Cultural change is well recognized in the recent history of death and dying. In the wake of Elizabeth Kübler-Ross’s 1969 work *On Death and Dying*, not only has it become socially acceptable to talk about death and dying with someone who is terminally ill, but, as traditional religious and legal strictures loosen, it is becoming possible for a person facing death to consider what role he or she wants to play in the forthcoming death. The United States has seen rapid evolution in attitudes and practices about death and dying over the last several decades, beginning with the early legal recognition in the *California Natural Death Act* (1976) of a patient’s right to refuse life-prolonging treatment in the face of terminal illness, expanding in increased public awareness of issues of personal autonomy in dying, raised by Derek Humphrey’s how-to book of lethal drug dosages, *Final Exit*, and blossoming in new sensitivity to physician roles in aiding dying, both in the maverick social activism of Dr. Jack Kevorkian and a New York grand jury’s refusal to indict the respected physician Timothy Quill. This process of cultural evolution has reached legal recognition: in 1997, the U.S. Supreme Court jointly decided the cases *Washington v. Glucksberg* and *Vacco v. Quill*, and while it held that physician-assisted suicide is not a constitutional right, it also left states free to make their own laws in this matter. Indeed, Oregon has made it legal for a physician to provide a terminally ill patient who requests it with a prescription for a lethal drug, thus bringing above ground the practical manifestation of a long process of cultural change.

Cultural change like this draws on many factors, including changes in medical technology, the epidemiology of death, and the social and legislative recognition of civil and personal rights in many other areas. Of course, cultural change is not unidirectional. Although Oregon legalized physician-assisted suicide, Maryland, among others, made it a felony. But it is possible to discern a pattern of increasing attention to end-of-life issues and, I believe, to the issue of individual self-determination in the matter of dying.
The story will not end here. This is the most important fact about cultural change – the fact that it is an ongoing process, one which we view only from some intermediate point. What I want to explore in this paper is the prospect of cultural change in the future, and the possibility that physician-assisted suicide may come to look very, very different from the desperation move that it is taken to be now.

1. THE WAY IT LOOKS NOW

Observe the current debate over physician-assisted suicide: on the one side, supporters of legalization appeal to the principle of autonomy, or self-determination, to insist that terminally ill patients have the right to extricate themselves from pain and suffering and to control as much as possible the ends of their lives. On the other, opponents resolutely insist on various religious, principled, or slippery-slope grounds that physician-assisted suicide cannot be allowed, because it is sacrilegious, immoral, or poses risks of abuse. As vociferous and politicized as these two sides of the debate have become, however, proponents and opponents (tacitly) agree on a core issue: that the patient may choose to avoid suffering and pain. They disagree, it seems, largely about the means the patient and his or her physician may use to do so.

They also disagree about the actualities of pain control. Proponents of legalization insist that currently available forms of pain and symptom control are grossly inadequate and unsatisfactory. Citing such data as the SUPPORT study (1995)\(^3\) they point to high rates of reported pain among terminally ill patients, inadequately developed pain-control therapies, physicians' lack of training in pain-control techniques, and obstacles and limitations to delivery of pain-control treatment, including restrictions on narcotic and other drugs. Pain and the suffering associated with other symptoms just aren’t adequately controlled, proponents of legalization insist, so the patient is surely entitled to avoid them – if he or she so chooses – by turning to humanely assisted dying.

Many opponents of legalization, in contrast, insist that these claims are uninformed. Effective methods of pain control include timely withholding and withdrawal of treatment, sufficient use of morphine or other drugs for pain (even at the risk of foreseen, through unintended, shortening of life), and the discontinuation of artificial nutrition and hydration. When all other measures to control pain and suffering fail, there is always the