views on the theological and moral propriety of physician-assisted suicide. Some religious denominations absolutely opposed physician-assisted suicide in all instances. Others, while stating no formal church position, have taken the position that an individual’s decisions about death should be honored. Still others affirmatively support the right to self-determination in dying. In the light of this diversity of religious views on the subject, it is impossible to argue that the right to choose physician-assisted suicide goes against moral, ethical or religious beliefs. To the contrary, Charles Hall and Robert Cron gave extensive consideration to the spiritual and religious ramifications of their decision to choose **physician-**assisted suicide and arrived at the conclusion that their God would not condemn them for their decision. Their decisions deserve the respect of the State, as guaranteed by the Florida Constitution.

I. THE TRIAL COURT CORRECTLY HELD THAT THE RIGHT TO PHYSICIAN-ASSISTED SUICIDE IS GUARANTEED BY THE PRIVACY AMENDMENT TO THE FLORIDA CONSTITUTION

A. A TERMINALLY ILL PERSON'S DECISION TO HASTEN DEATH IS THE SORT OF PERSONAL, INTIMATE, OFTEN SPIRITUAL DECISION TO WHICH THE FLORIDA PRIVACY AMENDMENT AFFORDS PROTECTION

This Court has recognized in many instances that each individual should be allowed to define for himself or herself what constitutes a meaningful existence. Art. I, § 23 of the Florida Constitution (the "Privacy Amendment") has thus been held to guarantee the rights, among many others, to refuse medical treatment and to remove life-sustaining medical apparatus. *See Matter of Dubreuil*, 629 So. 2d 819 (Fla. 1993); *Satz v. Per/mutter*, 379 So. 2d 359 (Fla. 1980). The underlying rationale for these decisions is succinctly described in the opinion of *Public Health Trust of Dade County v. Wons*, 500 So. 2d 679, 687 (Fla. 3d DCA 1987), *affirmed*, 541 So. 2d 96 (Fla. 1987), as quoted by the trial court below:

Surely nothing, in the last analysis, is more private or more sacred than one's religion or view of life, and here the courts, quite properly, have given great deference to the individual's right to make decisions vitally affecting his private life according to his own conscience. It is difficult to overstate this right because it is, without exaggeration, the very bedrock on which this country was founded.

Final Judgment at 13.

As this Court has recognized, a terminally ill person's decision to hasten death is a deeply personal, intimate, and **often** spiritual one, which is made only **after** solemn reflection, meditation, or prayer, and after consultation with doctors, family, and clergy.¹ It is a decision that raises

¹ See, *e.g.*, Presbyterian Church (U.S.A.), *In Life and Death We Belong to God* at 43 (the decision to commit physician-assisted suicide should be made "thoughtfully and prayerfully, in

“profound issues of human meaning and purpose, of identity and destiny” ■ issues that “strike to the very core of our being and integrity as persons.” Campbell, 2 Kennedy Inst. of Ethics J. at 275; see *Cruzan v. Director, Missouri Dept. of Health*, 497 U.S. 261, 343 (Stevens, J., dissenting) (“[o]ur ethical tradition has long regarded an appreciation of mortality as essential to understanding life’s significance”). We frequently turn to religion when we are confronted by these sorts of issues: people “expect from the various religions answers to the riddles of the human condition: . . . What is the meaning and purpose of our lives? . . . What are death, judgment, and retribution after death?” *United States v. Seeger*, 380 U.S. 163, 182 (1965). Indeed, “not much may be said with confidence about death unless it is said from faith.” *Cruzan*, 497 U.S. at 343 (Stevens, J., dissenting).

It has thus been recognized that “religion lies at the very heart of a terminally ill person’s decision whether to hasten death. Note, 84 Geo. L.J. at 589.² The decision implicates attitudes that, for many, are deeply rooted in their religious faith, including attitudes about self-definition, self-determination, and suffering.

Many individuals view their decisions about matters of personal “identity and destiny” as inherently religious ones. As one Protestant religious leader has put it, “the Christ experience is nothing less than our call to be who we are,” so “I worship . . . Jesus when I claim my own being

collaboration with knowledgeable persons not emotionally captured by the situation”); G. Larue, *Euthanasia and Religion: A Survey of the Attitudes of World Religions to the Right-To-Die* 87 (1985) (quoting the United Methodist Church General Council’s 1980 statement on Death With Dignity as recognizing the “agonizing personal and moral decisions faced by the dying, their physicians, their families, and their friends”).

² See United Church of Christ, *Making End-of-Life Decisions* at 5 (noting the “intricacies of religious, medical, social and emotional factors” in each case of terminal illness).

and live it out **courageously**.”³ A number of religious organizations have recognized that dying and death provide terminally ill individuals with a **final** opportunity to “claim [their] own being,” consistent with their own philosophical, ethical, and spiritual attitudes about “human meaning and purpose.” See Campbell, 2 Kennedy Inst. of Ethics J. at 275 (“our concern about dying well is integral to an understanding of how we might live a rich, meaningful life”).⁴ For example, “[s]ome persons in terminal conditions long for death as a means of being embraced by the divine,” and thus may seek a voluntarily hastened death as a means of “profoundly **exercis[ing]** their faith when that may be the most meaningful act of creation available to them.” G. Larue, *Playing God, supra* at 396 (reprinting report of Greater Seattle Council of Churches). Other terminally ill persons may decide that continuing to exist only with a body racked by pain, or a mind numbed by sedatives, strips them of their personhood. Still others may not want to be remembered in their present condition “**after** [their] death by those whose opinions matter to [them].” *Cruzan*, 497 U.S. at 344 (Stevens, J., dissenting).’

³ Bishop J.S. Spong, *Rescuing the Bible from Fundamentalism: A Bishop Rethinks the Meaning of Scripture* 242 (1991).

⁴ See United Church of Christ, *Making End-Of-Life Decisions* at 5 (1993) (“The responsibility for life and death is a sacred one, and God calls on us to face up to our freedom of choice.”); Episcopal Diocese of Washington, D.C., *Are Assisted Suicide and Euthanasia Morally Acceptable for Christians?* at 21 (noting the view that “Christians have distinctive and compelling reasons for taking these claims of autonomy with great seriousness, “because [w]e are created in the image and likeness of God (Genesis 1: 26-37)” and “[a]n essential part of that image is our ability to make free choices”).

⁵ Contrary to the claims of some other religious *amici* (see, e.g., National Catholic Office & Knights of Columbus Brief at 23-25), physician-assisted suicide may be inextricably intertwined with a terminally ill person’s interest in pursuing a meaningful, dignified life. The fear of a painful or undignified death may hinder terminally ill individuals from resolving the unsettled aspects of their lives in a meaningful fashion. If such individuals are assured that they may choose the time, place and manner of their death, they are freed to live out their remaining days in a personally

There is a spiritual dimension, as well, to individuals' attitudes toward suffering and whether to seek **final** relief from suffering. Some *Amici* opposed to physician-assisted suicide have focused on the physically painful nature of terminal illness, which they contend can be treated by proper medication and hospice care. Medication, however, cannot always relieve the pain associated with many terminal illnesses. Moreover, medication can never address an individual's anguish about his or her loss of "personhood," including the loss of physical mobility, mental acuity, emotional connection to other people, and spiritual connection to God. See Episcopal Diocese of Washington, D.C., *Are Assisted Suicide and Euthanasia Morally Acceptable for Christians?* at 22; United Church of Christ, *Making End-Of-Life Decisions* at 4.

The spiritual aspects of suffering differ from one terminally ill individual to another. Some view their suffering as connected with the suffering of Jesus, and thus as a cross that must be borne until God chooses to **lift** it. See Campbell, 2 Kennedy Inst. of Ethics J. at 268-69. For others, however, the suffering and loss of dignity associated with terminal illness is seen *not* as bringing them closer to God, but as distancing them from God. See W. Farley, *Tragic Vision and Divine Compassion* 53-59 (1990) (observing that suffering "reduces the capacity of the

meaningful fashion and to come to peace with themselves, with others, and with their God. See, e.g., Quill, Commentary, *Death and Dignity: A Case of Individualized Decision Making*, 324 New Eng. J. Med. 691, 693 (1991) (describing a woman whose fear of a "lingering death" was interfering with her ability to get "the most out of the time she had left"). This is precisely why durable powers of attorney and living wills are recognized and enforced: people **benefit** in life from knowing their wishes will be respected at and after death. Stacy, *Death, Privacy, and the Free Exercise of Religion*, 77 Corn. L. Rev. 490, 535 (1992); United Church of Christ, *Making End-Of-Life Decisions* at 9 (these devices have "great" benefits; "providing peace of mind for ourselves and our loved ones by making decisions that are in harmony with our faith and our beliefs about stewardship").

sufferer to exercise freedom, to feel affection, to hope, to love God”).⁶ Moreover, as a result of diminished physical capabilities or mental acuity resulting from the illness itself or from pain medications, an individual may lose the ability to pray, to study the teachings of his or her faith, or to interact meaningfully with family, clergy, or members of the religious community. In effect, terminally ill individuals may be forced to exist without their fundamental religious liberties during their final days.

Hence, the decision whether to hasten a rapidly impending death will be resolved differently by different individuals, based on their own philosophical, ethical, and religious beliefs. Some will reject physician-assisted suicide as contrary to the teaching of their faith. That decision is, of course, entitled to the utmost respect. Others, however, may conclude that physician-assisted suicide is a morally appropriate choice - perhaps the most morally appropriate choice - in the circumstances according to their understanding of the teaching of their faith. See, e.g., G. Larue, *Playing God*, *supra*, at 396 (some terminally ill persons view a voluntarily hastened death as a “profound[**d**] exercise [of] their faith”); Episcopal Diocese of Newark Task Force on Assisted Suicide, *Report 9* (1996) (suggesting that there are circumstances in which “involuntary prolonged physical existence is a less ethical alternative than a conscientiously chosen and merciful termination of earthly life”).

⁶ See also Episcopal Diocese of Washington, D.C., *Are Assisted Suicide and Euthanasia Morally Acceptable for Christians?* at 22 (noting that suffering “can be destructive of moral and spiritual values and the very dignity with which God has endowed us”); Campbell, 2 Kennedy Inst. of Ethics J. at 269 (suggesting that suffering “presents a threat to the integrity and identity of the self”).

B. THE STATE HAS NO COMPELLING INTEREST IN DENYING CHARLES HALL THE RIGHT TO PHYSICIAN-ASSISTED SUICIDE

A regulation which purports to infringe upon a person's right of privacy must survive a two-part challenge: first, the state must demonstrate that "the challenged regulation serves a compelling state interest," and second, that it "accomplishes its goal through the use of the least intrusive means" *Winfield v. Division of Pari-Mutual Wagering*, 477 So. 2d 544, 547-48 (Fla. 1985). The state has failed to establish either challenge.

The state's first asserted interest—the preservation of life — is easily dealt with. The statute under consideration purports to protect the lives of competent adults, who are fully capable of protecting their own lives (until the terminal illness runs its course) but who have chosen, for religious and personal reasons, not to do so. Moreover, it is questionable whether the state's asserted interest in preserving the life of a terminally ill person who prefers to die can properly be deemed compelling, given that the state has not sought to enforce such an interest with respect to the refusal or termination of medical treatment, *See Satz v. Perlmutter*, 379 So. 2d 359 (Fla. 1980) (allowing removal of respirator) and *Public Health Trust of Dade County v. Wons*, 500 So. 2d 679 (Fla. 3d DCA 1987), *affirmed*, 541 So. 2d 96 (Fla. 1987) (refusal of medically necessary blood transfusion).

The state's three other asserted interests fare no better. First, the prevention of suicide is correctly characterized by the state as "merely the obverse of the state's interest in the 'preservation' of life." Initial Brief at 40. Second, the state's purported interest in protecting third parties was correctly characterized by the trial court as irrelevant to the case at bar. Final Judgment at 17. Third, the state's interest in maintaining the ethical integrity of the medical

profession does not rise to the level of significance necessary to override a person's constitutional right to privacy. See *Public Health Trust of Dade County*, **541 So.** 2d at 101 (“given the fundamental nature of the constitutional right [to determine medical treatment], protection of the ethical integrity of the medical profession alone could never override those rights.”). Finally, the state has failed to establish that Florida Statutes § 782.08 is the most narrowly tailored method by which these asserted state interests could be protected. Final Judgment at 18.

II. PHYSICIAN-ASSISTED SUICIDE IS NOT CONTRARY TO ETHICAL, MORAL AND RELIGIOUS VALUES

A. RELIGIOUS ORGANIZATIONS AND RELIGIONS LEADERS HAVE TAKEN A WIDE ARRAY OF POSITIONS ON THE MORALITY OF PHYSICIAN-ASSISTED SUICIDE

The Appellants' contention that physician-assisted suicide is contrary to ethical, moral and religious values is without merit.⁷ Initial Brief at 28. It must be noted at the outset that there is “no monolithic ‘religious’ position on the question of the morality or legality” of assisted suicide. G. Larue, *Playing God-50 Religions' Views on Your Right to Die* 8 (1996); Campbell, *Religious Ethics and Active Euthanasia in a Pluralistic Society*, 2 Kennedy Inst. of Ethics J. 253, 253-54 (1992). Precisely so, even within religious denominations that institutionally oppose physician-assisted suicide, many of their members may personally hold a different view, which they believe to be consistent with their own religious beliefs. See G. Larue, *supra*; Campbell, *supra*, **255-56** (citing a study finding that **70-80%** of those affiliated with the major religions supported physician-assisted suicide).

⁷ Despite this proclamation by the state, the Appellant's brief offers no support whatsoever for this position, nor does it specify which “social, ethical, and moral values . . . must be considered,” Initial Brief at 29.

The Roman Catholic Church, to be sure, has been “the sternest, most vigilant, and no doubt most effective opponent of euthanasia.” R. Dworkin, *Life 's Dominion* 195 (1993). Several other Christian denominations - but by no means all of them - have adopted “official” church positions against the morality of physician-assisted suicide. See generally G. Larue, *Euthanasia and Religion: A Survey of the Attitudes of World Religions to the Right-to-Die* 26-117 (1985) (surveying various Christian denominations). Those Christian denominations that oppose physician-assisted suicide do so on two theological grounds: first, that physician-assisted suicide violates the Commandment that “thou shall not kill,” and second, “that suffering is often sent by God for the remission of sins and the salvation of our souls; so if God has sent someone pain which cannot be alleviated by normal means (pain-killer shots, etc.), we must resign ourselves in the knowledge that this pain is necessary and inevitable.” *Id.* at 55-56 (quoting Russian Orthodox Archpriest A. Mileant). It is thus acknowledged, even by opponents of physician-assisted suicide, that the suffering of terminally ill people has a spiritual dimension.’

These are not the only religious positions, however, on whether the terminally ill may choose to hasten death with physician assistance. The Episcopal church, for instance, “has not formulated and published any official position on the questions surrounding euthanasia,” explaining that do so would “presuppose] a kind of authority of theological teaching and writing which is not relevant in the Episcopal Church.” G. Larue, *Euthanasia and Religion*, *supra*, at 58 (quotation omitted). *Amicus* Episcopal Diocese of Newark thus appointed a Task Force on

⁸ See Campbell, 2 Kennedy Inst. of Ethics J. at 268-69 (quoting the Catholic teaching that “suffering during the last moments of life , , . is in fact a sharing in Christ’s passion”); Episcopal Diocese of Washington, D.C., Committee on Medical Ethics, *Are Assisted Suicide and Euthanasia Morally Acceptable for Christians? Perspectives to Consider* 12- 13 (1996) (noting Christian views of the spiritual significance of suffering).

Assisted Suicide to study the issue in conjunction with the teachings of the Episcopal Church. The Task Force concluded that physician-assisted suicide “can be theologically and ethically justified” when a terminally ill person makes a voluntary and informed choice **after** all reasonable means of ameliorating his or her suffering have been exhausted.’

The United Church of Christ, the United Methodist Church and the Presbyterian Church, among others, likewise have not adopted any formal position on physician-assisted suicide. A number of these denomination have taken the position more generally, however, that “basic Christian respect for persons demands that a person’s decision about death be honored in most instances.”¹⁰ These denominations encourage their members to offer compassion and understanding - rather than moral absolutes - to terminally ill individuals who are faced with the difficult choice whether to end their own lives.” In accordance with this teaching, the Pacific Northwest Conference of the United Methodist Church supported Washington Initiative 119, which would have recognized a right to physician-assisted suicide in some circumstances. Campbell, 2 Kennedy Inst. of Ethics J. at 261.

The reformed and humanistic branches of Judaism also teach sympathy, understanding,

⁹ Episcopal Diocese of Newark Task Force on Assisted Suicide, *Report 9* (1996).

¹⁰ Presbyterian Church (U.S.A.), Christian Faith and Life Area, Congregational Ministries Division, *In Life and Death We Belong to God: Euthanasia, Assisted Suicide, and End-of-Life Issues* 47 (1995) (citing 195th General Assembly position on “The Covenant of Life and the Caring Community” (1983)); see *also* United Church of Christ, The Council for Health and Human Service Ministries, *Making End-of-Life Decisions: United Church of Christ Perspectives* 24 (1993) (supporting “the right and responsibility of individuals to choose their own destiny” as well as the rights of individuals, their designees and their families to make decisions regarding human death and dying”).

¹¹ See United Church of Christ, *Making End-of-Life Decisions* at 24; United Methodist Church, *Book of Resolutions* 144 (1992).

and respect for those who choose assistance in hastening death. See G. Larue, *Playing God*, *supra*, at 62-65. Some Jewish organizations, including the Society for Humanistic Judaism and the Congress of Secular Jewish Organizations, take the position that a competent, terminally ill adult has the right to voluntarily hasten death with the aid of a physician. See *id.* at 64-66; see *also id.* at 56 (reprinting rabbi's statement with respect to Washington Initiative 119 that "[s]ometimes in a medical setting human freedom needs to be exercised resolutely to bring life to an end").

Still other religions have taken more formal institutional positions supporting the right to physician-assisted suicide. The General Assembly of *amicus* Unitarian Universalist Association **supports** "the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patients to select the time of their own deaths."¹² *Amicus* Cathar Church, which is Evangelical in doctrine and has some similarity to the Amish and Mennonites, has taught for several centuries that decisions regarding the time and manner of death are matters of individual conscience best left to the individual and his or her God. Many Eastern religions also support a choice of physician-assisted suicide in certain circumstances. See Note, *Assisted Suicide and Religion: Conflicting Conceptions of the Sanctity of Human Life*, 84 *Geo. L. J.* 589, 597 (1996).

AS the foregoing discussion demonstrates, the religious community is sharply divided, on theological and ethical grounds, as to the propriety of physician-assisted suicide. As was observed by the Supreme Court in *Cruzan*, 497 U.S. at 277 (1990), "all agree" than an

¹² General Assembly of the Unitarian Universalist Association of Congregations, *The Right to Die with Dignity* (1988).

individual's decision to hasten death "is a perplexing question with unusually strong moral and ethical overtones."

B. CHARLES HALL AND ROBERT CRON EXAMINED THEIR OWN ETHICAL, MORAL AND RELIGIOUS VALUES IN MAKING THEIR DECISION TO CHOOSE PHYSICIAN-ASSISTED SUICIDE

As the foregoing discussion evidences, at the heart of the right of privacy guaranteed by the Florida Constitution is the understanding that "religion lies at the very heart of a terminally ill person's decision whether to hasten death. Note, 84 Geo. L.J. at 589. Before deciding to seek the assistance of Dr. McIver in hastening their deaths, both Charles Hall and Robert Cron engaged in deep examination of their own moral and religious values. After extensive introspection and consultation with their families and clergy, both men came to the conclusion that physician-assisted suicide was a spiritually correct choice. The State of Florida should respect that decision.

Mr. Hall's decision to choose physician-assisted suicide is based on his personal views towards death and dying. When asked to describe the type of death he would prefer, Mr. Hall testified "I'd have my friends and my family around me, allow me to die at home, one night just lay down and go to sleep and never wake up again[.]" TR-13 1. Without the possibility of physician-assisted suicide, however, Mr. Hall faces a painful death, one whose pain can only be alleviated by such a large dose of drugs that he is likely to become like a "zombie." TR-13 1. The prospect of such an existence is distressing to Mr. Hall: "I don't want to live that -- that's not living to me, that's existing." TR- 13 1.

Finally, Mr. Hall testified at trial that he is a member of the Lutheran Church, TR-134.

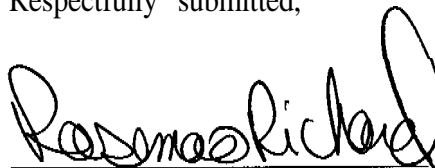
When asked his views about religion and God, Mr. Hall testified that “the way I was always brought up is that God is a forgiving God and . . . that if you ask for forgiveness he will forgive.” TR-134.

Robert Cron similarly described his vision of physician-assisted suicide as “peaceful. . . , It would be a peaceful thing . . . if I didn’t have a choice or choice of life.” TR-150. Mr. Cron’s “choice of life” is to “enjoy [his] grandchildren . . . [his] wife and the things around [him].” TR-149. Mr. Cron described no longer being able to enjoy these things due to his illness as “misery,” the loss of “quality of life.” TR-149. Mr. Cron, like Charles Hall, gave extensive thought to his own personal religious and moral beliefs before making his decision regarding seeking his physician’s assistance in his death. TR-156. Mr. Cron’s God, in his opinion, will not condemn his decision. TR-157. Mr. Cron thus testified that he did not consider his choice to be suicide, but rather, “[i]t would be relieving me , , , of pain.” TR- 156. Mr. Cron consulted with his Protestant minister as well, who neither supported nor condemned his decision. TR- 156. Based upon his personal beliefs and religious views, Mr. Cron, like Mr. Hall, made the decision to pursue physician-assisted suicide. These decisions were not made in haste, nor without extensive introspection. These decisions should be given the respect demanded by the Florida Constitution,

CONCLUSION

For the foregoing reasons, the judgement of the court below should be **affirmed**.

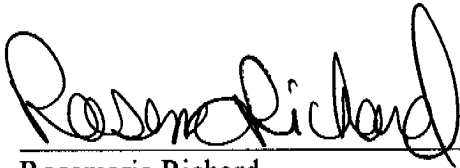
Respectfully submitted,

A handwritten signature in black ink, appearing to read "Rosemarie Richard". The signature is written in a cursive style with a large, looping initial "R".

Rosemarie Richard
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CERTIFICATE OF SERVICE

I hereby certify that on the 31 day of March, 1997, a true and correct copy of the foregoing *Amicus Curiae* Brief was mailed, first class, postage prepaid, to MICHAEL A. GROSS, Esq., Counsel for Appellant, Assistant Attorney General, Department of Legal Affairs, The Capitol, PL-01 110 Tower, Tallahassee, FL 32399, CHARLES H. FAHLBUSCH, Esq., Counsel for Appellant, Assistant Attorney General, 110 S.E. Sixth Street., 10th Floor, Ft. Lauderdale, FL 33301, and PARKER D. THOMPSON, Esq. and CAROL A. LICKO, Esq., Special Assistant Attorneys General, Thompson Muraro Razook and Hart, P.A., One Southeast Third Avenue, Suite 1700, Miami, FL 33131.


Rosemarie Richard

APPENDIX

APPENDIX

STATEMENT OF INTEREST OF *AMICI CURIAE*

AMERICANS FOR RELIGIOUS LIBERTY is a nonprofit public interest educational organization dedicated to defending religious liberty, freedom of conscience, and the constitutional principle of separation of church and state. Americans for Religious Liberty believes that bans on physician-assisted suicide conflict with fundamental constitutional guarantees.

THE AMERICAN HUMANIST ASSOCIATION, founded in 1941, has members and local affiliates throughout the United States. The Association has adopted a formal statement on physician-assisted suicide that recognizes an individual's right to exercise control over the manner and time of dying subject to adequate safeguards assuring that such actions are wholly voluntary and clinically appropriate. Consonant with the principles of autonomy, dignity, and freedom of conscience underlying the Fourteenth Amendment and the Florida Privacy Amendment, the Association believes that the right to hasten death with the aid of a physician should be protected by this Court,

THE CATHAR CHURCH, which has approximately 25,000 members, is Evangelical in basic doctrine and is in many respects similar to the Amish, Brethren and Mennonite families of churches. Throughout its long history, the Cathar Church has taught that people desiring to end their suffering by hastening death are entitled to dignity, sympathy, and support, and that their decision is a matter of individual conscience to be judged only by God. The Cathar Church believes that medical practitioners should be able to provide aid in dying, subject to guidelines to

guard against abuse, and thus supports a constitutionally protected right to physician-assisted suicide.

THE EPISCOPAL DIOCESE OF NEWARK is one of the largest Episcopal dioceses in the United States, representing **123** congregations and more than 40,000 Episcopalians. The Diocese believes that choices about death are matters of individual conscience informed by scripture, tradition, and reason. Accordingly, the Diocese has resolved that suicide may be a morally appropriate choice for Christians who are suffering from a terminal illness characterized by persistent and irremediable suffering and who voluntarily make an informed decision to hasten death. The Diocese has further resolved that assisting another in accomplishing voluntary death under these circumstances may be an equally moral choice.

THE FIRST UNITARIAN CHURCH OF PALM BEACH COUNTY was established in 1958 as a liberal religious community of diverse and free-thinking individuals who seek personal spiritual growth and social justice. The congregation of over 200 members, consistent with their statement of vision and purpose, has adopted a resolution in support of Charles Hall's right to physician-assisted suicide.

THE UNITARIAN UNIVERSALIST ASSOCIATION is a religious association of more than 1,000 congregations in the United States and Canada. In **1988**, the Association adopted a resolution affirming the right to self-determination in dying and supporting the elimination of civil and criminal penalties against those who, under proper safeguards, assist terminally ill patients in selecting the time and manner of their own deaths,

DOCTOR ROBERT S. ALLEY, Emeritus Professor of Humanities, University of Richmond.

THE REVEREND JOHN R. BROOKE of Belmont, California (United Church of Christ).

THE REVEREND DOCTOR ROBERT McAFEE BROWN (Presbyterian), Emeritus
Professor of Theology and Ethics, Pacific School of Religion.

THE REVEREND ROGER A. COWAN of West Palm Beach, Florida (Unitarian Universalist)

THE REVEREND DOCTOR LAWRENCE FALKOWSKI of West Orange, New Jersey
(Episcopalian).

THE REVEREND DUANE HENRY FICKEISEN of Palo Alto, California (Unitarian
Universalist).

THE REVEREND GLEN A. HOLMAN of Sacramento, California (Christian Church
(Disciples of Christ)).

DOCTOR GERALD LARUE, Emeritus Professor of Religion, Adjunct Professor of
Gerontology, University of Southern California.

DOCTOR DANIEL C. MAGUIRE, Professor of Theology, Marquette University.

THE REVEREND DOCTOR RALPH M. MERO, JR., of Harvard, Massachusetts (Unitarian
Universalist).

THE REVEREND DOCTOR DONALD S. MILLER of San Mateo, California (Episcopalian).

THE REVEREND DOUGLAS I. NORRIS of Merced, California (United Methodist).

THE REVEREND C. WILLIAM PEARSON of Southfield, Michigan (Evangelical Lutheran in
America).

THE REVEREND DAVID A. PETTEE of Berkeley, California (Unitarian Universalist).

BISHOP JOHN S. SPONG, of Newark, New Jersey (Episcopalian).

THE REVEREND DEBORAH STREETER of Carmel, California (United Church of Christ).

THE REVEREND DOCTOR JOHN SWOMLEY, Emeritus Professor of Christian Ethics, St.

Paul School of Theology.

THE REVEREND JUDITH CLYMER WELLES of Palo Alto, California (Unitarian
Universalist).

THE REVEREND DOCTOR RAY L. WELLES of Boulder Creek, California (United Church
of Christ).