



Gonzales v. Oregon

546 U.S. 243 (2006)

Country: United States

Region: Americas

Year: 2006

Court: Supreme Court

Health Topics: Chronic and noncommunicable diseases, Controlled substances, Health care and health services, Informed consent, Medicines, Mental health

Facts

The state of Oregon legalized a physician-assisted suicide law. This law exempts state-licensed physicians who dispense or prescribe a lethal dose of drugs upon the request of a terminally ill patient from civil or criminal liability. The law required that the patient must have a diagnosis of an incurable and irreversible disease that reasonably will cause death within six months. A physician must determine the patient made an informed voluntary request and receive a second physician's opinion before a prescription for drugs for the assisted suicide may be given.

The drugs prescribed for this purpose are regulated under Schedule II of the federal Controlled Substances Act (CSA), a statute which regulates the provision of substances through its five schedules. Substances are placed into schedules based on their potential for abuse, accepted medical use, and safety of use under medical supervision. Physicians must obtain registration to provide Schedule II substances, which the Attorney General may revoke if the registration is inconsistent with the public interest.

The Attorney General of the United States issued an Interpretive Rule stating that assisting suicide is not a legitimate medical purpose and that prescribing, dispensing, or administering federally controlled substances for the purposes of assisted suicide violates the Controlled Substances Act.

In response to the Interpretive Rule, the State of Oregon, joined by a physician, a pharmacist, and some terminally ill Oregon residents challenged the rule in the United States District Court. The court ruled for Oregon and entered a permanent injunction against enforcement of the Interpretive Rule in Oregon. The Ninth Circuit Court of Appeals granted review and held the Interpretive Rule invalid was not consistent with the plain language of the Controlled Substances Act, and that the rule altered the constitutional balance between state and federal government.

Decision and Reasoning

The Court held that the Interpretive Rule is invalid on multiple grounds.

The Court decided that the CSA did not authorize barring the dispensing of controlled substances for assisted suicide when a state law allowed it. The medical profession is regulated under the States' police powers. The Court decided that the statute was not intended to regulate the practice of medicine generally. Rather, it was intended to prevent doctors from engaging in illicit drug dealing and trafficking. Further statutes enacted by Congress confirm that the CSA was intended to combat recreational drug abuse. In light of the statute's language and the ordinary meaning of drug abuse, prescriptions for assisted suicide do not constitute drug abuse.

The Controlled Substances Act provides limited powers to the Attorney General, specifically to promulgate rules relating only to registration and control, and for the efficient execution of his functions. The Court noted that the Interpretive Rule affects far more than registration, and that the rule does not follow the five-factor test to determine consistency with the public interest. Control refers to the Attorney General's scheduling power, which requires a detailed list of procedures that were not followed here.

The Court decided that the Interpretive Rule received no deference. While the Rule supposedly interprets a regulation from the Attorney General, the regulation essentially restated the statute making this kind of deference (Auer deference) inappropriate. The Attorney General received no deference in the interpretation

of the statute (Chevron deference) as the statute did not authorize him to rule illegal a medical standard authorized by a state. The Attorney General's opinion did not receive the deference of a persuasive interpretation (Skidmore deference) as there is no evidence the CSA was meant to regulate the general practice of medicine.

The dissent argued three main points. First, the Attorney General's understanding of "legitimate medical purpose" deserved Auer deference. Second, that physician-assisted suicide is not a legitimate medical purpose as medicine is about "prevention, cure, or alleviation of disease." Finally, Chevron deference should be granted due to the decision in *Gonzales v. Raich*, 545 U.S. 1 (2005), in which the Court held that "the CSA is a comprehensive regulatory regime specifically designed to regulate which controlled substances can be utilized for medicinal purposes, and in what manner."

Decision Excerpts

"In determining consistency with the public interest, the Attorney General must consider five factors, including: the State's recommendation; compliance with state, federal, and local laws regarding controlled substances; and public health and safety." (p. 261)

"It is doubtful the Attorney General could cite the "public interest" or "public health" to deregister a practice simply because he deemed a controversial practice permitted by state law to have an illegitimate medical purpose." (p. 264)

"The structure and operation of the CSA presume and rely upon a functioning medical profession regulated under the States' police powers." (p. 270)

"The Government maintains that the prescription requirement delegates to a single executive officer the power to effect a radical shift of authority from the States to the Federal Government to define general standards of medical practice in every locality. The text and structure of the CSA show that Congress did not have this far-reaching intent to alter the federal-state balance and the congressional role maintaining it." (p. 275)