



## No constitutional right to assisted suicide: US court

The US Supreme Court has left decisions concerning the right to physician-assisted suicide up to the country's 50 states (see *Can Med Assoc J* 1997;157:169-71). In a ruling announced June 26, 1997, the court said terminally ill Americans do not have a constitutional right to physi-

cian-assisted suicide, but it did not bar states from acting on their own to legalize the process. In announcing the decision, Chief Justice William Rehnquist wrote: "Throughout the nation, Americans are engaged in an earnest and profound debate about the morality, le-

gality and practicality of physician-assisted suicide. Our holding permits this debate to continue, as it should in a democratic society." Rehnquist, whose wife died of ovarian cancer in 1991, said the discussions surrounding physician-assisted suicide involve an "earnest and profound debate."

## BC targets tobacco companies

On June 16 British Columbia became the first province to introduce legislation that facilitates legal action for health care costs against the tobacco industry. Targeting the estimated \$500 million a year that smoking-related illness costs the provincial health care system, the government is implementing a wide-ranging strategy. It will allow class-action lawsuits by BC residents, impose new licensing fees for tobacco manufacturers and introduce tougher initiatives designed to reduce smoking in children. The legislation will be in place by the fall.

The new act allows statistical or epidemiologic evidence to be used in court to illustrate causal connections to illness or death, and removes time limitations concerning the filing of suits. Emboldened by the US experience, in which 40 states recently concluded successful class-action lawsuits, Health Minister Joy MacPhail stated: "For too long the tobacco industry has had an unfair advantage in court. This legislation is designed to level the playing field by ensuring that court action

cannot be halted by a technicality."

In a letter to the industry's chief executive officers, MacPhail stated: "I am asking you and your company to take responsibility for the harm your product has caused British Columbians. British Columbia insists that your company and industry be account-

able for tobacco-related health costs."

Dr. John Millar, the provincial health officer who urged MacPhail to introduce a comprehensive program similar to California's, calls it

"an encouraging initiative." He would like to see BC's current smoking rate reduced from 25% to 15%.

Details have yet to be released concerning proposed licensing fees, but Dr. Frederic Bass, director of the BC Doctors' Stop-Smoking Program operated by the British Columbia Medical Association, predicts that tobacco manufacturers may find this measure more palatable than prolonged litigation. Citing Imperial Tobacco as an example, he said that "of the \$50 million it makes in BC annually, it may be willing to pay \$10 million in licensing fees."

Although revenue from licensing fees is supposed to be directed at smoking-prevention programs, Bass would like to see more of the current tobacco taxes being collected spent on antismoking programs. Last year, less than \$2 million of the \$500 million collected by the government was used for such programs.

Bass said that "one of the most effective things we can do is to rig the health care system so that we systematically support smokers in escaping their addiction." — *Heather Kent*

