HB2739

Measure Title:	RELATING TO HEALTH.
Report Title:	Health; Our Care, Our Choice Act
Description:	Establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription. (HB2739 HD1)
Companion:	
Package:	None
Current Referral:	CPH, JDC
Introducer(s):	BELATTI, HASHEM, LOWEN, LUKE, MORIKAWA, NISHIMOTO, SAIKI, TAKAYAMA, TODD

EXECUTIVE CHAMBERS

HONOLULU

DAVID Y. IGE
GOVERNOR

Testimony of **Ford Fuchigami**
Administrative Director, Office of the Governor

Before the
Senate Committee on Commerce, Consumer Protection, and Health
March 16, 2018
8:30 a.m., Room 229

In consideration of
House Bill No. 2739 HD1
RELATING TO HEALTH

Chair Baker, Vice Chair Tokuda, and committee members:

Thank you for the opportunity to provide comments in Strong Support for **House Bill 2739 HD1**.

The Governor's Office believes this bill is important to allow terminally ill patients to decide for themselves when and how their lives should end. We believe HB2739 HD1 is well-intended in a context of a robust continuum of palliative and hospice care, provides sufficient safe-guards for both patients and doctors to minimize abuse.

We defer to the Department of Health and the Office of the Attorney General for any technical amendments which may be needed to clarify or strengthen the bill.

We appreciate your attention and will be available to answer your questions, should you have any at this time.

OFFICE OF THE LIEUTENANT GOVERNOR
STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

DOUG CHIN
LIEUTENANT GOVERNOR

TESTIMONY OF
THE LIEUTENANT GOVERNOR
TO THE
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

HOUSE BILL NO. HB 2739, HD1
Relating to Health

Aloha Chair Baker and Vice Chair Tokuda,

As Attorney General, last year I worked closely with members of both the House and Senate to assist the Legislature as you crafted legislation to add Hawai‘i to the ranks of states – like California, Colorado, Oregon, Vermont, and Washington – which have passed similar “death with dignity” measures. House Bill 2739, H.D. 1, reflects your conscientious work to create a compassionate process. It also reflects your concerted efforts to provide strict safeguards that, along with appropriate regulations, will protect individuals from fraud or other crimes.

I support House Bill 2739, H.D. 1, and encourage the legislature to continue working with the constructive input of the Attorney General’s office as the bill moves forward. Thank you for your consideration.

TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018

ON THE FOLLOWING MEASURE:
H.B. NO. 2739, H.D. 1, RELATING TO HEALTH.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Friday, March 16, 2018 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Russell A. Suzuki, Acting Attorney General, or
Angela A. Tokuda, Deputy Attorney General

Chair Baker and Members of the Committee:

The Department of the Attorney General supports this measure and provides the following comments.

The purpose of this bill is to enact a medical aid in dying law modeled after Oregon's death with dignity law, which has been in effect since 1997. The bill provides safeguards to ensure that a terminally ill adult who chooses to make end-of-life decisions is able to do so and also retain the right to rescind the request.

We recommend that several issues in this measure be addressed.

(1) On pages 20 - 21, in the new section -15 of the new chapter being added to the Hawaii Revised Statutes by section 3 of the bill, there are no clear consequences for noncompliance with this section. We recommend including wording to identify what the consequences are for failure to dispose of unused medication dispensed to assist dying, if any.

(2) On page 22, lines 7 - 8, in the new section -18, the phrase "any other criminal conduct under the law" is overly broad and vague. We recommend identifying the other offenses that are intended to be covered by this wording.

(3) There are four recommendations for the new section -19(a). First, we recommend deleting the term "good faith" on page 22, line 19, page 23, lines 8 and 12, and on page 24, line 9, in order to establish a more clear, objective standard for liability.

Good faith compliance is difficult to disprove as one could simply claim that he or she was "acting in good faith compliance" without additional evidence.

Second, for section -19(a)(1), on page 22, line 19, the word "participating" is redundant with "acting in" and the use of "or" is ambiguous. We recommend deleting the words "participating or" in order to establish a clearer, objective standard for liability. Doing so will also make this wording consistent with the wording in section -19(a)(5), on page 24, line 9. On page 22, line 20, we recommend replacing the word "including" with the word "or." The act of "being present" has no relation to being in "compliance with this chapter." The revised provision would then read:

> (1) No person shall be subject to civil or criminal liability or professional disciplinary action for ~~participating or~~ acting in ~~good faith~~ compliance with this chapter, [~~including~~] or being present when a qualified patient takes the prescribed medication to end the qualified patient's life in a humane and dignified manner;

Third, for section -19(a)(1) on page 22, lines 17 – 18 and -19(a)(5) on page 24, line 9, the term "criminal liability" is overly broad and vague. We recommend identifying the criminal offenses that are intended to be covered by this wording.

Fourth, for section -19(a)(4), on page 23, line 17, to page 24, line 7, we recommend including a statement to clarify that health care providers are not required to inform a patient about the option to obtain medication for the purpose of ending the patient's life or refer a qualified patient to another health care provider who is willing to participate in carrying out a qualified patient's request if the current health care provider is unable or unwilling to participate. Suggested wording would read:

> (4) No health care provider shall be under any duty, whether by contract, by statute, or by any other legal requirement, to participate in the provision to a qualified patient of a prescription or medication to end the qualified patient's life pursuant to this chapter[~~.~~], including informing a patient about the option to obtain medication for the purpose of ending the patient's life under this chapter and referring a qualified patient to a new health care provider if a health care provider is unable or unwilling to participate in carrying out a qualified patient's request under this chapter. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers the patient's care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider; and

(4) On page 28, lines 13 and 19, in the new section -20, the use of the wording "pursuant to section -2" in conjunction with "request for a prescription," is imprecise as it suggests that the "prohibited acts" are in accordance with section -2. However, the prohibited acts under this section are not in accordance with section -2. Suggested wording can be amended to read "as set out in section -2" as follows:

> **§ -20 Prohibited acts; penalties.** (a) Any person who intentionally makes, completes, alters, or endorses a request for a prescription [~~made pursuant to~~] as set out in section -2, for another person, or conceals or destroys any documentation of a rescission of a request for a prescription completed by another person, shall be guilty of a class A felony.
>
> (b) Any person who knowingly coerces or induces a patient by force, threat, fraud, or intimidation to request a prescription [~~pursuant to~~] as set out in section -2, shall be guilty of a class A felony.

(5) On page 29, we recommend that the severability provision in new section -22 be omitted because it does not need to be codified when section 1-23, Hawaii Revised Statutes, will apply to the new chapter and because the bill already has a severability clause in section 9.

(6) On pages 37 and 38, we recommend amending sections 6 and 7 of this measure as follows:

> SECTION 6. Section 707-701.5, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:
>
> "(1) Except as provided in section 707-701, a person commits the offense of murder in the second degree if the person intentionally or knowingly causes the death of another person[~~.~~]; provided that this section shall not apply to actions taken [~~under~~] in compliance with chapter ___."

> SECTION 7. Section 707-702, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:
>
> "(1) A person commits the offense of manslaughter if:
>
> (a) The person recklessly causes the death of another person; or
>
> (b) The person intentionally causes another person to commit suicide[~~.~~]; provided that this section shall not apply to actions taken [~~under~~] in compliance with chapter ___. "

Finally, we note that similar laws have attracted lawsuits in other states and while we cannot predict with certainty how the courts will rule, we see no serious constitutional impediment to this bill as currently drafted. But the suggested edits to

new section -19(a)(4) above, which would clarify that health care providers are not required to participate in any way with the provision of lethal drugs under this chapter, would help strengthen the bill in the event of a constitutional challenge.

We encourage the Committee to proceed with this measure, with the recommended amendments.

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
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Testimony in SUPPORT of HB2739 HD1
RELATING TO HEALTH.

SENATOR ROSALYN H. BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Hearing Date: March 16, 2018 Room Number: 229

Fiscal Implications: N/A.

Department Testimony: The Department of Health strongly supports HB2739 HD1, the purpose of which is to establish a regulatory process for medical aid in dying for terminally ill patients. The "Our Care, Our Choice Act" is relevant if and only if it is seen within the context of a strong continuum of palliative and hospice care, which in Hawaii is robust, and therefore offers individuals a meaningful option. However, the department recommends amendments that further assure privacy, condientiality, and consistency.

1. Remove references to "vital statistics" due to complex confidentiality laws. Death certificates of qualified patients will be received and processed identically to all other decedents.
2. Remove proposed section -14(d) in its entirety since an annual report is required in proposed section -25. Furthermore, the specific data fields required by proposed section -14(d) are inconsistent with data requested on forms submitted by providers, e.g. education levels, hospice status, etc.

The department possess sufficient epidemiological expertise to craft annual reports on activities authorized by this chapter and based on forms submitted by providers. Therefore, an advisory group is not necessary. Should the Legislature deem it necessary, the department recommends an advisory group with members appointed by the President of the Senate, the Speaker of the

House of Representatives, the Governor, and subject-matter experts recommended by the Department of Health.

Hawai‘i Psychological Association

For a Healthy Hawai‘i

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Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection, and Health

Friday, March 16, 2018, 8:30am
Capitol Auditorium, State Capitol, 415 South Beretania Street

Testimony in SUPPORT of HB 2739 HD1
Relating to Health

The Hawai‘i Psychological Association (HPA) wishes to offer testimony in support of House Bill 2739. HB 2739 "establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription."

Living with a painful and disabling, medically confirmed terminal illness and the individual's control over end-of-life decisions may be the most difficult decision a person can make, and this is likely to be extremely emotional for the patient's families and loved ones. There may be concerns of competency, being pressured, and the ability to effectively communicate their wishes that may be raised by those questioning the patient's ability to make a rational choice in the final stages of his or her life.

HPA believes that this bill has robust safeguards in place to prevent concerns of possible abuse. These protective measures likely provide the strongest safeguards of any state in our nation. There are also requirements for advanced licensed mental health professionals — psychologists, psychiatrists and social workers, to evaluate the patient to insure the decision to aid in the termination of his or her life is rationally considered and effectively communicated. Such provisions will insure that a) the patient is cognitively competent to make the decision, b) the patient is able to obtain relevant health information they need, c) has effectively communicated questions to their providers, d) has weighed the risks and benefits of their choice, e) is referred for counseling when appropriate, and d) they understand the procedure in detail.

Thank you for consideration of this testimony.

Respectfully submitted,

Tanya Gamby, PhD
President, HPA

The Twenty-Ninth Legislature
Regular Session of 2018

THE SENATE
Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
State Capitol Conference Room 229
Friday, March 16, 2018; 8:30 a.m.

STATEMENT OF THE ILWU LOCAL 142 ON H.B. 2739, HD1
RELATING TO HEALTH

The ILWU Local 142 **supports** H.B. 2739, HD1, which establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life and imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription. The Act will be called "Our Care, Our Choice."

H.B. 2739, HD1 allows a terminally ill person to have a **CHOICE**—to die with dignity on the person's own timetable and of the person's own volition or to continue to live with pain another few days, weeks, months until death mercifully comes. There is very little quality of life for someone waiting to die and suffering intractable pain. Even when the patient can no longer take in food and nutrition, death is slow. In the meantime, the patient loses awareness and is no longer the person he or she once was.

While some have argued that allowing a patient to end his or her own life is too a drastic measure, that palliative care for terminally patients with severe pain should be sufficient. However, patients with intractable pain often must take more and more medication to alleviate their pain and end up sleeping more and losing the ability to interact with their loved ones. A once vibrant and alive human being can wither away into someone even those closest to them may no longer recognize. **If given the choice, most people prefer to have family and friends remember them as they lived, not as they died.** H.B. 2739, HD1 will offer terminally ill patients the opportunity to choose.

Any concerns about this legislation should be for the patient and the attending physician. No patient should feel coerced to request the lethal medication nor should any physician feel compelled to prescribe it. Toward that end, amendments in H.B. 2739 provide even more safeguards than the original bill provided for. These safeguards should provide ample reassurance that the process to request the lethal medication is thoughtful, informed, and offers protections against liability for the physician and against abuse of the patient.

Religious arguments will be made against H.B. 2739, HD1, but the U.S. Constitution protects religious freedom and the separation of church and state. Just as lawmakers must be mindful that laws should not force individuals to abandon their religious views and beliefs, neither should laws be enacted to deny rights to someone who does not subscribe to certain religious beliefs.

H.B. 2739, HD1 does not force any patient to seek to end his or her life nor does it force any physician to prescribe lethal medication to a terminally ill patient. In truth, some patients who ask for and receive the medication may decide not to use it. Most, if not all, terminally ill patients want to live, but H.B. 2739, HD1 will allow a patient the **OPTION** to decide if and when medication to end life will be taken.

The ILWU urges passage of H.B. 2739, HD1. Thank you for the opportunity to share our views and concerns on this important matter.

HAWAII STATE AFL-CIO

345 Queen Street, Suite 500 • Honolulu, Hawaii 96813

Randy Perreira
President

Telephone: (808) 597-1441
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The Twenty-Ninth Legislature, State of Hawaii
Hawaii State Senate
Committee on Commerce, Consumer Protection, and Health

Testimony by
Hawaii State AFL-CIO
March 16, 2018

H.B. 2739, H.D.1 – RELATING TO HEALTH

The Hawaii State AFL-CIO supports H.B. 2739, H.D.1 which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life and imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

The Hawaii State AFL-CIO unanimously passed a resolution in support of medical aid in dying at our recent executive board meeting. We strongly encourage the passage of H.B. 2739, H.D.1.

Thank you for the opportunity to testify.

Respectfully ~~submitted~~,

Jason Bradshaw
COPE Director

ADA HAWAI'I
AMERICANS FOR DEMOCRATIC ACTION

OFFICERS
John Bickel, President
Alan Burdick, Vice President
Marsha Schweitzer, Treasurer
Karin Gill, Secretary

DIRECTORS
Guy Archer
Juliet Begley
Gloria Borland
Chuck Huxel
Jan Lubin
Jenny Nomura
Stephen O'Harrow
Doug Pyle
Cameron Sato

MAILING ADDRESS
P.O. Box 23404
Honolulu
Hawai'i 96823

March 13 , 2018

TO: Honorable Chair Baker and Members of the Commerce, Consumer Protection & Health

RE: HB 2739 HD 1 Relating to Health

.

Support for hearing on March 16

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

We support HB 2739 HD1 as it would establish a process to allow some terminally ill patients the option to end their suffering. We find the moral position is to reduce suffering and to empower people to control their lives, and that means controlling its termination.

Thank you for your favorable consideration.

Sincerely,

John Bickel
President

St. Francis
HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

Testifier's Name:	Gary Simon Director of Corporate Affairs and Advocacy St. Francis Healthcare System of Hawaii
Testimony Is Directed To:	Senate Committee on Commerce, Consumer Protection, and Health
Measure:	HB 2739 HD 1 RELATING TO HEALTH Establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.
Date & Time of Hearing:	Friday, March 16, 2018, 8:30 a. m.
Location:	State Capitol Conference Room 229
Position:	**St. Francis Healthcare System of Hawaii strongly opposes HB 2739 HD 1.**

Dear Chair Baker, Vice Chair Tokuda, Honorable Members of the Senate Committee on Commerce, Consumer Protection, and Health:

I am Gary Simon, Director of Corporate Affairs and Advocacy for St. Francis Healthcare System of Hawaii (SFHS).

I am testifying as an individual who has worked in healthcare for over thirty years, including seven years as Executive Director of St. Francis Hospice. I am offering testimony on behalf of SFHS.

SFHS strongly opposes HB 2739.

SFHS values life. Our philosophy and practices of hospice and palliative care are concerned chiefly with the dignity of persons throughout the trajectory of a terminal illness. When symptoms are unbearable, effective therapies are now available to

relieve almost all forms of discomfort, distress, and pain during the terminal phase of an illness without purposefully hastening death.

Instead of introducing assisted suicide, as a community we should focus our efforts on improving access to high quality end-of-life care.

Hawaii has made tremendous progress in promoting the value of hospice and palliative are, but there is much more we can do to meet the comprehensive needs of patients/families facing terminal illnesses. We must continue our efforts at:

- professional education,
- public awareness,
- developing our healthcare systems,
- improving public policy to eliminate barriers to hospice and palliative care,
- promoting best practices, and
- research to increase the body of knowledge needed to improve care.

Improving access for all to high quality end-of-life care is imperative and is a strategic goal of SFHS and St. Francis Hospice.

We strongly urge you to oppose HB 2739 HD 1.

Sincerely,
Gary Simon
Director of Corporate Affairs and Advocacy
St. Francis Healthcare System of Hawaii
2226 Liliha Street, Room 217
Honolulu, Hawaii 96817

Email gsimon@stfrancishawaii.org

March 14, 2018

HB-2739-HD-1
Submitted on: 3/13/2018 12:57:09 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Hart	Testifying for Hawaii Citizens for End of Life Choices	Support	Yes

Comments:

To: Members of the Senate Committee on Commerce, Consumer Protection and Health (CPH) and the Senate Committee on Judiciary and Labor (JDL)

From: Ron Hart, PhD

Re: HB 2739 relating to legalization of Medical Aid in Dying

Date: March 16, 2018

Aloha, Senators, and Aloha from the Big Island

My name is Dr. Ron Hart. I am Co-Chair of Hawaii Citizens for End of Life Choices, a grass-roots citizen action organization. Our mission is to advocate in favor of legislation legalizing Medical Aid in Dying in Hawaii.

Our membeship includes many nurses and other health care professionals with years of service on ghe front lines of death and dying. Our membership also includeds many lay people who have served as care givers for dying friends and family members.

Based on our own personal experiences, and on the experience of countless other caregivers and their patients, we believe that a compelling case for legalizing Medical Aid iin Dying can be made based simply on the overwhelming empirical evidence of widespread unmitigated pain and suffering at the end of life. Consequently, this practice should be recognized as a legitimate and integral part ofthe continuum of medical care at the end of life.

Moreover, we believe that Medical Aid in Dying is much broader than just a medical issue. It is also a public health issue, a privacy issue, a financial issue, and--most importantly--a matter of fundamental **human rights** and individual **civil liberties**.

We believe deeply in the principles of individual liberty and self-determination. We strongly believe in the individual's right to choose. In the final analysis is it the RIGHT TO CHOOSE rather that the choice itself that is the central issue in this debate.

We urge your support of HB2739. Thank you for your consideration.

THE QUEEN'S HEALTH SYSTEMS

To: The Honorable Rosalyn H. Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair
Members, Committee on Commerce, Consumer Protection, and Health

From: Paula Yoshioka, Vice President of Government Relations and External Affairs, The Queen's Health Systems

Date: March 13, 2018

Hrg: Senate Committee on Commerce, Consumer Protection, and Health Hearing; Friday, March 16, 2018 at 8:30AM in Room 229

Re: **Comments on HB 2739, HD1, Relating to Health**

My name is Paula Yoshioka and I am the Vice President of Government Relations and External Affairs at The Queen's Health Systems (Queen's). We would like to provide **comments** on HB 2739, HD1, Relating to Health. This bill establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. It also imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Queen's is committed to providing care for all the people of Hawaii including our most vulnerable. We acknowledge and appreciate that this is a very sensitive issue and would like to commend the legislature for taking the time and effort to ensure multiple safeguards were inserted in this measure. In particular, we commend the legislature for the robust immunities afforded to health care providers and facilities for operating in good faith to comply with this measure. We also applaud the requirement that the person with custody or control of any unused medication dispensed after the death of a qualified patient must personally deliver the medication for disposal to the nearest qualified facility or, if not available, must dispose of it by lawful means. Third, we agree with the inclusion of required counseling by a licensed psychiatrist, psychologist, or clinical social worker. Finally, we appreciate that the legislature has explicitly stated that this bill only permits self-administration of prescribed medication. Nevertheless, we would also like to highlight a few points of concern for your consideration.

First, while we appreciate that the attending provider must be a licensed physician who has responsibility for the care of the patient and treatment of the patient's terminal disease, we would prefer that the attending provider also have demonstrated qualifications in hospice and/or palliative medicine. We believe it is essential that the attending physician have expertise in both the assessment and management of the physical, emotional, and existential symptoms that might drive the desire for hastened death as well as counseling and responding to these requests. Only specialists in hospice and palliative care have training and experience in both of these essential areas. Providers with neither the skills to manage symptoms nor respond compassionately and

effectively to the request could lead patients to prematurely conclude they have no other options other than a hastened death.

Second, in the HD1 version of the bill, the attending physician must list the terminal disease as the immediate cause of death on the death certificate instead of listing both the terminal disease as well as self-administration of the prescribed lethal medication as the immediate cause of death. While that is consistent with other states, we believe that it interferes with accurate data collection on impact of this policy. With the immunities granted in Section 17 of this bill to life, health, or accident insurance or annuity policies for the qualified patient, we believe the attending provider should be permitted to exercise their best clinical judgment in listing the most accurate cause of death on the death certificate: self-administration of medication prescribed, the underlying terminal illness, or both. We do not support legislating physicians to complete the official death certificate in any way other than the most accurate manner.

Finally, we are concerned more broadly with the wider implications to society by the passage of this bill. In particular, our physicians are concerned with the "social contagion effect" following the legalization of physician-assisted suicide and how it could lead to an increase in the amount of suicides in the community at large. According to a study published in the *Southern Medical Journal*, legalizing physician-assisted suicide led to a 6.3% increase in total suicides (assisted and non-assisted suicides) relative to other states.[i] The effect was larger in individuals over 65 years of age (14.5%). We ask that the legislature take this important point into account when considering whether to pass a measure on an issue as sensitive as this one.

Thank you for the opportunity to share these comments and for your time and attention to this important issue.

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[i] Jones, David Albert, and Paton, David. "How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?" *Southern Medical Journal*. Volume 108, Number 10, October 2015. https://www.ncbi.nlm.nih.gov/pubmed/26437189

Hau'oli Home Care
Trust · Respect · Aloha

DATE: March 13, 2018

COMMITTEE COMMERCE, CONSUMER PROTECTION & HEALTH
Chair: Senator Rosalyn Baker
Vice Chair: Senator Jill Tokuda

FROM: Janet Grace, Hauoli Home Care, LLC
Member

RE: OPPOSITION on HB2739 HD1

Thank you for the opportunity to testify. My name is Janet Grace owner and founder of Hauoli Home Care, LLC and STRONGLY OPPOSED to HB2739, HD1

Safeguards, no matter how many amendments, how many experts give input, we know in our heart of hearts do not work. In the recent tragedy in Broward County Florida, where 17 lives were instantly lost - the police and security guards trained to keep community and those students and teachers SAFE, EPICALLY FAILED. WOW! Talk about failed "safeguards".

Adding in more "stuff" (amendments) to tighten this horribly bad policy should be alarm enough that so called, "safeguards" do not work. We are human…we make mistakes all the time. Nothing you could add would make this horrible legislation even remotely good. Killing it, instead of terminally ill ohana would be good!

Doctor's misdiagnose end of life. John Radcliffe is still with us today. That is awesome. Imagine if this bill was law when he got his terminal prognosis…he may not be here today for his family to love and him them.

I'd like to point out that page 1 Section 1, 1 – 9 notes that The legislature finds at least thirty states have either enacted or considered enacting laws to allow…

This is not true. The last state to enact law was Colorado via ballot (2016) or legislative approve. Oregon 1997, Washington State 2008, Montana 2009 *the Montana Supreme Court refused to declare a constitutional right to doctor-prescribed suicide but made it de facto legal by allowing the patient's consent to be a defense*, Vermont 2013, California 2015 and District of Columbia. 2016. This is a total of seven states. Let's not mislead the people. In fact, the opposite is true.

Having the privilege of caring for Hawaii's Kupuna, persons with disabilities and those living with chronic disease(s), injury and terminal illness for over 20 years this bill is a recipe for abuse. (I was also a ventilator caregiver on the late beloved Peggy Chun's, Pegs Legs team)

I have seen the good, the bad and the ugly of caring for people, primarily our elderly.

We all pray our loved ones will live full, long lives. Of course, we also know that may mean the time will come when those who cared for us as a child will need to be cared for. Everyone deserves to be loved through lives challenges. Not a death prescription or a gateway to euthanasia which is clearly alluded to in the language of this bill.

What strikes me most about our precious seniors is the amazing fearless and fiercely independent lives they've lived – during some pretty rough patches in history.

These people our mothers, fathers, tutus, aunties and uncles… Many have sacrificed greatly for us and generations to follow. They've also contributed greatly to community and have left incredible legacies of honor and aloha.

When I meet with families who are looking for home care or assistance with a loved one who has a chronic disease such as dementia, Parkinson's disease, diabetes, etc. they want to know I will do everything in my expertise, and ability to provide safe and reliable care. They want to know that their loved one will be treated with the utmost respect and dignity. Even when they are in the expert hands of doctor's and nurses if in hospice care.

It is imperative that we do everything in our power to ensure that every person regardless of their circumstances has access to high quality health care. Not **100 secobarbital** capsules that may not even kill them or give them a so called "peaceful" death. This is just not true.

When seniors begin to need assistance with activities of daily living such as toileting, showering, walker etc. they often become depressed and embarrassed. After all, again these are our pillars, providers and protectors. They are scared as they continue to lose their independence and clearly do not want to become a burden to adult children and other family members. How sad to know they are scared and can't even tell us that do to shame and humiliation.

It's now our turn to give back. We must do all we can to protect, provide for and offer our aging loved ones the best care possible to include outstanding palliative and hospice care. *(According to Oregon's latest official report, 48.9% of patients who died using that state's assisted suicide law did so to avoid being a burden on their family, friends or caregivers. That number far exceeded those who cited pain or concern about pain as their reason)*

<u>HB2739 19-</u>
(2) As a home care agency, I'm very concerned about my employees being asked to assist a client that may have the prescription of 100 secobarbital pills to help administer them. More so, if a client has complications from the self-administering of 100 pills, such as vomiting, choking, anxiety and/or nausea, my employee and/or my company could be held liable. **This is a slippery slope**.

<u>HB2739 23-</u>
14 – 18 This is clearly euthanasia by definition. **This is a slippery slope.**

I request that my attending provider prescribe medication that I may self-administer to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness.

In closing, my hope is that our elected officials, especially those entrusted to high power and position will do the right thing and put the overall welfare and safety of the most vulnerable of our Hawaii ohana first and not a political agenda.

I urge you to kill this bill…not move it out of committee.

Mahalo for the opportunity to testify.

Planned Parenthood
Act. No matter what.
Planned Parenthood Votes Northwest and Hawaii

To:	Hawaii State Senate Committee on Consumer Protection and Health
Hearing Date/Time:	Friday, Mar. 16, 2018, 8:30 a.m.
Place:	Rm. 229
Re:	Testimony of Planned Parenthood Votes Northwest and Hawaii in support of H.B. 2739, HD1, relating to Health

Dear Chair Baker and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii ("PPVNH") writes in support of H.B. 2739, HD1, which seeks to establish a medical aid in dying program.

PPVNH supports H.B. 2739 because it gives people the right to make private, personal decisions about their bodies and lives, which is something that we work to protect and promote every day for the thousands of Hawaii people that come through our doors each year seeking health care.

Thank you for this opportunity to testify in support of H.B. 2739, HD1.

Sincerely,

Laurie Field
Hawaii Legislative Director

March 16, 2018

To: Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair and
Members of the Committee on Commerce, Consumer Protection, and Health

From: Jeanne Y. Ohta, Co-Chair

RE: HB 2739 HD1 Relating to Health
Hearing: Friday, March 16, 2018, 8:30-11:25 a.m., Room 229

POSITION: Strong Support

The Hawai‘i State Democratic Women’s Caucus writes in strong support of HB 2739 HD1 Relating to Health.

We believe that a terminally-ill person’s end-of-life choices should be theirs alone, without the interference of government and without the interference of others’ religious beliefs.

This measure enables patients to discuss end-of-life choices with their physicians and to discuss appropriate care for severe pain and terminal illnesses.

This is a bill about personal choice and freedom and compassion. Anyone opposed to assisted dying simply need not ask. This bill would give patients with terminal illnesses the power to choose, not life over death, but one form of death over another. This bill gives people the opportunity to have choices at life’s end.

The Democratic Party of Hawai‘i overwhelmingly passed a resolution at the 2010 Convention in support of Death with Dignity and again at the 2016 Convention. The Hawai‘i State Democratic Women’s Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii’s women and girls.

We ask the committee to pass this measure as is and thank the committee for the opportunity to provide testimony.

Hawai‘i State Democratic Women’s Caucus, 404 Ward Avenue Suite 200, Honolulu, HI 96814
hidemwomen@gmail.com

HB-2739-HD-1
Submitted on: 3/15/2018 3:24:58 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for OCC Legislative Priorities Committee of the Democratic Party of Hawaii	Support	No

Comments:

TO the Honorable Rosalyn H. Baker, Chair; the Honorable Jill N. Tokuda, Vice Chair; and Members of the Senate Committee on Commerce, Consumer Protection and Health:

Good morning, my name is Melodie Aduja. I serve as Chair of the Oahu County Legislative Priorities Committee of the Democratic Party of Hawaii. Thank you for the opportunity to provide written testimony on **HB2739 HD1**, relating to Health; and the Our Care, Our Choice Act.

The OCC Legislative Priorities Committee is in favor of **HB2739 HD1** and supports its passage.

HB2739 HD1 is in alignment with two Resolutions of the Democratic Party of Hawai'i ("DPH"), attached hereto, as it establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life and imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

HHS 2016-02 Support for Death With Dignity

Whereas, Hawai'i has long affirmed the rights of individuals to make informed decisions regarding their health care at the end of life;

Whereas, The Democratic Party of Hawai'i has, through duly-adopted prior platform planks and resolution in 2010, "Supporting Death with Dignity," established a long history of support for and the endorsement of Death with Dignity for terminally ill patients at the end of life; and

Whereas, the 2010 resolution will not be replaced with this; now, therefore, be it

Resolved, That the Democratic Party of Hawai'i urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawai'i residents are provided with a full range of end of life options, including a decision to advance the time of death, and provide safeguards to ensure patients are in control if they choose Death with Dignity; and finally be it

Ordered, That copies of this resolution be transmitted to the Democratic

members of the Hawai‘i State Legislature, and the members of the Hawai‘i Congressional delegation. (DPH Resolution HHS 2016-02).

HHS 2012-02 Support for Patient Choice and Quality of Life

Whereas, Advances in science and technology have created many medical interventions that can prolong the dying process and increase suffering; and

Whereas, Nearly 1.6 million Americans received hospice care in 2010, up from 25,000 in 1982; and

Whereas, Three decades after hospice emerged as the standard of care for terminally ill patients, many physicians find themselves accused of murder, euthanasia and assisting suicide for providing patients with ethically and legally accepted palliative care treatments to control pain and other symptoms; and

Whereas, 25% of physicians recently surveyed said they were formally investigated by their health care institutions, state medical boards or prosecutors for using opiates to manage a dying patient’s pain, prescribing palliative and sedative medications when a patient was removed from mechanical ventilation; or delivering palliative sedation to terminally ill patients with severe, refractory pain; and

Whereas, Although none of the physicians investigated was found at fault, most reported experiencing anger, anxiety, isolation, depression, and difficulty working as a result of the ordeal; and

Whereas, Physicians’ fear of criminal and civil liability and professional disciplinary actions can result in the under-treated pain and other symptoms, and cause dying patients to suffer prolonged, agonized deaths against their will; and

Whereas, Hawai‘i has never criminalized the rational, end-of-life decisions of mentally competent, terminally ill Hawai‘i residents; and

Whereas, Hawai‘i has never criminalized compassionate health care provided by Hawai‘i physicians, pursuant to an informed decisions by their dying patients, even when such decisions may be to advance the time of death; and

Whereas, Hawai‘i has long affirmed the right of individuals to make informed decisions regarding their health-care options and provided support for patients at the end of life; and

Whereas, The Democratic Party of Hawai‘i has, through duly-adopted prior platform planks established a long-term history of support for and endorsement of Death With Dignity/Aid In Dying; now, therefore, be it

Resolved, That the Democratic Party of Hawai‘i urge the Hawai‘i legislature take all measures to (a) ensure that Hawai’i residents are not denied appropriate pain and symptom management; (b) protect health-care providers and patient advocates who follow best practice standards in providing end-of-life choice; and (c) affirm the right of dying patients to make informed decisions about their health care, even if such decision may be to advance the time of death, and finally be it

Ordered, That certified copies of this resolution be transmitted to the Governor of Hawai‘i and the elected or appointed Democratic Party members of the Hawai‘i State Legislature. (DPH Resolution HHS 2012-02).

Given that **HB2739 HD1** establishes a regulated process under which an adult resident of the State with a medically confirmed terminal disease and less than six

months to live may choose to obtain a prescription for medication to end the patient's life and imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription, it is the position of the OCC Legislative Priorities Committee to support this measure.

Thank you very much for your kind consideration.

Sincerely yours,

/s/ Melodie Aduja

Melodie Aduja, Chair, OCC Legislative Priorities Committee
Email: legislativepriorities@gmail.com, Text/Tel.: (808) 258-8889

LGBT CAUCUS
FORMED IN 2001

THE FIRST CAUCUS OF THE
DEMOCRATIC PARTY
OF HAWAI'I

March 14, 2018

Senate's Committee on Commerce, Consumer Protection & Health
Hawai'i State Capitol
415 South Beretania Street, RM 229
Honolulu, HI 96813

Hearing: Friday, March 16, 2018 – 8:30 a.m.

RE: **STRONG SUPPORT for House Bill 2379 HD 1** – RELATING TO HEALTH

Aloha Chair Baker, Vice Chair Tokuda & fellow committee members,

I am writing in STRONG SUPPORT to House Bill 2739 HD 1 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 2739 HD 1 establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

The preamble to the platform of our great party states, "The abiding values of the Democratic Party are liberty…and compassion and respect for the dignity and worth of the individual. At the heart of our party lies a fundamental conviction that Americans must not only be free, but they must live in a fair society."

In recognition of the sanctity of individual rights, especially that most personal and private right to avoid prolonged suffering if terminally ill, last June our party formalized our many years of support for the issue, adding a resolution to our platform urging lawmakers to legalize medical aid in dying in the islands.

HHS 2016-02 On Death With Dignity resolves:

"That the Democratic Party of Hawai'i urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawai'i residents are provided with a full range of end of life options, including a decision to advance the time of death, and provide safeguards to ensure patients are in control if they choose [medical aid in dying]."

The resolution was adopted two weeks before the enactment of California's End of Life Option Act that went into effect June 9, 2016, tripling the percentage of terminally ill Americans who have option to choose medical aid in dying from 4 to 16 percent. Subsequent to that, the voters of the state of Colorado in November 2016 passed a ballot measure authorizing medical aid in dying. Later that same month, the Washington, D.C. City Council passed a resolution to that effect.

A legal, accessible medical aid in dying option for Hawai'i is a top priority for the LGBT Caucus and the Democratic Party of Hawai'i. As we've researched the issue and talked to members, we are struck by the desperate, violent measures some terminally ill kama'aina have been forced to take, alone and in secrecy, to end their suffering. Some have resorted to shooting or hanging themselves—one person's

aunty hung herself from the garden gate—, leaving family members devastated and traumatized at their inability to help a member of their own ‘ohana to pass peacefully, surrounded by loved ones.

Some palliative care doctors will say that the pain and anxiety management they provide is sufficient, and for many, it is. However some kama‘aina perhaps don’t wish to be subjected to what’s euphemistically known as “terminal sedation,” addled by ever increasing doses of morphine until they lose consciousness and eventually stop breathing.

Ironically, some doctors who are opposed to medical aid in dying say it is wrong or immoral to prescribe life-ending medication to anyone, no matter what the circumstance. Yet these same doctors somehow subscribe to the questionable “principle of double effect,” which allows them to justify the administration of potentially life-ending doses of medication if their main intent is to end suffering – even if they know the medication will cause death.

How is that moral? How is that right? How is that preferable to allowing an adult who is terminally ill, with six months or less to live, and who is mentally capable of making their own health care decisions, and who is acting under their own free will with no coercion, to have the option to request, obtain and self-administer their own life-ending medication in order to die peacefully, on their own terms?

Our party is the party of personal freedom and liberty. Who are we to deny this most personal liberty to the people of Hawai‘i?

Thank you, Chair, Vice Chair and Members of the Committee, for your thoughtful consideration and hopefully your full support of HB 2739 HD 1.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
LGBT Caucus of the Democratic Party of Hawai‘i

92-954 Makakilo Dr. #71, Kapolei, HI 96707 Email: RainbowFamily808@gmail.com Ph: (808) 779-9078 Fax: (808) 672-6347

March 15, 2018

Honorable Senator Roz Baker Chair, Commerce, Consumer Protection and Health Committee
and members
Honorable Representative Scott Y. Nishimoto, Chair Judiciary Committee
and members
Hawaii State Capitol
514 Beretania Street
Honolulu, Hawaii 96813

RE: Strong Support for HB2739 – Medical Aid in Dying

Rainbow Family 808 strongly supports HB 2739, for individuals requesting medical aid in dying, an End-of-Life Choice. We acknowledge the Hawaii Blue Ribbon Panel of 1997 on End of Life Options. Our Aloha state now reports that 70% of it's citizens approve of this End of Life Choice. We support the decisions of our individuals and ask that the House Health and Human Services with the House Judiciary Committees agree to the Individual's right to choose their End of Life Choices without interferance from churches or others wishing to control an individual's decision as stated in HB 2739.

One of Rainbow Family 808's members reports their 1980's volunteer time with the Westside division of St. Francis Hospice Program. The member spoke to us about the heartbreaking experiences of patients lying in bed, not able to eat, speak, walk or care for themselves and the resulting pain the family experienced seeing their beloved family members in such horrific pain. This pain many times gets to the point that even constant morphice drips fail to ease the pain. This member says there has to be a better way to end one's life. At that time in Hawaii, the Hospice Program did not offer or even talk about any relief from pain but rather followed lock step with the Honolulu Roman Catholic Diocese distain for a peaceful, dignified End of Life Choices. Nothing has changed.

Many in our group talk about the Hawaii Advance Directive that takes time and consideration about the importance of discussing our End of Life Choices. Some of us already have dianoses that may someday result in escalating, unending pain and suffering that is not treatable with any amount of opiodes to address the pain. We need and want an option. Personnally when my life means I can't think, talk, eat or dance but is an unending time of pain, then I want humane and dignified options. For myself, I want a doctor who will value and respect my Advance Directive for End of Life Choices. In fact, I've already changed Physicans to one who honors my Advance Directive.

Hawaii can no longer allow those in the business of caring for the ill to control any individuals End of Life Choices, Advance Directives in order to make money on our suffering. Time's UP.

Thank you for the opportunity to provide our support for our Freedom to Choose End of Life decisions when we are terminal and qualify the requirements of HB 2739. Freedom of Choice is the just decision for each individual. Rainbow Family 808 asks that you pass HB 2739.

Sincerely,

Carolyn Martinez Golojuch
President and Co-Founder Rainbow Family 808

HB-2739-HD-1
Submitted on: 3/14/2018 12:02:49 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brett Kulbis	Testifying for Honolulu County Republican Party	Oppose	No

Comments:

Hawaii Republicans affirm the sanctity of life and the inherent dignity of each human being from conception to natural death. We believe all human life is sacred regardless of age or infirmity, and therefore we oppose assisted suicide and euthanasia in any form.

Instead of embracing PAS, we should respond to suffering with true aloha! Those seeking PAS typically suffer from depression and loneliness. Instead of helping them to kill themselves, we should offer them appropriate medical care and human comfort. For those in physical pain, palliative care can manage their pain and symptoms effectively. For those whom death is imminent, hospice care and fellowship can comfort them in their last days. Anything less is not pono and contradicts our Aloha spirit.

Brett Kulbis, Chairman Honolulu County Republican Party

TESTIMONY to: Senate Committees on Consumer Protection and Health

Regarding: HB 2739 Relating to Health

Friday March 16, 2018

8:30 AM -- State Capitol Conference Room 229

Submitted In **STRONG OPPOSITION** by:

Mary Smart, Mililani, HI, for Hawaii Federation of Republican Women

Chair Baker, Vice Chair Tokuda, and Committee Members:

1. As an individual and an officer of The Hawaii Federation of Republican Women, we most strongly oppose HB 2739 H.D.1 and request you Vote NO at this committee hearing. This bill has nothing to do with health care. According to Merriam Webster, health care is defined as: "efforts made to maintain or restore physical, mental, or emotional well-being especially by trained and licensed professionals …" The provisions endorsed by this bill prevent any restoration or maintenance of health. The amended bill still does not offer sufficient safeguards to ensure the safety of the general public. Furthermore, there is no such thing as giving value-neutral counseling. When the evil of assisted suicide is elevated to "just another option" it sets a standard that assisted suicide is just as moral and ethical as any other option – that IS taking a biased position on this topic. Suicide should always be discouraged. However, there are doctors such as Dr. Jack Kevorkian who support killing their patients. A medical service provider has the duty to provide his/her best unfiltered advice on options, whatever they may be. He/she should not have his/her speech constrained by the popular ideologies of the moment (assisted suicide aka "aid in dying"). Doctors who oppose this process must be allowed to convey their unambiguous opinion on the topic to their patients.

2. As the Hawaii House took the floor vote on H.B 2739 HD1, one representative stated that since we already put our pets down, we should do the same to people. In other words, he thinks his fellow man should be treated like an animal. We have ethically regressed quite a bit when we think it is a good thing to treat a human being the same as a dog or cat. Contrary to Section 18 (page 22) of the proposed Statute, the procedures of this bill meet the definition of mercy killing and active euthanasia because death comes only thought the overt actions of the medical and pharmacudical professionals who provide the lethal doses. Denying it doesn't make it true. If you truly object to mercy killing and euthanasia, do not pass this bill. The immunities listed in section 19 essentially create "a license to kill".

3. Section 1. Age 18 is too young. It is a tumultuous period in a child's life. You have some legislation being considered denying a minor counseling. Let youth have time to

settle into adulthood – just like you do for the use of alcohol, tobacco, and firearms. A minimum of age 21 must be considered, however age 26 would be more reasonable.

4. Section 19 a. (2) must be changed. It is well known that this provision is considered highly unethical and immoral for a large segment of the population. Therefore, a professional organization or association, health care provider, individual, pharmacist, pharmacy, or health care facility must be allowed to forbid an employee or member from participating in this practice. The words must be changed to read: "No professional organization or association, health care provider, pharmacist, pharmacy, or health care facility shall subject any person to censure, discipline, suspension, and loss of license, loss of privileges, loss of membership or other penalty for refusing to participate with the measures of this chapter. However, professional organizations and associations, health care providers, and health care facilities have that right to censure, discipline, suspend and deny a license to those who choose to participate in this practice if they consider this practice unethical or immoral. Conscience protections will be grated to individuals and groups of individuals who refuse to participate in any phase of this statute.

5. Section 5 (b). The omission of the true cause of death, the prescription, is an instance of a fraudulent government document. By altering the true cause of death, prognosis for particular disease will be skewed to be much shorter than it would be if nature took its natural course.

6. Section 19 a. (4) must be changed to: "No health care provider, pharmacist, pharmacy, or health care facility shall be under any duty, whether by contract, statute, or any other legal requirement, to participate in the provision to a qualified patient of a prescription or medication to end the qualified patient's life pursuant to this chapter and has no obligation to refer the patient to another provider however, will transfer records on request of the patient to a provider/facility designated by the patient.

7. Section 19 b. and c. Health care facilities must be able to demand that affiliated providers not participate in the provisions of this statute at all, in addition to forbidding the practice on facility premises. Facilities must be able to truthfully advertise that they do not nor do any of their medical providers/staff, participate in the provisions of this chapter. Those of us who oppose this change legalizing assisted suicide must be able to identify medical professionals and facilities where we can be safe from these practices and the people who perform them. Change paragraph c to read: "c. Subsection (a) not withstanding, if a health care facility has notified the health care provider prior to participation in actions covered by this chapter that the health care facility prohibits participation in this practice altogether and/or prohibits participation on its premises in actions covered by this chapter, the health care facility may subject the health care provider to the following sanctions: …"

8. HB2739 is unnecessary, introduces new dangers into the community, and targets the vulnerable to include the sick, elderly, depressed, panic-stricken, and individuals with disabilities. Not only does it open the door to abuse, which is already a problem in Hawaii, it creates new felony and misdemeanor crimes listed in Sub-Section 20. Those

crimes are delineated because you are well aware that these abuses are likely to occur. It is very difficult to determine if the "patient" is being coerced, by family, heirs, or even medical insurance providers (private and government operated). There are documented cases where patients were denied life-extending medicines and offered the life-ending perscription as their only option. That IS coersion.

9. The bill acknowledges that other acceptable options exist for those with terminal illnesses. Not only does page 1 and page 4 of the bill list those options, (i.e. palliative care, VSED (voluntarily stopping eating and drinking), and stopping artificial ventilation or other life sustaining therapy to allow a comfortable natural death are options currently available in Hawaii.." The first page indicates that health care providers don't always offer these options. The first step must be to require that physicians offer these options to people asking for assisted suicide. On page 37, Section 5 (E) (i), it notes that licensed physicians already have the option to "prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in the causing, death for any reason…" Therefore, the whole basis of the bill falls apart when you consider what is already available to patients. There is NEVER any reason for a patient to be in pain.

10. This bill achieves objective of the Compassion and Choices (formerly the Hemlock Society/Final Exit, and other idealogies that want to rid the world of "useless eaters". This group works at the opposite of the age spectrum of Margaret Sanger's desire to rid the world of "human weeds", through abortion and Planned Parenthood. One organization works on killing the already born and the other on terminating the life of the pre-born. It may seem practical to some, but to others only a barbaric and inhumane culture would approve of a bill of this nature.

11. Hawaii residents, including many of our youth, suffer from diabetes and kidney disease at a rate higher than other states. This bill targets them as well as people with other ailments including dementia and Parkinson's disease. My father had Parkinson's disease. He lived many productive years with the disease before moving to Hawaii to live in my home for twelve years. His presence was a blessing. Many people think they couldn't care for someone with a debilitating disease, but it is a wonderful time to bond with one another. If assisted suicide becomes a legal "final solution" in Hawaii, in all likelihood, fewer people will have a similar uplifting experience. Most of us who have taken on this responsibility report it to have been a positive endeavor.

12. There are several objectionable criteria in the bill besides the false premise that it could be legal to directly cause of death of another human being. Changes to consider include:

a. As previously mentioned, minimum age must be raised to at least 21 but better to 26 years old. Youth are dependents of their parents until that age for health insurances purposes. Therefore 26 years old should be a minimum age for making a life and death

decision. Smoking and drinking alcohol are already set at 21 and those don't cause death immediately.

b. The waiting period should be at least 3 months after diagnosis and the period between requests should be at least 30 days not 20 days as indicated on pages 8 and 15. Many people need time to reflect on their options when they get a horrifying prognosis. Also, many people choose suicide when they are depressed. Soon after a patient receives a terminal diagnosis is not the time to make life and death decisions. Doctors make errors. The most outspoken advocate for this bill is still alive after something like 18 months when he was supposed to only have six months to live. Every patient seeking assisted suicide must be referred to mental health professional who will discuss medical alternatives to suicide as well as assess their mental state. Many people who seek suicide are reaching out for help and actually want to live. The last thing these people need is to have others affirm their desire to kill themselves. Many are hoping for people to give them a reason to live or assure them they are not a burden on the family when they are in crisis.

c. The number of providers need to be limited, just like we limit marijuana dispensaries. A clinical social worker should not be authorized to determine patient capability and should be eliminated from Section 1, page 5 paragraph that defines "Capable" and from page 5 under "Consulting provider". Only doctors who sign-up to participate in this life-ending procedure should be allowed to write these deadly prescriptions. Those doctors/medical providers should attend specific training and receive a specific license that allows them to participate in this program. Doctors and medical staff should not have to participate nor refer patients to those willing to participate in this program. Most doctors still affirm that their skills and knowledge should be used to heal, not kill. Doctors and organizations that find this practice reprehensible must be allowed under the first amendment of the constitution Right of Assembly, to restrict their providers to only those professionals who reject assisted suicide services in their practice. This is not a value neutral issue.

d. Remove references to Telehealth (page 8 it is first mentioned.) All medical services must occur in person. Doctors in the medical profession, especially those in the psychological discipline have indicated that it is difficult for them to detect depression on the first visit. It would be much more difficult if the interviews were done by telemedicine.

e. Finding a loved one"s dead body after they deliberately take their life can be tramatizing. If no one is informed that the procedure will occur, the body may be in an advanced state of decomposition when it is discovered. Although the bill recommends that the pills be taken in a non-public location, there is not guarantee that will happen. Innocent by-standers may have to watch the public suicide. The measures imposed by Section 21 of the statute will not stop this from occurring. Until the patient takes the pills, there are dangerous narcotics being stored in a home, car, or office, etc. There are no strong controls to prevent these dangerous substances getting into the hands of children or inquisitive teens. It would be better to have the substances held for the

individual at a safe designated location (similar to a funeral home – but for taking these life-ending pills in a comfortable but private setting) that allows family members to gather, if desired, and the pills be dispensed that the controlled location. That would keep the dangerous drugs out of public hands and allow for controlled disposal if/when the pills are no longer needed. Having these pills out in the community is a public safety issue and the bill offers no safeguards. This would also guarantee the pills are only used for the patient who requested them. Implementing this change would remove the need for Section 15 and Section 21 of the statute since the only instance of distributing pills occurs at the time of death in a controlled location. There would be no dangerous pills in the community. We celebrate weddings and funerals in "special" locations. It isn't asking too much to have those choosing this option to also "celebrate" in a location specified for this type of occasion.

f. The fact that insurance policies and wills (Section 16) are not affected by the act of suicide is an added cause of concern about coercion. When there are high amounts of money involved, it is very possible. We have an elder abuse problem due to this problem of people eager to get their hands on the "estate". The requirement that one witness not be an heir doesn't offer much protection. From the draft bill, anyone off the street can be a witness to the request for the life-ending pills and therefore would have no idea of the pressure that is causing the patient to request this procedure. That witness could be a friend of an heir as well. Adequate safeguards are not contained in the bill.

g. Section 19 (2) of the proposed statute needs to be deleted. A healthcare facility, organization, or association must be able to decide whether or not they want to employ a doctor who participates in these procedures. Many individuals and organizations find this procedure to constitute legalized murder and do not want to employ anyone who thinks it is ethical to intentionally end a human life. You should not use the force of government to mandate a health provider to keep on staff someone who dispenses death. Death care is not health care.

13. Overall, this bill is an insult to the morals and culture of Hawaii residents who love life and consider one another members of our ohana. We enjoy our multi-generational homes and hanai family members. This bill serves the purposes of a very few residents and introduces services that many of us consider an abomination. We know of abuses that have occurred in Belgium and the Netherlands and the fact that "evidence" of murder is quickly destroyed in the cases of "assisted suicide". Your constituents do not want this bill to pass. We yean for the day when all medical providers would be faithful to the original Hippocratic Oath:

"I WILL FOLLOW that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give a woman a pessary to produce abortion."

14. **Vote NO on HB 2739 HD1**. Do not pass this bill.

TESTIMONY IN SUPPORT: RELATING TO HEALTH: HB 2739 hd1Our Care, Our Choice

SUBMITTED BY: Amy Agbayani, chair
FILIPINA ADVOCACY NETWORK (FAN)
3432 B-1 Kalihi St. Honolulu, Hi 96819

Chair Baker, Vice Chair Tokuda, members of the Committees:

The Filipina Advocacy Network strongly support HB2739 hd1 because we believe all individuals should have the right to die with dignity and to have care, compassion and choice. I am a Filipino Catholic and retired educator. I feel that my cultural and religious beliefs are consistent with my support for this bill. I also believe in the separation of church and state.

States who have enacted similar laws document that there are appropriate safeguards against abuse. The physicians, family members and patients in these states and the state of Hawai'i understand the critical need to respectfully follow strict requirements to enable terminally ill residents to make decisions to end their lives in a peaceful manner.

Please approve hb2739 hd.1.

46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

TESTIMONY FOR HOUSE BILL 2739, HOUSE DRAFT 1, RELATING TO HEALTH

Senate Committee on Commerce, Consumer Protection, and Health
Hon. Rosalyn H. Baker, Chair
Hon. Jill N. Tokuda, Vice Chair

Friday, March 16, 2018, 8:30 AM
State Capitol, Conference Room 229

Honorable Chair Baker and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 400 members. On behalf of our members, we offer this testimony in strong support of House Bill 2739, HD 1, relating to health.

Compassion and choices acts, also known as "death with dignity" laws, empower people to end their lives on their own terms. Painful as it may be to discuss, compassion and choices enable terminally ill patients to decide whether or not to use prescription pharmaceuticals to avoid life supportive processes that prolong dying without enhancing the patient's quality of life. Importantly, compassion and choices do not replace end-of-life care. Patients may still choose to receive hospice and palliative care as an alternative to hospitalization, and may deal with terminal illness in the comfort of their own homes. Contrary to sensationalized claims from opponents of such proposals, **patients are not coerced into ending their lives prematurely.**

Relatedly, while we must continue to fight for universal healthcare to prevent medical premiums from becoming a debt sentence, **there is no evidence to support the notion that financial burdens pressure patients to end their lives to cut costs to their families.** As Martin Levin, Special Counsel for the Robert F. Kennedy Center for Justice and Human Rights, wrote in "Physician-Assisted Suicide: Legality and Morality" (December, 2012), "even if we were to consider these figures, the savings only total approximately $10,000 per assisted suicide victim. The total savings of approximately $627 million is less than one percent of total United States health care expenditures. The reason this figure is so low is because an extremely small percentage of Americans receiving health care qualify for physician-assisted suicide. We are not talking about the withholding or withdrawing of life-sustaining procedures. This is already legal and widely utilized. What we are talking about is allowing a competent adult suffering from an incurable illness with less than six months to live to seek the assistance of a physician in ending the patient's

life. This number makes up less than one-third of 1 percent of Americans each year, and those who do qualify, and who choose to die by assisted suicide, **generally end their lives approximately three weeks before their natural death would have occurred.**"

Equally absurd are claims that compassion and choices policies are driven by a desire to cut systemic medical costs. Merrill Matthews, Director of the Center for Health Policy Studies at the National Center for Policy Analysis, additionally held, in "Would Physician-Assisted Suicide Save the Healthcare System Money?", appearing in *Physician Assisted Suicide: Expanding the Debate* (1998), that: "Would Physician-Assisted Suicide Save Money? The answer to the question seems almost certainly no... The primary reason is that the number of people seeking physician-assisted suicide and being granted that assistance is extremely small...Most requests for physician assistance come in the last month, or even the last days of life, which would drastically reduce the actual amount of money saved. For example, in the survey of Dutch physicians, 64 percent said they had shortened a patient's life by less than twenty-four hours, and in 16 percent it was shortened less than a week...Considering the way we finance healthcare in the United States, it would be hard to make a case that there is a financial imperative compelling us to adopt physician-assisted suicide in an effort to save money so that others could benefit."

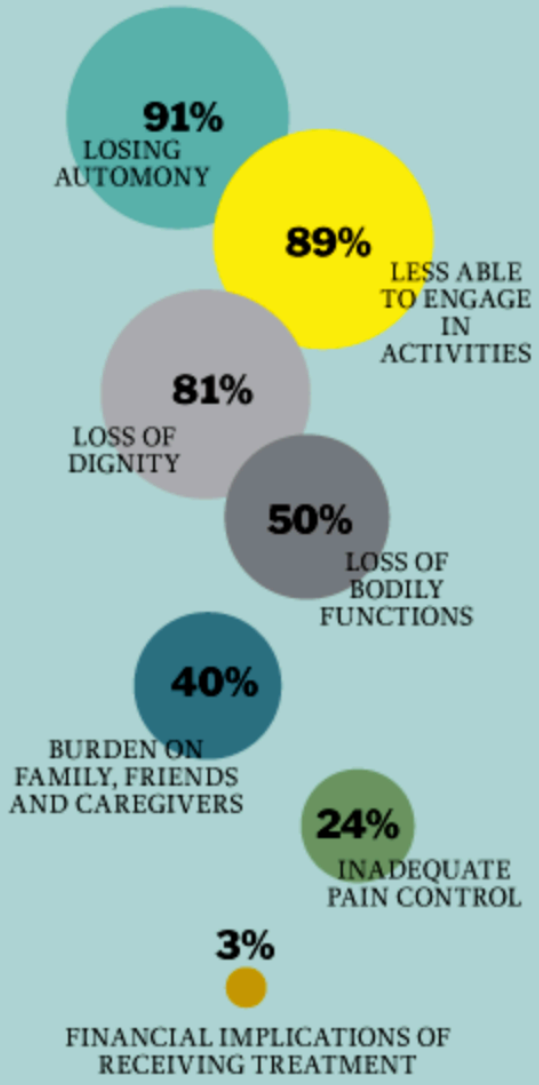
Thus, again, this bill isn't about money. It's about compassion for people suffering through difficult illnesses. Physician-assisted suicide would not save substantial amounts of money–in absolute or relative terms–for Hawai'i, negating the argument that individual or governmental fiscal pressure makes death more appealing. Patients who seek medical aid in dying do so for many reasons, including loss of autonomy, being less able to engage in routine activities, loss of dignity, loss of bodily functions, inadequate pain control, and combinations thereof. Gallup polls have consistently found that about 70 percent of Americans support doctors using painless means of ending the life of someone suffering from an incurable disease, if the patient and his or her family request it. Civil Beat likewise found in a November 2017 poll that 63 percent of local voters support medical aid in dying legislation, a number has steadily risen in recent years. Other polls have shown over 80 percent support among local voters. Clearly, the political risk isn't in passing this measure, but in failing to move it forward.

Mahalo for the opportunity to testify in strong support of this bill.

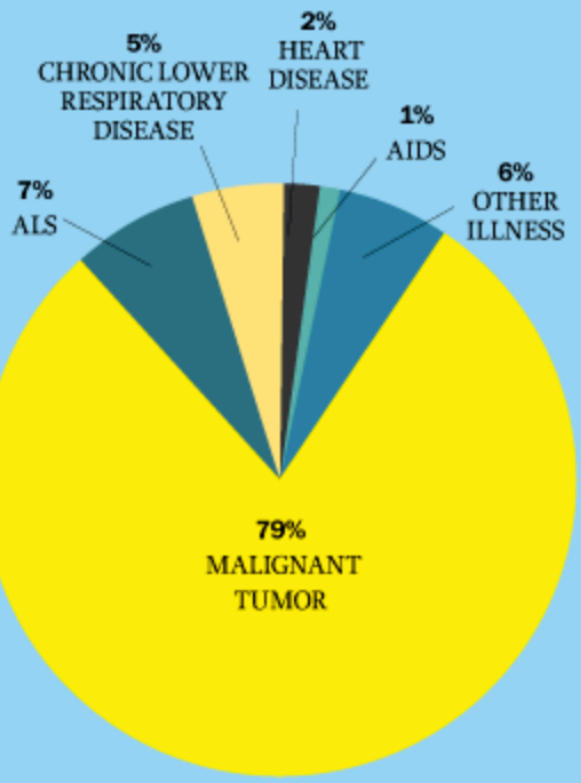
Sincerely,
Kris Coffield
Executive Director
IMUAlliance

WHY PATIENTS SEEK LETHAL MEDICATION

Most people seek a lethal prescription because they worry about becoming a burden or losing autonomy – not because they are experiencing pain from illness or because they can't afford treatment.



CIRCUMSTANCES OF THOSE WHO DIED FROM TAKING THE LETHAL DOSE:



95% of patients died at their own home or a home of a family member or friend

4% died in a long term care facility

45% of patients did not have a health-care provider present at time of death

EDUCATION OF THOSE WHO DIED:

- **6%:** Less than high school
- **22%:** High school graduate
- **26%:** Some college
- **46%:** BA or higher

INSURANCE OF THOSE WHO DIED:

- **35%:** Medicare, Medicaid or other government
- **63%:** Private Insurance, alone or in combination with other insurance
- **2%:** None

Kris Coffield **(808) 679-7454** **imuaalliance@gmail.com**

hawaii family forum

ONLINE TESTIMONY SUBMITTAL
March 13, 2018

HEARING: Friday, March 16, 2018 @ 8:30 a.m. in room #229

TO: Senate Committee on Commerce Consumer Protection & Health
Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair

FROM: Eva Andrade, President

RE: Strong Opposition to HB2739 HD1 Relating to Health

Aloha and thank you for the opportunity to submit testimony in strong opposition to this measure. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We oppose HB2739 HD1 for several reasons:

It puts the poor, elderly, sick and disabled at risk for abuse – no matter what the proposed penalties. Per the National Adult Protective Services Association, recent research indicates that elder financial exploitation and abuse is ALREADY widespread, expensive, and sometimes even deadly. With elder abuse a major problem in Hawaii (one news story reported a 300% increase)[i], turning the right to die into a duty to die – creating subtle pressure on the elderly to end their lives early so as not to be a burden to their families – may very well be a consequence of this law. No matter what you try to accomplish with proposed "safeguards," once that patient leaves the pharmacy, all alleged safeguards go away.

The message that suicide is okay harms Hawaii's keiki! Having a law that says it's okay to have someone assist you to end your life is not a message that should be promoted to our keiki**.** Studies have shown that in the few states that have passed this law, suicides increased.[ii] In Hawaii, suicide was the most common cause of fatal injuries among Hawaii residents between 2010-2014, accounting for one-quarter of all fatal injuries. In fact, per current statistics, one person dies by suicide in Hawaii every two days. In Oregon, since assisted suicide was legalized, their (non-assisted suicide) rate has increased every year. We simply should not do anything send mixed messages to our community's youth.

Finally, contrary to conventional wisdom, the contemporary debate in this area is not about a mentally competent adult's legal right to refuse medical treatment. That legal right currently exists. HB2739 HD1 is really about a physician's protection when they intentionally participate in assisting in the death of another person - by dispensing a lethal dose of barbiturates. This new law, if passed, will give doctors who choose to participate a "Get Out of Jail" for free card." And that, when it is clearly articulated to the public, is simply not what the people of Hawaii want.

Please do not pass HB2739 HD1 out committee. Mahalo for the opportunity to testify.

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i http://khon2.com/2016/04/19/more-alleged-victims-come-forward-after-elder-abuse-crimes-come-to-light/ (accessed 02/11/17)

ii http://sma.org/southern-medical-journal/article/how-does-legalization-of-physician-assisted-suicide-affect-rates-of-suicide/ (accessed 02/11/17

6301 Pali Highway • Kaneohe, HI 96744-5224 • Ph: 808-203-6704 • Fax: 808-261-7022
E-mail: director@hawaiifamilyforum.org | Website: www.hawaiifamilyforum.org

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Scott Foster and I am testifying as the Chair of the Kupuna Caucus of the Democratic Party of Hawai`i. **We strongly support HB2739, HD1 with no amendments.**

Sincerely,
/s/
Scott Foster
808-590-5880
fosters005@hawaii.rr.com

ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII

Hawaii Catholic Conference

The Public Policy Voice of the Roman Catholic Church in the State of Hawaii

Submitted Electronically: March 13, 2018

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION & HEALTH
Sen. Rosalyn Baker, Chair
Sen. Jill Tokuda, Vice Chair

HEARING: Friday, March 16, 2018 @ 8:30 a.m. in room #229
SUBMITTED BY: Walter Yoshimitsu, Executive Director
POSITION: **STRONG OPPOSITION TO HB2739 HD1 Relating to Health**

The Hawaii Catholic Conference is the official public policy voice for the Roman Catholic Church in the State of Hawaii. The above-referenced bill would establish a death with dignity act under which a terminally ill adult resident may obtain a prescription for a lethal dose to end the patient's life. The Hawaii Catholic Conference **opposes** this bill for many reasons.

- It can blur longstanding medical, moral and legal distinctions between withdrawing extraordinary medical assistance and taking active steps to destroy human life. One lets people die a natural death; the other is the deliberate and direct act of hastening death.
- It can undermine the physician's role as healer, forever alter the doctor-patient relationship, and lessen the quality of care provided to patients at the end of life. The American Medical Association has stated that assisted suicide is "fundamentally incompatible with the physician's role" and would be "difficult or impossible to control." It continues to maintain its opposition to assisted suicide efforts.
- It can lead to psychological, financial and other pressures for vulnerable persons to end their lives. In today's era of health care rationing and cost-cutting, assisted suicide could easily rise to the level of the most acceptable, and even expected, "treatment" for terminal illness.

Rather than giving the doctors the legal protection to kill their patients, government should be consistent in its efforts to prevent it. It is illogical for the state to promote/facilitate suicide for one group of persons — calling the suicides of those with a terminal illness and a specific prognosis "dignified and humane," while recognizing suicide as a serious statewide public health concern in all other circumstances, and spending enormous resources to combat it.

Assisting in a person's death is not medical treatment, no matter how it is spun. In Hawai'i, everyone, especially our kupuna, deserves better than a doctor who dispenses pills to intentionally cause death. Patients are best served when medical professionals, together with families and loved ones, provide support and care with dignity and respect, not lethal doses of drugs. Improved education and training of physicians in pain management, together with appropriate diagnosis and treatment for depression, would go a long way toward eliminating calls for suicide among the sick and the dying.

Mahalo for the opportunity to testify.

6301 Pali Highway ◆ Kaneohe, Hawaii ◆ 96744-5224 ◆ Phone: (808) 203.6735
www.catholichawaii.org ◆ hcc@rcchawaii.org ◆ wyoshimitsu@rcchawaii.org

HB-2739-HD-1
Submitted on: 3/15/2018 7:33:20 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Father Anastasi Saint Antony	Testifying for Coptic Orthodox Church - The Hawaiian Mission	Oppose	No

Comments:

Your Honor,

I oppose assisted suicide. The lives of the terminally ill and those in serious accidents are too precious to kill. We have a moral obligation to pray for them, give them hope of life, and comfort them. There is medication for pain and comfort which should be administered to them when they need it.

I, personally, have witnessed several people who were expected to die and have recovered and lived for several years. During those years, some have attended milestones in the lives of their family members and friends; some have raised their children; and others have made peace with people and, more importantly, with God.

I have also witnessed miracles in which terminally ill were completely cured (of cancer, for example). How can we get in the way of God's grace and work with people by supporting such a bill? Human life is sacred. Those who support this bill, in my opinion, degrade the lives of our precious people to that of our animals; how can we legally or morally allow this to happen?

Father Anastasi Saint Antony

TO:
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

FROM: David Willweber.
Masters in Family Life Ministry
Husband & Father
Community member on the School Community Council at Kainalu El
Pastor of Mauka Makai Ministries—Windward

RE: Testimony in **opposition to HB2739**

Dear Senators Baker & Tokuda & those on the committee on commerce, consumer protection, and health,

The measure states in the 1st paragraph, "…receive a prescription medication that would allow the person to die in a peaceful, humane, and dignified manner."

As a pastor, I have had the opportunity to listen to our kupuna over the years. Our kupuna are troubled by at least two recurring thoughts, "I feel useless" and "I don't want to be a burden on anyone." At the same time, I have seen them "light up" when I visit or when ohana visits to express love, care, and value to the kupuna.

One significant danger in legalizing a "death with dignity" bill is that it negatively reinforces the above thoughts and feelings they are wrestling with. Legislation will make it easier for them to cave in to the "I'm useless" and "I'm a burden" mindset and give them an option to end it all, when what many are really desiring is relationship and love, particularly from ohana, even in the midst of difficult pain and suffering. Just by having a legal option to end it all, will bring pressure to them to make a choice that they would not have considered had it remained illegal. This kind of "pressure" and reinforcing of negative thinking does not sound like a peaceful state of mind for them, nor a peaceful way to die. Nor would it be humane, nor provide dignity at all to the many who would rather not die, yet would feel the pressure to do so. Nor is it compassionate for that matter. Their's would be an undignified, inhumane, and mentally disturbed death, the opposite of what is intended in the bill.

What our kupuna need and deserve is honor, respect, and aloha. I have seen beautiful things on deathbeds and with living in the last 6 months before death. I have seen ohana members who had been estranged from one another for years due to offense apologize and make peace with one another. I have seen children and grandchildren choose to sacrifice sleep and other

important tasks just to simply be with their parent/grandparent and express love. THIS is true dignity while dying. This is honor to our kupuna. This is true compassion and choices, hard choices, yet sacrificial choices that will build a legacy of honor, love, life, and ohana. This strengthens everyone's character. This builds lasting healthy and strong generations of value and significance. This is the way of aloha. This is the way of Hawai'i.

The easy "choice" would be to vote yes on this bill and everyone will become less humane. The harder choice of voting no has the potential to make for a more humane and strong humanity and Hawai'i.

Ua mau ke ea o ka aina I ka pono.

The life of the land is perpetuated in righteousness.

Mahalo for your time and working together for the best welfare of our kupuna, ohanas, generations, & life of the Islands and life on the Islands!

Aloha,
Dave Willweber

We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. — That to secure these rights, Governments are instituted among Men, deriving their just powers from the consent of the governed, — That whenever any Form of Government becomes destructive of these ends, it is the Right of the People to alter or to abolish it, and to institute new Government, laying its foundation on such principles and organizing its powers in such form, as to them shall seem most likely to effect their Safety and Happiness. Prudence, indeed, will dictate that Governments long established should not be changed for light and transient causes; and accordingly all experience hath shewn that mankind are more disposed to suffer, while evils are sufferable than to right themselves by abolishing the forms to which they are accustomed. But when a long train of abuses and usurpations, pursuing invariably the same Object evinces a design to reduce them under absolute Despotism, it is their right, it is their duty, to throw off such Government, and to provide new Guards for their future security. — Such has been the patient sufferance of these Colonies; and such is now the necessity which constrains them to alter their former Systems of Government. The history of the present King of Great Britain is a history of repeated injuries and usurpations, all having in direct object the establishment of an absolute Tyranny over these States. To prove this, let Facts be submitted to a candid world.

Neither compassionate nor give greater freedom for choices.
What's compassionate is care, love, ohana, honor, ALO-HA & making life as comfortable as possible via palliative care allowing for a natural death.
Passing this bill will reinforce in our kupuna negative thinking that already exists "I'm useless" "I'm a burden" and it will give them an option that they would not necessarily choose if the option would not be available. Worse, this bill calls for the voluntary choosing to end one's life, and what it leads to is the involuntary choosing to end one's life. Not a coincidence that Oregon is introducing a bill for involuntary euthanasia. Better to keep the door shut.

Things are not as they seem.
MY life
MY death
My dignity
MY choice
This motto goes completely against reality.
What's the word that gets repeated?
Follow this thinking to it's natural conclusion, what would be the consequences if everyone in our State would adopt this life motto?
Why do parents correct a 3 year old when words like "mine" "me" & "myself" are spoken repeatedly? Worse, what does that child become when the parent does not correct that attitude/mindset?
The reality of the beginning of life and end of the life cycle betray this fierce individualism.
Who in this room chose life in this room? Asked to be born? Our lives were chosen by others and the survival of our life was *dependent* upon others.
Toward the end of life, we also lose much of our capacity, and we become dependent on others once again.
It's almost as if life is teaching us about the importance of community, and community works better with selflessness, care, love, aloha, & self-sacrifice.
The very nature of reality shows us that we *need* others and others need us.

HB-2739-HD-1
Submitted on: 3/15/2018 10:48:21 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tracy Tobias	Testifying on behalf of Concerned Women for America (CWA of Hawaii)	Oppose	No

Comments:

On Behalf of Concerned Women for America (CWA), we and I strongly OPPOSE HB 2739 HD1.

Oregon reports that the dominant reasons motivating patients to choose assisted suicide have nothing to do with pain management. The primary concerns center around having a disability: losing autonomy (92%), being less able to engage in activities making life enjoyable (90%) and losing dignity (79%). Fear of inadequate pain control is one of patients' least cited reasons.

Modern medicine has made significant advances in pain control. Doctors now have a range of options to treat pain in terminally ill patients, including even palliative sedation as a last resort.

Proponents cite that they want the right or have the right to decide to commit suicide, to kill themselves because they can't go on. We don't need a law to make it legal for individuals to kill themselves. What does this say about our civil society? Individuals already have the freedom and "right", the free will, to make good and bad decisions. It is a personal decision we already have regardless of a law. We don't need a law to "make it ok". We would send the wrong message if we make suicide a "legal" right; that somehow now it's ok and we as a society will stand by and assist in letting you kill yourself.

You don't have to be religious to know that it's wrong to knowingly standby and assist in this. We are supposed to care for our elder, sick, depressed, lonely….not give them the green light to end their lives because we feel sorry for them or we think we don't know how to care for them. This is not love or caring actions.

I strongly OPPOSE this merciless Bill, HB 2739 HD1.

Hawai`i Advocates For Consumer Rights

Working for Hawaii's consumers since 1994
Scott Foster, Communications Director
808-590-5880
fosters005@hawaii.rr.com
advocatesforconsumerrights.org

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members. My name is Scott Foster and I am testifying as the Communication Director of *Hawai`i Advocates For Consumer Rights* (AFCR) representing our 2000+ members across the state. AFCR is now in our third decade advocating for Hawai`i consumers on issues such as car and health insurance reform, medical marijuana and Internet access. **We strongly support HB2739, HD1 with no amendments.**

Sincerely,

/s/

Scott Foster

Communications Director

HB-2739-HD-1
Submitted on: 3/13/2018 9:44:21 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
De MONT R. D. CONNER	Testifying for Ho'omanapono Political Action Committee (HPAC)	Support	Yes

Comments:

We continue to STRONGLY SUPPORT this bill. Mahalo.

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Scott Foster and I am testifying as the Communications Director for the *Hawai`i Death With Dignity Society*.

We are in strong support of HB2739, HD1 with no amendments.

Sincerely,
/s/
Scott Foster
808-590-5880
fosters005@hawaii.rr.com

TESTIMONY IN SUPPORT OF TESTIMONY IN STRONG SUPPORT OF HB 2739 hd 1: RELATING TO HEALTH: Our Care, Our Choice

SUBMITTED BY: FAYE KENNEDY, CHAIR
HAWAI'I FRIENDS OF CIVIL RIGHTS

Chair Baker, Vice Chair Tokuda and members of the Committees:

I am writing to urge your support HB 2739 hd1 relating to health care and choice. As an 85 year- old female who has had a very fulfilling, relatively healthy life, I am appalled by the thought of spending my final days in pain and suffering, should I develop a terminal illness. I find it repugnant to think that a physician could be subject to any civil or criminal liability for prescribing a prescription to me to alleviate my suffering, upon my request.

I speak as chair of the Hawai'i Friends of Civil Rights (HFCR), an organization that promotes justice, equality and human dignity for all. Thank you for doing the right thing on this important, long- overdue issue.

March 15, 2018

Aloha Chair Baker, Vice-Chair Tokuda and members of the committee,

I respectfully submit the attached petitions urging lawmakers to enact medical aid in dying.

Over 1,000 signers represent a sampling of the supermajority 80% of registered Hawai‘i voters who support medical aid in dying. (Poll: November 2016 Anthology Group.) The signatures were collected at voluntary events and venues throughout Oahu, including the annual Seniors Fair, the Women’s March, and our website.

They were collected without influence from persons in a leadership position (religious or otherwise).

If medical aid-in-dying legislation is enacted, Hawai‘i would join six states (Oregon, Washington, Montana, Vermont, California, and Colorado) as well as the District of Columbia in authorizing the practice. The seven jurisdictions have more than 40 combined years of experience with medical aid in dying without a single legally documented incident of abuse or coercion.

We greatly appreciate your consideration of this important issue and hopefully your support of House Bill 2739 HD 1.

Mahalo,

Michael Golojuch, Jr.
Grassroots Coordinator
Compassion & Choices – Hawai‘i

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

LAST NAME	FIRST NAME	STATE	ZIP
Blyde	Ann	HI	96753-6807
Morgan	Katharyn	HI	96753-9411
Hughes	Stephanie	HI	96706
Kahakalau	Nalei	HI	96727-1764
Mathews	Gay	HI	96727
Nakamoto	JO-Anne	HI	96839-1424
BOREK	D HUNTER	HI	96740
Kibler	Victoria	HI	96740-9486
Martin	Martha	HI	96779
Heede	Teri	HI	96707-1319
Kibler	Victoria	HI	96740-9486
Pena	Maria	HI	96707-3408
Robertson	Beverly	HI	96717-9530
McHugh	Mary	HI	96734
Deutsch	Rubye	HI	96753
Oura	Lana	HI	96793-3544
Deutsch	Rubye	HI	96753
Boersema	Jim	HI	
Morgan	Katharyn	HI	96753-9411
Sliney	George	HI	96753
Sliney	George	HI	96753
Okimi	Carol	HI	96734
Callejo	Sherry	HI	96797
Boyne	Jonathan	HI	96822-2158
Meyer	Luanna	HI	96825
Woo	Juliana	HI	96814
Dinoff	Barbara	HI	96815
Goodyear	Brian	HI	96816-1704
Arnold	Stacey	HI	96816-3628
Watanabe	Charijean	HI	96789-1826
Taniguchi	Ted	HI	96819
McHenry	Robert and Marion	HI	96722-5312
Egleston	Ann	HI	96839-1124
Blair	Patricia	HI	96734-2746
Leslie	Diane	HI	96814-3215
Rosof	Louis	HI	96815-4730
Nagaishi	Maisie	HI	96817-1172
Black	Martin	HI	96734-4564
Kealoha	Alia	HI	96708
Perry	Ethel	HI	96815

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

LAST NAME	FIRST NAME	STATE	ZIP
Ching	Pandy	HI	96839-1124
Nelson	Doug	HI	96753-9668
Saito	Ronald	HI	96786
Musto	Linda	HI	96813-1011
Schamber	Sharon	HI	
Lee	Grace		
Young	Ray	HI	96707
Mick	Judith	HI	96734-1854
Cup Choy	Mel	HI	96744-5213
Turney	Marian	HI	96821-1005
Wilcox	Ashley	HI	96761
Olson	Susan	HI	96740-4314
Katz	Marcy and Robert	HI	96822-2664
Katz	Robert	HI	96822-2664
Cooper	Janet	HI	96768
Bess	Henry	HI	96825
Positiere	Angela	HI	96734-2156
Kaknes	Kathryn	HI	96734
Fujimoto	Shirley	HI	96789
Iyo	Joycelyn	HI	96720
Kingsbury	Marshal	HI	96744
Fontana	Bob	HI	96790-8042
SOLIEN	CAROL ANN	HI	96740
Leverenz	Nikos	HI	96818-1110
Takesue	Dex	HI	96825-2892
Metzger	William	HI	96822-1420
Grange	Malachy	HI	96816-5633
Strickland	Aluha	HI	96817-1273
Ige	Eleanor	HI	96817
Hartman	Sally	HI	96712-1520
Hartman	Ralph	HI	96712
Smith	Stephanie	HI	96706-4115
Schornstheimer	Robert	HI	96734
Schornstheimer	Robert	HI	96734
Lance	Cindy	HI	96822-1604
Fujimoto	Frank	HI	96744
Canton	Pamela	HI	96753-8617
McCluskey	Judy	HI	96707-2279
gawrys	eileen	HI	96706-3902
Saiki	Kim	HI	96734

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

LAST NAME	FIRST NAME	STATE	ZIP
Yano	Mimi	HI	96812-4464
McCluskey	Judy	HI	96707
Hiramatsu	Sandra	HI	96782
Hartman	Ralph	HI	96712
Kabir	Dell	HI	96755
Zane-Hartman	Mari	HI	96712
Squire	Robyn	HI	96707
Yoneda	David	HI	96805-1915
Hiraoka	Nariyoshi	HI	96734
Boyne	Jonathan	HI	96822-2158
Kibler	Victoria	HI	96740-9486
Radcliffe	John	HI	
FLYNN	CINDY	HI	96744
Lance	Cindy	HI	96822-1604
Martens	Nancie	HI	96740
Nakamoto	JO-Anne	HI	96839-1424
Bush	Georgine	HI	96740-8676
Martin	Martha	HI	96779
Brock	Carol	HI	96768-9470
Wilson	Nona	HI	96785
Mersereau	Selene	HI	96734
Robson	Maxine	HI	96821-1603
Sliney	George	HI	96753
Taylor	Camille	HI	96761
Avery	Alexandra	HI	96734-2117
Black	Martin	HI	96734-4564
Reed	R	HI	96813
Scharff	Karen	HI	96822
Krishna	Sankaran	HI	
Mick	Judith	HI	96734-1854
Summer-Brason	Beata	HI	96815
Fontana	Bob	HI	96790-8042
Boyles	Kate	HI	96734
Egged	Molly	HI	96734-3645
Doughty	Stephanie	HI	96744
Otsu	D.	HI	96826
Metzger	William	HI	96822-1420
Crowe	Dougal	HI	96790-7627
Meyer	Luanna	HI	96825
Yano	Mimi	HI	96812-4464

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

LAST NAME	FIRST NAME	STATE	ZIP
Lee	Rev. George M	HI	96816
Rosof	Louis	HI	96815-4730
Stephens	John	HI	96837
Pollack	Edward	HI	96745
Ubersax	Roberta	HI	96795-1664
Smith	Stephanie	HI	96706-4115
Reyes II	Joseph	HI	96790
Olson	Susan	HI	96740-4314
Schamber	Sharon	HI	
Wong	Brenda	HI	96819-3047
Murphy	Sandra	HI	96813
Blair	Patricia	HI	96734-2746
Blair	Patricia	HI	96734-2746
Kaknes	Kathryn	HI	96734
Nakamura	Tamah	HI	96815
Tizard	Thomas	HI	96734-4415
O'Brien	Joseph	HI	96823-3513
Arnold	Stacey	HI	96816-3628
Yee	Sanford	HI	96816
Palombo	Stephanie	HI	96816
Lazear	Rich	HI	96704-8324
Musto	Linda	HI	96813-1011
Iyo	Joycelyn	HI	96720
Trubitt	Anita	HI	96734-3518
Browning	Judy	HI	96817-1790
Amona	Kaliko	HI	96712
Ortiz	Roxanne	HI	96813
McCloughlin	Jane	HI	96740
Rawe	Maria	HI	96790-8116
silverman	Madi	HI	96734-5829
SLAKTER	MALCOLM	HI	96822
Laine	Linda	HI	96825
Ring	Stewart	HI	96791-9307
Griffith	Valrie	HI	96816-1906
Ware	Diane	HI	96785-0698
LEE	BARON	HI	96820
Katz	Marcy	HI	96822-2664
Smothermon	Leonard	HI	96825
Oura	Lana	HI	96793-3544
Stenger	Judy	HI	96749

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

LAST NAME	FIRST NAME	STATE	ZIP
Segal Matsunaga	Doris	HI	96701
Kaknes	Natalie	HI	96744
Kaknes	Natalie	HI	96744
Sasaki	P	HI	96817-3524
Kim	Jinja	HI	96816
Head	Dale	HI	96792
Donnelly	William	HI	96778-8019
Hartman	Sally	HI	96712-1520
Hartman	Ralph	HI	96712
Gates	Syrlyn	HI	96706
Positiere	Angela	HI	96734-2156
dancer	lotus	HI	96768-7403
Hartman	Ralph	HI	96712
Heller	Darrienne	HI	96708-5896
Ching	Pandy	HI	96839-1124
Irikura	Beth	HI	96819
Goodyear	Brian	HI	96816-1704
Lombardi	Laura	HI	96749
Young	Darlene	HI	96734-1915
Palmer	James	HI	96817-8277
Gaffney	Janet	HI	96709-0358
Ware	Diane	HI	96785-0698
Grange	Malachy	HI	96816-5633
Shields	Michele	HI	96744-4358
Erway	Marjorie	HI	96745-2807
Miller	Chuck	HI	96821-2535
Day	Linda	HI	96816-3336
Day	Linda	HI	96816-3336
Snapp	Tina	HI	96704-8312
Jordan	Elizabeth	HI	96792
Parks	Susan	HI	96707-3758

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HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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YES! I Support all End of Life Options, including Aid in Dying!

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YES! I Support all End of Life Options, including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

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Name:
Address:
City: State: ZIP:
E-mail:
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Name:
Address:
City: State: ZIP:
E-mail:
Phone:

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E-mail: ___
Phone: ___

Name: ___
Address: ___
City: ___ State: ___ ZIP: ___
E-mail: ___
Phone: ___

Name: ___
Address: ___
City: ___ State: ___ ZIP: ___
E-mail: ___
Phone: ___

Name: ___
Address: ___
City: ___ State: ___ ZIP: ___
E-mail: ___
Phone: ___

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YES! I Support all End of Life Options, including Aid in Dying!

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City: State: ZIP:
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E-mail:
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Name:
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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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Address: ____
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E-mail: ____
Phone: ____

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HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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YES! I Support all End of Life Options, including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Paul Sueoka
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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Rosa Quibuyen
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E-mail: _____
Phone: _____

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E-mail: _____
Phone: _____

Name: Lily Ng
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Name: _____
Address: _____
City: _____ State: ___ ZIP: _____
E-mail: _____
Phone: _____

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YES! I Support all End of Life Options, including Aid in Dying!

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Phone:

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Phone:

Name:
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YES! I Support all End of Life Options, including Aid in Dying!

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Phone:

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email

compassion & choices | HI

HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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compassion & choices | HI

HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

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Return to: Compassion & Choices HI, 4348 Waialae Avenue, #927, Honolulu, HI 96816

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YES! I Support all End of Life Options, including Aid in Dying!

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E-mail:
Phone:

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Address:
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Phone:

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Phone:

Return to: Compassion & Choices HI, 4348 Waialae Avenue, #927, Honolulu, HI 96816

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NOTIFY ☑

HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, Including Aid in Dying!

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HAWAII VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

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PETITION

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YES! I Support all End of Life Options, including Aid in Dying!

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YES! I Support all End of Life Options, including Aid in Dying!

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HB-2739-HD-1
Submitted on: 3/15/2018 11:07:18 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
CCRCA	Testifying on behalf of Christian Counseling and Research Centers of America	Oppose	Yes

Comments:

From the desk of CCRCA
and Our Founder and Director
Christian Counseling and Research Centers of America®
(Proud to be registered in, and based out of Hawaii)

* Follow Our Arguments on Facebook !

Mailing Address: P.O. Box 160963
Honolulu, HI 96816

Re.: Scientific OPPOSITION to HB2739 HD1 and Testimony to an Annual WASTE of Hawaii Taxpayer$ Monie$ $$$ on this EXTREME LIABILITY FOR SUIT Legislation !

Dear Honorable Senate Chair Members,

Thank you for your service to our Community !

1. We CAN HEAR The STAMPEDE of LAWSUITS NOW ! BECAUSE MENTAL HEALTH PROFESSIONALS MUST DEEM the Suicidal Person COMPETENT. Hello. — Suicide, BY DEFINITION IS A Mental Health Diagnosis — DEPRESSION - BY DEFINITION IS A MENTAL HEALTH DIAGNOSIS - Medical Professionals MUST DEEM Their Patient COMPETENT and NOT INFLUENCED BY MEDICATIONS- of which DEPRESSION MAY BERY WELL BE A Side-Effect —

AND, we ARE THAN HAPPY TO Assist with these Suits ~ It would be EFFECTIVE to Sue those that Vote FOR this Wicked Legislation ... Going after your Personal Purses would be JUSTICE !

2. LIFE INSURANCES ARE CANCELLED WITH SUICIDE. ANY MOTIVATION Here for Family to Sue over the Claim of Undue Influence by Hawaii's Legislative Body AND Medical Professionals by Family Members who are Left Stranded from Insurancee that their Beloved Insured Payed on for YEARS ??? ! Do we HAVE TO Spell this out for you ~~

Medical ÍžAidÍŸ in DyingÍŸ SHAM — KILLERS ! That is WHAT WE NEED IN THIS State ! MORE SUICIDE !

AKA, the Doctor Kaborkian where THE DOCTOR IS NOT PRESENT ! Law-LESSness KILL THE VULNERABLE BY SUICIDE Bill !

This Bill ENDORSES Suicide BY MEDICAL PROFESSIONALS AND Takes Advantage of the Vulnerable, Weak, AND the Mentally Ill in our Community. Period.

* NO Medical AID IS REQUIRED !* to be PROVIDED, as this IS a Self-Service Suicide SCHEME.

This Bill IS a Suicide Prescription is Giving to the Suicide VICTIM to SELF-ADMINISTER WITHOUT Medical Expertise Required to ÍžmonitorÍŸ IN ANY FORM WHILE Euthanizing the Victim !

NO HOPE FOR THE SUICIDAL

This Lethal Bill provides NO Hope other than Death, and Provides No Room for a MIRACLE, of which we see in Countless Measure in our Ministry, Community AND World !

SUICIDE IS SELF-ADMINISTERED WITHOUT MEDICAL PROFESSIONAL(S)
We CAN SEE the lawsuits now, for the following reasons:
At this drafting of this demoralizing bill: SELF-ADMINISTERED Suicide ! AND, if ANYTHING GOES WRONG with this self-administered Suicide, can Victims come knocking at your Legislators' Doors to remedy the scenarios, with probable litigation … ?!

SUICIDAL PERSONS ARE NOT LEGALLY COMPETENT
Regretfully, for the drafters of this Flawed Bill, Suicide Patients MUST BE PROVEN TO BE COMPETENT in order to make medical decisions for themselves and others … ESPECIALLY WHEN MAKING Medical Decisions to TERMINATE Life ! The American

Phycological Profession
STILL DEEMS Depression, PARTICULARLY Depression that INCLUDES Feelings of Suicide as a
TREATABLE MENTAL HEALTH DISORDER -- As SUCH, the Suicidal Patient is NOT LEGALLY
COMPETENT to make the decision for suicide.

DIGNITY AND COMFORT IS PROVIDED BY MODERN MEDICINE FOR THE TERMINALLY ILL,
AGED, AND SUICIDAL PATIENTS
This Bill Takes Advantage of the Vulnerable AND THE Weak in our Community -- Namely,
the Infirmed, the Terminally Ill, Aged AND IN ALL CASES SUICIDAL ! in their time of weakness,
pain, regret or despair

Medical AND MENTAL HEALTH Professional are, or should be on hand to comfort, including
pain management, end-of-life Counseling, etc. These are usually MOST beneficial CARE for
Patients, allowing them to recognize (come to terms with) the facts of their case AND make
HEALTHY, RATIONAL Decisions for their future care, assets and Relationships.

HAWAII'S PARTNERSHIP
for APPROPRIATE and COMPASSIONATE CARE
"There's no Aloha in suicide."

March 14, 2018

Aloha Chair Baker and Members of the Senate Committee on Commerce, Consumer Affairs and Health:

Hawaii's Partnership for Appropriate and Compassionate Care, an alliance of physicians, nurses, disability rights, civil rights and patient advocacy organizations, is **strongly opposed to HB 2739 HD 1.** As a registered nurse with extensive experience in hospice and palliative care, I have reviewed the bill and find a number of alarming things.

First, there are no safeguards to protect patients from abuse, improper use of the drugs, or any adverse events or reactions once the prescription is written. After patients obtain the lethal drugs, there is no way of knowing if a family member has coerced a patient into ingesting the lethal drugs against his or her will. Since there is no requirement for a physician to be present at the time of the suicide, this opens the door to abuse. There are no provisions for pharmacy to ensure safe dispensing practices and no labeling requirements of the lethal drug to prevent accidental ingestion.

Second, HB 2739 is unnecessary. Patients already have control over their end of life wishes and can determine how much or how little care they would like to receive. This is established in advance health care directives; however, as a state, we have not fully realized the value of this document or the advance care planning process. All patients should fully explore their end of life wishes, especially when given a terminal prognosis.

Third, the bill is modeled after a system that is not working. Despite having its physician-assisted law in effect for more than a year, California continues to struggle with identifying providers who are willing to prescribe lethal drugs or validate the need for physician-assisted suicide. This undermines safeguards by forcing California patients to find a doctor who is willing to be their attending provider who may not fully understand their health history, prognosis and most importantly, ensure they are acting voluntarily and not being coerced into the decision.

Fourth, the bill grants doctors and nurses who are bad actors civil and criminal immunity. As long as they show they acted in good faith to comply with all of the law's requirements, they essentially can obtain a free get-out-of-jail card.

Fifth, this bill is inconsistent with other public policies before the legislature to reduce suicides in our state and save lives from opioid addiction and deaths from overdose in Hawaii. All of these bills seek to save lives, but HB 2739 and other assisted suicide bills seek to end lives.

For these reasons, Hawaii's Partnership for Appropriate and Compassionate Care urges the Committee members to hold this bill.

Sincerely,

Joy Yadao, RN
Member, HPACC

HB-2739-HD-1
Submitted on: 3/13/2018 8:22:49 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Murakami-Akatsuka	Individual	Support	No

Comments:

I strongly support the passage of HB 2739, HD 1 with the amendments made. I thank the legislature in bringing this issue back this session and having this bill move forward.

Thank you for the opportunity to provide testimony.

HB-2739-HD-1
Submitted on: 3/13/2018 10:04:00 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Testifying for Ho`omana Pono, LLC	Support	Yes

Comments:

In STRONG SUPPORT.

HB-2739-HD-1
Submitted on: 3/13/2018 8:26:45 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert A Marks	Individual	Support	No

Comments:

Chair Baker and members:

I write in strong support of this bill. It is obviously the right thing to do for people in their final days who find no comfort in available medical care. I understand the strongly held moral and religious objections of the bill's opponents. Their objections can be fully met by opting not to make use of this law at the end of their lives. For the rest of us, it is cruel to deny us the choice.

Thank you for considering my testimony.

Robert Marks

HB-2739-HD-1
Submitted on: 3/13/2018 9:31:33 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marsha Joyner	Testifying for Hawaii Martin Luther King, Jr. Coalition	Support	Yes

Comments:

In strong support

HB-2739-HD-1
Submitted on: 3/13/2018 2:21:18 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Gross	Individual	Support	Yes

Comments:

This bill has overwhelming support among registered voters as seen in two separate non-governmental surveys. Time for adoption is well past.

Past oppositiion to this bill has argued about possible abuse; review by the Senate of a precursor but very similar bill failed to reveal **ANY** instances of abuse in the states where similar legislation has been in place for 20 years. Similar review by a conservative newspaper in a conservative population (Des Moines, IA) could find only a few paperwork discrepancies, and most, if not all of those, were questionable as to whether ar ot they were abuses. For instance, are failures to maintain records instances of abuse when the bills and rules under which those programs operate do not require such records?

Objections voiced in previous Hawaii hearings have been essentially based upon testifier's personal beliefs, primarily religious. I respect those persons' beliefs but their religious teachings should not preclude making medical aid in dying available to myself or to others who might choose this option. No one is required to participate in this practice in any way and no one **MUST** avail themselves of this opportunity. Medical aid in dying is a matter of personal choice, and my personal choice should not be infringed on by others' personal beliefs, be the others individuals or government elected representatives. We exist in a society that clearly separates church and state and I ask that the Senators and Representatives called on to pass this bill respect that separation.

HB-2739-HD-1
Submitted on: 3/13/2018 2:17:20 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Weger	Individual	Support	No

Comments:

An overwhelming percent of your constituents support his important bill. It is, after all, only an option that some dying patients may want. It extends personal freedom rather than otherwise.

Please do not burden the law with additional criteria for patient eligibility or further burdensome procedural requirements. Current legal review demonstrates that the safeguards contained within existing laws are adequate, sometimes more than adequate, to protect the patient.

Doctors, particularly oncologists, tell us that medical aid in dying has existed in practice for many years. The only serious question here is whether the decision should be left to a doctor who may not have a clear idea of the patient's wishes, or left to the opinions of family members at the bedside. Instead, the decision needs to be in the hands of the individual to the greatest extent possible.

I ask you to continue the long tradition of Hawaii as a progressive, forward-looking state. This legislation is long overdue.

Christine Weger

Diehl & Weger Attorneys at Law

733 Bishop Street, Suite 1410

Honolulu, HI 96813

HB-2739-HD-1
Submitted on: 3/14/2018 10:25:35 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Testifying on behalf of American Nurses Association	Oppose	Yes

Comments:

The largest Professional Nurses Association in the Nation including Hawaii members opposes assisted suicide. I could not insert into the browse attachment section so am faxing it in seperately. Thank you.

SENATE CCPH FRIDAY MARCH 16 @ ROOM 229 HB 2739 HD 1 JACKIE MISHLER.

AMERICAN NURSES ASSOCIATION

Position Statements

Euthanasia, Assisted Suicide, and Aid in Dying

Date: April 24, 2013

Status: Revised, Combined Position Statement

Originated by: ANA Center for Ethics and Human Rights

Adopted by: ANA Board of Directors

Purpose: Historically, nurses have played a key role in caring for patients at end-of-life across healthcare settings. Nurses provide expert care throughout life's continuum and at end-of-life in managing the bio-psychosocial and spiritual needs of patients and families both independently and in collaboration with other members of the interprofessional healthcare team. While resources do exist to educate and support nurses in this role, there are limited resources to assist nurses in understanding and responding to patient and family questions related to euthanasia and assisted suicide.

The purpose of this position statement is to provide information that will describe the nurse's ethical obligations in responding to requests for euthanasia and assisted suicide, define these terms, support the application of palliative care nursing guidelines in clinical practice, and identify recommendations for nursing practice, education, administration, and research.

Statement of ANA Position: The American Nurses Association (ANA) prohibits nurses' participation in assisted suicide and euthanasia because these acts are in direct violation of *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001; herein referred to as *The Code*), the ethical traditions and goals of the profession, and its covenant with society. Nurses have an obligation to provide humane, comprehensive, and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness and at end-of-life.

History/previous position statements: ANA adopted position statements on Euthanasia and Assisted Suicide originated by the Task Force on the Nurse's Role in End-of-Life Decisions, Center for Ethics and Human Rights on December 8, 1994.

Supersedes: Position Statements: Assisted Suicide (12/08/94); Active Euthanasia (12/08/94).

Supportive Materials

ANA's Foundational Documents

Code of Ethics for Nurses with Interpretive Statements

Provision 1, Interpretive Statement 1.3 of *The Code* (2001) speaks to the nurse's commitment to the inherent:

> "... worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by death, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying" (p. 12).

In a succeeding paragraph, the statement goes on to say that:

> "... nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and families at the end-of-life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying...Nurses may not act with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations" (p. 12).

Nursing's Social Policy Statement: The Essence of the Profession

In the section entitled, "Knowledge Base for Nursing Practice" of this document, it states that "Nurses are concerned with human experiences and responses across the life span. Nurses partner with individuals, families, communities, and populations to address issues such as....physical, emotional, and spiritual comfort, discomfort, and pain...emotions related to the experience of birth, growth and development, health, illness, disease, and death....decision-making and the ability to make choices" (2010b, pp.13-14). In its discussion of the Code of Ethics for Nurses, the section entitled, "Standards of Professional Nursing Practice", *Social Policy Statement* clearly states that "although the Code of Ethics for Nurses is intended to be a living document for nurses, and health care is becoming more complex, the basic tenets found within this particular code of ethics remains unchanged" (2010b, p. 24).

Nursing: Scope and Standards of Practice, 2nd Edition

Standard 7, under the heading "Standards of Professional Performance," reiterates the moral obligation of the nurse to practice ethically and to provide care "in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs" and "assists healthcare consumers in self determination and informed decision-making" (2010a, p. 47).

Other Supporting Material

Palliative and hospice care provide individualized, comprehensive, holistic care to meet patient and family needs predicated on goals of care from the time of diagnosis, through death, and into the bereavement period. The following excerpt from this document emphasizes the role of palliative nursing care in the nurse's recognition and relief of symptoms within his or her professional boundaries and in a manner consistent with safe, competent, ethical nursing practice:

> "...Palliative care recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life. Palliative care affirms life and neither hastens nor postpones death. Palliative care exists in the hope and belief that through appropriate care and the promotion of a caring community, sensitive to their needs, patients and families may be free to attain a degree of mental, emotional, and spiritual preparation for death that is satisfactory to them" (ANA & HPNA, 2007, p. ix–x).

World Health Organization on Palliative Care

The World Health Organization (WHO) defines palliative care as:

> "... an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (National Consensus Project for Quality Palliative Care, 2009, p. 8). Palliative care "affirms life and regards dying as a normal process" and "intends neither to hasten nor postpone death" (National Consensus Project for Quality Palliative Care, 2009, p. 8).

Terminology

Assisted suicide: Suicide is the act of taking one's own life. In assisted suicide, the means to end a patient's life is provided to the patient (i.e. medication or a weapon) with knowledge of the patient's intention. Unlike euthanasia, in assisted suicide, someone makes the means of death available, but does not act as the direct agent of death. Nurses have an opportunity to create environments where patients feel comfortable to express thoughts, feelings, conflict, and despair. The issues that surround a request for assisted suicide should be explored with the patient, and as appropriate with family and team members. It is crucial to listen to and acknowledge the patient's expressions of suffering, hopelessness, and sadness. Factors that contribute to such a request should be further assessed and a plan of care initiated to address the patient's physical and emotional needs. Discussion of suicidal thoughts does not increase the risk of suicide and may actually be therapeutic in decreasing the likelihood. The relationship and communication between the nurse and patient can diminish feelings of isolation and provide needed support.

Aid in dying: Aid in dying is an end-of-life care option in which mentally competent, terminally ill adults request their physician provide a prescription for medication that the patients can, if they choose, self-administer to bring about a peaceful death (Compassion & Choices, 2012).

Euthanasia: Euthanasia, often called "mercy killing", is the act of putting to death someone suffering from a painful and prolonged illness or injury. Euthanasia means that someone other than the patient commits an action with the intent to end the patient's life, for example injecting a patient with a lethal dose of medication. Patients may consent to euthanasia (voluntary), refuse euthanasia (involuntary), or be unable to consent to euthanasia (non-voluntary). In euthanasia someone not only makes the means of death available, but serves as the direct agent of death.

For the purpose of this position statement, the term *euthanasia* refers to those actions that are inconsistent with the *The Code* and are ethically unacceptable, whether the euthanasia is voluntary, involuntary, or non-voluntary. The nursing profession's opposition to nurse participation in euthanasia does not negate the obligation of the nurse to provide compassionate, ethically justified end-of-life care which includes the promotion of comfort and the alleviation of suffering, adequate pain control, and at times, foregoing life-sustaining treatments. Though there is a profound commitment both by the profession and the individual nurse to the patient's right to self-determination, limits to this commitment do exist. In order to preserve the moral mandates of the profession and the integrity of the individual nurse, nurses are not obligated to comply with all patient and family requests. The nurse should acknowledge to the patient and family the inability to follow a specific request and the rationale for it (2010c).

Hospice care: Hospice care is the care of patients and families at end-of-life during the last few weeks or months of life and, as such, builds on the palliative care model to minimize suffering by providing appropriate symptom management and emotional support. In a study conducted by Herman and Looney (2011), symptom distress was the variable that most significantly correlated with quality of life following by symptom frequency, severity, and depression. The higher the symptom distress (inclusive of depression), frequency, and severity, the lower the quality of life. As noted by Sherman and Cheon (2012):

> "In short, palliative care/hospice partnership creates a common sense allocation of health care resources as patients move across the illness trajectory and approach the end-of-life. With palliative and hospice care, the wishes and preferences of patients and families are respected, often with a desire to withdraw life-prolonging treatments and insure their comfort and dignity as death approaches." (p. 156)

Palliative sedation: The primary intent of palliative and hospice care is to relieve or minimize suffering through effective symptom management in order to enhance the patient's quality of life and support patients and families in the dying process. There are times, however, when the patient's symptoms may become intractable and refractory to treatment. Both the definition and terminology associated with palliative sedation have been widely debated. In its 2011 position statement entitled "Palliative Sedation", the Hospice and Palliative Nurses Association (HPNA) states that:

> "While there is no universally accepted definition, palliative sedation can be understood as the controlled and monitored use of non-opioid medications intended to lower the patient's level of consciousness to the extent necessary, for relief of awareness of refractory and unendurable symptoms. Previously, palliative sedation was termed terminal sedation; however, the term palliative sedation more accurately describes the intent and application to palliate the patient's experience of symptoms rather than to cause or hasten the patient's death" (p. 1).

Interdisciplinary assessment and collaboration is essential to determining the appropriateness of palliative sedation and assure effective communication between the patient, family, significant other, surrogate, and/or other healthcare providers. (HPNA, 2011, p. 2). As patient advocate, the nurse plays a pivotal role in maintaining the human dignity of persons by providing highly competent, compassionate nursing care that is ethically appropriate and consistent with acceptable standards of nursing practice. HPNA describes:

> "... the ethical justification that supports palliative sedation is based in precepts of dignity, respect for autonomy, beneficence, fidelity, nonmaleficence, and the principle of double effect, which evaluates an action based on intended outcome and the proportionality of benefit and harm" (p. 1).

Withholding, withdrawing, and refusal of treatment: The withholding or withdrawal of life-sustaining treatment (WWLST), such as mechanical ventilation, cardiopulmonary resuscitation, chemotherapy, dialysis, antibiotics, and artificially provided nutrition and hydration, is ethically acceptable. Studies indicate that most patients who die in a hospital, particularly in intensive care, do so following the withdrawing or the withholding of life-prolonging therapies (Ersek, 2005). WWLST is allowing the patient to die from their underlying medical condition and does not involve an action to end the patient's life.

Patients have the right to exercise their decisional authority relative to health care decisions, including foregoing life-sustaining treatments. The provision of medications with the intent to promote comfort and relieve suffering is not to be confused with the administration of medication with the intent to end the patient's life. In palliative sedation, medications are used to create varying degrees of unconsciousness for the relief of severe, refractory symptoms at end-of-life, when all other palliative interventions have failed. Some clinicians and ethicists consider this an alternative to assisted suicide, as the intention of the physician is not to cause death, but to relieve suffering (Quill, Lee, & Nunn, 2000). Some have argued that patients have a right to the autonomous choice of assisted suicide and that ending suffering quickly is an act of beneficence (Ersek, 2004, 2005).

Legislative and community initiatives: Fontana (2002) asserts that nurses caring for terminally-ill patients who are considering assisted suicide will increase as the aid-in-dying movement continues to achieve momentum. Three states have legalized assisted suicide, beginning with Oregon in 1997, followed by Washington in 2008, and Montana in 2009 (Lachman, 2010). The mission of the organization, Compassion & Choices, is to "improve care and expand choice at the end of life" (www.compassionandchoices.org). Compassion & Choices provides education, support, and advocacy to patients and families related to accessing excellent end-of-life care, promotes healthcare policy initiatives to expand the option of assisted suicide, and upholds an individual's right to seek assisted suicide to avoid intolerable suffering. Nurses will likely be increasingly exposed to requests from patients or families and encounter ethical dilemmas surrounding the legal option of assisted suicide. Nurses need to be aware of their own sense of suffering, discomfort, confusion, and inadequacy that could be caused by aid-in-dying. Nurses should seek the expertise and resources of others including nurse colleagues, other interprofessional healthcare team members, pastoral services, hospice specialists, and ethics consultants/committees when confronting the complexity of these issues. Acknowledgement of the struggle of those loved ones caring for the patient and the patient's vulnerability can connect nurses deeply with the experience of the patient and family.

Despite changes in a few states regarding the legalization of assisted suicide, the public, as well as professional nursing, remains uneasy. Seventy percent of the Ferrell et al (2002) sample of oncology nurses opposed legalization of assisted suicide. Carroll (2007) found a public divided, but an increasing acceptance toward support of both assisted suicide and euthanasia. Nursing needs to be prepared for political and public moral discourse on these issues and to understand how *The Code* responds to these questions. Nurses must examine assisted suicide and euthanasia not only from the perspective of the individual patient, but from the societal and professional community perspectives as well. Involvement in community dialogue and deliberation on these issues will allow nurses to recommend, uphold initiatives, and provide leadership in promoting optimal symptom management and end-of-life care.

The Oregon Nurses Association (ONA) has developed resources to guide nurses in their practice around patient or family requests for assistance in dying (ONA, 1997). Nurses can choose to be involved in providing care to a patient who has made the choice to end his/her life or may decline to

participate based on personal moral values and beliefs. In this latter case the nurse can "conscientiously object to being involved in delivering care. ONA states that the nurse is obliged to provide for the patient's safety, to avoid abandonment, and withdraw only when assured that alternative sources of care are available to the patient" (Task Force, 2008, p. 2).

If the nurse chooses to stay involved with the patient, the nurse may do all of the following:

- Explain the law as it currently exists.
- Discuss and explore patient options with regard to end-of-life decisions and provide resource information or link the patient and family to access the services or resources they are requesting.
- Explore reasons for the patient's request to end his or her life and make a determination as to whether the patient is depressed and, if so, whether the depression is influencing his or her decision, or whether the patient has made a rational decision based on personal values and beliefs (ONA, 1997, p. 2).

Professional organization perspectives on participation: Both the American Medical Association and the ANA (2010b) state that clinician's participation in assisted suicide is incompatible with professional role integrity and violates the social contract the professions have with society. Physician-assisted suicide is essentially discordant with the physician's role as healer, would be problematic to control, and would pose grave societal risks. Instead of joining in assisted suicide, physicians must aggressively answer to the necessities of patients at the end of life (AMA, 1996). Both have vowed to honor the sanctity of life and their duty not to inflict harm (nonmaleficence). The American Psychological Association (2009) takes a position that neither endorses nor opposes assisted suicide at this time. The American Public Health Association (2008):

> "Supports allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA [Death with Dignity Act] are in place. A "terminal condition" is defined in state statutes. Some states specify a life expectancy of 1 year or 6 months; other states refer to expectation of death within a "reasonable period of time". .

Acknowledging the prohibition against participation in assisted suicide does not necessarily lessen the distress and conflict a nurse may feel when confronted with a patient's request. Nurses may encounter agonizing clinical situations and experience the personal and professional tension and ambiguity surrounding these decisions. The reality that all forms of human suffering and pain cannot necessarily be removed except through death is not adequate justification for professional sanctioning of assisted suicide.

Nurses receiving requests for assistance in dying is not new. Many studies have documented such requests (Asch, 1996, 1997) Ferrell, Virani, Grant, Coyne, & Uman 2000; Ganzini, Harvath, Jackson, Goy, Miller, & Delorit, 2002; Matzo & Emanuel, 1997; Volker, 2003). The number of requests and the nurse's subsequent illegal action was initially startling to some, especially in the Asch (1996) study, where 17% of the critical care nurses received requests and 16% engaged in assisted suicide or euthanasia. The validity of the study was questioned because the definitions were vague. In Matzo and Emanuel (1997) only 1% of respondents stated that they provided or prescribed drugs they knew would be used for assisted suicide. Ferrell, et al. (2000) found 3% had assisted in helping patients obtain medication and 2% had administered a lethal injection at the patient's request.

The nurse may not administer the medication that will lead to the end of the patient's life. Also the nurse may not subject patients, families, or colleagues to judgmental comments about the patient's choice. If the nurse believes that assisted suicide is morally justified, but works in a jurisdiction where assisted suicide is illegal, then participating puts the nurse at risk for civil and criminal prosecution, loss of license, and imprisonment (Ersek, 2005). Relative to ANA's position, participation in assisted suicide would be in direct violation of *The Code*.

Several questions are still relevant to assess the patient's request for dying. All of the questions are directed to understanding the meaning of the request to the patient. For example, questions such as: What reason does the patient give for the request? Does the patient view suicide as the only option? What is the social, cultural, and religious context? These questions assist nurses in better understanding the meaning of these requests and help patients deal with the emotional suffering that may accompany this burden.

Recommendations

- Increase education for undergraduate, graduate, and doctorally-prepared nurses in developing effective communication skills in caring for patients with life threatening illnesses who request assisted suicide or euthanasia.
- Increase education for nurses in values clarification to promote nurses' understanding and clarify attitudes towards euthanasia and assisted suicide while at the same time supporting a patients' autonomous decision-making.
- Develop and/or coordinate efforts with other nursing organizations to help nurses reframe end-of-life care communication to avoid inflammatory language (i.e. "pull the plug") that undermines improvements in palliative care and to continue the dialogue regarding nursing's role when patients request assistance in dying.
- Collaborate with local nursing organizations in states where assisted suicide is legal to educate nurses regarding what professional obligations do and do not exist when nurses in those states are present at such requests.

- Increase ANA outreach to the media to assist the public in acquiring a better understanding of palliative care and hospice and dispel potential misunderstandings.
- Promote frank and open discussions within nursing at the highest levels of leadership in an effort to discourage secrecy and misunderstanding as to the realities of daily nursing practice for those nurses who work in practice settings where these issues are not unusual, given the population being served.
- Provide resources to help nurses manage their own distress and the distress of their patients when assisted suicide or euthanasia is requested.
- Encourage nurses to seek the expertise and resources of others including nurse colleagues, other interprofessional healthcare team members, pastoral services, hospice specialists, and ethics consultants/committees when confronting the complexity of these issues.
- Increase nursing's voice in the assisted suicide and euthanasia debates in practice and legislative arenas to articulate the reasons for ANA's opposition to nursing's participation, based upon its ethical position as reflected in *The Code*.

Summary

The American Nurses Association recognizes that assisted suicide and euthanasia continue to be debated. Despite philosophical and legal arguments in favor of assisted suicide, it is the position of the ANA as specified in *The Code* that nurses' participation in assisted suicide and euthanasia is strictly prohibited.

Nurses must acquire the competencies required to become experts in providing palliative care and manage the patient's symptoms compassionately and effectively in collaboration with other members of the interprofessional healthcare team. Nurses must remain informed and be cognizant of shifting moral landscapes, legislative activity, and ongoing debate related to assisted suicide and euthanasia. More education is needed to assist nurses in responding in an ethical and compassionate manner that is consistent with the provisions and interpretive statements outlined in *The Code* when patients present with such requests.

ANA acknowledges that there are nurses working in states where assisted suicide is legal. The ANA Center for Ethics and Human Rights is available to provide consultation to nurses who are confronted with these ethical dilemmas to assist them in upholding their professional responsibilities, despite the moral distress they may encounter when confronted with these situations.

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HB-2739-HD-1
Submitted on: 3/13/2018 10:18:31 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charijean Watanabe	Individual	Support	No

Comments:

Please support this bill of "Choice" and don't interfere with our personal journey. Mahalo.

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Betts Cruz and I am testifying in strong support of HB2739, HD1 with no amendments.

Thank you for hearing and passing HB2739, HD1

Betts Cruz

Kaunakakai, HI 96748

betts@aloha.net


My sister Nancy Louise

I support the House Bill 2739. The above is the real face of "Death with Dignity", this is a photo of my sister Nancy, my vibrant, healthy sister Nancy, taken just prior to her finding out she had the beginning onset of ALS (Lou Gehrig's disease). She was living in California at the

time and wanted to come to Hawaii, however she chose to move back to Vermont where her children had been born and primarily so that our retired sister Marnie could care for her.

After medical confirmation of ALS, Nancy knew she wanted and needed to return to Oregon, where her children lived. In 2008 she returned so that she could take advantage of the state's Right To Die law. Once there we rallied around her and rented a home near her son. Our whole family and circle of friends, along with Compassion & Choices, Hospice and the ALS society made her final months on this earth a learning lesson for all involved.

Oregon's law is thorough and complete. My sister was able to have control over the most important thing at the end of life: to say when, where and with whom she chose to leave this earth and enter Heaven above. If you or a loved one end up having medical issues that are incurable AND your doctors agree that you have a terminal illness with less than 6 months to live, why not as an individual have the choice to select how and when we die?

After months of supportive planning and following the appropriate procedures in Oregon, we as a family were able to be with Nancy as she prepared for a peaceful death. She chose the backyard on a Sunday in April, with the sun shining and her children and family around her. She swallowed the contents of the prescribed medication and went into a sleep-like coma. Her wish was for us to dance and blow bubbles, sending her off with love. This happened from many points across the US once we knew she had crossed over.

Nancy's family and friends embraced her decision, supporting her because of the love and respect we all had for her. Nancy had led a life full of love and giving and we wondered why she was taken from us at such an early age. Her life and our story helped change the law in Vermont. As a family we are thankful California has passed the law in our home state, our brother suffers from Parkinson's and we worry for his future. We hope to get it accomplished here in my home state of Hawaii.

This is such an important right for each one of us and Oregon has set the standard for its thorough process. For some folks just knowing the law is in place is enough, others it might be having the written prescription. For some filling the prescription and having it on hand is sufficient. Others who, like my sister, know they do not want to be on a ventilator or a feeding tube are able to CHOOSE and have the right and freedom to die at home, on their own terms. For my sister this was vitally important. For our family it continues to be an extremely important right of choice for us, our children and our children's children. This is such an important issue. Please pass the bill. Mahalo for your time and energy moving this legislation forward.

HB-2739-HD-1
Submitted on: 3/13/2018 1:27:56 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Pence	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/13/2018 10:30:05 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lawrence Denis III	Individual	Oppose	No

Comments:

Aloha,

I am sending this to you so you understand I am stronly opposed to HB 2739.

I was born and raised in the lovely town of Hilo, and was told that ohana means caring for each other. This bill does not do that.

In the 2017 session, cautious legislators deferred the bill on physician-assisted suicide because there were no safeguards in place to protect patients. HB 2739 fails to address these concerns.

There may be added "safeguards" borrowed from California's End of Life Option Act that requires a patient to make an initial verbal request for lethal drugs and a subsequent verbal request 15 days later. There may now be a requirement for a written request, and a sign off by an attending physician and a second opinion. In addition, the bill requires two witnesses, a family member and a stranger, to also sign off on the request. When patients sign a final attestation form, they must also wait at least 48 hours before ingesting the lethal drugs.

While all of the provisions are supposed to offer reassurance that there will be no abuse, it provides no peace of mind. The bill is fatally flawed. Once patients receive the lethal drugs, they waive their rights from protection of any abuse. Doctors would be granted civil and criminal immunity just by documenting their actions were in accordance with the law and they put forth a good faith effort to comply with all of the law's requirements.

There are no safeguards to ensure patients are taking the lethal drugs on their own free will. The variety of scenarios for abuse are limited only by the imagination of perpetrators.

HB 2739 needs a complete overhaul to address the concerns raised by Hawaii's people.

Please do what is morally right and prevent this bill from going any further in Hawaii.

Mahalo,

Lawrence Denis III
Waikoloa, Hawaii

HB-2739-HD-1
Submitted on: 3/13/2018 1:09:27 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aprill Wilson	Individual	Oppose	No

Comments:

Please do not pass HB 2739 HD1! It would prove we in Hawaii do not value human life. Hospice is there to help terminal people die with dignity & to manage pain. There are so many things about this bill that are unethical & immoral! From only needing one psychiatrist/psychologist's recommendation + one other consultant (really, just 2 people can decide it's okay to end a person's life?!)... to only needing 2 people to approve of the person's request (& only 1 can't be an heir - how many heirs will get a friend to approve as a "favor"?!)... to the person not even having to prove they've advised their next of kin (how devastating for loved ones)... to having this drug sitting one's house until the person is ready to take it (a risk to others)... to protecting people involved from civil/criminal prosecution (what a slippery slope that is). It's wrong on so many levels. By definition "medical care" is to promote health & treat disease! How does a doctor even know if a person is going to die within 6 months?! I personally know people who have lived well beyond a doctor's prognosis! Come on Hawaii...malama our kupuna! Please do not pass this bill!

Aprill Wilson

1516 Emerson St., #204

Honolulu, HI 96813

HB-2739-HD-1
Submitted on: 3/13/2018 10:31:43 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Lefua	Individual	Oppose	No

Comments:

I am against House Bill 2739 Relating to Health. The reason is for religious reasons because I believe in living the life God planned out for your life. I also believe it is not right to play God in deciding when a person dies.

HB-2739-HD-1
Submitted on: 3/13/2018 10:36:23 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane E Arnold	Individual	Support	No

Comments:

I strongly support HB2739 - Relating to Health, which would allow a terminally ill, mentally capable adult who has six months or less to live to request a prescription for medication to shorten the dying process.

Medical advances prolong life artificially, which is good overall, but the downside can be a long, painful, and undignified dying process.

I am a Physical Therapist who works in Home Care, where I see many very sick and elderly people with a poor quality of life, including terminally ill people. Many of these people are very ready to go and join loved ones on “the other side”. Many are in pain, and many are suffering from a loss of autonomy and dignity. Yes, their pain can be controlled by pain medication, but they often refuse to take adequate pain medication to control their pain for a variety of reasons. Some do not want to be dependent on medication. Often family members who are caring for the ill person discourage pain medication. And pain medication has side effects, including “grogginess”, nausea, and constipation, which many want to avoid. Sometimes medication adequate to control severe pain causes lethargy (perhaps even loss of consciousness), which in turn results in loss of autonomy and loss of dignity (e.g. inability to control bowel and bladder).

A survey of registered voters in Hawaii, conducted in November 2016, indicates that 80% of us favor having the option to die peacefully by being prescribed appropriate medicine in order to avoid prolonging the dying process.

Oregon has had such an option for 19 years, and there has been no documented abuse of it.

Please support HB2739 - Relating to Health.

Jane E Arnold

938 14th Ave

Honolulu HI 96816

HB-2739-HD-1
Submitted on: 3/13/2018 10:50:54 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Kay	Individual	Support	No

Comments:

I am in **strong** support of HB2739. I believe it contains the proper safeguards to prevent misuse or abuse of it.

HB-2739-HD-1
Submitted on: 3/13/2018 10:57:49 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments:

Support

TO: Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection, and Health

FR: John H. Radcliffe

RE: Testimony in STRONG SUPPORT of HB2739 Relating to Health
Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Dear Chair Baker, Vice Chair Tokuda and Members of the Committee:

Thank you for hearing this critical piece of legislation. Please pass it. The community overwhelmingly favors it. The Senate heard and passed similar legislation last year. It is much needed. In the year since I was here in before the Senate on this legislation a lot has happened to keep me alive. For one thing, doctors successfully removed about a foot of cancerous material from my colon in an operation heretofore deemed too risky. They risked it and won. The doctors, nurses, technicians, everyone at Kaiser do incredible work that is keeping many like me alive.

However, in the time it took to stop chemotherapy, have the operation and restart chemo, the cancer took the opportunity to grow more in the liver and also expand into the lung. I have outlived my prognosis by twenty months so far, and just finished my fifty-eighth, three day chemo session last week.

As you know, that is a very high number. I am hoping to go where it takes me, but my prognosis remains six months or less. There are good days and bad but mostly good.

What would be bad is if this option for a peaceful death not be approved.

Thank you for your consideration.

HB-2739-HD-1
Submitted on: 3/13/2018 12:14:29 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dan Gardner	Individual	Support	No

Comments:

Please support this long overdue and critically important legislation. My wife and I are firm believers that people should have this opportunity as proposed. We certainly look forward to living our lives out here in Hawaii. To have to move from Hawaii at that stage of our lives to achieve, if need be, what this legislation is proposing would be impose a terrible burden. Finally, those with religous objections are welcome to follow their beliefs, but they have absolutely no right to deny our ability to make our own decision in the matter. We look forward to your swiftly affirming the HB2739HD1legislation as currently written. Thank you.

HB-2739-HD-1
Submitted on: 3/13/2018 11:09:05 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judy McCluskey	Individual	Support	Yes

Comments:

From my own personal experience, I fully believe that it is compassionate for a terminally ill individual to have a choice of whether to suffer an excruciating end or die peacefully. I fully support HB2739 HD1. This bill is about having control over your own life right up to the end. It's about the comfort for all people to know the end of suffering is possible when their "time" comes.

My father was dying and in hospice at the age of 91 suffering from spinal stenosis, which resulted in nerve damage that gradually inhibited his ability to control life functions and caused excruciating pain. It broke my heart when he begged me to help him end his suffering. I had to explain that I could go to prison for murder. He said many times, "I just wan to go--we treat our animals better than we treat humans." This was very traumatic for me and will always linger in my memories of my father's last days. He asked me to promise to do everything I could to make it possible for others to have a compassionate death with dignity law in their favor so they wouldn't have to suffer horrible pain and mental anguish as well as physical torment as the body stopped functioning properly.

Subsequently, my Dad discussed the situation with his hospice social worker who advised him to stop eating--that being the only option to bring about death quickly. So my Dad bravely starved himself to death. This situation was a nightmare for Dad and his family. We all die sometime--it would be a comfort that when my time comes I would have a choice to die in peace at a time of my choosing with as little trauma to myself and my family as possible. It is the humane thing to do. Provide a choice. If medical science has created the possibility for people to live longer and longer into infirmity, then it should also be allowed to provide a way out of that state should the patient choose. Please support HB2739HD1.

Michael (Mike) Golojuch, Sr., Lt Col, USAF (Ret)
92-954 Makakilo Drive #71
Kapolei, HI 96707-1340

March 12, 2018

The Honorable Senator Rosalyn H. Baker, Chair,
The Honorable Senator Jill N. Tokuda, Vice Chair,
and Members
Committee on Commerce, Consumer Protection, and Health

Hawaii State Capitol
514 Beretania Street
Honolulu, Hawaii 96813

RE: HB2739, HD1, RELATING TO HEALTH

I strongly support HB2739. I, like many others, want choices when it comes to end of life. This includes the option of using medication to end the pain.

As noted, this is a choice by a person who is competent at the time of the decision.

You have and will hear religious reasons why this shouldn't be allowed. Great. Let those who have strong beliefs opt not to request a compassionate choice of using medication to end their suffering. It is a choice and not that individuals are trying to get rid of someone.

Thank you for letting me express my strong support for HB2739.

Sincerely,

Mike Golojuch, Sr., Lt Col, USAF (Ret)

HB-2739-HD-1
Submitted on: 3/13/2018 11:29:22 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steve Canales	Individual	Support	No

Comments:

I strongly Support HB2739, After seeing my mother suffer with reminal cancer, if I should be in that situation I would rather have options for the end of my life. Prolonging my demize only adds heartship to my family and burden financially.

HB-2739-HD-1
Submitted on: 3/13/2018 12:01:53 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Binder	Individual	Support	No

Comments:

Aloha Chair Baker, Vice Chair Tokuda and Committee Members,

My name is Matt Binder and I am testifying in strong support of HB2739, HD1 with no amendments.

I recently had a very horrifying experience with an elderly family member. She was in extreme pain but, because of her state's laws, her only option to legally kill herself was to starve herself to death. This is not right. It was a long, painful process that was agonizing for her and her friends and family. It is not until you are in this type of situation yourself that you begin to see all the roadblocks and complexities. If you help the person die peacefully you can be prosecuted, as many people have been. Before this experience, I thought it was just a matter of a person getting sleeping pills or pain pills and taking a large dose, but it turns out that this usually results in a failed suicide and causes worse problems because of toxic effects from the overdose. Other common methods are even more grotesque. There are a few states that currently allow terminally ill people to get prescriptions for the only drug that really works - barbituates - so that they can die quickly, peacefully, and without pain. I urge the state legislature to add Hawaii to the list of states that treat its terminally ill patients with dignity and compassion by allowing them to die on their own terms.

Thank you,

Matt Binder, Waimea

HB-2739-HD-1
Submitted on: 3/13/2018 11:56:54 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Padgett	Individual	Support	No

Comments:

My name is James Padgett and I am writing in support of HB 2739, the Medical Support in Dying bill. I feel that a person with a terminal illness who has less than 6 month to live, should have the right to ask a physician for medicine to end their life if they so choose. The pain and misery associated with dying is too much to handle for some and they should not be made to continue living in misery. Please pass this bill.

HB-2739-HD-1
Submitted on: 3/13/2018 11:34:30 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Vickie Kibler	Individual	Support	No

Comments:

Aloha Hawaii Senators!

My name is Victoria Kibler and I am writing to you on behalf of HB 2739 HD1. Having my own family members go through painful and excruciating illnesses and then death. I am asking for you to support HB 2739 HD1 and bring it to LIFE for us in Hawaii. I have watched my mother suffer for years, my grandfather reach out to me and ask me why he was being made to suffer and my brother ask me to help him make the pain stop. I think it's time for us as human beings to be able to take control of our suffering. No one really knows the pain that our loved ones are going through but I can only hope that you would not want your family members to go through what I have witnessed with my own. I truly hope that the choices of HB 2739 HD1 will be available for myself and family as we were not able to support our loved ones when they needed it. This is not about politics or religion. This is about Quality, Humanity and Dignity of ones' Life. It should be our choice.

With warm aloha,

Victoria Kibler

Kailua Kona, Hawaii

HB-2739-HD-1
Submitted on: 3/13/2018 11:36:43 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Logue	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/13/2018 11:51:49 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Support	Yes

Comments:

Chair Baker, Vice Chair Tokuda and members of the Commerce, Consumer Protection & Health Committee, I speak in strong support of HB2739, HD1, without amendments. For over a year before my 96-year old mother passed away of heart failure, she constantly talked to her children to let her die. She was in constant pain after she suffered a spinal injury which left her bed ridden. Just years before, she enjoyed life, was able to walk with assistance, and even take an occasional trip to Las Vegas.

Several months before she died, she was diagnosed with colon cancer. During the last month of life, she pleaded with us to let her go. By then, massive bed sores caused by lack of blood pressure and immobility racked her with pain with every movement on top of her severe back pain. Yet, her family could do nothing for her.

As an attorney, I knew fulfilling her last wish was impossible and illegal. Hawaii had no medical aid in dying law. Current law would allow her doctor to provide only palliative care. Anything more would put her doctor at risk of criminal prosecution, just to grant her last wish.

You have the power to change that for people, like my mother, who only wish to die with dignity and end their excruciating suffering. It is no one else's business to force my mother or anyone else like her to endure all the suffering she bore once she decided it was past time to end her miserable existence. HB2739, HD1 will finally allow people, like my mother, in the last days of their lives to die as they wish once their prognosis is terminal. It provides adequate safeguards to assure that a dying person truly wants to die when they so choose to and on their own terms. It is not suicide. They are already dying. No one else but the dying can make that decision. Their last moments will be calm, peaceful and dignified, allowing them to end or avoid unbearable pain and suffering.

It has been 15 years since this State seriously considered giving dying persons the right to die with dignity. Thousands of our citizens have been denied that basic right since then, including my mother. Let’s not deprive thousands more the right to dignity and peace in their last days. Please pass HB2739, HD1. Thank you.

HB-2739-HD-1
Submitted on: 3/13/2018 11:49:50 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stuart S Feinberg	Individual	Support	No

Comments:

Human beings have a right to control their bodies, whether it be a decision to have a baby or an abortion, and to decide when they wish to die- especially at the end of life when pain and suffering overwhelm all other aspects of life.

HB-2739-HD-1
Submitted on: 3/13/2018 11:40:40 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Blair	Individual	Support	No

Comments:

As a retired RN, I support the Compassinate Dying Bill. As a senior, I want that oppition available for me to choose. Thank you very much.

HB-2739-HD-1
Submitted on: 3/13/2018 11:43:11 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments:

My name is Marilyn Mick and I am testifying in strong support of HB2739, HD1 with no amendments.

Thank you for hearing and passing HB2739, HD1.

Sincerely, Marilyn Mick, Honolulu

From: Lauray Walsh
To: CPH Testimony
Subject: Testimony Supporting HB2739, HD1
Date: Tuesday, March 13, 2018 11:51:17 AM

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Lauray Walsh and I am testifying in strong support of HB2739, HD1 **with no amendments.**

Thank you for hearing and passing HB2739, HD1.

The time is now.

Give us our civil liberty to a peaceful death... and keep church and state separate.

Mahalo!

Lauray

A few years ago I was diagnosed with Non Hodgkins lymphoma and underwent a grueling regiment of chemotherapy. Initially, it was recommended that I undergo 6 sessions of chemo; however, because I was so weakened by the treatment with a 35 lb weight loss and a dangerously low white cell count, in addition to having suffered congestive heart failure due to the chemo, my physician mercifully terminated treatments after 5 sessions. I truly believe that I would not have survived my 6th session. Although I am currently in remission, I am acutely aware that my cancer may recur because the disease had spread to my lymph nodes and, as in many recurrences, will probably come back with a vengeance. Should that occur, the only condition under which I would undergo additional chemotherapy is with a firm assurance of a complete cure, which I would imagine would be far- fetched. I would never undergo any further treatment merely to prolong my life; after my bout with chemo, there is no question in my mind that I would chose quality over quantity of life.

How comforting to know that, should I suffer a recurrence and the diagnosis is terminal, that I would have the option of ending my life on my terms and not subject my loved ones to the agonizing and indelible image of watching me suffer in the final stages of my condition. Unfortunately, I have been present when two of my close friends were in their final throes of cancer, and that image is forever engrained in my thoughts. I have often heard people remark with envy when they learn that someone had died in their sleep. What a comfort to the friends and family left behind to be able to state that their loved ones died peacefully and on their own terms.

I respect people who express opposition to this bill. However, they do not have the right to force their beliefs on others. They retain the right to live with their beliefs as should I have the right to end my life with some semblence of dignity. The qualifying steps towards having the option to terminate life in instances of an incurable and fatal condition undercut the chances of abuse. It is absurd to argue that people, especially the aged and easily influenced ones, will be coerced into agreeing to end their lives. What would the threat be? They have already been medically certified with a terminal condition. The statistics bear out that there has been no abuse of this right - the numbers that actually go through with their right to death with dignity are incredibly miniscule compared to the actual number of terminal patients. What is of utmost importance is the right to choose. Medical professions who oppose this measure argue that it is their duty to provide life sustaining care. By not supporting this bill,

they are merely prolonging suffering. Is it not their duty to provide comfort and to abide by their patient's wishes? Hospice will argue that they try to keep the patient as comfortable as possible, but who really can verify, other than the patient himself, what he or she is experiencing in the final throes of life, usually when the patient is unable to respond.

I had my 19 year old animal euthanized because of debilitating illnesses and marveled at the peaceful transition as she went to permanent sleep. The immense loss was bearable because it was unquestionably without pain or discomfort. We humans should also be entitled to this choice.

We all know that the vast majority of your constituents support this bill. You were elected to serve the majority, and I hope you will follow through on your campaign promises to respect the wishes of the electorate.

TO: Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection, and Health

FROM: Kalawai'a Goo, BSW
UH Mānoa School of Social Work
jeromeg@hawaii.edu
(808) 679-1364

DATE OF HEARING: March 16, 2018

SUBJECT: **SUPPORT of HB 2739, HD1**

Aloha Kākou,

My name is Kalawai'a Goo, I am a social worker and Master's student at the School of Social Work at UH Mānoa. I am testifying in **support** of **HB 2739, HD1**

I and my social worker associates sat through the five-hour marathon hearing on February 27, 2018. I listened intently to the oral testimonies from both sides of the issue and reviewed the written testimony.

Social work is an evidence-based community. I have extensively reviewed the literature on Physician-Assisted Suicide (PAS) and Physician-Assisted Death (PAD) since its introduction to Hawai'i in the late 1990s. In this matter, I have research the US Constitution, Biblical references, the Hippocratic Oath, the position of the National Association of Social Workers (NASW), national and international experiences, and other precedence for prohibition. My research found no foundation, legal or otherwise, to support prohibition.

In reviewing five hours of oral testimony and volumes of written testimony, it is crystal clear that the majority of opposition is coming from a boisterous conservative Christian minority. In reviewing both the Old and New Testaments, the few times an individuals' or groups' life was self-taken, it is stated as an event unaccompanied by condemnation. The rest of the numerous references are cherry-picked and distorted to match a preexisting agenda.

I could not validate other opposition referencing case law. Opposition questioning the reliability of mental health evaluation, citing peer-reviewed scholarly journal also could not be verified. At a trained researcher, the face value of the testimony is extremely suspect.

In short, the "What if...?" and "worst-case scenario" arguments have been definitively laid to rest by collective decades of national and international data. In Hawai'i, support has been trending by about a half a percent annually since the late 1990s and is currently at or near 80%.

On a professional note as a social worker, and a personal note as an American, a veteran combat medic, a Buddhist, and a conscientious human being, I find it unconscionable to ever

impose my deeply personal beliefs and choice on the majority through legislation or otherwise. I ask that the same courtesy be absolutely extended towards me and the above mentioned majority.

Finally, in my exhaustive research, a reoccurring phrase was, 'You're against it, until it's you.' In my extensive experience as a combat medic and caregiver, PAS and PAD was and is the most exquisitely painful, yet compassionate act we as humans can extend towards our loved ones in their final days towards the inevitable.

I support the opposition's liberty to exercise their choice, but it is time for the rest of us to move forward. As people of good conscience and members of a compassionate community, I ask that the will of the majority be recognized and that this be the year Hawai'i extends the ultimate act of goodwill and **support HB 2739, HD1** without reservation. I am happily available for further questions and/or clarification.

Mahalo,
Kalawai'a Goo

HB-2739-HD-1
Submitted on: 3/13/2018 3:20:06 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Mather	Individual	Support	No

Comments:

From: A Stephen Woo Jr
To: CPH Testimony
Cc: A Stephen Woo Jr
Date: Tuesday, March 13, 2018 3:53:03 PM

To Senate Committee on Commerce,Consumer Protection and Health
March 16, 2018
From: A. S.Woo
Re: HB 2739 HD 1
Position: OPPOSE. Measure does not have sufficient safeguards to protect the vulnerable
patient.

HB-2739-HD-1
Submitted on: 3/13/2018 3:57:23 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen L Tschudi	Individual	Support	No

Comments:

Esteemed Lawmakers,

Suicide is often characterized as "a permanent solution to a temporary problem." Most people are rightly convinced that we should work to prevent suicide and to support those with suicidal ideation so that they have the chance to emerge from their depressed state. No argument there.

Opponents of this legislation will paint it as "legalizing suicide" or "legitimizing suicide." This is a mischaracterization. This legislation is not about indulging suicidal impulses. It is about acknowledging an individual's sovereign right to reduce suffering at the end of life. John Radcliffe has offered powerful testimony on this count.

Having observed the experience of a friend who retired to Oregon after a long career in Hawaii, was subsequently diagnosed with a painful terminal cancer, and was able to avail himself of medical aid in dying, I am in complete agreement with the aims of this bill and am thoroughly convinced of its ethical merit. The process released him from his fear of unremitting pain and allowed him quality of life to the end. The bill contains ample protections against abuse. Those who wish to fight through to the "natural" end will be free -- but no longer compelled -- to do so.

Thank you for supporting this legislation.

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, Consumer Protection and Health
Hearing Date and Time: March 16, **2018; 8:30 o'clock a.m. Room 229**

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

✓ Medical care includes only promoting health/treating disease - NOT killing the patient

✓ PAS tells troubled teens that suicide is an acceptable way to solve problems

✓ Unused lethal medication is not adequately controlled/ causes risk to others

✓ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: A "6 months to live" diagnosis is often wrong + the patient lives long while cures or treatments are discovered.

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Cynthia A. Dorflinger
Sign name

Cynthia A. Dorflinger
Print name

2536 Manoa Rd Hnl 96822
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

HB-2739-HD-1
Submitted on: 3/14/2018 7:24:45 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
AUBREY HAWK	Individual	Support	No

Comments:

Aloha Chair Baker and members of the committee,

I have lived in Hawaii all my life. I am in strong support of HB2739.

Along with 80 percent of Hawaii voters, I believe a medical aid in dying option should be accessible in Hawaii. It is just that—an OPTION—and in more than 40 years of combined practice in the wise and compassionate states that have already authorized it, there has been no abuse of the law. Rather, it has eased the suffering of hundreds of terminally ill adults, provided thousands more with peace of mind even if they do not use the option, and actually led to an increase in utilization of hospice and palliative care.

Hawaii's terminally ill cannot wait. Please approve this bill.

HB-2739-HD-1
Submitted on: 3/14/2018 6:42:56 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
PANDY M CHING	Individual	Support	No

Comments:

I strongly support HB 2739. It is time residents of Hawaii are given the civil right to choose how and when to die. This is my home and I don't want to leave Hawaii to exercise a fundamental right to be free of physical, mental and emotional suffering when I am terminally ill.

Thank you

Pandy Ching

HB-2739-HD-1
Submitted on: 3/14/2018 6:38:44 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Gustafson	Individual	Support	No

Comments:

This bill is extremely important to me and I believe I have the right

to choose how I die. I support this bill as it is currently written.

HB-2739-HD-1
Submitted on: 3/14/2018 6:17:48 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judi Mellon	Individual	Oppose	No

Comments:

Please oppose HB2738. Life is precious, young, old, healthy or sick. It is not our place to decide when life should end. It is not a physician's choice. I do not discount pain and suffering. I have watched my brother and my mother suffer at the end of life, but life comes from God and only He should decide when it ends. Vote no on assisted suicide.

i also do NOT want tax dollars spent on assisted suicide. We have been told this will not happen but I am VERY concerned about our escalating government funds, even in a relatively small amount, going to fund this in any way.

Thank you for representing my voice on this matter.

sincerely,

Judi Mellon

HB-2739-HD-1
Submitted on: 3/14/2018 6:04:48 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Loma H. Hassell, II, MD	Individual	Oppose	No

Comments:

My name is Loma H. Hassell, II, MD, and I am physician practicing nephrology in Maui County. I am opposed to HB 2739 HD1, which "establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life," and "imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription."

I am opposed to HB 2739 HD1 because it establishes a "regulatory process." In essence, the regulatory process promises not to prosecute an individual who knowingly causes the death of another person. The process of knowingly causing the death of another person is murder. Further, it is premeditated murder. Whether the victim is a willing participate does not change our law; no individual has the right to take the life of another. The length of time a person has left to live does not change our law; no individual has the right to take the life of another. As a people, we have given the government the authority to take the life of an individual when certain crimes are committed; however, the state of Hawaii abolished the death penalty in 1959. In what universe would a state that has abolished the death penalty for criminals then give certain individuals the right to take the life of innocent persons?

I am opposed to HB 2739 HD1 because legislators believe that medical science can confirm with 100% accuracy that an individual has a terminal disease with less than six months to live. Since this debate on HB2739, I have personally taken care of two patients in the ICU at Maui Memorial Medical Center that were deemed terminal following cardiac arrest and multiorgan failure who made amazing and miraculous recoveries. One patient woke up the very morning the family had decided to remove the patient from mechanical ventilation. I routinely see the other patient in outpatient dialysis; both he and his wife thank God for his miraculous recovery. In both of these cases, I am humbled by what we as physicians do not know. As a state, we were concerned that a miscarriage of justice could result in an innocent person being condemned to die. We abolished the death penalty rather than take the life of an innocent person. When medical science determines that a person has less than six months to live, the decision necessarily factors in the available financial resources of the person. When life and death literally hang in the balance, what responsibility does the State have to make sure that all presumed terminally ill patients have equal access to healthcare? Or is lifesaving medical care only available to the wealthy?

I am opposed to HB 2739 HD1 because authorizes healthcare providers to write prescriptions for medications that can end someone's life. Most of us did not enter medicine thinking that someday we could write a prescription to end someone's life. And creating a regulatory process to absolve the physician of any responsibility for causing the murder of another person will have a disastrous effect on medicine as it will create providers and clinics who specialize in taking the life of terminally ill patients. You may not wish to acknowledge the effect the law had to create abortion clinics - factories where children are killed by the millions!

I am opposed to HB 2739 HD1 because it contravenes the law of God. I am a Christian and have incorporated into my life these past three years the reading of the Bible every day. I am amazed how often what I am reading applies to the situations in my life. When I received the email notifying me that you were holding the hearing on HB 2739, I knew I was opposed to this bill but did not immediately know how to organize my thoughts. But God did. I was surprised to find Leviticus 24:17 in the passages I read after receiving the email, "Whoever takes a human life shall surely be put to death." This commandment was given to the Jews at the time when God brought the Israelites out of the land of Egypt; however, it only affirms what God had told Noah after the flood in Genesis 9:5-6, "And for your lifeblood I will require a reckoning: from every beast I will require it and from man. From his fellow man I will require a reckoning for the life of man. “Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image." I was further reminded of my responsibility to speak. In Leviticus 20:4-5, "And if the people of the land do at all close their eyes to that man when he gives one of his children to Molech, and do not put him to death, then I will set my face against that man and against his clan and will cut them off from among their people, him and all who follow him in whoring after Molech." God told the people of Israel that they could not close their eyes and tolerate an individual who offers his child as a sacrifice to Molech; He would hold them accountable; He would cut them off from among their people. I cannot close my eyes to what you are doing. I am opposed to HB 2739 HD1 because it absolves the physician who is complicit in the death of a person who has committed no crime worthy of death. If you pass this legislation, then all the representatives who vote for the bill will be just as guilty as the physician who writes the prescription because you permitted it to happen. I am concerned that God may withhold His blessings from our State due to lawlessness. Representatives come and go but the law remains; it is the people who pay for the consequences of your actions.

To reiterate, I urge you to reject HB 2739 HD1. The State of Hawaii does not need a regulatory process that absolves an individual who is complicit in the murder of another. The State of Hawaii should not interfere in establishing guidelines when it is okay for person to take his or her life. The State of Hawaii should not highjack the field of medicine for political purposes and create physicians and clinics in taking the death of very ill persons. By definition, these persons are vulnerable and should be protected from others who propose such laws and seek to turn a profit from killing others. The State of Hawaii should not take a stand that is opposed to the law of God. Life is hard enough without trying to move forward without the blessing of God.

Testimony from:

Dr. Ethan CT Pien MD LLC

1010 S. King St. Ste 111

Honolulu, HI 96814

drethanpien@gmail.com

808-597-8765

- To: Hawaii House of Representatives, Committee on Health
- Re: hearing on Thursday, March 23, 2017 at 8:30 a.m.
- Re: Measure number: SB 1129 SD2

Dear Committee on Health,

I strongly oppose this measure for the following reasons:

1. When physician-assisted suicide was legalized in Oregon, the biggest reason it passed was due to the lack of organized opposition by Oregon physicians. After the law passed, it was clear the large majority of physicians opposed the bill, but they never went to the Legislature to voice their opposition.
2. A tremendous amount of misinformation is being broadcast about this bill. Some examples:

a. Advocates for this law claim the majority of Hawaii's citizens are in favor. There is no objective evidence of this. A mainland group called Compassion & Choices, formerly the Hemlock Society, committed more than $500,000 to help pass the law this year. This is all money coming from a mainland organization whose reason for being is to promote legalizing assisted suicide and euthanasia.

b. Testimony at the two Senate hearings held so far have shown the testimony being two to one and four to one opposed to the bill. In spite of these numbers, it is noteworthy that a committee report falsely claimed testimony advocating the bill was greater than that opposed. If this were truly a popular bill, it seems more likely that the actual testimony in favor would far exceed testimony opposed. If it were truly popular, the Senate committees would not have to falsify their reports.

c.Proponents claim the bill has safeguards. This is false on its face. There is no mechanism for accountability in the bill. There is no transparency in record keeping. There is no requirement for a patient to be evaluated for possible depression or coercion. Once the lethal medications are issued, there is no system for making sure they are either used or returned. A simple test for a safeguard: if a provision in the law is not followed, what is the consequence? There are no consequences for failure to comply with the already limited provisions in the bill; therefore, there are no safeguards.

d. Advocates claim there have been no problems with the Oregon law. This is false. Oregon doctors have testified at the Hawaii Legislature in prior years about failures and corruption in the Oregon law. But since there are no safeguards, no consequences to non-compliance, no tracking of medications, no open records, no independent audit and records are not kept but destroyed, there is no way to present uniform accepted data for peer review in Oregon. But there are abundant anecdotal records of abuses of patients as a result of the legalization of physician-assisted suicide in Oregon. These failures and abuses fall disproportionately on the poor, the elderly and those of limited competence and capability—exactly the people who should be protected.

3. This law also threatens the doctor-patient relationship and the concept of what medical treatment is.

a. As one physician aptly put it, this proposed law protects those involved in procuring and providing the suicide drugs, not the patient. The standard of care is the lowest possible, "good faith," rather than the highest.

b. The physician prescribing the suicide drugs need not be the patient's physician – or even a physician the patient has met prior to getting a lethal prescription. Though the closed records in Oregon do not allow a true data review, research by doctors and journalists in Oregon anecdotally estimated that in the first 10 years of the Oregon law, about 75% of lethal prescriptions were written by four doctors affiliated with Compassion & Choices.

c. There is nothing in the bill to prevent doctor shopping, coercion of elderly or vulnerable patients, or impulsive procurement of suicide drugs by a depressed patient who has just received a terminal diagnosis.

d. The proposed law relies on terms and standards which do not exist in the actual practice of medicine: "medical aid in dying", "terminal illness," and the standard for qualifying for getting the lethal prescription, "six months to live." Compassion & Choices' prominent lobbyist for this bill is a cancer patient who was given six months to live - two years ago.

4. This bill requires that the death certificate be falsified. Ingestion of deadly drugs will not appear on the death certificate; instead, the "underlying condition" will be entered as the cause of death, even though there is no verification of a disease state required. So, in addition to corrupting medical practice and the doctor-patient relationship, this bill will also corrupt public records.
5. A provision of the Hawaii bill, which departs from the Oregon model, is that advanced practice nurses will be able to prescribe these lethal medications.
6. Such a sweeping social change has consequences that can be difficult to predict, but there are countries that instituted physician-assisted suicide decades ago, particularly Belgium and the Netherlands. These countries now euthanize people without consent, people without disease but whose presenting complaint is being unhappy with life and newborns who attending doctors consider unfit to live. In other words, they now

practice legal eugenics. Legislation has been introduced in Oregon to expand their "six months to live" provision and eliminate "terminal illness" as a requirement. So, Oregon appears to be following in the path of the Netherlands and Belgium. And anyone who follows the practices of our courts, particularly in equal protection cases, can readily see this bill is one lawsuit away from expanding "medical aid in dying" to the next litigant with a good lawyer.

7. This bill is proposed by and supported by a limited group of well-off people who do not have to worry about being mistreated or being unable to get the medical care they wish when they wish it. Their interest is in self-determination. The long-term consequences of this proposed legislation will fall on those much less fortunate. If a major, disruptive social change like this is proposed, it should be weighed carefully. What is the effect on the medical profession and their patients? What is the effect on medical practice? On state funding for medical care for the poor? On family dynamics? On the attitudes of the elderly who might feel obligated to "get out of the way," just when they are most vulnerable?

Respectfully submitted,

Dr. Ethan Pien

To: Senators Rosalyn H Baker, Chair, Committee on Commerce, Consumer Protection and Health, Senator Jill N Tokuda, Vice Chair and Member of the Committee

Re: **HB 2739** Relating to Health

Hearing: CPH, 3/15/18, 8:30-11:25 am, Conference Room 229, State Capitol

Position: OPPOSED, Please vote **"NO"**

I am a medical doctor and psychiatrist who has specialized in treating medical and surgical patients and has worked on a cancer ward for a whole year. I oppose physician-assisted death for many reasons, including the 6 reasons below. We can treat pain, depression and loneliness ("fear of being alone") and the vast majority of patients with pre-terminal illness do not ask for aid in dying. Hospice workers are generally against this policy.

Ethics - Our job as physicians is to take care of people, especially at the end of life, not to help them end their lives.

Eligibility – Doctors can't predict who has 6 months to live or differentiate symptoms of clinical depression from those of severe medical illness. In Belgium, the decision is made by a judgment call of multiple physicians who often don't agree.

Slippery Slope - The slippery slope is inevitable and has already occurred in countries where terminal illness is not required (Canada) and there is active euthanasia (Belgium 2002). A doctor in Belgium had the family of an elderly woman hold her down while she objected and struggled against her euthanasia. Under Belgian law the doctor was cleared of any charges. Patients are euthanized for psychological/psychiatric suffering, (eg "tired of living" "loneliness"), as well as for physical suffering. This included a 14-year-old boy.

Elder abuse - Elder abuse is a risk and we have no good system to document or prevent it.

Depression - There is a strong association between depression, which is treatable, and request for physician assisted death.

Diversion - Almost 40% of prescriptions in Oregon to help people end their lives are not used and likely end up in medicine cabinets where impulsive youth and others can find them and use them to make a suicide attempt or commit suicide.

Training – All prescribers can prescribe but there is no training for physician-assisted suicide.

Leslie Hartley Gise MD
Clinical Professor, Department of Psychiatry, JABSOM, UH
Staff Physician, Maui Hospital System

HB-2739-HD-1
Submitted on: 3/13/2018 4:47:21 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
lynne matusow	Individual	Support	No

Comments:

My name is Lynne Matusow. I am a healthy senior. That may change at any time. I did not have any say in whether I wanted to be born. But I should, as now a sentient human being, have the right to decide to die if I am terminally ill. That should be my decision, my deciison alone, not that of religous professionals and religous zealots who believe we should suffer, that they alone should rule our lives, etc. No one is forcing them to take their own lives. Just as no one should be telling us we cannot take our own lives if we are suffering and terminally ill. I had a discussion iwth someone who claims to be a priest and he feels that his duty is to protect everyone, and that we should suffer instead of having this right. He even said he would pray for me. I told him I did not want his prayers, I wanted this right. I do not want to be hooked up to machines, to suffer needlessly, to have friends and family greive alone with me and feel my pain. I have signed health directives. I have a POLST. But they are not enough. I also want the right that this bill will finally give me, finally give me as a chosen finality to my life. No one, elected officials, judges, religious leaders, or anyone else should have a say in a personal decision, and you need to pass this bill so we can live with one less worry, a major worry.

Aid in dying has been successfully implemented in Oregon and five other states. Hawaii, which at one time had the reputation of taking the national lead on social issues and others, should get on board, and should start to reclaim its leadership role.

Medical aid in dying is a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness.

What scares me now is that since the bill rossed from the house to the senate, the legislative games may begin. Reference how many years ago voting by mail has died at the last mknutes. There will be amendments, the two chambers will not agree, and this will die in conferenc ecommittee. Just pass this bill as it is and if it is imperfect amend it in subsequent years. We have waited too long for this and the waiting must stop.

Lynne Matusow, 60 N. Bereatnia, #1804, Honolulu 96817

808 531-4260

HB-2739-HD-1
Submitted on: 3/13/2018 5:39:30 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Martha E. Martin	Individual	Support	No

Comments:

I favor passing HB2739, Our Choice, Our Care Act.

It is an optional choice, so those opposed to using it can decline to use it. Those opposed to this bill should not prevent supporters of this bill from choosing to use it.

Please pass this bill.

Mahalo,

Martha E. Martin

40 Kunihi Ln #226

Kahului, HI 96732

HB-2739-HD-1
Submitted on: 3/13/2018 5:52:26 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair Baker, Vice Chair Tokuda and members,

I am in strong support of this measure. Each person should have the right to determine what happens to their own body, including the right to decide how and when to die if one has a terminal illness.

To the fear-mongering hysterics who call this bill "euthanasia" I say mind your own business. No one should have the right to determine someone else's health decisions.

Mahalo,

Ann S. Freed

HB-2739-HD-1
Submitted on: 3/13/2018 6:17:15 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heide San Nicolas	Individual	Oppose	No

Comments:

Aloha!

Please vote NO on HB 2739! Life is a precious gift from God and it is unthinkable to legalize the “assisted suicide” of those who are struggling. Doctors have no business taking life, but in saving lives and bringing comfort to the dying. Palliative care has improved over the years and can make all the difference for those suffering with significant pain. Therapy and emotional support can turn around a situation that seems insurmountable. I’ve read statistics that those who once believed suicide was their only option later were thankful they did not resort to a permanent & devastating solution. The disabled and elderly are a very vulnerable group who could easily be targeted as those whose lives are not productive or worthy to live. It’s already happening in other places such as Amsterdam. This is a very dangerous and slippery slope. Please do not set a course that will bring about such dishonor to our people. There is no aloha In suicide.

Mahalo,

Heide San Nicolas

HB-2739-HD-1
Submitted on: 3/13/2018 6:42:30 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
william metzger	Testifying for Compassion and Choices	Support	No

Comments:

Medical professionals can now kepp a body alive for very long periods. When a patient is terminally ill and suffering from great pain, it is only humane and compassionate to allow that patient to mercifully end his or her life.

This bill has many, many safeguards.

I strongly urge the Committee to pass this bill.

HB-2739-HD-1
Submitted on: 3/13/2018 7:14:34 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn O'Brien	Individual	Oppose	No

Comments:

I am in strong opposition to this bill as it does not reflect the majority of the residents in the state of Hawaii nor does it have all necessary safe guards against elderly abuse. It is morally, ethically wrong and this appeals to the very few who are vocal yet do not represent a majority of our residents & tax-paying, law-abiding, voting citizens.

I am an active voter in city & county, state & federal elections each election cycle. I ask that you strongly reconsider this railroaded illegal law, but i fear that you'll do exactly as you've already decided to do. That has been clear in this bill as in many others in a state government with no balance & no representation of we, the people, of Hawaii. My prayers are with you, my hopes are not. Godspeed!

HB-2739-HD-1
Submitted on: 3/13/2018 7:32:50 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan C. Parks	Individual	Support	No

Comments:

My dear husband of 48 years died of cancer in July 2015. He knew, as a person on kidney dialysis for several years, that he could create a peaceful ending by simply skipping dialysis and that gave him a measure of peace. In the end, he did not need to do that and in fact, his last words were, "Be sure to wake me up for dialysis this afternoon."

The reason he told his family of his plan was because of the suffering, month after month after month of his father, who in 1984 finally died of stomach cancer. I say finally because his father, Paul, wanted to die at home (he ended up in the hospital) and every night he would say his prayers and ask God to take him home. But he woke up, day after day, in great pain beyond what his doctor or hospice could offer him in relief. He was a burly six foot four inches who was down to skin and bones, could not do anything but fall out of bed and needed at least two of us to safely lift him back up. You can imagine the rest. We could not afford full time help which might have lessened his distress with regard to his personal needs, but the pain was unbearable for him and for us to watch him suffer and helpless to help this dear loved one, was distressing to him and to us.

I read to him most nights (his wife Sylvia, age 80 yrs, did all she could do plus some). One night, Paul said his prayers in our presence and was angry. Angrier than I think I had ever seen him. Angry enough to say to us, "I do not understand WHY we treat our dogs and horses better than I am being treated. No one would EVER let their dog or horse suffer and be in pain like I have been all this time. It would be considered cruel."

That moment really crystallized my thinking. Paul lasted months more. He had a strong heart and it just kept beating. He was miserable and in pain. Finally, he agreed to be hospitalized because it was so difficult for Sylvia. He lasted two weeks in the hospital and he finally passed on, there and NOT at home.

I was very glad that my husband had a legal escape hatch by simply not going to dialysis if it got to that point. Although the doctors thought my husband might have 4-6 months left, when he finally had medication to help him sleep (he had refused to take anything other than Extra Strength Tylenol out of the bottle), he snuggled down, woke the next morning for a bit and then closed his eyes, for good. Four days later, he

peacefully passed with me, his three adult children and two adult grandchildren with him. He was ready. We had 48 fabulous years together and I am glad it was not marred by a terrible end. I do worry sometimes, selfishly, for me. Maybe when the time comes, I will have my own unique escape hatch, but when seriously and completely terminal, there should be a point at which you have an option other than terrible suffering.

There truly is no reason to treat our dogs and horses better than our people.

My husband, Gary L. Parks, rests in the company of fellow veterans at Punchbowl. His father, a WWII veteran, rests at Rose Hills (Whitter, CA) with his wife Sylvia and his parents.

Susan C. Parks, Kapolei, HI

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

To: COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

HEARING: Friday, March 16, 2018, 8:30AM, Conference Room 229

RE: Testimony in support of HB 2739 – RELATING TO HEALTH

My name is Mae Althea Gallardo and I am currently a student at the Myron B. Thompson School of Social Work. I am writing in support of HB 2739 – Our Care, Our Choice Act.

As an aspiring social worker, I understand the importance of preserving a person's dignity and worth. Imagine suffering from a terminal illness and being told that not only do you have to live with the rest of your days with this illness consuming you, but also being told that you do not have a choice on how your life ends.

I do not have to imagine this. I witnessed it during my childhood into adulthood. When I was seven years old, my mother was diagnosed with Stage 2 colon cancer. As a child, I was not mature enough to understand the severity of her diagnosis. After surgically removing the tumor and a year of chemotherapy, she was cancer-free. Seven years later, another tumor was found on her ovaries. Luckily, the tumor was found at an early stage. I was a high school student at the time and I had a better understanding of what cancer is and what it can do to a person. After an operation, she was cancer-free again. Little did we know that seven more years later, she would be battling with the most aggressive of her diagnoses. She was diagnosed with Stage 4 pancreatic cancer that had metastasized to her liver and other organs. She was given six to nine months to live.

At first, she did her best to fight her disease. She underwent an extensive array of chemotherapy and radiation therapy. For the first few months, the number of cancer cells in her body decreased and for the first time in a while, my mother was getting better. In December 2016, her health took a turn for the

worse. The chemo- and radiation therapies were no longer destroying cancer cells – rather they were just destroying her. My mother stopped her therapies and entered hospice care. From then on, my family and I slowly watched her die.

The last few weeks were the worst – she had almost half of her weight, she was not as physically strong as she was before, and she could not do things that she was able to do on her own. I can't even imagine how hard it was for her to ask my brother to carry her up the stairs to our apartment because she wanted to visit our family home for the last time.

I share this story because when she was sick from 2015 to 2016, there were no laws set in place to let her die with dignity. She didn't have the choice to go out on her own terms, rather she slowly and painfully lived out the last of her days. So, I ask you – please give people like my mom the right to die with dignity.

Mae Althea Gallardo
271 Kalihi St. #4
Honolulu, HI, 96819
(808)255-3160

HB-2739-HD-1
Submitted on: 3/13/2018 8:15:44 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin J. Cole	Individual	Oppose	No

Comments:

Aloha,

I oppose **HB2739. I have been following this issue for sometime as I have family and friends in Europe. They have told me time and again about the abuses that have occured from such laws. The intentions may be noble, but the government inevitablity ends up in control and when that happends the state looks out for its interest and not that of the person. This is a recipe for abuse.**

Kevin Cole Mililiani

TESTIMONY OF

Ken H. Takayama
5567 Pia Street
Honolulu, HI 96821

ON H.B. NO. 2739, H.D.1
RELATING TO HEALTH

BEFORE THE SENATE COMMITTEE ON
CONSUMER PROTECTION AND HEALTH

DATE: Friday, March 16, 2018, at 8:30 a.m.
Conference Room 229, State Capitol

Chair Baker and Members of the Senate Committee on Consumer Protection and Health:

Thank you very much for this opportunity to testify in strong support of H.B. 2739, H.D.1, Relating to Health, which establishes a death with dignity law for the State of Hawaii. If enacted, this measure will establish a law in Hawaii that is similar to the Oregon law that appears to have served the people of that state well for over ten years, combined with certain safeguards and other features of the California statute.

I have long supported the right of people to choose to end their lives in a dignified manner at the time of their own choosing. To me, the idea of choice is a key element, because this is not—and should not be a matter of placing one set of beliefs above another. The ability of people to end their lives in a dignified manner—and the choice to do so, simply make it the right thing to do.

This issue became much more directly personal to me. In February of 2011, two months after I retired from the State, I was diagnosed as having Parkinson's disease. Parkinson's is aptly described by actor Michael J. Fox as "the gift that keeps on taking". In the seven years since diagnosis, among other things, my mobility has slowed, I have lost my sense of smell, and my public speaking ability is "shot" (i.e., very degraded). And this is DESPITE my use of several excellent and helpful medications.

Things will get worse. Barring significant scientific breakthroughs, I can expect to become progressively more debilitated until I either die from the disease, or something else gets me first. Death from "complications related to Parkinson's" frequently involves choking, as the throat muscles that control swallowing stop acting in a normal manner.

I haven't given up on living yet. I volunteer part-time at my old office—the Legislative Reference Bureau, I continue to serve on the State Commission to Promote Uniform Legislation, and my wife and I still take ballroom dance lessons, after a fashion. By that I mean that we laugh a lot and hope to dance badly for years to come.

My personal feeling at this point is that I do not fear death, though I'm very concerned about pain. I consider myself fortunate that I have not experienced the pain that affects many people with chronic illnesses. For this reason, I realize that I may never need to end my own life in the manner authorized by this bill—but for the rest of my life, it will be a comfort to know that it is there.

As is the case with any issue of great importance, support for this bill is not unanimous, as any number of persons, including some physicians, have raised concerns. Aside from the fact that none of these persons need to avail themselves of what is being authorized in the bill, I believe the experience of states that have enacted death with dignity laws is instructive—namely, that there have not been huge numbers of people seeking to end their lives under those laws, nor is there indication of people being pressured to do so.

For physicians who are concerned about violating their Hippocratic Oath, my own perspective is that I personally do not see how prescribing medications to an individual who chooses to end their life in a dignified manner, who ingests the medications on their own, and in so doing is able to end a life that they no longer want to live, for example, due to unendurable pain—constitutes "doing harm". Refusing to assist the person in achieving a desired death in an authorized manner is not an extension of living—it is an extension of dying. This, to my way of thinking, constitutes “doing harm”.

I do not believe there are any ultimate, definitive answers to these philosophical and intensely personal questions and beliefs. These can be debated in this community from here to eternity, and will continue regardless of the decision you make today. At this juncture, the important thing is what you do. And I hope you will do the right thing.

I will end with the old Confucian saying that the best time to plant a tree was 10 years ago. The second best time—is today.

Thank you again for this opportunity to testify.

Strong Support for HB2739 HD1, Relating to Health

To: The Senate Committee on Commerce, Consumer Protection, and Health (CPH)
From: Steve Lohse
Date: Friday, March 16, 2018
Time: 8:30 – 11:25 a.m.
Place: Conference Room 229, State Capitol, 415 South Beretania Street

Re: Strong Support for HB2739 HD1, Relating to Health.

Aloha e Chair Baker, Vice Chair Tokuda, and Members of the Senate Committee on Commerce, Consumer Protection, and Health,

My name is Steve Lohse, I'm a resident of Chinatown and 67 years old. Thank you for this opportunity to dedicate this testimony **in Strong Support of HB2739 HD1** to Margaret Mann, who died in January this year without the support of a regulated process such as this.

If you've ever known terminally ill family or a friend, in pain, with a medically confirmed terminal disease and less than six months to live, and chances are that you have, then you know why HB2739 HD1 is so important to the overwhelming majority of us in Hawaii. **Please, support choice, not suffering.**

The Interfaith Alliance Hawaii (TIAH) says in its position statement on Assisted Dying, ". . . we respect the right of competent adults to make their own decisions concerning end of life choices according to their own beliefs and values. . . . We do not believe it is up to any religious leader to dictate how this final and perhaps most intimate decision between a dying person and his or her God should be made. . . . we must support and accept such decisions, even if they do not represent the course that we ourselves might have chosen." See http://www.interfaithalliancehawaii.org/position-statements/assisted-dying/.

Live with passion, die with dignity – we trust in your leadership to do the right thing to support choice, not suffering. **Please pass HB2739 HD1 with no amendments.** Thank you!

Aloha no,
Steve Lohse
1031 Nuuanu Ave., #2104
Honolulu, HI 96817
lohse@hawaii.edu

HB-2739-HD-1
Submitted on: 3/14/2018 8:52:03 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	No

Comments:

This is about MY DEATH and MY CHOICE.

It's as simple as that. NO ONE or any religion should dictate how I choose to end my terminal illness.

Senate Committee on Commerce, Consumer Protection, and Health
March 16, 2018 at 8:30AM
Capitol Auditorium

RE: Testimony in **SUPPORT** of HB2739

Aloha nui e Chair Baker and Members of the House Senate Committee on Commerce, Consumer Protection, and Health:

I write today in strong support of HB2739, Hawaii's proposed medical aid in dying legislation. I commend your committees on hosting this hearing - I believe it demonstrates leadership and understanding that while this issue touches on many heartfelt issues, the people of Hawai'i believe this is the right thing to do.

Our state has a proud history of diversity, tolerance and support for individual rights. The proposed medical aid in dying legislation supports the rights of terminally ill individuals in Hawai'i to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death. Hawai'i residents took a national lead by formally advocating for a medical aid in dying option beginning in the mid-nineties. Since then, the law has been successfully implemented in California, Vermont, Montana, Washington State and Oregon and it is in the process of being implemented in Colorado. The legislation, written by and for the people of Hawai'i, builds upon the lessons learned in Oregon, where 20 years of safe and compassionate practice allows policymakers in other states to learn about the law's implementation and the benefits it provides for those who wish to access it as well as how to implement safeguards against feared abuses while still allowing individuals this option.

HB2739 affirms the right of mentally capable, terminally ill adults to determine their own medical treatment options as they near the end of life. The people of Hawai'i should have the option, together with their 'ohana, their doctors, and their faith, to make the end-of-life decisions that are right for them in the final stages of a terminal illness -- including the option to request a prescription from their doctor to end their dying process painlessly and peacefully.

Mahalo for your leadership and please support HB2739 and give those who are dying this important and compassionate option.

Me ke aloha pumehana,

Rebecca Justine 'Iolani Soon

HB-2739-HD-1
Submitted on: 3/13/2018 10:58:06 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Sugimura	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/13/2018 10:23:19 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melinda Wood	Individual	Support	No

Comments:

I strongly encourage you to pass this bill. The majority of state residents support aid-in-dying as a matter of personal autonomy. It should not be derailed by the religious objections of a minority of residents. People who object to medical aid in dying can simply refuse the option when they face the circumstances that make this bill so necessary.

HB-2739-HD-1
Submitted on: 3/13/2018 9:29:48 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pat McManaman	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF H.B. 2739 WITH SUGGESTED CHANGES

I write to offer my support with suggested changes for S.B. 1129 respectfully requesting this Committee to delete the phrase “terminal disease” and in its stead to use the phrase “grievous and irremediable medical condition.” While the proposed legislation is a step forward and will assist some individuals, it’s reach does not extend far enough and will leave many individuals who suffer from debilitating neurological disorders such as Alzheimer’s Disease, Lewy Body Dementia, Huntington’s Disease, and Parkinson’s Disease without similar compassionate protections.

I provided care for my mother, in my family home, for over 7 years following her diagnosis of Alzheimer’s Disease. When Mom’s condition transitioned to an advanced stage, we moved her to a long-term care nursing facility. For over three years, we helplessly witnessed her gradual decline to a vegetative state and ultimate death. My maternal Grandmother and Aunt both suffered from the same slow, cruel disease for which there is no cure.

Many of us who witness the long-term suffering imposed by degenerative neurological diseases do not wish to endure the suffering they impose should that fate be passed onto us. Others fear the loss of cognition and the total dependency wrought by these diseases.

The language I propose is excerpted from Canada’s newly passed legislation, with modifications, to eliminate any confusion in its application to the projected date of natural death. The proposed language offers protection of medical aid in dying where the following requirements are met: 1. An adult with capacity to make decisions about their health care; 2. A voluntary request, without external pressure, for medical aid in dying; 3. Informed consent to receive medical aid in dying is provided only after individuals are advised of the means that are available to alleviate suffering, including palliative care; and 4. A grievous irremediable medical condition exists. “Grievous irremediable medical condition” means a serious and incurable illness, disease or disability which cannot be reversed, and which causes enduring physical or psychological suffering that is intolerable to the individual and cannot be relieved under conditions that the individual considers acceptable.

In the absence of the proposed change or similar changes, many individuals riding the Gray Tsunami will take their own lives, under often horrendous circumstances, and be further compelled to forego the comfort of family during their last moments, in fear their loved ones may be prosecuted under Hawaii's manslaughter laws.

By extending the reach of the current legislative proposal, this Legislature has an opportunity to express compassion by offering death with dignity to residents facing grievous and irremediable suffering.

Thank you for your consideration.

Pat McManaman

HB-2739-HD-1
Submitted on: 3/14/2018 12:14:09 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois J Young	Individual	Oppose	Yes

Comments:

Aloha Chairman and Committee Members,

Thank you for your dedication to our state motto: the life of land is perpetuated in righteousness.

I write in STRONG OPPOSITION to HB 2739.

Hawaii has one of the highest rates of suicides in the nation and I'm thankful you are taking steps to resolve this statistic by introducing bills to fund suicide prevention in our communties.

Unfortunately, HB2739 contradicts your suicide prevention message of VALUEING LIFE and sends a message that should a crisis arise it's ok to commit suicide, therefore DEVALUEING LIFE. A crisis has many definitions depending on the person, ie terminal illness, a bad teenage breakup, a nasty divorce, loss of a job, loss of a loved one etc.

The contradictions are blatantly clear, and if you are intent on preventing suicide and reducing our high rate of suicide in the state, then let's not send the message that it's ok to commit suicide if a medical crisis arises. You're giving "wiggle room" for a reason for suicide where there should be NONE.

My other issues with assisted suicide are as follows:

Terminal prognoses are often wrong.

Assisted suicide is not popular and has failed many attempts to legalize in several states.

Opens the door to abuse of the elderly, or infirmed. The prescription is either self induced or administered by a family member/friend without a witness of time of death.

May jeopardize a medical professional's practice should they choose not to assist or prescribe the suicide drug based on their values.

The one most prominent reason is that this bill CHEAPENS LIFE.

I urge you for the sake of our preserving our culture that we embrace LIFE and ALOHA by not passing HB2739.

Sincerely,

Lois Young

HB-2739-HD-1
Submitted on: 3/13/2018 9:47:49 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carrie Mukaida	Individual	Support	No

Comments:

Thank you for this opportunity to testify in support of HB 2739.

My name is Carrie Mukaida, and I live in Honolulu.

Most of us would agree that when our time comes to “kick the bucket,” we would like to go to sleep one evening and never wake up, or pass peacefully, surrounded by loved ones. Unfortunately, we do not have the luxury of choosing how to make our final exits. Modern medicine allows us to stay alive, whether or not we have a quality of life, free of physical and emotional pain, financial ruin and unable to bequeath what we would have liked to our heirs. The exorbitant costs of end of life care increasingly burden our society, as well.

I am primary caregiver to my 99-year-old mother, who is increasingly frail and suffers from dementia. When she first came to live with me, she was able to express how she did not want to be a burden to us. I reassured her, in jest, that as long as she was continent, not demented with behavioral issues, and less than a pet, she would not be a burden. After all, she ain’t heavy, she’s my mother! Well, six years later, on many days, she is approaching the “less than a pet status.” However, my family and I am very thankful that she is not in uncontrollable pain, medically unstable, demanding nor difficult to care for, as are many other elderly folks, some of whom I see when I drop her off at adult day care three times a week.

Three of my four grandparents had dementia, as well as both my parents. Therefore, my odds are pretty well stacked that I will, too, if I live long enough. I do not want to dwindle away as my parents and grandparents did, requiring twenty-four hour care and supervision. Since I do not have children, I do not want to be cared for by strangers, either.

I've often said, it's too easy to get married, and too hard/complicated to get divorced. Likewise, it's too easy to be born, and hard to die, without leaving a "mess." As many of you know it's a lot of work to get one's affairs in order.

Please allow me and others who wish to get our affairs in order make graceful final exits, on our own terms, by passing HB 2739. Completing Advance Health Care Directives and POLSTs are gifts we give our families and loved ones to absolve them of making these difficult end-of-life decisions. HB 2739 will allow those who chose to peacefully go to the light on their own terms do so legally, with the appropriate medical support.

Thank you for your thoughtful consideration.

Carrie Mukaida

1649 Waikahalulu Lane, D-12

Honolulu, HI 96817

Committee on Commerce, Consumer Protection and Health
Sen. Rosalyn Baker, Chair
Sen. Jill Tokuda, Vice-chair

Committee Members:
Senators: Chang, Espero, Ihara, Nishihara and Ruderman

March 13, 2018

Re: HB 2739 Relating to Health (PAS)

I stand in strong opposition to this bill; this encourages physicians to intentionally end human life.

Suicide is not illegal and it is sad to say that most patients probably already have the means to end their lives with medication already prescribed by their physicians for treatment. This bill is more about desensitizing the public view of life, under the guise of compassion. This bill is more about asking the government and the people for their blessings.

The answer is no, it is our desire that each person hold on to life and hope for as long as possible. New treatments are discovered all the time, new methods to control pain are available and no person should ever be made to feel like a burden on their family or society.

Regardless of what this bill or Compassion and Choices may say, this bill opens up the possibility to abuse, especially of the elderly. The idea, of in the history of 20+ yrs. there has never ever been one case of abuse in Oregon is concerning. Is this possibly due to the alteration of the Death Certificate or the withholding of information surrounding the death of the patient?

Areas of concern:

Page 13 line 12, 13 *"the death certificate shall list the terminal disease as the immediate cause of death,"* why is a legal document like the *"Death Certificate"* allowed to be altered to omit the true immediate cause of death. This was in the original version of HB2739. Why was it removed?

Page 18 lines 15-19 information collected ... to protect the privacy of attending provider, consulting provider or counselor or any attending provider ... the question is why do they need to be protected? and from what are they being protected?

It further states on line 20 → page 19 lines 1 – 2 ... information collected shall not be disclosed, discoverable or completed to be produced in any civil, criminal, administrative, or other proceeding. This sounds very concerning ...

Page 20 line 16 → pg. 21 lines 1, 2 Disposal of unused medication.
How do you know who has custody or control and if there is any unused medication???
Deliver the unused medication for disposal to the nearest qualified facility??? or
If none is available, shall depose of it by lawful means??? Still does not address who and how is this to be monitored???

Page 30 line 15 & 16 the following has been removed "provided *that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal*

illness." So what happens in a case where the patient is not able to administer the medication? With no witnesses required to be there ... could this lead to potential abuse?

And there is still the concern about medical coverage. Will it be possible that what has occurred in Oregon and California will happen here?

Will we get to the point in which the insurance companies will assess the coverage based on patient diagnoses and prognosis vs cost effectiveness?

In closing I thank you for your attention to my concerns and ask that you oppose the passing of this bill.

Respectfully,
Rita Kama-Kimura
Mililani, HI

Terminally ill mom denied treatment coverage — but gets suicide drug approved
Oct. 24, 2016
https://nypost.com/2016/10/24/terminally-ill-mom-denied-treatment-coverage-but-gets-suicide-drugs-approved/

Barbara Wagner offered assisted suicide instead of medical treatment
June 3, 2008
http://alexschadenberg.blogspot.com/2008/06/woman-in-oregon-offered-assisted.html

Oregon offers terminal patients Doctor-Assisted Suicide instead of Medical Care
Wednesday, July 30th. 2008
http://alexschadenberg.blogspot.com/search?q=randy+stroup

Insurance companies denied treatment to patients, offered to pay for assisted suicide, doctor claims
May 31, 2017
http://www.washingtontimes.com/news/2017/may/31/insurance-companies-denied-treatment-to-patients-o/

HB-2739-HD-1
Submitted on: 3/14/2018 9:54:12 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deacon Kin Borja	Individual	Oppose	Yes

Comments:

As a proud Citizen who freely chose to become an American Citizen, I cannot just sit by and let this proposed legislation to be passed. There maybe "safeguarrds" put in place to control the misuse and abuse of this proposed measure; however, there is no guarantee that there will be no flaws and innocent people who are not able to speak for themselves will be lead down this ultimate road of no return.

I am a 69 year old man with multiple life threatening diseases but I strive to live everyday. There are times when I wanted to give up but my will to live is stronger than my willingness to die. I know that my time will eventually come but for now, we need to stop these "immediate fixes" as a guise for the benefit(s) of the patients/people.

I pray and beg you Senators not to support HB 2739, HD1(H SR906-18)relating to Health...

Respectfully submitted

Dcn Kin Borja

Testimony for the Hawai'i Senate Committee on Commerce, Consumer Protection & Health
Re: HB-2739

Friday, March 16, 2018

Aloha. Thank you for the opportunity to share my experiences with you. I am board certified in both Family Medicine as well as Hospice and Palliative Medicine. I have more than 25 years of clinical experience and the last 10 years of my practice have been dedicated exclusively to caring for patients living with serious and life limiting illness. I work with a team at the University of Vermont Medical Center. 40% of my work is in providing home-based Hospice and Palliative Care.

Last month, my patient John Roberts, a WWII veteran who had overcome many challenges in his long and full life, died peacefully in his home with his good friend Hal at his side. Hal later told me how John was "so serene" in the very few minutes between self-ingestion of his medication and becoming unconscious. John's life was complete. He had accomplished his most precious life goals: to live as long and as well as possible with a clear mind, to remain in his own home despite declining health related to advanced prostate cancer, and to die peacefully. All on his own terms.

John shared several characteristics with other patients I have worked with in Vermont; he had a strong will to live, was resilient, accepted that his illness was terminal and determined to avoid needless suffering in his final days.

John was referred to me 4 months before he died. He had voiced his desire to explore all of the options for treatment of his illness, was hoping for more time to live, and also wanted a clear plan for the end of his life. He had seen other loved ones have face difficulties in their final weeks: pain, having to move into a nursing facility, losing the ability to communicate meaningfully. John was self-reliant, had traveled extensively and lived in a home that reflected the entirety of his life. He was not afraid to die, but he was afraid of losing himself and all that mattered to him before he died.

I listened to John as he shared many stories: about his service in the war, his travels and his later years in Vermont. He showed me around his home and told me with pride how he managed independently at the age of 94. We discussed the possible benefits of moving to a more supportive living environment and why this was not anything he was interested in. We explored how he might get more help in his home, we talked about the services a Hospice enrollment would offer him, and we discussed Medical Aid in Dying.

Despite his age, and his cancer, it was not clear that he had a prognosis of less than 6 months. We talked about what changes might indicate that more clearly, and we agreed to follow up. John took great comfort in being able to openly discuss his hopes and worries for the final phase of his life.

3 months later, John began to decline significantly and had obvious signs of progression of his cancer. After discussing his case with his Primary care doctor and his Urologist, we all agreed that John very likely only had weeks to short months to live. He enrolled in Hospice. John treasured his independence, and was not happy about needing more help at home because he feared what else he would lose. He was gracious in accepting physical decline, and managed for a time. When he was ready, he completed his formal request for Aid in Dying. On a day he chose, with his dear friend Hal at his side, John took medication and had the end of life experience he wanted and deserved.

Hal and I spoke soon after John's death. Hall expressed deep gratitude for the medical team that "met John where he was"; that supported his wishes and truly honored his life.

Just 2 weeks later, Hal and I had a chance to meet again as I was also helping to care for his brother George who was very ill with advanced heart failure. George had been in and out of the hospital and rehabilitation facilities several times in the preceding weeks, was losing ground fast despite best medical efforts, and had a prognosis of weeks to short months. George was not ready to accept that death may be near. George wanted to give every treatment a chance. George's family was worried about him. They visited every day and could see his steady decline. George tried his best at rehab, but his body could not gain strength. George's family was remarkable in supporting George's hopes to get better, and to gently help him prepare for the future. Eventually, plans were developed to have George move in with his son. On the day before discharge, George took a turn for the worse and it became clear that he was actively dying. The rehab staff support George and used treatment to help assure his comfort. He died the next morning. Hal and his family were grateful that George's hopes for a miraculous recovery were honored and that he also had a peaceful death, on his own terms.

Hal and I talked about these two very different examples of truly patient centered care. Every person, every family circumstance is unique. How remarkable it was for Hal to witness such different paths in the final phase of life. These two cases are a poignant reminder of the importance of "meeting patients where they are", of fully exploring hopes and fears, and to provide the best medical plan based on individual values.

I am proud to be a part of a medical community in Vermont that honors patient centered care and choices at the end of life. Over the 5 years our law has been in effect, we have had very similar experiences to other states where Aid in Dying is legal. There has not been one case of malpractice or abuse of any kind under the law. The carefully crafted safeguards in place are working. Patient's and providers are having appropriate conversations and exploring a wide range of available treatments as well as end of life preferences.

We have more than 20 years of experience and robust data gathering about Aid in Dying in Oregon, and now even more experience in California, Washington, Colorado and Vermont. Experience shows us that Aid in Dying laws are both safe and effective. A few highlights of the facts:

-Procedures are in place to assure that patients and providers are well informed, the process is patient driven and voluntary for all (patients, physicians and other providers).

-The majority of physicians and patients in the USA support access to Aid in Dying laws;

- The rights of those who are opposed to participating in Aid in Dying are fully protected;

-Recently, Vermont's state Medical Society changed its position from being opposed to the law to being neutral in recognition of the diversity of opinions involved.

-Two Physicians must independently evaluate patients to determine their prognosis and that they are capable of understanding and participating in the law. It is a regular part of everyday practice for physicians to asses our patients' ability to make serious health care decisions.

-Individuals facing terminal illness often have grief related to dying. Grief is different from depression, though occasionally they can co-exist. There are safeguards in place to assure that if there is depression or any question regarding judgement, then psychological evaluation takes place before the process can move forward.

I strongly support your efforts to assure that eligible, terminally ill residents of Hawaii have access to Medical Aid in Dying.

Mahalo for your time and attention to this important topic. I would be happy to answer any questions now or in the future.

Diana Barnard, MD
Assistant Professor, Family Medicine
Division of Palliative Medicine
University of Vermont Medical Center
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Burlington, VT 05753

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Testimony on HB 2739, The Our Care, Our Choice Act
Kat West, National Director of Policy & Programs, Compassion & Choices
Hawai'i Senate Committee on Commerce, Consumer Protection & Health
Friday, March 16, 2018

Introduction

Good morning Chair and Members of the Committee. My name is Kat West, Director of Policy & Programs for Compassion & Choices, the nation's oldest and largest nonprofit organization working to improve care and expand choice at the end of life.[1,2,3,4,5] I am also the former Oregon State Director for Compassion & Choices where I worked with doctors, hospice staff and with terminally ill people and their families. I have seen first hand that medical aid in dying laws bring comfort, peace of mind and relief to to dying people. Compassion & Choices is here today to express our support for this bill to authorize medical aid in dying for Hawaii's terminally ill patients and their families.

What is Medical Aid in Dying?

Medical aid in dying refers to a medical practice in which a mentally capable, terminally ill adult with six months or fewer to live may request from his or her physician a prescription for a medication that the he or she can self-administer to achieve a peaceful death when, and if, their suffering becomes unbearable.

Hawaii Voter Support for Medical Aid in Dying is Strong

According to a November 2016 Anthology Group poll, an overwhelming 80% of registered Hawai'i voters support medical aid in dying. And in January, the Hawai'i State AFL-CIO passed a resolution urging the legislature to pass medical aid-in-dying legislation. The Governor's Blue Ribbon Panel on Living & Dying with Dignity, Final Report, June 1998, recommended changing existing laws, rules and practices to give wider choices in end-of-life decisions, including medical aid in dying.

Additionally, more than 30 state based groups and organizations support expanding choice at the end of life in Hawai'i including: Hawai'i State AFL-CIO, Advocates for Consumer Rights, ACLU - Hawai'i, First Unitarian Church of Honolulu, ILWU Local 142, The Kokua Council, Kupuna Caucus of the DPH, Life of the Land, Rainbow Family 808, HSTA - Retirees, Filipino American Advocacy Network, Hawai'i Friends of Civil Rights, Chamber of Commerce Persons with Disabilities, Hawai'i Martin Luther King Jr., Coalition, Hawai'i Women's Coalition, IMUAlliance, Eagle Employment Consulting, Akamai Glass Company, Inc., Death with Dignity Society, National Association of Social Workers, Nursing Advocates and Mentors, Inc. (Filipino Nurses association), ACOG - American College of Obstetricians and Gynecologists District VII, Planned Parenthood Votes Northwest and Hawai'i, Democratic Party of Hawai'i, LGBT Caucus of the

Democratic Party of Hawai'i, Progressive Democrats of Hawai'i, Hawai'i State Democratic Women's Caucus, Americans for Democratic Action, Hawai'i Young Progressives Demanding Action and the Oahu, County of the Democratic Party of Hawai'i.

Numerous polls from a variety of sources, both nationally and at the state level, demonstrate that the American public consistently supports medical aid in dying. In 2016, a Lifeway Research survey[6] put national support for medical aid in dying at 67%. Majority support spanned a variety of demographic groups including White Americans (71%), Hispanic Americans (69%), more than half of Black, Non-Hispanic Americans (53%); aged 18 to 24 (77%), 35 to 44 (63%) and 55 to 64 (64%); with some college education (71%), with graduate degrees (73%) and with high school diplomas or less (61%). Majority support also included most faith groups, including Christians (59%), Catholics (70%), Protestants (53%), those of other religions (70%) and those who identified as non-religious (84%).

Physician Support for Medical Aid in Dying is Strong

Among U.S. physicians, support for medical aid in dying is also strong. A December 2016 Medscape poll[7] of more than 7500 U.S. physicians from more than 25 specialties demonstrated a significant increase in support for medical aid in dying from 2010. Today well over half (57%) of the physicians surveyed endorse the idea of medical aid in dying, agreeing that "Physician assisted death should be allowed for terminally ill patients." Most of the state medical associations in authorized jurisdictions have adopted neutral positions on medical aid in dying including Oregon, California, Colorado and the District of Columbia. Additionally, 32 national and state medical and professional healthcare organizations have dropped their opposition and either endorsed or adopted a neutral position on the issue in response to growing support among physicians and the public. This list includes six state medical societies in the last year alone: Colorado Medical Society, Maine Medical Association, Maryland State Medical Society, Medical Society of the District of Columbia, Minnesota Medical Association, Nevada State Medical Association.

For Some, Comfort Care and Pain Management Is Not Enough

While palliative care and hospice programs provide extraordinary comfort to patients and work wonders for many dying people and their loved ones, there are times when even the best palliative options cannot alleviate pain and suffering. And symptoms, like fatigue, breathlessness, nausea, vomiting, rashes and open, draining sores and wounds may be untreatable.

Up to 51% of patients [8,9] experience pain at the end of life. The prevalence of pain has been noted to increase significantly in the last four months of life and reaching as high as 60% in the

last month of life.[10] Additionally, breakthrough pain (severe pain that erupts while a patient is already medicated with a long-acting painkiller,) remains a challenge for many patients. It has been estimated that between 65% and 85% of patients with cancer experience breakthrough pain.[11]

Requests for Medical Aid in Dying are not a Failure of Hospice or Palliative Care

Requests for medical aid in dying are not a failure of hospice or palliative care. Good hospice services and palliative care does not always reduce the need for medical aid in dying as a concurrent end-of-life care option for some dying people. Terminally ill people should have the full range of end-of-life options, including the right to request medication the patient can choose to self-administer to shorten a prolonged and difficult dying process. Only the dying person can know whether her or his pain and suffering is too great to withstand. The option of medical aid in dying puts the decision-making power where it belongs: with the dying person.

Medical Aid in Dying Is a Personal Decision

Every religion has its own values, tenets and rituals around death. A person's individual beliefs are an important factor in their understanding of and approach to dying. While some faiths counsel their adherents that advancing the time of death to avoid suffering is immoral, others just as strongly counsel the dying and their families to leave this life in the manner most meaningful to them. Choosing medical aid in dying is only one end-of-life care option. Those who are opposed need not choose it. For those who face unbearable suffering, this option can give them both courage and hope, allowing them to live fully as long as possible and to pass peacefully when death is imminent. This is a personal decision that only the individual can make.

Medical Aid in Dying is Not Suicide

Factually, legally and medically speaking, it is inaccurate to equate medical aid in dying with suicide or assisted suicide. People who consider aid in dying find the suggestion that they are committing suicide deeply offensive, stigmatizing and inaccurate. The Oregon, Washington, Vermont, California, Colorado, District of Columbia laws as well as this legislation emphasize that: "Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law."

This is because a person who is choosing medical aid in dying already has a terminal prognosis of six months or less to live. They are not choosing to die; the disease is taking their life. The terminally ill person who chooses medical aid in dying is simply choosing not to prolong a

difficult and painful dying process.

HB 2739, The Our Care, Our Choice Act

The bill you are considering is modeled after the Oregon Death with Dignity Act, which was drafted over 20 years ago, during a time when no other state authorized the medical practice of aid in dying. In a growing number of jurisdictions, lawmakers like yourselves are examining the Oregon experience and passing legislation that will end the unnecessary suffering at the end of life.

Established Process: Eligibility Criteria and Core Safeguards

HB 2739 establishes strict eligibility criteria as well as guidelines that meet the highest standard of care for the medical practice of aid in dying as described in clinical criteria published in the prestigious and peer reviewed Journal of Palliative Medicine. To be eligible for aid-in-dying medication, an adult must be terminally ill, with a prognosis of six months or less to live and mentally capable of making his or her own healthcare decisions. In addition to the strict eligibility criteria, HB 2739 establishes core safeguards including that the attending physician must inform terminally ill adults requesting medical aid in dying about other end-of-life options including comfort care, hospice care and pain control.

Additional Regulatory Requirements

HB 2739 requires that a consulting physician must confirm the terminal diagnosis, prognosis of six months or less to live and mental capability of the terminally ill individual requesting this option. If either the attending or consulting physician is unable to determine whether the individual has mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate the individual and ensure that they are capable of making their own healthcare decisions prior to a prescription being written.

The terminally ill adult must make two verbal and one written request to their doctor that is signed by two witnesses; the doctor must offer the individual multiple opportunities to withdraw their request; and inform the individual that they may withdraw their request at any time or choose not to take the medication.

Voluntary Participation

A healthcare provider may choose whether to voluntarily participate in medical aid in dying. The bill ensures that no doctor or pharmacist is obligated to prescribe or dispense aid-in-dying medication. However, if a doctor is unable or unwilling to honor a patient's request and the patient transfers his or her care to a new provider, the prior provider must transfer upon request a copy of the patient's relevant medical records to the new physician.

Criminal Conduct

Additionally, HB 2739 establishes that any person who, without authorization from the patient, willfully alters, forges, conceals or destroys an instrument, a reinstatement, or revocation of an instrument or any other evidence or document reflecting the terminally ill individual's desires and interests with the intent and effect of hastening the death of the individual is guilty of a felony.

A Combined Forty Years of Experience Demonstrates Medical Aid in Dying is a Safe and Trusted Practice

Medical aid in dying is a safe and trusted practice. Opponents to medical aid in dying legislation try to use scare tactics by painting a dark picture of fraud, coercion, and murdering relatives. These scare tactics includes concerns the law would target the disabled, elderly, frail, uninsured or any vulnerable groups. *These dire predictions simply do not happen.* In the more than 40 combined years of medical aid in dying in authorized states, there has not been a single instance of documented coercion or abuse. The experience in the authorized state shows us the law has worked as intended, with none of the problems opponents had predicted.

Indeed, rather than posing a risk to patients or the medical profession, the Death with Dignity Act has galvanized significant improvements in the care of the terminally ill and dying in Oregon. Surveyed on their efforts to improve end-of-life care since medical aid in dying became available, 30% of responding physicians had increased referrals to hospice care, and 76% made efforts to improve their knowledge of pain management.[12] Hospice nurses and social workers surveyed in Oregon observed an increase in physician knowledge of palliative care and willingness to refer to hospice.[13]

In addition to the improvement of end-of-life care, the option of medical aid in dying has psychological benefits for both the terminally ill and the healthy.[14] The availability of the option of medical aid in dying gives the terminally ill autonomy, control and *choice*, the overwhelming motivational factor behind the decision to request assistance in dying.[15] Healthy Oregonians know that if they ever face a terminal illness, they will have this additional end-of-life option and the peace of mind it provides. And importantly, surviving loved ones of patients who choose medical aid in dying suffer none of the adverse mental health impacts that come when a loved one commits suicide.[16]

<u>Compassion & Choices Advocates for Laws that Both Safe and Accessible to Dying Patients</u>

Compassion & Choices advocates for laws that include both core safeguards that protect patient safety and create a government regulatory process that is accessible to dying patients.

Terminally ill with a six month or less diagnosis people often have very little time and energy as studies demonstrate that most doctors significantly overestimate their patients' lifespans. Dying people want to spend their precious remaining time with their families, not going to unnecessary medical appointments or experiencing additional delays in receiving the care they want. A study[17] in Oregon found that only 1 in 25 people who start the process actually receive a prescription for medical aid in dying. The process is already long and complicated, and it is not easy for a dying person to get through all the steps.

Importantly, medical aid in dying laws are already safe, adding additional regulations doesn't make them safer, it only makes it more difficult for dying people who are suffering to access the laws. Therefore, Compassion & Choices is concerned that extending the waiting period from 15 days to 20 days, and mandating a third mental capacity evaluation for all terminally ill patients who request medical aid in dying (beyond the first two mental capacity evaluations which the attending and consulting physician conduct) will cause unnecessary barriers to accessing the law.

Conclusion

Compassion & Choices supports this important legislation to improve end-of-life care and choice for the residents of Hawai'i. We advocate for laws that include both core safeguards that protect patient safety and create a government regulatory process that is accessible to dying patients.

Thank you again, Chair and Members of the Committee, for your timely leadership on this important issue.

Kat West is the National Director of Policy & Programs for Compassion & Choices.
503 201 3645 mobile
800 247 7421 main
kwest@compassionandchoices.org
www.compassionandchoices.org

References:

1. Compassion & Choices brought landmark federal cases establishing that dying patients have the right to aggressive pain management, including palliative sedation. *Vacco v. Quill, 521 U.S. 793 (1997); Washington v. Glucksberg*, 521 U.S. 702 (1997).
2. Compassion & Choices drafted and sponsored introduction of legislation requiring comprehensive counseling regarding end-of-life options. See, California Right to Know End-of-Life Options Act, CAL. HEALTH & SAFETY CODE §442.5; New York Palliative Care Information Act, N.Y. PUB. HEALTH LAW § 2997-c.

3. For example, Compassion & Choices is pursuing accountability for failure to honor a patient's wishes as documented in a POLST, *DeArmond v Kaiser,* No. 30-2011-00520263 (Superior Court, Orange County, CA). In another case, Compassion & Choices represented a family in bringing into the public eye a situation where patient wishes to forego food and fluid were obstructed. See Span, "Deciding to Die, Then Shown the Door," *The New York Times*, Aug. 24, 2011, available at http://newoldage.blogs.nytimes.com/2011/08/24/deciding-to-die-then-shown-the door/? ref=health; Uyttebrouck, "Couple Transported Out of Facility After Refusing Food," *Albuquerque Journal*, Jan. 08, 2011, available at http://www.abqjournal.com/news/metro/08232859metro01-08-11.htm.
4. Compassion & Choices brought two federal cases to the United States Supreme Court urging recognition of a federal constitutional right to choose aid in dying. *Washington v. Glucksberg*, 521 U.S. 702 (1997); *Vacco v. Quill, 521 U.S. 793(1997).* Compassion & Choices was in leadership in the campaigns to enact the Death with Dignity Acts in Oregon and Washington. OR. REV. STAT. § 127.800 (2007); WASH. REV. CODE ANN. § 70.245 (West 2011).
5. See supra n. 1, Bergman, Tomlinson, Tolliver, Hargett; See supra n. 3, DeArmond.
6. American Views on Assisted Suicide, Lifeway Research, September, 2016. Available from: http://lifewayresearch.com/wp-content/uploads/2016/12/Sept-2016-American-Views-Assisted-Suicide.pdf
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11. Jeri Ashley, RN, MSN, AOCNS, CCRS; James T. D'Olimpio, MD, FACP; Breakthrough Pain in Patients with Cancer: Essential Concepts for Nursing, Pharmacy, Oncology, and Pain Management Medscape, 11/19/2009. Available from: http://www.medscape.org/viewarticle/712261
12. Oregon Death with Dignity Act Data Summary 2016, Oregon Health Authority, Public Health Division, February 10, 2017. Available from: http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf
13. Ganzini et al., *supra,* at 2363.

14. Elizabeth R. Goy et al., *Oregon Hospice Nurses and Social Workers' Assessment of Physician Progress in Palliative Care Over the Past 5 Years,* 1 PALLIATIVE & SUPPORTIVE CARE 215, 218 (2003).
15. Kathy L. Cerminara & Alina Perez*, Empirical Research Relevant to the Law: Existing Findings and Future Directions*, *Therapeutic Death: A Look at Oregon's Law*, 6 PSYCHOL. PUB. POL'Y & L. 503, 512–13 (2000).
16. *Id.* (acknowledging concerns about negative effects of aid in dying, but the data from Oregon in one year justifies optimistic view); Smith et al., *supra*, at 445, 449. *See also* Linda Ganzini et al., *Oregon Physicians' Perceptions of Patients who Request Assisted Suicide and Their Families*, 6 J. PALLIATIVE MED. 381, 381 (2003) (finding physicians receiving requests for lethal medication perceive patients as wanting to control their deaths); Linda Ganzini et al., *Experiences of Oregon Nurses and Social Workers with Hospice Patients who Requested Assistance with Suicide*, 347 NEW ENG. J. MED. 582, 582 (2002) (showing nurses and social workers rated desire to control circumstances of death as most important reason for requesting aid in dying).
17. Tolle, Tilden, Drach, Fromme, Perrin, and Hedberg, Characteristics and Proportion of Dying Oregonians Who Personally Consider Physician-Assisted Suicide, Journal of Clinical Ethics, Vol. 15, Issue 2, 2004. Available from: http://www.eutanasia.ws/hemeroteca/t336.pdf

Committee on Commerce, Consumer Protection and Health

Name: **Victoria DeSilva**

Position: **I Do Not Support the Bill**

Measure Number: **HB2739 HD1**

Date of Hearing: **Friday, March 16, 2018**

Dear Senators,

Please vote to protect precious life – from birth to natural end.

My parents died within twelve days of each other – dad in December of 1988 and mom in January of 1989. They were young – only 64 years old with terminal cancer – dad with leukemia and mom with lung cancer. Both were with Hospice Hawaii, a wonderful, compassionate organization that celebrated them as living beings. Talk about keeping the dignity of the ill and suffering intact.

Dad's immune system was non-existent with leukemia cells eating away at his organs. The herpes virus decided to invade his body and create havoc with shingles across his back from shoulder blade to shoulder blade. It took weeks for the shingles to 'clear', but the tainted nerves never gave dad a break. They would continue to torture him with intense, intermittent pain. Mom suffered from headaches and loss of equilibrium due to a tumor in her head, caused by the cancer already in her lungs and vital organs. Her lungs would eventually be compromised, and her labored breathing would be an uninvited part of her fragile life. Did my parents suffer excruciating pain? Yes, they did. Although my dad suffered with leukemia for several years before it became more invasive, it was in the span of four months that my dad's worst bout with leukemia occurred. For mom, her lung cancer was discovered while dad was in the hospital with pneumonia and shingles. She lived four months from the discovery of cancer to eventual death. They were both in the hospital at the same time dealing with cancer. Both came home for two months, then dad went back in for the last time. Mom died at home.

In his last moments, my dad and I talked. We never talked that way before. We should have but we didn't. Even though I knew by their actions and non-verbal communication that my parents loved me, I never heard them say the words. Even at the end, the words were not said but the sentiment of our conversation spoke volumes of dad's love, dedication and thoughtfulness towards his children. I didn't need to hear the words. They echoed loud and clear in his loyal and diligent work and care.

He told me he never thought he did enough for us kids. He wanted to do more. In a quiet, tearful voice, I told him that he did everything we needed to become good, loving, responsible adults. Then I added that he raised upright citizens as if that would help him

know how great of a parent he was. Then he suffered a seizure and when the nursing staff called a 'code blue', I told them it was ok, we didn't need that. They asked, "Are you sure?" and I said yes. In the meantime, dad's eyes cleared, and he asked my younger brother if he worked today. After hearing him say no work today, he suffered a second seizure then was gone. It was Christmas day. My role model died, but he shared sacred moments with me. I felt gifted to be present when dad took his last natural breath.

We went home and told mom who had been able to spend time with him in the hospital before traveling home to rest. When hearing the news, she put her down and didn't raise it until it was time for dad's funeral. When we were in the car on the way to church, she lifted her head up and looked at the ocean (dad's favorite swimming pool). It seemed like she was searching for him in the water looking for his floater, like she did when he was getting our dinner. When we reached the church, she raised her head to look at dad in the casket. She had asked almost daily, "*When we going*?". I knew she was asking about dad's funeral. She waited patiently for it. She gave her last respects to his place of joy – the ocean – then said goodbye to him in church. She never opened her eyes again after that and died four days later.

Her death was peaceful, although in every agonizing breath she took, from lungs that were filled with cancer, it sounded like a war. We thanked the Lord for taking her so lovingly. My sacred moment with mom came when she took her last natural breath on my watch. From the rumblings of labored breathing came the last push of calm, quiet air from her body. It was a final, real moment but one I accepted as joyful. She was going to be with our dad. They were together again. I cried with the sorrow of loss and so thankful that I was her child.

In the span of twelve days, we lost both of our parents. We six kids were now truly orphans. The center and foundation of our lives were gone. But I treasured their last moments. They were gifts from God, given to devasted children who were now grown-ups still looking for the affirmation and safety of parental love. I was given gifts, sacred gifts of words and moments shared with a dad fully aware of his limitations.

I got a gift from God about three months after my parents died. In a dream, I clearly saw my dad and mom, both young, both smiling, sitting on the ground looking at me. Around them was movement, like children playing and jumping. They both gave me eye contact and smiled – saying nothing, only showing big, happy, wonderful smiles. The message I took from this dream was, "Look at us and how happy we are. Don't worry, we're fine. Now be happy and live."

I'm blessed – so blessed to have been a child of such wonderful, humble human beings. Their lives on earth were precious and their passing was even more sacred. From natural birth to natural death, they lived… never complaining, never wanting anything more than to provide for us kids and to be at peace with God.

Life is God's to give and God's to take – not human beings. We value this gift of life, so we take care of each other and give back to God what is His, in His time.

HB-2739-HD-1
Submitted on: 3/14/2018 10:28:12 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
janice guggino	Individual	Oppose	No

Comments:

I strongly oppose the assisted suicide bill, it sends a wrong message to our youth, medication is not controlled putting others at risk. We take care of our Kapuna, we dont abandon them to suicide. HB 2739 HB1 completely protects from liabilitly that would be criminal and subject the person who engages in the conduct to civil damage claims, I urge you to vote no and do not pass HB 2739 HD1 at the hearing. Sincerely Janice Guggino

Senate Committee on Commerce, Consumer Protection & Health.
Conference Room 229
March 16, 2018; 8:30 AM

HB2739 HD1 – Related to Health; (**Medical Aid in Dying**)

Honorable Committee Chairs, Vice Chairs and Members:

VERY STRONG SUPPORT

Below is the text of Governor Jerry Brown's signing letter for California's medical aid in dying bill that took effect in 2016. This was not easy for him. A devout Catholic, prior to attending law school, he had spent three years as a resident in a Jesuit seminary intent on becoming a Catholic priest. As we know, the Catholic Church staunchly opposes medical aid in dying.

This was a gut-wrenching decision for Brown. He carefully read all the opposing camp's arguments, consulted with a Catholic bishop, his own doctors, and former classmates and friends, as well as with Archbishop Desmond Tutu.

What is most striking about Brown's personal and conflicted signing document is the extent to which he attempts to reconcile the best arguments against the bill—particularly the religious and theological ones—with his sense that he cannot be certain that, were he in the same situation, he would not want the right to end his own life. As he put it:

> I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to consider the options afforded by this bill. And I wouldn't deny that right to others.

There is much wisdom in this simple statement. I humbly ask the committee members to not deny those who are in extreme pain at the end of their lives the right to a peaceful death.

Respectfully Submitted,

Brian Baron (private citizen)
808-946-7663
2207 Mohala Way
Honolulu, Hawaii 96822

OFFICE OF THE GOVERNOR

OCT 5 2015

To the Members of the California State Assembly:

ABx2 15 is not an ordinary bill because it deals with life and death. The crux of the matter is whether the State of California should continue to make it a crime for a dying person to end his life, no matter how great his pain or suffering.

I have carefully read the thoughtful opposition materials presented by a number of doctors, religious leaders and those who champion disability rights. I have considered the theological and religious perspectives that any deliberate shortening of one's life is sinful.

I have also read the letters of those who support the bill, including heartfelt pleas from Brittany Maynard's family and Archbishop Desmond Tutu. In addition, I have discussed this matter with a Catholic Bishop, two of my own doctors and former classmates and friends who take varied, contradictory and nuanced positions.

In the end, I was left to reflect on what I would want in the face of my own death.

I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others.

Sincerely,

Edmund G. Brown Jr.

From: Marcia Linville
To: CPH Testimony
Subject: SB2739HD1
Date: Tuesday, March 13, 2018 5:00:08 PM

March 16
Commerce,Consumer Protection and Health Committee

Chair Baker and members of the CPH Committee

I am Marcia Linville speaking in support of SB2739HD1.
I am 82 years old and my health is not good. This bill is of great interest to me since I expect to be using it in the not too distant future. I have testified for this bill for a number of years, but without a final success. This year, in this form, with this committee, the chances of succes are more hopeful. i ask you to remember, One of this countries promises is freedom of religion. My religion lays great emphasis in freedom of choice and responsibility for your choices in this life. I can imagine no other choice or responsibility where the result is more personally significant . No other choice where the result will mean more to the individual. To have my choice for my life blocked by someone else's religious preferences a violation of my1st Ammendment rights.
I ask your support for this bill

Marcia Linville
536-4466

From: Lydia
To: CPH Testimony
Subject: Testimony
Date: Tuesday, March 13, 2018 6:05:04 PM

Aloha, I feel a person has the right to decide how they want to live their life and make decisions to meet their needs in regards to the health & welfare. Knowing that their family will not be held responsible for making such crucial decisions, because the person's wishes will be in writing. Mahalo, Lydia Meneses
Sent from my iPhone

From: Bernard Lum
To: CPH Testimony
Subject: Testimony Supporting HB2739, HD1
Date: Tuesday, March 13, 2018 9:40:24 PM

My name is Bernard Lum and I am in strong support of HB2739, HD1. As the caregiver for my wife, who passed away from cancer in 2016, I know that she would have chosen medical aid in dying if the option was available. Quality of life was important to her and she wanted to die with dignity and grace on her own terms.

To those who are opposed, I say that HB2739 provides a choice you need not make. Please don't impose on my right to choose how I die if I receive a terminal diagnosis. No one needs to suffer intolerable pain at their end-stage if they decide to make this choice. Other states have successfully implemented this law, without instances of misuse. There are more than adequate safeguards built in. Please don't add more steps or requirements to the process outlined in HB2739, HD1. A recent poll revealed that those in favor far outnumber those opposed. Passing this Bill is the humane, compassionate and right step to take for Hawaii's people.

Thank you for allowing me to submit this testimony.

Bernard Lum

From:	Mike Dickerson
To:	CPH Testimony
Subject:	HB2739HD1 testimony
Date:	Wednesday, March 14, 2018 7:53:13 AM

Dear Legislative Members:

At 72, my earthly days are numbered. One would think that in this day and age of the 21st century, that our sophistication and enlightenment would include the courage to pass on to "hereafter" in whatever method an individual would choose. The shear fact that our current form of society can impose their will upon the masses is almost criminal. I hope the voting members of this legislature will enact this "Death with Dignity" house bill. Many of you members don't realize it yet, but you all are maturing far faster than you can imagine. We are inheriting the genes of pasted generations and are enjoying of a life filled with joy and happiness. I just hope we all have the right and choice to leave this world on your own terms.

Respectfully,

Mike Dickerson, mr.dh@aol.com

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

Commerce, Consumer Protection and Health

For Hearing by Senate Committee(s) on _____

Hearing Date and Time: March 16th, *2018;* 8:30 *o'clock* __ *m. Room* 229

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

✓ Medical care includes only promoting health/treating disease - NOT killing the patient

✓ PAS tells troubled teens that suicide is an acceptable way to solve problems

✓ Unused lethal medication is not adequately controlled/ causes risk to others

✓ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: It's wrong for us to play God!

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

C. Leah Chandler
Sign name

C. Leah Chandler
Print name

92-1300 Kikaha St. #81 Kapolei 96707
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Kevin
Sign name

Kevin Kaneko
Print name

1906
818 South King St Honolulu HI 96813
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Chris Cacagdan

Print name

975 Ala Lilikoi St. #301 Hon. HI 96818

Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Samuel L Jones Jr
Print name

91-832 Lauahele St Ewa Beach 96706
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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- ✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS
- ✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point
- ✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims
- ____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

LISA LO
Print name

2651 KUILEI ST. #B91 HONOLULU 96826
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Daisy Carbone
Sign name

DAISY CARBONE
Print name

PO Box 30454, Honolulu 96820
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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Hearing Date and Time: _____, ***2018;*** ____ ***o'clock*** __***.m. Room*** _____

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

__X__ Medical care includes only promoting health/treating disease - NOT killing the patient

__X__ PAS tells troubled teens that suicide is an acceptable way to solve problems

__X__ Unused lethal medication is not adequately controlled/ causes risk to others

__X__ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

__X__ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

__X__ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

__X__ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Wayne M. Ching
Sign name

WAYNE M. CHING
Print name

2056 MAHAO PL, HONOLULU, HI 96819
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Nicole Hayler
Print name

41-061 Kumuhau St. 96795
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, Consumer Protection and Health

Hearing Date and Time: March 16th, ***2018;*** 8:30 ***o'clock*** a***.m. Room*** 229

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

✓ Medical care includes only promoting health/treating disease - NOT killing the patient

✓ PAS tells troubled teens that suicide is an acceptable way to solve problems

✓ Unused lethal medication is not adequately controlled/ causes risk to others

✓ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Tiffany Hayler
Print name

41-661 Kumuhau St. Waimanalo HI 96795
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII
Commerce, Consumer Protection and Health

For Hearing by Senate Committee(s) on _____

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✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: I totally oppose supporting suicide in any form. Choose Life.

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

DENISE M RITCH
Print name

95-1059 Kaapeha St. #140
Print street address with zip code
Mililani, HI 96789

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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- ✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point
- ✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims
- ____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Laura Swearingen
Sign name

Laura Swearingen
Print name

95-642 Maiaka St. 96789
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

W C PATTRO

Print name

94/037 Koliana St

Print street address with zip code 96792

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Kim Kawahara
Print name

47-206 #A Ahaoleo Rd. Kaneohe, HI 96744
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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- ✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims
- ✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Vernon Y. K

Sign name

Vernon Y. Kawahara

Print name

47-206a Ahaolelo Rd.

Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

ROBIN L. TRACY
Sign name

ROBIN L. TRACY
Print name

343 HOBRON LANE #2002
Print street address with zip code HONOLULU, HI 96815

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Hannah Kawahara
Print name

47-206A Ahaolelo Rd. 96744
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Karen Haddock
Print name

801 Ahukini St. Honolulu HI 96825
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Daphne D. Spraitzar
Sign name

Daphne D. Spraitzar
Print name

1240 Kahili St., Kailua, HI 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Michael Cosella
Sign name

Michael Cosella
Print name

91-1046 Kahi Street Ewa Beach HI 96706
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Feiwen Huang
Sign name

Feiwen Huang
Print name

353 Wailupe Circle Honolulu, HI 96821
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Jan - Lin Lin
Sign name

Jan - Lin Lin
Print name

7000 Hawaii Kai Dr. 96825
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass ~~HB~~ 2739 HD1 at the hearing.

Sign name

Raymond Oda
Print name

3421 Woodlawn Dr 96822
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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X HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

X Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Gabrielle Bardell
Print name

1452 Auaiki Street
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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PBC HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

~~CHANDLER~~
Sign name

CHANDLER, ROLDAN
Print name

92-1300 KIKAHA ST 96707
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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submitted to original hearing

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✓ Other: it's playing God - God is irreplacable (irresponsible) he makes NO WRONG CHOICE

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

K. Kane
Sign name

Kathryn Kane
Print name

PO Box 75034 Hon 96836
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Jesus Jimenez
Sign name

Jesus Jimenez
Print name

6301 Evans St Waianae HI 96792
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Rachel Jimenez
Sign name

Rachel Jimenez
Print name

63011 Evans St, SJ, Waipahu, HI 96786
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Print name

98-402 Koauka Lp, Aiea, 96701
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, Consumer Protection and Health

Hearing Date and Time: March 16th, *2018;* 8:30 *o'clock* *am.* *Room* 229

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

✓ Medical care includes only promoting health/treating disease - NOT killing the patient

✓ PAS tells troubled teens that suicide is an acceptable way to solve problems

✓ Unused lethal medication is not adequately controlled/ causes risk to others

✓ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: AS a Registered Nurse I stay Strong against HB2739 HD1

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Ana Barrientos
Sign name

Ana Barrientos-Perez
Print name

858 6th Ave. Honolulu Hi 96816
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Shari N

Sign name

Shari Nakakura

Print name

4270 Kaimanahila St.

Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Iris Ode
Sign name

Iris Ode
Print name

3421 B Woodlawn Drive
Print street address with zip code

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Angela Hayler
Print name

41-661 Kumuhau Street, Waimanalo, HI 96795
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Stephanie Nakamura
Print name

45-360 Nakuluai St. Kaneohe HI 96744
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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- ____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Robin Bridge
Sign name

Robin Bridge
Print name

98-1162 Iliʻili St Aiea HI 96701
Print street address with zip code

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name: Swearingen

Print name: Jennifer Swearingen

Print street address with zip code: 95-642 Maiatsi St. Mililani, HI 96789

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Silke Bump
Sign name

Silke Bump
Print name

3423 Kilauea Ave, Apt A, 96816
Print street address with zip code

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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Frank J Carbon
Print name

159 Omao St. Kailua HI. 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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René T. Thornfade
Sign name

René T. Thornfade
Print name

1884 Ala Nue Pl, HNL, HI 96819
Print street address with zip code

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✓ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Wendy Hayler
Sign name

Wendy Hayler
Print name

41-661 Kumuhau St 96795
Print street address with zip code

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

R Todd Grousore
Sign name

R Todd Grousore
Print name

1232 Vickers Av #104 96853
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

Commerce, Consumer Protection and Health

For Hearing by Senate Committee(s) on _____

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

GORDON KOR

Print name

2499 KAPIOLANI BLVD. #2903

Print street address with zip code HON. HI 96826

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ Other: All of the above in The Name of Jesus!

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Terri
Sign name

Terri Toshinaga
Print name

3606 Akalca Pl. 96822
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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X HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Nancy D Pflueger
Print name

5665 Kalaniamole Hwy
Print street address with zip code 96821

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Amanda Ga Amanda Gallardo
Sign name

Amanda Gallardo
Print name

2816 Booth Road 96813
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

To Whom it may concern,

I oppose the doctor assisted suicide because everyone has the right to an alternative and terminal illness is usually predicted and there is no time guarantee on a person's life since every individual has a different time frame.

Professional doctors should not be succumbed or forced to adhere to a senseless law when they value the life of a human being. It is unfair for legislators to force a professional to provide lethal medication when they are not willing to provide a suicidal alternative. The ramifications upon a professional doctor can be unfair as their role as a doctor is to restore, repair, or fine tune. They are trained and licensed to treat sick and injured people not take the life of their patient. The life of mankind or any creature is in the blood and no one has the right to take it away whether it is murder, suicide or abortion.

Elder abuse is also a common problem. Being a child of elderly and independent parents, I am constantly educating and warning them about different issues because they have many times been taken advantaged of. In partnership with the State my mother for many years have compassionately housed the elderly and before elder clients had been admitted into her care-home, there were sometimes previous abuse upon the client because it was and is very common. Elders like my parents do not believe someone who seemingly is helpful or kind would take advantage of them. It is horrific when someone takes the life of a naive elder for personal or financial gain. How will this bill protect our "kapuna?"

I urge our legislators to oppose this bill.

Thank you for your time,

A Concerned Citizen

Senate Committee on Commerce, Consumer Protection & Health.
Conference Room 229
March 16, 2018; 8:30 AM

HB2739 HD1 – Related to Health; (**Medical Aid in Dying**)

Honorable Committee Chairs, Vice Chairs and Members:
Honorable Committee Chairs, Vice Chairs and Members:

STRONG SUPPORT

My friend, a sixty-four year old paraplegic, was diagnosed with an incurable terminal disease. She refused treatment and planned her final days to lessen the burden of her care on her family. When her pain began to be server, she wrote these words of goodbye to her friends and family.

It is my fervent hope that her words be used as her testimony in strong support of HB2739:

> My dear friends,
> If you are reading this I have now departed this life, happily and just the way I wanted. Imagine this…me leaping out of my wheelchair, dancing around, bounding into the air and floating up out of sight. Be happy that I am no longer in pain, no longer have cancer, no longer disabled and no longer poor. It has been a rough 20 years and I am so glad to give it up. What I don't like is leaving you…I have been so well loved, and loved so well. Everyone should have this experience, everyone should hear from everyone they care about how much they are loved.
>
> Thank you for being a part of my life. I am saving you a seat on the bus….

Respectfully Submitted,

Allyn Bromley (private citizen)
808-946-7663
2207 Mohala Way
Honolulu, Hawaii 96822

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

TESTIMONY OF
Margaret M. Johnson
45-817 Anoi Place
Kaneohe, HI 96744
marge.johnson@gmail.com

SUBMITTED March 14, 2018

TO: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH, CHAIR AND MEMBERS
Sen. Rosalyn H. Baker, Chair
Sen. Jill N. Tokuda, Vice Chair
Sen. Stanley Chang
Sen. Will Espero
Sen. Les Ihara Jr.
Sen. Clarence K. Nishihara
Sen. Russell E. Ruderman

RE: HB2739 HD1 HEARING. 3/16/2018 at 8:30 AM

I am a retired attorney and a former Montana judge. My children have been living in Hawaii and I moved here and became a resident approximately 2½ years ago.

I strongly oppose this bill for many reasons:

1. HB 2739 is deceptive. It claims a right to be considered because it is "related to **HEALTH." IT DOES NOT DEAL WITH HEALTH.** Section I of Article IX of Hawaii's Constitution, the governing authority under which Health related laws are enacted, provides: **"Section 1. The State SHALL PROVIDE for the PROTECTION and PROMOTION of the PUBLIC HEALTH."** Health is something only the living can enjoy. It is neither protected nor promoted by legalizing killing. **IT DEALS WITH DEATH.** There is no health unless there is life. To promote death is to promote an end to health and the ability to make any health related decisions ever again.

2. The "choice" this bill fosters is an illusion. As Sen. Ted Kennedy's widow stated in opposing similar legislation in Massachusetts, it would turn her husband's "vision for health care for all on its head by asking us to endorse patient suicide – not patient care -- as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than that." Hawaiians are better than that.

3. HB 2739 claims citizens have a **"fundamental right"** to kill themselves. No such fundamental right exists and the legislature has no authority to create such a **"fundamental right".**

4. Making killing legal leads people to believe it is good and okay. Killing is neither good nor okay. It devalues human life.

5. Research shows that those **considering suicide** overwhelmingly suffer from **depression**, a treatable disorder that diminishes the belief that one's life has purpose or meaning. Depression is never treated by inviting the depressed person to kill him- or herself. Instead of helping them and protecting them from their disordered inclinations, the bill requires a consultation only to determine whether the depression is causing "impaired judgment" when impaired judgment and loss of perspective on the value of life is precisely what depression causes.

6. This bill if enacted as law will destroy trust between patient and doctor and will engender fear in the vulnerable, weak or elderly that instead of providing health care, the physician may well be trying to kill them. This fear is already frequently prevalent among these vulnerable adults when in a hospital or when hospice enters the picture.

7. **The American Medical Association, Code of Medical Ethics Opinion 5.7**, holds that "It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. **HOWEVER, PERMITTING PHYSICIANS TO ENGAGE IN ASSISTED SUICIDE WOULD ULTIMATELY CAUSE MORE HARM THAN GOOD,"** and that **"PHYSICIAN-ASSISTED SUICIDE IS FUNDAMENTALLY INCOMPATIBLE WITH THE PHYSICIAN'S ROLE AS HEALER, WOULD BE DIFFICULT OR IMPOSSIBLE TO CONTROL, AND WOULD POSE SERIOUS SOCIETAL RISKS.** Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life."

8. The bill violates the Spirit of Aloha. Hawaii is known for Aloha. Aloha is written into Hawaii state law. *Hawai'i Revised Statutes §5-7.5* Aloha is a spirit of hospitality and kindness extended to life in all its manifestations. It is a spirit of life-giving, life-respecting, life-embracing and life-nourishing. It is not a spirit of death. The statute describes Aloha as hearing "what is not said," seeing "what cannot be seen" knowing "the unknowable." What is **not said** is that this bill is **not** about health. This bill masquerades as compassion, mercy, death with dignity. What is not seen is that it promotes the destruction of a person's ability to make any meaningful choice. What is

not known is the extent of the destruction such a policy will trigger. Hawaii is unique among the states. Queen Lili`uokalani, Hawaii's last reigning monarch, said:

> ***'Aloha' was a recognition of life in another. If there was life there was mana, goodness and wisdom, and if there was goodness and wisdom there was a god-quality.***

9. This bill encourages health insurers to cut expenses by paying for killing drugs and not paying for what may be more expensive but life supporting drugs. This has already happened to several people in states that adopted this kind of legislation. Their health insurers refused to pay for treatment that the patients desired that would improve their quality of life while offering to pay for cheaper lethal killing drugs.

10. This bill impairs contracts for life insurance by purporting to deny insurers the right to determine on what basis they will enter into contracts to insure life, and requiring that they ignore the risk presented by legally protected suicide and physician assisted suicide, making this law surely subject to legal challenge.

11. The bill opens the door to victimizing the most vulnerable and those most in need of protection. It provides a legal shield for abuse of the elderly and disabled. Nearly every professional, religious, abuse prevention and disability rights organization throughout this nation strongly opposes such legislation as actually promoting the victimization of those who are elderly, disabled, vulnerable or otherwise helpless. These include but are not limited to:

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC)
Hawaii Family Advocates
American Medical Association
American Psychiatric
American Nurses Association
American Association of People with Disabilities
American Disabled for Attendant Programs Today (ADAPT)
The Arc of the United States
Assemblies of God
Association of Programs for Rural Independent Living
Autistic Self Advocacy Network
Buddhists
Church of Jesus Christ of Latter-day Saints (Mormon Church)
Christian Medical and Dental Associations
Disability Rights Center
Disability Rights Education and Defense Fund

Episcopal Church
Evangelical Lutheran Church in America
Focus on the Family
Islam
Jewish Churches in America: All three major Jewish movements in the United States – Orthodox, Conservative and Reform
Justice for All
National Council on Disability
National Council on Independent Living
National Organization of Nurses with Disabilities
National Spinal Cord Injury Association
Not Dead Yet Disability Rights Organization
Seventh Day Adventists
TASH [The Association for the Severely Handicapped]
The Arc of the United States
United Methodist Church
United Spinal Association
United States Conference of Catholic Bishops
World Association of Persons with Disabilities (WAPD)
World Institute on Disability (WID)

12. Pain can be alleviated in ways that preserve life and dignity. Caring for a loved one who is suffering is an incredible opportunity to do a corporal work of mercy and show love to someone who provided your own care in the past. I know this from personal experience. I am so grateful that I was able to work with my brothers and sisters caring for my mother the last year and a half of her life. That experience bonded us all even more closely than we had ever been and is something I will never regret. This bill is laden with opportunities to regret something you can never reverse. As the Vermont organization True Dignity accurately states, "Suicide is never death with dignity, and assisted suicide legislation threatens true patient choices at the end of life."

13. Pain and suffering are part of life. It is something every living person goes through in one form or another at one time or another. It is not the worst thing in the world. It is far worse to endanger the immortal souls of our loved ones and ourselves by participating in or encouraging their suicide. This bill threatens to enact a destructive evil into law.

14. The preamble to the Hawaiian Constitution states: "We, the people of Hawaii, **grateful for Divine Guidance**, and mindful of our Hawaiian heritage and uniqueness as an island State, dedicate our efforts to fulfill the philosophy decreed by the Hawaii State motto, 'Ua mau ke ea o ka aina i ka pono.' [*translated: 'The life of the land is **perpetuated in righteousness**.*]" Righteousness demands that you reject this bill.

15. Scripture says that God numbered each person's days before their conception and that He will complete the good work He began at conception. This bill seeks to kill people before God completes that good work. God does not need our help in determining when the time has come for a soul to return to Him.

Please consider what you are doing, what this bill is really about – not health, and your authority to do this. Do not be deceived by the nice sounding words of compassion and mercy. See the destruction and death that are at the heart of this bill. The fact that any other number of states have considered or passed this kind of legislation is no reason for Hawaii to follow suit. I am praying God will give you wisdom and the courage, grace and good sense to defeat this bill. I also pray you will be blessed in the service you render to the people of this State.

God bless you.

Margaret Johnson

HB-2739-HD-1
Submitted on: 3/14/2018 1:01:34 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Orfali	Individual	Support	No

Comments:

Dear Members of the Senate Committee,

Thank you for taking time to work on HB 2739. I hope you will vote in favor of HB 2739— a long overdue bill that Hawaii residents have wanted for years. My wife Jeri died from cancer at St Francis hospice up the Pali. She asked me, on her dying bed, to work for a death with dignity option in Hawaii. Sadly, in some hard cases, hospice is not enough when a person is in their final stages; they may need the HB 2739 option— it's their path to a gentle and dignified death. For the rest of us, it provides insurance in case things go bad at the end. Think about it. What can hospice do if a person is not able to obtain their next breath? There are no ventilators in hospices. The best a patient can hope for is to have a hospice doc kill them through terminal sedation. Half the docs will do it; the other half will not. It comes down to their system of belief. So for the patient it becomes the roll of the dice: they are at the mercy of their doctor's religious belief system. FYI, research shows that only 50% of hospices throughout the US provide terminal sedation; the other 50% don't. It's a very capricious system and most patients and their families don't know how to navigate it: how do you explicitly ask for terminal sedation, otherwise known as euthenasia? It's very hush hush. With HB 2739 (and all its added safeguards), the choice will be the patient's to make: it's our life and our death. Yes? Please vote for HB 2739. We will all die some day; this bill affects us all. I like to call it "Jeri's Bill." It will help make the dying process a little more trasnparent than it currently is.

Much aloha,

Robert Orfali

I strongly oppose this bill for a number of reasons. Topping my list is medical errors. Doctors are not perfect.

In a study Analyzing medical death rate data over an eight-year period, Johns Hopkins patient safety experts have calculated that more than 250,000 deaths per year are due to medical error in the U.S. Their figure, published May 3 in *The BMJ*, surpasses the U.S. Centers for Disease Control and Prevention's third leading cause of death—respiratory disease, which kills close to 150,000 people per year. In their study, the researchers examined four separate studies that analyzed medical death rate data from 2000 to 2008. Then, using hospital admission rates from 2013, they extrapolated that based on a total of 35,416,020 hospitalizations, 251,454 deaths stemmed from a medical error, which the researchers say now translates to 9.5 percent of all deaths each year in the U.S.

I cannot imagine the effects this bill would add to this already outrageous number.

Another concern is the affects on our health care insurance. Will this open a window allowing insurance providers to deny certain treatments to terminally ill patients? I'm sure you'll say no but I do believe they will find a loophole.

I believe most health care professionals go into the field to save lives. What level of responsibility would this add? *A change in the law to allow physician-assisted suicide would have profound implications for the role and responsibilities of doctors and their relationships with patients. Acting with the primary intention to hasten a patient's death would be difficult to reconcile with the medical ethical principles.*

My list could go on but in closing I would just like to say I believe this bill would open "Pandora's box". I don't feel any here on earth, should be given the right to "play God". In my opinion, it doesn't matter if you believe in God or not, its basic human decency. We should all live to help people. Inspire people. Be a light when things are dark. This bill will hurt society.

HB-2739-HD-1
Submitted on: 3/14/2018 1:39:08 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacob Bilmes	Individual	Support	No

Comments:

Dear Committee Members:

To my mind, this is the most important thing the legislature can do. Why should so many people be made to die in misery, primarily because some people want to enforce their religious views on the rest of us? The law against medical aid in dying is legalized cruelty. It is amazing to me that it still exists. Please do something.

Sincerely,

Jacob Bilmes

HB-2739-HD-1
Submitted on: 3/14/2018 1:35:57 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Scharnhorst	Individual	Oppose	No

Comments:

This is a classic "slippery slope". Nurses cannot participate in this without directly violating their Code of Conduct. Palliative and Hospice care offers a compassionate journey to death without resorting to causing it.

I am deeply empathetic to those suffering through a horrible death process, and do support their right to choose their treatment options, but I do not think the heatlhcare system, *or the legislature*, should be the purveyor of the means to actively assit in their death.

HB-2739-HD-1
Submitted on: 3/14/2018 12:58:40 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cathy Goeggel	Individual	Support	Yes

Comments:

HB-2739-HD-1
Submitted on: 3/14/2018 12:38:36 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Samantha Preis	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/14/2018 12:30:51 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles F Miller	Individual	Support	Yes

Comments:

My testimony is in support of HB 2739 - as a medical oncologist for over 40 years I have taken care of thousands of cancer patients many of whom, unfortunately, die with much pain and suffering. While Hospice and Palliative Care provide excellent end of life care, for many thy are not sufficint to control the suffering, fear and anxiety that all too many patients experience as they face death. For many years I have been an advocate for patients' right to choose how, when and where they end their lives when their quality of life ecomes unbearable. Because of the lack of legislation for medical aid in dying (MAID), I have had patients move out of state to take advantage of MAID where it is legal. I have had many patients ask me for help to end their suffering and have shared their frustration and disappointment when I tell them that I cannot help them. MAID has been recommended as long ago as 2002 here in the islands and it is clear that the vast majority of our residents support this cause. Opponents have repeatedly raised multiple objections to MAID in spite of a history of over 20 years of no evidence of any abuse or problems from other states, I believe it is a fundamental personal right of every person to have a choice about how they will die when life is no longer worth living. I believe that HB 2730 is well written legislation which has numerous safeguards to prevent any possible abuse of MAID. The people of Hawaii have waited for over 16 years for this personal right of choice and now is the time to make this happen. I strongly urge the Senate to complete the work on MAID and pass this bill for the benefit of all citizens of our beautiful state.

Kat Brady

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair
Friday, March 16, 2018
8:30 a.m.
Room 229

STRONG SUPPORT FOR HB 2739 HD1 – OUR CARE, OUT CHOICE ACT

Aloha Chair Baker, Vice Chair Tokuda and members of the Committee!

Mahalo nui for hearing this important bill. I am submitting this testimony in strong support of this measure on my own behalf as a caregiver to three terminally ill people I loved.

No one can know or understand another person's pain, however, witnessing the excruciating pain of people who were strong and who had a burning will to live before their illness is something I will never forget.

The lesson I learned from these caregiving experiences is that ENDING YOUR SUFFERING IS YOUR CHOICE. This is a matter of personal autonomy.

My Mom was a devout Catholic who went to church every day and lived her faith by dedicating her life to her community. Watching her suffer and die weighing 45 pounds, and remembering what she said to me, *"No one should have to go through this,"* has pushed me to tell her story.

Please pass this important bill and urge the Judiciary Committee to do the same. Mahalo for this opportunity to testify.

"There is a certain right by which we many deprive a man of life,
but none by which we may deprive him of death; this is mere cruelty."
Friedrich Nietzsche

HB-2739-HD-1
Submitted on: 3/14/2018 2:20:27 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Freeman	Individual	Support	No

Comments:

Aloha,

My name is Paul Freeman, I live in zip code 96785. I am testifying in support of HB2739 HD1 scheduled for HD1, March 16, 8:30 a.m., Hawai‘i Senate Committee on Commerce, Consumer Protection, and Health. I fully support HB2739 HD1 with no amendments because I think that anyone dying of terminal illness has the right to be released from unbearable suffering.

Mahalo

From: Carla
To: CPH Testimony
Subject: HB2739, HD1
Date: Wednesday, March 14, 2018 12:13:17 PM

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Carla Allison and I am testifying in strong support of HB2739, HD1 with no amendments.

Thank you for hearing and passing HB2739, HD1.

Carla Allison
1062 Oilipuu Place
Honolulu, HI 96825

From: John Heidel
To: CPH Testimony
Subject: Testimony for HB 2739 HD 1
Date: Wednesday, March 14, 2018 12:24:46 PM

My name is John Heidel. I am an ordained minister of the United Church of Christ (UCC) and a resident of Hawaii for over 50 years**. I strongly support HB 2739 HD 1**.

As indicated by a poll taken in December 2016, the voters of Hawaii also support this option with a supermajority of 80%. Importantly, these results were consistent across all demographics including island of residence, ethnicity, age, economic status and religion. Regarding religion, my involvement in the interfaith community of Hawaii in the last 20 years has provided evidence of strong support from Christian, Jewish and Buddhist congregations. While I'm still learning about the teachings of other faith traditions, I'm convinced that most of the opposition from Christians is from the leadership of the Catholic Church, the Mormons and the Evangelical Churches; the general membership is largely supportive.

In March 2004, while I was president of The Interfaith Alliance Hawaii, we made the following statement, "We respect the right of competent adults to make their own decisions concerning end of life choices according to their own beliefs and values." I do not believe it is up to me, or any other religious leader, to dictate how this final, intimate decision between a dying person and his or her God should be made. Instead, we must support and accept such decisions even if they do not represent the course we ourselves might choose; this is the meaning of freedom of choice and mutual respect. This is what we hope will be enacted by our legislators.

An important clarification is necessary; medical aid in dying is not suicide. Suicide involves people who are so severely depressed that they no longer want to live. Medical aid in dying involves people who want to live. But they can't. They have been diagnosed with a terminal illness. This bill does not advocate the indiscriminate taking of one's own life but acknowledges that, in certain carefully defined circumstances when death is certain and suffering is intolerable, that a peaceful death through the aid of medication could be an option.

The bill before you is modeled after the California medical aid in dying law which, in turn, took provisions from a law enacted 20 years ago in Oregon. These laws have resulted in relief for many terminally ill patients. Not a single case of abuse of these laws has been reported. I urge the CPH committee to provide for Hawaii residents the same level of compassionate relief of suffering by passing HB 2739 HD 1.

Mahalo for listening and for considering this Bill.

Fax: 586.6071 CPH Rm. 230

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, Consumer Protection and Health
Hearing Date and Time: March 16, **2018; 8:30 o'clock a.m. Room 229**

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

✓ Medical care includes only promoting health/treating disease - NOT killing the patient

✓ PAS tells troubled teens that suicide is an acceptable way to solve problems

✓ Unused lethal medication is not adequately controlled/ causes risk to others

✓ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

✓ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

✓ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

___ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

G Sullivan (Gregory)
Print name

1516 Emerson St. #204
Print street address with zip code
Honolulu, HI 96813

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

HB-2739-HD-1
Submitted on: 3/14/2018 3:56:23 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
david georges	Individual	Oppose	No

Comments:

There are many reasons not to pass HB2739, but most notable is the strong testimony in opposition from numerous palliative care doctors who argued that the bill does not consider the opinion of several expert physicians. One of the conditions of the bill requires that a person with a terminal illness who had "6 months of less to live," could qualify. However, the palliative care doctors made clear that a diagnosis of "6 months" is rarely accurate and that in fact, most patients live beyond that time period. Moreover, there are many diseases that would cause a person to die within six months, yet with proper medication, a person could live well beyond that time frame. An example is diabetes. A diabetic could easily die within six months if not given his or her insulin, yet the bill does not address these types of situations.

There are a plethora of other issues that exist with the bill including, but not limited to, (1) no guidelines or parameters with respect to the actual "self-administration," of the deadly drugs; (2) no requirement of "informed consent;" for the terminal patient; (3) the mandate requiring a doctor to list the terminal illness and not the suicide as the cause of death; (4) no safeguards with respect to the deadly drugs if the patient decided not to use it; and (5) blanket immunity for civil or criminal liability for anyone "assisting" with the suicide (including an unscrupulous family member).

One of the most compelling reasons for my opposition, in addition to those listed above, is the phenomenon called "suicide contagion." Essentially, when a famous person commits suicide, studies have shown a spike in the number of suicides. This problem is so real that the journalism and media community actually have guidelines as to how to report suicides as to avoid "glamorizing" it. In Hawaii, we have the unfortunate distinction of having the second highest rate of suicide deaths in the country. If we were to now pass physician assisted suicide, we are in fact "normalizing" suicide and sending a message to our teenagers that suicide is okay. That is not a message we should ever send to our keiki. I see that there are several bills relating to suicide prevention also on the docket so to allow this bill to go forward on one hand while the others struggle to get the message across that suicide in not OK ever - for anyone. My next door neighbor committed suicide a few weeks ago and it has devastated his family as well as our whole neighborhood. It would be the same thing if we found out that "Nana" had done the same thing without even trying to keep going.

So in conclusion this bill targets the most vulnerable in our society - the elderly and the disabled. The bill cannot protect our kupuna from being victimized by this law. Elder abuse is a major problem in the State of Hawaii, so much so that the UH William S. Richardson School of Law has an elder law clinic which was created specifically to deal with elder abuse and to protect our kupuna. Elder abuse is especially insidious because it is often committed by family members, which makes it difficult to track and not-often reported. In giving these lethal drugs to be administered at home to an elderly person, without any type of medical oversight, we are endangering the life of our kupuna who might change their minds at the last moment.

So it is for the myriad of reasons discussed above, that I remain in steadfast opposition to physician assisted suicide and I hope that you will convey these objections to each member of the committee and to any further votes on this measure.

Testimony for
Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Friday, March 16, 2018, 8:30 – 11:25 a.m. Room 229

HB 2739 HD1 Relating to Health

Dear Chair Baker, and Members of the Committee:

This testimony is in **STRONG SUPPORT** of HB 2739 HD1 which establishes a regulatory process under which an adult resident of the state, under certain conditions, may choose to obtain a medication to end their life.

I am Lynn McCrory, and want this option for both myself and available for other community members that do not want to continue with the course that their disease will inflict upon their body. We love Hawai'i and do not want to move to another state in order for this option to be available to us.

We humbly ask that you APPROVE HB 2739 HD1. Mahalo!

Me ke aloha pumehana
With warm aloha,

Lynn P. McCrory
60 N. Beretania Street, Apt. 3203
Honolulu, HI 96718

HB-2739-HD-1
Submitted on: 3/14/2018 3:23:58 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauray Walsh	Individual	Support	No

Comments:

FROM: Lauray Walsh

March 16, 8:30 a.m., Hawai'i Senate Committee on Commerce, Consumer Protection, and Health.

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Lauray Walsh and my Zip Code is 96740.

I am testifying in strong support of House Bill 2739 in it's present form.

HB2739 HD1 contains a number of safeguards protecting patients.

It is astonishing to me that we can pass controversial laws regarding Gay Marriage and Marijuana... that only benefit a small minority ... and not address Death with Dignity which affects us all.

Everyone is going to die ... and many of us will suffer unnecessarily.

My father fortunately lived in Oregon, when he was diagnosed with Pancreatic Cancer. While he never chose to use the medicine provided, it gave him enormous peace of mind to have that option should the suffering become unbearable.

It is archaic in this day and age to not use what is available to us... to allow our passing to be more peaceful. We are kinder to our animals.

I believe that suffering is not required... and that basic human rights and civil liberty be allowed to prevail in our dying. I want my state to acknowledge this as our personal choice.

I also believe in the separation of church and state.

Thank you for the opportunity to show my support for HB2739.

Sincerely,
Lauray Walsh

HB-2739-HD-1
Submitted on: 3/14/2018 3:22:34 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MALCOLM SLAKTER	Individual	Support	No

Comments:

A. I WOULD LIKE TO SUBMIT THIS TESTIMONY WITH RESPECT TO BILL HB2739,

1. MY NAME IS MALCOLM SLAKTER. I AM A RETIRED PROFESSOR LIVING WITH MY WIFE, NANCY, IN MAKIKI FOR THE PAST 27 YEARS. I AM 88 YEARS OLD WITH A HISTORY OF TOO FREQUENTLY BEING IN AND OUT OF HOSPITALS AND ER'S FOR THE PAST 19 YEARS. ONLY THE UNPLEASANT MEMORIES KEEP ME FROM GOING INTO DETAILS.

C. HOWEVER, AT SEVERAL TIMES IN A HOSPITAL I HAVE BEEN SUFFICIENTLY MISERABLE WITH PAIN AND DISCOMFORT IT WAS ONLY THE BELIEF THAT I WOULD GET BETTER, AND OF COURSE MY WIFE'S SUPPORT, THAT CARRIED ME THROUGH. BUT I CAME TO REALIZE THAT IN CIRCUMSTANCES WHERE THERE WOULD BE NO HOPE OF GETTING BETTER, DEATH WOULD BE A FRIEND!

D. IN SEPTEMBER 2013, I WAS DIAGNOSED WITH, TERMINAL,STAGE 4, LUNG CANCER. SINCE I HAD NEVER SMOKED, IT TURNED OUT THAT THE MUTATION GIVING ME THE CANCER HAD A TARGETED DRUG TARCEVA. UNFORTUNATELY, ABOUT 18 MONTHS AGO MY PROSTATE CANCER, DISCOVERED AND TREATED IN 2003, METASTASIZED TO MY SPINE. SOMEWHAT LATER A CT SCAN ON MY LUNG SUGGESTED THAT MY CANCER HAD PRODUCED A NEW MUTATION. THEN A BLOOD BIOPSY CONFIRMED A NEW MUTATION AND I WAS PUT ON A DIFFERENT TARGETED DRUG, WHICH UNFORTUNATELY STOPPED WORKING RECENTLY. MY LAST LUNG CT SCAN SHOWED THAT MY MAJOR CANCER AFTER STAYING STABLE FOR YEARS HAD MORE THAN DOUBLED IN THREE MONTHS WHICH HAS LED MY ONCOLOGIST TO SUSPECT THAT THE CANCER HAS CHANGED TO A MORE AGGRESSIVE FORM. ON FEBRUARY 28, I HAD A CT

GUIDED NEEDLE CHEST BIOPSY ON MY RIGHT LUNG. WE ARE CURRENTLY WAITING FOR RESULTS FROM THE GENETIC ANALYSIS TO DETERINE THE FORM OF THE THE NEW MUTATION/S.

E.MY WIFE AND I HAVE BEEN MEETING MONTHLY WITH A PAIN/PALLIATIVE CARE PHYSICIAN FOR OVER 4 YEARS, AND HAVE WORKED WITH HIM TO FILL OUT ALL THE APPROPRIATE DOCUMENTS AT THE COMPASSION AND CHOICE WEBSITE. IN ADDITION MY WIFE AND I HAVE MADE INITIAL CONTACT WITH A HOSPICE AGENCY.

F. IN SUMMATION, I AM HOPING I WILL NEVER HAVE NEED OF THE PASSAGE OF A DEATH WITH DIGNITY BILL BUT IT WOULD BE A HUGE COMFORT TO HAVE IT, JUST IN CASE. LIKE ALL OTHERS IN MY POSITION, **WE HAVE NO INTEREST IN IMPOSING THIS OPTION ON OTHER PEOPLE**. **WE ONLY ASK THAT OTHER PEOPLE NOT IMPOSE THEIR BELIEFS ON US,**

G. FINALLY, I WISH I COULD ATTEND YOUR SESSION AND ADD SOME DESCRIPTION OF THE PAIN AND SUFFERING THAT I HAVE ENDURED IN SEVERAL OF MY MANY HOSPITAL VISITS. BUT MY CURRENT HEALTH DOES NOT ALLOW ME TO DO THAT. INDEED, I SUSPECT THAT MANY, IF NOT MOST, OF THE PEOPLE OPPOSING THIS BILL HAVE NO IDEA WHAT REAL PAIN AND SUFFERING IS LIKE. NO SANE AND DECENT PERSON WHO HAS GONE THROUGH WHAT I HAVE WOULD STOP DEATH FROM COMING AS A FRIEND TO A SUFFERING TERMINALLY ILL FELLOW HUMAN BEING.

SINCERELY,

MALCOLM J. SLAKTER,PHD

PROFESSOR EMERITUS

UNIVERSITY AT BUFALO

HB-2739-HD-1
Submitted on: 3/14/2018 2:55:11 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie	Individual	Oppose	No

Comments:

I am opposed to HB 2739. This is an onerous bill. The State of Oregon that has allowed assisted suicide for 20 years now has "progressed" to seeking to end the lives of those with non-fatal generative diseases, the mentally ill patients, those who have dementia & Alheizmer's. This law would allow anyone who has been determined to have a six months to live to request to end his/her life. Doctor's cannot ACCURATELY predict the life span of a person. Look at Stephen Hawking who was given 6 months to live in 1973 but passed away several days ago, in 2018 at the age of 76. This is a PANDORA'S BOX. Compassion, understanding, palliative care are what these patients need. No one WANTS TO DIE. The first rule of nature is self-presevation. It is not natural to want to die. The feeling of helplessness has to be overcome not given in to. Let us offer them counseling, love and palliative care instead of death, which by any means, is never dignified.

HB-2739-HD-1
Submitted on: 3/14/2018 2:55:07 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Gillette-Wenner	Individual	Support	No

Comments:

Dear Senators Baker and Tokuda,

I strongly support the passage of this bill with no amendments. It is time for Hawaii to have this law in place, which a majority of residents favor and approve. In the states where Death with Dignity laws have passed, over the years there have been no cases of the law being abused. This is a right all Hawaii citizens should have, if they chose to, with their doctor's assistance.

Thank you for seeing this passes, Cynthia GIllette-Wenner

The author opposes HB2739

March 14, 2018

Honorable Chair Baker, Vice Chair Tokuda and esteemed Senate Committee on Commerce, Consumer Protection, and Health Members:

As a palliative medicine specialist, I appreciate the time you have allowed for discussion of this important public health issue. Physician-assisted suicide is a contentious and highly polarizing issue. I recognize there are people of great integrity, compassion, and intelligence that hold contrary opinions. It is certainly easy to understand why polls of the general public find people generally sympathetic to what, on the surface, seems a simple question of personal choice and individual liberty. However, I would like to respectfully share why, after many years of thought and study on the subject, and a medical career that focuses on the care of people living with serious, often terminal illness, I have concerns that a well-intended effort to provide a mechanism to relieve suffering for a few, may expose many to harm.

Time precludes a full discussion here but, with our shared goal of balancing the needs of the few with the public's health and safety, I humbly ask the committee to address the following safety concerns in any legislation you consider:

1. Those that state that assisted suicide is necessary to avoid excruciating pain at the end of life are misinformed. **Modern hospice, palliative medicine, and pain management can ensure that no one need die in pain.** The data from the last 19 years of experience with Oregon's Death With Dignity Act confirm this: pain or concerns about pain are not even in the top five reasons people choose a hastened death.
2. For those living with terminal illness that would choose a hastened death, there is no requirement for medical involvement. **Despite what some proponents of physician assisted suicide claim, there are already available and legal means by which people can control the timing and manner of their death.** Books on the subject are readily available.
3. In the states where assisted suicide is legal, the laws give immunity to prescribe lethal medications to all licensed physicians. **Yet, few doctors have the added training and skills to attend to the many forms of suffering experienced by those living with terminal illness let alone conduct the extremely sensitive conversations about desire for hastened death**. I hold my medical colleagues in the highest regard. My dermatologist, orthopedic surgeon and ophthalmologist all provide me with exceptional care within their scope of specialization. Yet, I would not expect them to have the skills to assess or treat suffering in a terminally ill patient.

These laws do not distinguish among doctors: all are authorized to prescribe lethal medication. Skills in attending to suffering are not required, just a prescription pad.

4. Knowing what I know about the amazing, yet flawed, profit-driven US health system, I cannot believe this will be the single decision in healthcare where personal values and autonomy trump all the other factors that guide every aspect of US health care. Despite what we all might wish for, for every other medical decision, personal means, geography, access, and demographics are far more decisive factors. From having a home birth to where and how we die, these are the factors that drive US health care delivery and it is naïve to believe that assisted suicide will be the sole exception to this rule. **Those that would entrust the medical industrial complex with the power to take life, cannot possibly appreciate its drivers.**
5. The suicide contagion effect is unquestioned. **States that have adopted physician-assisted suicide have a higher rate total suicides and Vermont, Washington, and Montana have seen rises in non-assisted suicides.**

Hawaii has some of the most progressive gun control laws in the nation and, as a result, gun violence in our islands is thankfully rare. **Just as the constitutionally protected right to bear arms is not unlimited, so we must recognize that the individual rights of those who want this option should not trump the public safety and our desire for a compassionate and caring society.**

Again, I thank the committee for its time and thoughtful consideration on this important issue. Only a small number of people would likely use assisted suicide should it become available in Hawaii, about 40 people per year if we extrapolate the Oregon experience to Hawaii. I know the committee joins me in wishing for the most compassionate and highest quality care for all of the approximately 11,000 people that will die in Hawaii this year. There is no law against suicide in any state and, sadly, despite our best efforts, five times as many people will commit suicide in Hawaii next year without physician assistance than would use this law. As much as we can all deeply respect and empathize with the desire for self-determination, giving immunity to physicians for a right the 40 already have, does not make sense if it exposes the 11,000 to these risks.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM
Kailua, HI

HB-2739-HD-1
Submitted on: 3/14/2018 4:44:20 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marion McHenry	Individual	Support	No

Comments:

My name is Marion McHenry. I am submitting testimony from Kauai. I strongly support this bill and feel that Hawaii must join other states that are offering compassion to those who are suffering at the end of life. Let there be some choice for our end of life decisions.

Thank you

HB-2739-HD-1
Submitted on: 3/14/2018 4:55:52 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith Ann Armstrong	Individual	Support	No

Comments:

Dear Members of the Committees,

I, Judith Ann Armstrong, am in strong support of HB2739, Medical Aid in Dying, which will establish a regulatory process under which an adult resident of the State of Hawaii with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

A person and their loved ones should not have to be subjected to prolonged pain and suffering leading to inevitable death when there are humane and dignified alternatives the patient might choose.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,

Judith Ann Armstrong

Comments on HB 2739, HD 1
A bill to create
Our Care, Our Choice Act

Comments created by Michael H Plumer, MD
3-2-18

THE FUNDAMENTAL ISSUE

Is there any reason, ever, in the state of Hawaii, to give doctors the right in law to be directly involved in causing death?

The bill is designed to protect doctors who prescribe lethal drugs, hiding their actions from scrutiny, investigation, and sanction. Doctors are required to lie on death certificates for patients killed by lethal drugs. Patient protections are illusory, and "monitoring" is provides no meaningful information.

This bill is virtually unchanged from the Oregon law, despite 20 years of criticism (including lengthy line-by-line critique by Neil Gorsuch in his 2006 book, *The future of assisted suicide and euthanasia*).

PURPOSE OF ACT IS MISREPRESENTED

Ostensibly, the Act is intended to "give patients the ability to choose their own medical care at the end of life." Presumably, this Act will "allow mentally competent adult residents who have a terminal illness to voluntarily request and receive a prescription medication that would allow the person to die in a peaceful, humane, and dignified manner."

However, the Act does not actually give this right to patients. Instead, it aims only to protect from prosecution physicians who provide such medications for use in ending patient lives. Instead of the high standard of physician competence expected in all other activities in the state of Hawaii, this Act creates for assisted suicide a different standard, immunizing physicians from criminal prosecution, civil liability, or even professional discipline for any actions taken while bringing death to a patient, as long as the doctor is acting in good faith.

PROBLEMS WITH DEFINITION OF "TERMINAL"

The Act defines terminal disease as an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment produce death within six months. This is the same language as that in the 20-year old unchanging Oregon law, once assumed to mean that a terminal disease was one for which all hope was gone, even with good medical care.

Recent interactions with the Oregon Department of Health by Stahle from Sweden (attached article by Wesley Smith) have revealed the surprising information that almost anybody with a chronic disease can be eligible for a lethal prescription. The Oregon DOH has confirmed a patient with a treatable chronic disease, such as diabetes, could become "incurable" simply by stopping treatment, which would produce death from uncontrolled disease within six months. All diseases that without treatment would lead to death within six

months qualify for assisted suicide, according to the DOH. Patients are not compelled to exhaust treatment options or even accept customary treatment, no matter how benign.

PROBLEMS WITH CERTIFICATION AND DECISION

The real problem is that an out-of-state organization with no accountability brings to each state's legislature a draft bill that replicates Oregon's law, with provisions for complete physician protection, apparent "safeguards" that provide no protection for the vulnerable, and apparent tracking that actually hides all activity under the law.

The "attending provider" is meant to be a licensed physician who has responsibility for care of the patient and treatment of the patient's terminal disease. In truth, many actual attending providers will prove unwilling to prescribe lethal drugs (as is the case in Oregon), so "doctor shopping" will produce a physician with no prior relationship to fulfill the duties of "attending." There is no requirement that the attending or the consultant have any demonstrated expertise in prognostication or in palliative care. There is no requirement that palliation be tried or proved ineffective.

The attending is not required in the bill to have a prior relationship with the patient, nor even to see the patient in person. Although the attending is responsible for writing the lethal prescription after accepting requests and establishing "diagnosis, prognosis, and determination that the patient is capable, acting voluntarily, and has made an informed decision," no basis for such grave judgments is established.

In Oregon, most prescriptions are written by physicians associated with Compassion and Choices. Oregon no longer asks whether the attending physician is associated with an advocacy organization; this bill likewise makes no provision for collecting this information.

The "consulting provider," who is likely to be chosen by the attending, is not required to have any characteristic that would enable him to render a dispassionate second opinion. Neither physician is required to have any special expertise in establishing prognosis or presenting alternatives for a patient who wants to kill himself.

In Oregon, most consultants are also associated with Compassion and Choices.

Hawaii's current proposed bill (HB 2739) includes a provision for mandatory "counseling" aimed primarily at ensuring that the patient is capable of consent. The counselor is asked to ensure that depression is not interfering with ability to consent, but is not asked whether treatment of depression would alter the patient's interest in suicide.

As this is a new provision, expect Compassion and Choices to lobby for its removal.

Witnesses to the written request do not even meet witness standards for advance care planning. One is allowed to be a relative, as long as the other is not. Since the attending is not actually required to see the patient, it's theoretically possible for a relative to call in a verbal request and fax or e-mail a

written request, witnessed by the relative and a friend, even without the patient's knowledge. As this initiates the cycle of shielding and non-information, it would be very simple to arrange Uncle Charlie's death with a pillow with nobody the wiser, never using the prescription.

PROBLEMS WITH MONITORING AND REPORTING

High standards generally applicable to physician care are abandoned under this bill, with doctors shielded from all investigation and the state completely uninformed about what has happened after the prescribed lethal dose leaves the pharmacy.

No medical witness to death is required, making information about complications unavailable.

No reassessment of the patient at time of lethal dosing is mandated. Consent is not sought again. Once the prescription leaves the pharmacy in the hands of a designee, perhaps not even the patient, the state has no idea what happens to its vulnerable citizen.

The only report the state will see is one that says a prescription is now out there, and another that says the doctor has been told that the patient died. No line of reporting to the doctor is mandated, no witness is specified, and no source of information for the doctor is identified.

Capability for decision-making stops being made at the time the prescription is issues, a time that may be months removed from the date of suicide.

All reporting comes from physicians themselves. Do we expect that physicians will report their own shortcomings or breach of regulations? In the absence of information about the death, how will the state ever know about complications?

Once the prescription is approved, there is no prospective review. Only the doctor and the pharmacist know what has transpired. No authority – no judge, no panel, no state bureaucrat -- reviews impending death until after it has happened.

The state is required to make a report based in incomplete and inadequate information every year. As the information is incomplete and biased, the state report will have no chance of containing useful information. In Oregon, reported information is destroyed after a year, making retrospective examination impossible.

Unlike Holland, there is no provision for a confidential inquiry that would have a chance of revealing problems with the business of killing Hawaii's citizens. Given that inquiry by police and medical examiner is forbidden, any malfeasance connected to a death under this law will remain hidden.

Even if a doctor reports that the law has been violated, this bill contains no provision to fund investigation or pursuit of violators by the health department.

This bill requires the physician certifying an assisted death to lie on the death certificate. The death certificate may list only the terminal illness as the sole cause of death, without mention of self-administration of lethal medication.

This renders all death certificates from such deaths meaningless, as they have been in other states. The CDC's ability to count on accurate information is compromised by this and similar laws.

Prior to C&C's introduction of this template law, the only requirements for falsification of death certificates in this century have been in regimes hiding deeds that were meant not to be discovered. Nazi Germany produced plausible false certificates for all euthanasia deaths from 1939 on, and all of the millions of victims of the "final solution" had false death certificates filed.

Unless the state is ashamed to be creating such a program, why not have honest death certificates and full reporting of events at death with a reliable medical witness, protected only by HIPAA requirements and not shielded from discovery or review?

WRITTEN TESTIMONY ON HB2739, HD1, RELATING TO HEALTH
BEFORE THE STATE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION AND HEALTH
FRIDAY, MARCH 16, 2018

Chairmen Baker, Vice Chairwoman Tokuda and Members of the Committee:

My name is Donna P. Van Osdol, and I am submitting my written testimony OPPOSING HB2739, HD1, Relating to Health.

There have already been lawsuits involving patients wanting assisted suicide, and various court decisions have been made. A main issue in one of the cases is whether assisted-suicide is constitutionally protected by the Equal Protection Clause Under The XIV Amendment. In a September 7, 2017 article by the American Bar Association Journal, it noted that the New York Court of Appeals (New York's highest court) "rejected arguments that assisted-suicide laws, as applied to patients seeking aid in dying, violate their rights to equal protection and due process."

In Vacco v. Quill, the U.S. Supreme Court concluded that there is a legal distinction between **"letting a patient die and making that patient die."** It also held that the Constitution does not guarantee the right to die. A Constitutional Law Reporter article (with the link provided below) said "the opinion specifically cited prohibiting intentional killing and preserving life; preventing suicide; maintaining physicians' role as their patients' healers; protecting vulnerable people from indifference, prejudice, and psychological and financial pressure to end their lives; and avoiding a possible slide towards euthanasia." The link for that article is as follows:

https://constitutionallawreporter.com/2014/10/15/vacco-v-quill-right-die-u-s-constitution/

If the Supreme Court of the United States has already determined that there is a legal distinction between letting a patient die and making that patient die, then HB2739, HD1, surely is making a terminally ill patient to die…by his own hands no less. In other words, this is also intentional killing. Don't we have laws against intentional killing?

We must prevent the suicide, assisted or not, of all citizens of this state: the young, the old, the infirmed, and the mentally challenged, whether by medical means or through personal measures.

To avoid future lawsuits and the expenditures of citizens' tax monies, I hereby request that HB 2739, HD1 be held indefinitely.

HB-2739-HD-1
Submitted on: 3/14/2018 6:40:13 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Pang	Individual	Support	No

Comments:

It has been almost 20 years since this issue has been submitted and debated in the state. NOW is the time for action by the legislature to give individuals control over their own body at the end of their lives.

The conservative religious community will never use the provisions of this bill, yet they continue to want to control others' lives and death. They will never be satisfied no matter how many restrictions or safeguards are placed on this bill. I urge legislators who are members of this conservative mindset to look deep within and ask yourselves if your objection to this bill is based on your own philosophy. If your objection is, than I challenge the ethics and rationale you are using on any legislation - representing yourself, instead of the Hawaii community. The provisions in this bill are overwhelmingly supported by the community.

To those who say doctors will object, than I say there are doctors who object to abortion or medical marijuana also. Yet we have those laws and no doctor has been forced to comply. Specialists are who people see if they need any of these legal services.

Do not make our community wait any longer to end the suffering that many experience at the end of their lives. ACT NOW!

HB-2739-HD-1
Submitted on: 3/14/2018 6:49:59 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn B. Wilson, PhD	Individual	Support	No

Comments:

Medical-aid-in-dying expands the menu of compassionate care options at end of life. HB 2739 HD1 protects patient choices; protects patients and their families from suffering more; and, protects our communities with safeguards that have been proven effective in other states.

I have self-interest in this bill passing—I was diagnosed 2 years ago and treated for a very aggressive breast cancer; today, “no evidence of disease” thankfully. If this cancer metastasizes to my lungs, liver, or brain, my doctors told me it would be “incurable.” If I do face a terminal illness, it would give me great comfort to have the legal right to choose when and how I would die to end needless suffering in my final days. I would also want for any member of my family and for my friends to have this same right to choose.

I am grateful to have palliative care and hospice options for terminally ill patients AND I support this state law for medial-aid-in-dying, another option for end of life care.

Critiques of this bill make no sense and do not reflect reality. Why would we let these few people, motivated by extreme conservative views that they believe they are entitled to push on the rest of us, create a climate of doubt and obfuscation aimed at delaying approval of this bill?

When 80% of Hawaii residents approve of passing this bill, our house representatives and senators must listen to ALL the people and pass Hawaii’s medical-aid-in-dying bill now.

Mahalo for voting to pass this bill.

HB-2739-HD-1
Submitted on: 3/14/2018 7:39:22 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rob anderson	Individual	Support	No

Comments:

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Rob Anderson and I am testifying in strong support of House Bill 2739 HD1.

In 2002 and in 2015 respectively, I lost my mother and younger brother to cancer. I was their caregiver and could do little for them as they suffered before succumbing to their disease.

Once you get past the religious politics inherent in the opposition to bills like this one a reasonable person will conclude that offering an option – not a directive – to those in the end stages of a fatal disease is the ultimate expression of pure compassion.

And, ironically, embodies the heart of what the lay members of religious groups try to do every day: relieve the suffering of others.

– In late January of 2018, the Hawai‘i State AFL-CIO passed a resolution “calling for lawmakers to enact legislation authorizing medical aid in dying. Medical aid in dying gives mentally capable, terminally ill adults with a prognosis of six months or fewer to live the option to request, obtain and self-ingest medication to die peacefully in their sleep if their suffering becomes unbearable. Prior to this vote, the AFL-CIO had a neutral stance on medical aid in dying.”

– “Among the reasons to support medical aid in dying cited in AFL-CIO’s resolution are:

Aid in dying has been successfully implemented in Oregon and five other states; as a result, the quality of end-of-life care, pain management and the use of hospice have all greatly improved.”

– Patients find great comfort and peace of mind in having the prescription drug, even if they choose to not use it. Just knowing it's there if they need it greatly relieves their anxiety.

– A November 2016 public opinion poll by Hawaii's respected Anthology Marketing Group found 80% of Hawai'i voters agree with the statement:
"When a mentally capable adult is dying of a terminal disease that cannot be cured, do you think that this adult should have the legal option to request prescription medicine from their doctor, and use that medication to end their suffering in their final stages of dying?"

– "Twenty years of transparent reporting and study of aid-in-dying medical practice in Oregon demonstrates the safety of the option in upholding a patient's right to self-determination."

– "Well-respected health and medical organizations recognize medical aid in dying as a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness, including The American Public Health Association, The American Medical Women's Association, The American Medical Student Association and The American Academy of Legal Medicine."

– Once strongly opposed, in 2017 the Hawaii Medical Association took a neutral position and did not testify.

– Other large state-wide Hawaii organizations that support Medical Aid in Dying include the Democratic Party of Hawaii, the Kokua Council of Seniors, Americans For Democratic Action and The American Civil Liberties Union.

– Since Oregon first passed Death With Dignity in 1994, the state has seen flawless implementation of the law. Washington and Vermont have seen similar results.

But it is not only the end of life option that helps people. It is the recognition that their pain and suffering must be treated appropriately. Across the country, we have seen significant advances in pain control and hospice care to provide those at the end of life

with comfort. But sometimes even the best of care and pain management is not enough. In states that do not offer Death With Dignity, terminally ill patients do not have the choice to die on their own terms in a peaceful and dignified way.

– The various bills now before the Legislature contain significant patient safeguards:

The patient must be diagnosed within six months of death, the same standard used for hospice care.

– The patient must make repeated verbal and written requests, and if there is any indication that the patient is not of sound mind, they must be referred to a mental health professional for evaluation.

– The patient must take the medication themselves. Whether surrounded by family, friends or others, the patient must still self-administer the medication.

– No doctor or health care professional can be forced to participate. All medical professionals have full opt-out provisions and need to state no reason other than they are opposed.

– While opponents often argue that patients can be coerced or forced into this decision, or that certain people such as the disabled will be targeted to use this law, the truth is in 20 years of implementation in Oregon, and in the other states that have passed the law more recently, there is no evidence of any undue influence or coercion.

Instead, their fear-based campaign seeks to impose their own stringent religious beliefs on all the rest of us.

Thank you for the opportunity to show my support for HB2739 HD1.

Mahalo,

Rob Anderson

HB-2739-HD-1
Submitted on: 3/14/2018 7:57:33 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles Lacaden	Individual	Oppose	No

Comments:

Testimony of Charles Lacaden

In consideration of House Bill No. 2739 RELATING TO HEALTH: Our Care, Our Choice Act

Chairs and committee members: Thank you for the opportunity to provide comments AGAINST Support for House Bill 2739 HD1.

This bill to allow terminally ill patients to end their life is a bill that ought not to be empowered by legislators but the people of Hawai‘i. Dying is a normal, expected, unavoidable part of life, as we are born so we die. Today that normal cycle we want to legislate for the sake of a few. With the death process we learn how to best be with each other during this most poignant of times, to offer true peace and comfort, but with the passage of this bill we will have changed ourselves as individuals and as a society. But we are contemplating and interrupting that normal cycle approving the taking of one’s life. It is our choice to live or die but now people want a law passed ensuring man and not nature is the taker of life. I urge you not to pass this bill.

HB-2739-HD-1
Submitted on: 3/14/2018 8:17:13 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jim Hayden	Individual	Support	No

Comments:

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Jim Hayden and I am testifying in strong support of HB2739, HD1 with no amendments.

Thank you for hearing and passing HB2739, HD1.

HB-2739-HD-1
Submitted on: 3/14/2018 8:32:18 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Pitcaithley	Individual	Support	No

Comments:

I am in strong support of HB2735. As a registered nurse with over 40 years of experience in acute care hospitals, I have witnessed horrific suffering in patients who were diagnosed with terminal illness, whose death was imminent.

An individual diagnosed with terminal illness who is in agony is certainly entitled to make personal choices for themselves. Only that individual can decide and should have to right to die with dignity. It is unfortunate that in this age of life sustaining technological advances, there is no option for dignified end of life care choices. This is an issue of autonomy and quality of life that must be addressed..

Senator Rosalyn H. Baker, Chair, Senator Jill N. Tokuda, Vice Chair, And Members of the Senate Committee on Commerce, Consumer Protection, and Health

From: Leslie Jones, Mental Health professional, kamaaina and Constituent friend
To: Hearing of Senate Commerce, Consumer Protection, and Health Committee
Hearing Date: Friday, March 16, 2018 Hearing Time: 8:30 a.m.

Testimony in <u>Opposition</u> to HB 2739 HD1, Relating to Health

Thank you for this opportunity to testify. As a mental health professional, kamaaina and friend of many constituents and others that would be adversely affected by this bill, I stand in opposition to this measure as currently drafted. While the intent may be praiseworthy, the current draft falls short of protecting all of Hawaii's citizens.

This measure needs reconsideration for the following reasons:

- **No mental health evaluation of the patient is required prior to issuing the life-ending prescription… although studies show a prevalence of depression in patients requesting assisted suicide. In addition, a required evaluation would serve to protect patients from abuse since the most common requests for life-ending medications are for the elderly**

- **No requirement exists that the attending provider who determines that the patient is terminal and who prescribes lethal drugs be an expert in the patient's disease condition**

- **No requirement exists that the provider or witnesses to the request for assisted suicide have a long-standing relationship with the patient; therefore the people certifying that the patient is capable and not being coerced do not need to know the patient well enough to make such a determination**

- **No education of the patient and caregivers by pharmacists is required on proper use and disposal of the deadly and often unused medications involved nor is there a drug take-back plan for these medications… leaving them open to misuse**

- **No protections for the patient exist to prevent insurance companies from denying more costly life-affirming patient care when there is availability of less expensive assisted suicide, and there has already been at least one documented case of this denial of care occurring on the mainland where assisted suicide exists**

- **No witness is required to be present at the patient's death, exposing vulnerable patients to abuse, and leading to a lack of evidence of consent or self-administration of the lethal medication at time of ingestion**

- **Insufficient protections exist to prevent coercion or abuse or to prosecute those that do occur**

- **No current method exists to accurately predict prognosis, and patients frequently outlive existing prognoses. I am personally familiar with two such cases where terminally diagnosed patients lived more than six months, and am aware of many more such cases which are occurring with increasing frequency.**

- **The Oregon Health Division assisted suicide reports show that <u>non</u>-terminal patients received lethal prescriptions in 17 of the last 18 years (all but year 1).**

- **Moreover, the Oregon reports note that the category of Other Conditions eligible for assisted suicide has grown over the years to include such non-terminal conditions as Type 2 diabetes, and gastrointestinal diseases, which recent medical science has shown to be reversible. This Oregon report is particularly troubling since the Hawaii Department of Health statistics show that our Hawaiian, Japanese, and Filipino citizens would be most vulnerable due to the high incidence of diabetes in these groups**

- **No safeguards exist for the protection of persons with disabilities leaving them vulnerable and resulting in a lack of true informed consent**

- **No family notification is required, although under Hawaii law family members must be contacted <u>after</u> the death to claim and dispose of the patient's body/remains**

- **No protections exist to preserve evidence and to allow family members access to State records in the event of wrongful death or other civil or criminal wrongdoing**

- **No protections exist from elder abuse of our kupuna, and in fact deadly medications would be provided to their potential abusers**

- **The Oregon Health Division reports indicate that three of the top five reasons that patients request assisted suicide have nothing to do with pain or anticipated pain but are instead disability-related concerns regarding autonomy, dignity, and feelings of being burden. Even though these concerns can be addressed by patient-directed in home care services, disability-competent professionals, and peer counselors, no provision is made in HB2739 HD1 to disclose about or provide such services to the affected patients depriving them of additional quality of life options**

- **No doctor or nurse is required to be present when the patient takes the lethal dose, leaving the patient unprotected if something goes wrong**

Recently, 29 states have introduced assisted suicide legislation, and 28 of those states have rejected such legislation. Hawaii's physicians have also testified that Hawaii is not ready for such legislation.

For these and many additional reasons presented by others, please hold HB 2739 HD1 for further discussion at this time. Thank you again for this opportunity to testify.

HB-2739-HD-1
Submitted on: 3/15/2018 8:15:26 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Ginoza	Individual	Support	No

Comments:

My name is Karen Ginoza and I am testifying as an individual. Please pass HB2739 HD1 as written. This bill is long overdue.

HB-2739-HD-1
Submitted on: 3/14/2018 8:33:35 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Rowe	Individual	Support	Yes

Comments:

Aloha

I ask you to support HB2739, the proposed medical aid in dying legislation.

I have heard much, over years of following this issue, about how life is a gift from God. So it may be. But if it is, so is free choice. As I was raised, perhaps the most important factor God has given to human beings is the gift and grace that comes from the freedom to choose. It is through our choices that we form our life and character. If our lives are gifts from God, so must be our capacity to choose.

The proposed legislation is about the capacity to choose, to choose to complete the craft of a human life, to bring it to its inevitable end in a manner that fulfills our individual character. Such a choice, as this legislation will allow, will certainly not be for everyone. Given the model on which the law is based, it will be a choice of a very few.

But, is it not the responsibility of our legislators to protect the choice of those few, and through that responsibility that we have made our society a free society that accommodates and even celebrates difference?

Our social institutions are based on the premise that citizens are rational, independent and free, possessed of autonomy and aware of their own self-interest. I do not understand why we abandon this premise when adults approach their death. All human beings deserve the respect to live their lives in dignity, as they choose. Why do we so coldly deny this simple fact by disregarding the value of individual choice when life approaches its inevitable end?

Please vote in favor of HB2739.

Mahalo

Sharon Rowe, citizen

HB-2739-HD-1
Submitted on: 3/14/2018 8:35:55 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Juanita Lasconia	Individual	Oppose	No

Comments:

In consideration of House Bill No. 2739 RELATING TO HEALTH: Our Care, Our Choice Act
Chairs and committee members: Thank you for the opportunity to provide comments AGAINST Support for House Bill 2739 HD1.
This bill to allow terminally ill patients to end their life is a bill that ought not to be empowered by legislators but the people of Hawai‘i. Dying is a normal, expected, unavoidable part of life, as we are born so we die. Today that normal cycle we want to legislate for the sake of a few. With the death process we learn how to best be with each other during this most poignant of times, to offer true peace and comfort, but with the passage of this bill we will have changed ourselves as individuals and as a society. But we are contemplating and interrupting that normal cycle approving the taking of one’s life. It is our choice to live or die but now people want a law passed ensuring man and not nature is the taker of life. I urge you not to pass this bill.

To the Senate Committee on Commerce, Consumer Protection & Health.
Conference Room 229
March 16, 2018 8:30 AM

HB2739 HD1 - Related to Health;

HB2739-Related to Health; Medical Aid in Dying

Honorable Committee Chairs, Vice Chairs, and Members:

STRONG SUPPORT

Speaking as a doctor of Clinical Psychology
I worked for Hawaii Department of Health as a child clinical psychologist for many years. My doctorate in clinical psychology is from UH-Manoa. I received additional specialty training from UCLA. Based on this professional training and experience, I believe that the services offered by HB2739 will be extremely supportive of our state's **emotional well-being. HB2739** will allow a genuine step forward in public mental health.

Speaking as a deeply religious person
Although being a psychologist has been a huge part of my life, it is religious, spiritual, practice that is my core. I believe it's "why I am here," so to speak. **Kindness** is the expression of my spirituality. I believe HB2739 is extremely kind. I want to acknowledge, and honor, religious diversity in defining "kindness." At the same time, I feel called to say that attempting to restrict others' end-of-life options, based on one's own end-of-life beliefs, to me, seems unintentionally unkind. I am testifying here to help add more kindness to our entire diverse community. Survey research has shown that most people living in diverse Hawaii believe in end of life options.

Speaking as a survivor (so far) of brain cancer
I fell down out on Hilo's beautiful Coconut Island during a sunny exercise walk with a friend. For half an hour I had a full-body seizure. I was diagnosed with brain cancer and given 8 months to 2 1/2 years to live. For over a year I mistakenly believed that in our state I could have medical aid in dying. This created a powerful **safety net** for me. This safety net helped me experience 3 things: Courage, relief, and love of my remaining life. More specifically, HB2739 care added:

1. courage to face a very difficult treatment process that could create extreme handicaps, including brain damage,
2. relief of worry about final months of extreme pain, and
3. the ability to better treasure my remaining time.

The incorrect belief that I had services offered by HB2739 put a safety net under me. It gave me back my remaining time.

Reaching out to you with my own hand, I ask of you personally, *please help me. Please make that safety net real*. Please help all of us facing fatal illnesses be able to live with more courage, relief, and joy.

In deep gratitude for your review of this material,
Vicki Stoddard, Ph.D.

HB-2739-HD-1
Submitted on: 3/14/2018 8:42:20 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Koppel	Individual	Support	No

Comments:

To the Honorable Chair, Vice-Chair and Committee Members:

RE: HB: 2739 "Death in Dying"

I am writing in Strong Support of HB2739.

My name is Mark Koppel, of Ninole, Hawaii Island

I strongly support a person's right to choose a dignified death. Some people face a diagnosis of six months or less of nothing but pain or suffering or severe cognitive impairment. People like them deserve the right to chose to terminate their life without undergoing this unnecessary suffering.

This is not a medical decision. Except for the diagnosis, doctors are totally unnecessary to the process. It might be considered a religious decision, but since different religions hold different attitudes about death, and because many people claim no religious affiliation, religion should not enter the equation. Our country does not allow religion to dictate laws.

This is a moral and ethical decision that each person is entitled to make. As other states and countries show us, safeguards can be easily built in to prevent involuntary euthanasia.

Please let dying people end their lives without unnecessary suffering by supporting HB2739.

Mahalo

Mark A. Koppel
Ninole

STRONG TESTIMONY IN OPPOSITION TO HB 2739 HD1

TO: Senate Committee on Commerce, Consumer Protection, and Health
HEARING: 3/16/18 @ 8:30am Conference Room 229

FROM: Wilma Youtz
P.O. Box 10232
Honolulu, HI 96816-0232
DATE: 3/15/18

Dear Senators:

Your compassion for those suffering from a terminal disease is to be commended. My heart goes out to all Committee Members as you grapple with this divisive and emotionally-charged issue. I respectfully ask, however, that you vote NO on HB2739 for the following logical reasons and facts:

1) There have been major advances in palliative care, making medically-assisted suicide a dangerous "solution" to end a terminally-ill patient's suffering. A study of terminally ill hospice patients found only those diagnosed with **depression**, not physical pain, considered suicide or wished death would come early. **Patients who were not depressed did not want to die**. Depression can and should be treated. The message to our young people and our community at large should never promote suicide as a solution.

2) HB2739 will indeed promote and legitimize suicide. Oregon's statistics since passing physician-assisted suicide in 1997 prove this unintended consequence, as non-assisted suicides have increased by 49.3% since passing such a law. Oregon leads the nation in suicides in the general population by more than 40%. **Why would Hawaii want to follow suit and vie for such a dismal distinction?**

3) You will be sending **contradictory and mixed-signals to Hawaii's youth** by supporting suicide among the aged and ill while supporting suicide prevention through bills such as **HB2169**, Relating to Youth Suicide Prevention, which was passed without amendments by the House Committee on Finance on 2-23-18. While our culture does not value the elderly as much as some other cultures do, every life has inherent worth -- young or old, healthy or sick. There are other **suicide prevention bills**, **SB2986** and **HB2262**, that have been referred to committee this legislative session. **Please do not send the wrong message to our youth that suicide is acceptable under any circumstances and that the aged and dying are less valuable than they are.**

4) Suicide rates are high among Hawaii teenagers. HB2739 makes no provision for the safe disposal of unused lethal drugs. Hawaii can expect teenage suicide rates to increase with the passage of a bill that provides for **no education on proper use or disposal of lethal drugs**.

5) HB2739 "Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription." As with any criminal sanction, the criminal needs to be caught and prosecuted. Terminally-ill patients are at the mercy of their caregivers and cannot mount-up a defense when their well-being is dependent upon others. **This bill will not ensure the safety of those most vulnerable and weak due to age, illness, or depression**.

For these reasons and many more, please do not promote suicide in any form, under any circumstances. **Suicide of any kind is not what Hawaii should be known for**. Please **vote "NO" on HB2739**. Thank you for your thoughtful consideration.

Respectfully,
Wilma Youtz

HB-2739-HD-1
Submitted on: 3/14/2018 9:03:04 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Ross	Individual	Support	No

Comments:

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Brittany Ross and I am testifying in strong support of HB2739, HD1 with no amendments. People deserve to have this end of life option, the safegaurds ensure there will not be abuse. This is a civil right of the people and it will prevent unecessary suffering for those that choose this end of life option.

Thank you for hearing and passing HB2739, HD1.

HB-2739-HD-1
Submitted on: 3/15/2018 7:57:15 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selene Mersereau	Individual	Support	No

Comments:

Please allow all of us to have a choice. Aloha

March 15, 2018

To: Senator Rosalyn Baker and Senate Committee on Commerce, Consumer Protection and Health

From: Cheryl Toyofuku, Pearl City, Hawaii

Re: Opposition to HB 2739 relating to Health

Hearing: Friday, March 16, 2018 at 8:30 a.m., Hawaii State Capitol

My name is Cheryl Toyofuku and I am a daughter, mother, grandmother, registered nurse, former Oncology Certified Nurse, health & life advocate. I am in opposition to HB 2739, which is a legislative, governmental effort to make suicide a legal, medical and healthcare treatment option. Endorsing and legalizing doctor assisted suicide is not patient medical care it is a serious, public health policy concern.

Many years ago, while on the oncology team at a major Honolulu medical center, my role as an oncology nurse was to provide skillful and compassionate patient care, while promoting and assisting in the recovery and healing process. This often included care for the terminally or chronically ill. Our inter-disciplinary team of physicians, nurses, social workers, dieticians, chaplains, physical/occupational therapists and family members collaborated together to support patients physically, emotionally and spiritually in their last days. The goal for patient care and dignity was accomplished through adequate pain & symptom control, palliative care, excellent end-of-life support, diligent identification and treatment of depression, isolation or other socio-emotional issues. Some terminally ill patients recovered, got well and lived productively for many more years.

In some situations, a request to limit life-prolonging treatment was honored, but there was never the suggestion to intentionally cause death. The thought of assisting in a suicide process would have destroyed the trust relationships that were developed between the patient, family, doctor and health team. Assisting in suicide to end the life of a patient would not be considered as a solution to a physical, mental-emotional, social or spiritual challenge that may surface in their health care. Instead, compassionate and palliative alternatives were provided through hospice and other health disciplines to address the multitude of needs for the patient and family.

Dignity is not found in taking away hope and life. It is not found in a handful of lethal pills. This bill is clearly about giving the doctors the dangerous right to assist in the process of suicide. This “right” threatens to destroy the delicate trust relationship between the doctor and patient, along with others on the health care team. It is a reason why major medical, nursing & other health professional associations adamantly oppose it.

Snapshot polls may show Hawaii voters are in favor of assisted suicide, but there has been no indication of how Hawaii's physician community feel about the issue. Physicians, in general, have been excluded from the public dialogue or have shunned participation because they may have no intention of participating in its implementation. We can learn from California, which despite having its physician-assisted law in effect for more than a year, continues to struggle with identifying providers who are willing to prescribe dosages of lethal drugs medications or validate the need for physician-assisted suicide. This undermines safeguards by forcing California patients to find a doctor who is willing to be their attending provider who may not fully understand their health history, prognosis and most importantly, ensure they are acting voluntarily and not being coerced into the decision. My request to the committee is simply to ponder this question: Why are we modeling HB 2739 on a law that is not effective, unnecessary, and without support from Hawaii's physicians?

Please do NOT pass HB 2739 out of your Committee. Hawaii deserves better than the mixed messages that suicide is okay.

Thank you.

SUPPORT HB 2739, HD 1 – RELATING TO HEALTH

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

DATE: Friday, March 16, 2018
TIME: 8:30 – 11:25 a.m.
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

To the Senate Committee on Commerce, Consumer Protection, and Health:

Mahalo for hearing this bill.

If an adult resident of the State with a medically confirmed terminal disease and less than six months to live wishes to obtain a prescription for medication to end his or her own life, I want that right to exist.

I do not expect that I will ever use this right, but I want other people to have it.

When my Uncle Ray was dying of cancer, he was in so much pain. His wife, my Auntie Lynn, died shortly before him from stomach ulcers because of the stress of dealing with his cancer. Especially after she died, he told us all that he wanted to go and be with his wife. There was no point in sticking around to be in pain. He said he would be happy to receive a lethal injection. I remember family members saying they would be happy to give it to him, which was really difficult for me to understand at about 13 years old. I did not understand why anyone would want to die or why any family member would want to help a person die. Nobody, including Uncle Ray, wanted him to be in pain any longer. If this bill had been in effect, he could have had the relief he wanted.

At this point in my life, I am 28 years old and pretty healthy. I cannot get into the mindset of someone who would want this, but I cannot, in good conscience, tell them that they cannot have it.

Please support this bill.

Mahalo nui loa,

Justin Salisbury
1617 Kapiolani Blvd, Apt 1402
Honolulu, HI 96814

HB-2739-HD-1
Submitted on: 3/14/2018 9:26:31 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keanahou 'Skip Ludloff	Individual	Support	No

Comments:

I strongly support this bill so that adults who are terminally ill can make their own choice regarding their end of life options.

I strongly opposed HB2739 and ask that you vote against it for the following reasons:

1. This bill opens the door to abuse of the elderly or infirm. Once a lethal prescription is written, an abusive caregiver or relative who stands to inherit from the patient can pick it up and give it to the patient in food or drink. Since no witness is required at the time of death, who would know if the patient consented?

2. It cheapens life. If assisted suicide is made legal, it quickly becomes just another form of treatment. It will always be the cheapest option, especially in a cost-conscious healthcare environment. Barbara Wagner, an Oregon resident, was denied coverage for her cancer treatment but received a letter from the Oregon Health Plan stating the plan would cover assisted suicide. Another Oregon resident, Randy Stroup, received an identical letter, telling him that the Oregon Health Plan would cover the cost of his assisted suicide, but would not pay for medical treatment for his prostate cancer.

3. It is a threat to the most vulnerable. Those living with disabilities or who are in vulnerable healthcare circumstances have justifiable concerns should assisted suicide become an option. Financial pressure, peer pressure, and even pressure from uncaring family members can be placed on these individuals to take the suicide option. In fact, nothing in the Oregon or Washington style laws can protect from explicit or implicit family pressures to commit suicide, or personal fears of "being a burden." There is NO requirement that a doctor evaluate family pressures the patient may be under, nor compel the doctor to encourage a patient to even notify their family.

4. Bad data puts patients at risk. Oregon's data on assisted suicide is flawed, incomplete, and tells us very little. The state does not investigate cases of abuse, and has admitted, "We cannot determine whether physician assisted suicide is being practiced outside the framework of the Death with Dignity Act." The state has also acknowledged destroying the underlying data after each annual report.

Sincerely,

Quentin Whitehurst

HB-2739-HD-1
Submitted on: 3/14/2018 9:39:38 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
valrie griffith	Individual	Support	No

Comments:

I fully support HB 2739. I believe peole should have a choice in their life. I also believe there are sufficient safeguards so this won't be abused. My mother suffered for years with terminal lung cancer that spread to other organs and caused her terrible pain. There was no treatment that could save her life and she wanted to end her suffering. I wish she had had that choice. Please pass this bill.

Mahalo Valrie Griffith, St.Louis Heights, Honolulu

HB-2739-HD-1
Submitted on: 3/14/2018 9:40:42 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
KATHRYN K OKAZAKI	Individual	Support	No

Comments:

Please support this bill. Death with Dignity may not personally be your choice and I respect your feelings. **Please respect me to have a choice**. Mahalo!

Kathryn Okazaki

Halawa Heights, Aiea

I strongly opposed HB2739 and ask that you vote against it for the following reasons:

1. This bill opens the door to abuse of the elderly or infirm. Once a lethal prescription is written, an abusive caregiver or relative who stands to inherit from the patient can pick it up and give it to the patient in food or drink. Since no witness is required at the time of death, who would know if the patient consented?

2. It cheapens life. If assisted suicide is made legal, it quickly becomes just another form of treatment. It will always be the cheapest option, especially in a cost-conscious healthcare environment. Barbara Wagner, an Oregon resident, was denied coverage for her cancer treatment but received a letter from the Oregon Health Plan stating the plan would cover assisted suicide. Another Oregon resident, Randy Stroup, received an identical letter, telling him that the Oregon Health Plan would cover the cost of his assisted suicide, but would not pay for medical treatment for his prostate cancer.

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Sincerely,

Tracey Clay-Whitehurst

HB-2739-HD-1
Submitted on: 3/15/2018 7:49:01 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Heartfield PhD	Individual	Support	No

Comments:

I support this measure because it gives a person who is dying a painful death the opportunity to complete that process for themselves in a humane and compassionate way. I believe each person should decide for themselves, rather than have no choice but to die painfully. I have seen this myself with a dear friend. She suffered needlessly becasue she did not have this choice. I don't want anyone I love to suffer needlessly when they are already in the dying process. Each person should have the right to end their own suffering, and leave their bodies with dignity, if that is what they choose.

Sincerely and with compassion,

Joan Heartfield, PhD

HB-2739-HD-1
Submitted on: 3/14/2018 10:33:05 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gaye Chan	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/14/2018 10:33:52 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jean SM Chan	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/14/2018 11:01:38 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Doug Nelson	Individual	Support	No

Comments:

I strongly support the "Our Care, Our Choice Act" as it provides personal choice at the end of life and peace of mind for those who are dying of terminal illness.

The Act allows individuals to make what is an intensely personal choice in a legal manner.

Please take the necessary actions to pass this Act for the sake of Hawaii's residents.

Doug Nelson
Kihei, Maui 96753

TESTIMONY IN SUPPORT OF HB 2739, HD 1

My name is Rae Seitz and I have been a palliative care physician since 2001 when I received training at the Harvard School of Medicine Faculty Scholar Program for Palliative Care.

I strongly support HB 2739, HD 1, but it can be made much better by two simple amendments:

- Delaying the effective date of the law by six months so the medical community can receive appropriate training

- Setting up a DOH advisory group, guided by palliative care specialists, who can oversee the training and implementation of the law.

I propose these two amendments in with the hope that Hawaii can avoid the many difficulties the California medical community had last year implementing their Physician Aid in Dying legislation. There needs to be doctor training and basic checklists to assure the law is properly implemented and that deaths that occur under the new law are conscientiously and properly reported to DOH. We owe these patients no less.

I come at this issue with extensive experience. Since beginning work in palliative medicine, I have cared for hundreds of chronically, seriously, and terminally ill people, many of whom I was honored to have journeyed with through the end of their lives.

Of the hundreds of patients I cared for, a handful asked, "Doc, will you help me die?" They wanted assurances that I would be there when the burdens of living with an incurable condition became too much. My answer was always this: "Let's work together to understand why life was not worth living and see if we can find a way back to where it would be worth living. If, after we gave it our very best efforts you still want help to die, then, yes. I will help you." Ultimately, not a one asked for that option; all found, surprisingly, that they wanted to live longer than nature would allow.

Does that mean that physician aid in dying legislation should be scrapped? I say emphatically no. In my view it is a genuine and appropriate choice for a very small number of people and for a larger number who would take comfort in knowing that option exists although they would not avail themselves of it.

We need to ensure that physicians and other healthcare providers are skilled at and comfortable with having the kind of deep discussion so that a person is fully informed about all available options for care. In my experience it is the rare physician who has had any training in conducting open, values-neutral conversations with their patients. Training is absent, time is very short, there are a myriad of other, more urgent issues a provider has to deal with in their day. Many are too busy to understand, themselves, the full complement of options for end of life care. We have our own personal opinions and biases about what is best for our patients. Finding the time and space to sit quietly and listen well *to the patient and their families* is a significant struggle. We need to ensure that physicians and others involved in medical aid in dying have training conducted by professionals for whom this type of activity is their specialty and who can assess competency. These professionals are palliative medicine physicians, nurses, social workers, and chaplains. They have achieved a level of expertise in communication and patient-centeredness that is at the core of their professional competencies and for which they have received training, exhibited proficiency, and integrate into their daily practice of medical care. This cadre of healthcare professionals should be tapped to train a larger group of physicians and nurse practitioners to discuss aid in dying with patients who express an interest in

choosing the option. Further, there will be need for ongoing care should these patients move forward to taking the option of medical aid in dying.

The need for this training is probably the most important part of any safety measures the legislature might consider implementing. It is the only real way to ensure the authenticity of the choice because it is in the discussions that we learn what the experience of illness is for the individual. It is there that we can begin to assess whether other options for care have been considered or tried. We can better understand internal and external motivations which may be influencing decision making. It is the best way to ensure the choice is carried out in the safest way possible.

The operationalization of the legislation will take a lot of effort and organization. I believe it is wise to include a ramp up period before the law actually takes effect so some of the providers who are interested in functioning as attendings to these patients can understand the law and undergo training in effective communication. Additionally, time is needed for the development and implementation of informational materials and processes. California was able to achieve much in 6 months although the work continues to be developed even as we speak.

I fully support the creation of an advisory panel for planning and implementation.

This panel should consist of palliative care experts, members of the community, and include consultants from states who have struggled through the process of operationalizing medical aid in dying legislation. My colleagues in California, Washington, and Oregon all advise that good planning is essential to making sure the legislation is implemented well, moves efficiently, and is inclusive. These colleagues have a treasure trove of experience that we should tap. I would like to see medical aid in dying be the exception to the all too familiar rule in Hawaii of jumping first and planning later (ie: medical marijuana, rail). Integrate a 6 month planning period into the legislation.

In summary, I support physician aid in dying legislation. Let's make the safety measures substantial and plan well for implementation.

Rae S. Seitz, MD

(808)285-3102

raeseitz@gmail.com

HB-2739-HD-1
Submitted on: 3/15/2018 7:27:36 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judith A Mick	Individual	Support	No

Comments:

It is time for Hawaii to step up and show it's compassion to the world. We must give our residents every option for the event we will all face in the future - the right to live and the right to die with dignity. Please pass HB 2739. Mahalo Judy Mick, Kailua

HB-2739-HD-1
Submitted on: 3/15/2018 7:23:25 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Ramie	Individual	Oppose	No

Comments:

Once you legalize the taking of ones own life, the government is taking on the role of God. Where is the separation of state and church here? This is so wrong and must be dismissed immediately.

March 16, 2018

Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection and Health
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Testimony in strong support of HB 2739 HD1 Relating to Health

Chair Baker, Vice Chair Tokuda and Committee Members:

I commend you for moving such an important issue forward. When signed into law HB 2739 will provide an opportunity to qualified terminally ill individuals to have a peaceful death should they so choose.

Until you've been through a bad death, suffered by a close friend or relative, you don't understand why this such an important issue. The dying process usually involves horrendous pain and a loss of individual autonomy. I remember my mother lying in bed begging me, more than once, to help her end her life. Her suffering was too much. I stood by her bed crying only wishing I could help. I am haunted by the fact that I couldn't do anything to end her pain or her anxiety. My mother may have decided not to take the medication, as so many others have done in states where it is already authorized but that is a choice I wish she could have considered.

Every competent terminally ill person should have the right to make their own decision about how their life will end. I sincerely hope that you never need to avail yourself of the option, but a peaceful death should be a legal choice to those who need and want it.

I thank you in advance for passing this bill as I truly hope that is what you will decide today.

Mahalo nui loa,

Mary Steiner
808-225-4563

Notes from the Front Lines of the Medical Aid-in-Dying Debate

The recent success of the Medical Aid-in-Dying Bill in the Hawaiian Legislature is heartening. This is a very compassionate and wise piece of legislation. It is still making its way through the Legislature where it will continue to meet some opposition.

Medical Aid-in-Dying brings a sense of control and peace of mind to patients and their families. With access to life ending medications prescribed by a physician, they don't have to fear relentless suffering and pain as they travel the road to their death. I will address two sources of opposition.

First, there are people of deep religious and spiritual faith who believe that Medical Aid-in-Dying violates their God's law. It is their Constitutionally protected right to express their beliefs. Particular religious tenets, however, should never become the basis for law or Public Policy.

Second, there is opposition from some in the medical community. They have concerns about a 'slippery slope', where Medical Aid-in-Dying will become a form of forced euthanasia and will abuse the most vulnerable members of our community. Those who are mentally and physically disabled and those who might be coerced into hastening their death, must be protected at all costs. Even a hint of such abuses needs to be carefully investigated.

These abuses, however, are not seen in 20 years of meticulously kept data by the Oregon Health Authority on the Death with Dignity law, which the Hawaiian Bill is based on.

It is useful to look at a report from the Palliative Care in Oncology Symposium, held in San Francisco in September of 2016. Doctor

Charles Blanke, a respected Oncologist and researcher at Oregon Health Sciences University, along with other researchers, report that there was no abuse of those who chose to use Death with Dignity.

They carefully examined the Oregon data, from both the State and community. Using statistical analysis, they found no 'slippery slope', no abuse of vulnerable people, indicating that the safeguards and restrictions in the Oregon law have been effective. These reports are *evidence based*. The law works as intended. The Hawaii Bill has even more safeguards than the Oregon law.

Blanke reported that, "In Oregon, multiple rules have to be followed, and no evidence has emerged that the strict criteria are not being adhered to." (https://www.medscape.com/viewarticle/869023)

Nurses, social workers, doctors and caregivers have their ethics and commitments to their practice which should not be doubted. They are personal in nature, and as such, they should also not become the basis for law or Public Policy.

It's worth noting that the American Academy of Hospice and Palliative Medicine has changed their official position from opposition to neutrality and that the American Public Health Association supports access to Medical Aid-in-Dying.

Malachy Grange RN
Former hospice nurse in Oregon
and current hospice volunteer in Hawaii

Also view https://vimeo.com/182306690 for more detail on Blanke's research – He and Dr Rotella of the AAHPM give their position that better hospice care would eliminate the need for MAiD. Their opinions should be respected, but no evidence is provided, and thus is

not an evidence based position, while Dr. Blanke's rmeticiuoud research on th DWD in Oregon is based on evidence. I salute Dr. Blanke for not letting his opilnion get ijn the way of his scientific research.

HB 2739 Medical Aid in Dying

Thank you for having this hearing today. I'm offering testimony in support of HB 2739 Medical Aid in Dying. I believe that all Hawaii residents should have the option, together with their families, their doctors, and their faith, to make the end-of-life decisions that are right for them in the final stages of terminal illness. This includes the option to request a prescription from their doctor to end their dying process painlessly and peacefully.

Both my parents died from cancer with hospice care in their homes. I'm grateful that each died before their suffering became unbearable. As a hospice volunteer, this hasn't been the case for some of the people with whom I've spent time at the end of their lives.

For those dying people who experienced excrutiating pain and prolonged suffering, and for their loved ones caring for them, having the prescription from their doctor would have been a blessing.

Please enact medical aid in dying and allow Hawaii to join the six other states (Oregon, Washington, Montana, Vermont, and Colorado) as well as the District of Columbia in authorizing this practice. These seven jurisdictions have more than 40 combined years of experience with medical aid in dying without a single legally documented incident of abuse or coercion.

I feel confident that the many carefully-crafted guidelines outlined in this bill will ensure that mentally-capable people who are close to death have the most peaceful end-of-life possible. I believe that each life is precious and that each life's ending, when possible should reflect that.

Thank you for your consideration and for hearing the voices of your constituents.

Respectfully,

Kathryn Kaknes

HB 2739 Medical Aid in Dying

Thank you for having this hearing today. I'm offering testimony in support of HB 2739 Medical Aid in Dying. I believe that all Hawaii residents should have the option, together with their families, their doctors, and their faith, to make the end-of-life decisions that are right for them in the final stages of terminal illness. This includes the option to request a prescription from their doctor to end their dying process painlessly and peacefully.

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For those dying people who experienced excrutiating pain and prolonged suffering, and for their loved ones caring for them, having the prescription from their doctor would have been a blessing.

Please enact medical aid in dying and allow Hawaii to join the six other states (Oregon, Washington, Montana, Vermont, and Colorado) as well as the District of Columbia in authorizing this practice. These seven jurisdictions have more than 40 combined years of experience with medical aid in dying without a single legally documented incident of abuse or coercion.

I feel confident that the many carefully-crafted guidelines outlined in this bill will ensure that mentally-capable people who are close to death have the most peaceful end-of-life possible. I believe that each life is precious and that each life's ending, when possible should reflect that.

Thank you for your consideration and for hearing the voices of your constituents.

Respectfully,

Kathryn Kaknes

Notes from the Front Lines of the Medical Aid-in-Dying Debate

The recent success of the Medical Aid-in-Dying Bill in the Hawaiian Legislature is heartening. This is a very compassionate and wise piece of legislation. It is still making its way through the Legislature where it will continue to meet some opposition.

Medical Aid-in-Dying brings a sense of control and peace of mind to patients and their families. With access to life ending medications prescribed by a physician, they don't have to fear relentless suffering and pain as they travel the road to their death. I will address two sources of opposition.

First, there are people of deep religious and spiritual faith who believe that Medical Aid-in-Dying violates their God's law. It is their Constitutionally protected right to express their beliefs. Particular religious tenets, however, should never become the basis for law or Public Policy.

Second, there is opposition from some in the medical community. They have concerns about a 'slippery slope', where Medical Aid-in-Dying will become a form of forced euthanasia and will abuse the most vulnerable members of our community. Those who are mentally and physically disabled and those who might be coerced into hastening their death, must be protected at all costs. Even a hint of such abuses needs to be carefully investigated.

These abuses, however, are not seen in 20 years of meticulously kept data by the Oregon Health Authority on the Death with Dignity law, which the Hawaiian Bill is based on.

It is useful to look at a report from the Palliative Care in Oncology Symposium, held in San Francisco in September of 2016. Doctor

Charles Blanke, a respected Oncologist and researcher at Oregon Health Sciences University, along with other researchers, report that there was no abuse of those who chose to use Death with Dignity.

They carefully examined the Oregon data, from both the State and community. Using statistical analysis, they found no 'slippery slope', no abuse of vulnerable people, indicating that the safeguards and restrictions in the Oregon law have been effective. These reports are *evidence based*. The law works as intended. The Hawaii Bill has even more safeguards than the Oregon law.

Blanke reported that, "In Oregon, multiple rules have to be followed, and no evidence has emerged that the strict criteria are not being adhered to." (https://www.medscape.com/viewarticle/869023)

Nurses, social workers, doctors and caregivers have their ethics and commitments to their practice which should not be doubted. They are personal in nature, and as such, they should also not become the basis for law or Public Policy.

It's worth noting that the American Academy of Hospice and Palliative Medicine has changed their official position from opposition to neutrality and that the American Public Health Association supports access to Medical Aid-in-Dying.

Malachy Grange RN
Former hospice nurse in Oregon
and current hospice volunteer in Hawaii

Also view https://vimeo.com/182306690 for more detail on Blanke's research – He and Dr Rotella of the AAHPM give their position that better hospice care would eliminate the need for MAiD. Their opinions should be respected, but no evidence is provided, and thus is

not an evidence based position, while Dr. Blanke's rmeticiuoud research on th DWD in Oregon is based on evidence. I salute Dr. Blanke for not letting his opilnion get ijn the way of his scientific research.

HB-2739-HD-1
Submitted on: 3/15/2018 5:44:52 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julia Allen	Individual	Oppose	No

Comments:

I oppose HB2739. Suicide is suicide no matter what it is called.

We devote tremendous resources to saving lives and protecting people from harm, even from themselves. To pretend that there can be a type of suicide that can be good will have terrible, unintended consequences. To be afraid of living for any reason, is not a reason to die.

Therefore, please vote no on this bill.

HB-2739-HD-1
Submitted on: 3/14/2018 11:22:19 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Kearnes	Individual	Support	No

Comments:

I am testifying in support of bill HB2739 because I am in favor of its humanitarian nature. It is a bill written to end suffering without physically harming any other individual. It benefits citizens of sound mind, that have been diagnosed with terminal illnesses, who may finally choose a dignified way of ending their suffering instead of a likely prolonged ordeal of greatly diminished quality of life. We need to start treating our citizens as compassionately as we treat out pets. Also, we need to shun those testifying that bring religion nto the debate being as non-taxed religions have no legal place in government decisions.

HB-2739-HD-1
Submitted on: 3/15/2018 5:40:49 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Mejia	Individual	Oppose	Yes

Comments:

3/15/18

To: Chair Senator Rosalyn H. Baker, Vice Chair Senator Jill N. Tokuda and Members of the **Committee on Commerce, Consumer Protection, & Health**

From: Margaret Mejia

Date of Hearing: Friday, March 16, 2018 from 8:30-11:25 am

RE: VOTE NO on HB2739

I am STRONGLY AGAINST Physician Assisted Suicide. Therefore, I am STRONGLY AGAINST HB2739.

When Cain killed Abel, Abel's blood cried out from the ground. When lawmakers legalized abortion, every baby's blood cried out and still cries out from the ground. The Bible says in Ezekiel that if I don't warn you about what you are doing (which is being an instigator or an accomplice to murder), than the blood is on my hands. Even if it's a so-called compassionate murder," it is still taking a human's life.

I know about pain & suffering first hand. And I know what it's like when doctors tell you there is no cure for your loved one who is suffering because my son was diagnosed with an incurable respiratory disease.

My son Matthew was up every 2 hours at night and was on 7 medications. Some say it would have been "compassionate" to stop his suffering since the 7 doctors and the specialist, who was an atheist and regularly saw my son said there was NO CURE!

However, God has the last say. God healed my son and the atheist doctor became a Born Again Christian!

One cannot and should not try to play God. None of us can create a life, apart from God. None of us should take a life. The Bible says in Hebrews 9:27, "And it is appointed unto men once to die, but after this the judgment:"

God has an appointed day for each of us to die; let’s not try to reschedule His appointment. Don’t let the blood of the elderly, the blood of the disabled and the blood of those who want to die early be on your hands as legislators.

Vote NO on HB2739!

HB-2739-HD-1
Submitted on: 3/14/2018 11:37:43 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jocelyn Fujii	Individual	Support	No

Comments:

March 14, 2018

Dear Chair Baker and members of the committee:

I'm write you in strong support of HB 2739. With the controls and conditions outlined in this bill, medical aid in dying is a humane and sensible path to what I consider a basic human right: the right to die with dignity, without the prolonged suffering I have seen so many loved ones endure while facing their own tortured, imminent death.

Like reproductive rights and marriage equality, I feel it is only a matter of time before medical aid in dying is universally accepted. Let's not prolong the inevitable. Do we have the right to impose our personal choices on others? No. Does anyone have the right to decide for me that I should suffer needlessly when all hope is lost and the end is inevitable? No. Has the law been abused in the states where it's legal? No. With the controls now in place, and with the strong public support shown in polls, there is no reason to deny passage of HB 2739.

This bill is about compassion, easing suffering, empowerment and common sense. There are enough kupuna-care issues to go around in Hawaii; as a baby boomer who is childless by choice, I would consider passage of HB 2739 not just a weight off my shoulders, but also a welcome unburdening for my loved ones and Hawaii's institutions.

Respectfully,

Jocelyn Fujii

Makiki

Private citizen

Testimony IN SUPPORT OF HB 2739, HD 1
With recommended amendments
To protect the interests of patients
Who wish to make use of the Our Care, Our Choice provisions.

TO: Senator Rosalyn Baker, Chair, Senator Jill Tokuda, Vice Chair, and
Members of the Committee on Commerce, Consumer Protection and Health

FROM: Barbara Polk

I am in **strong support of HB2739, HD1**. Now in my late 70s, I look ahead to a time when I may want to take advantage of the provisions of this bill.

The bill has substantial protection for patients who do not want to participate and protection for attending providers and health care facilities that choose not to participate in the Our Care, Our Choice provisions. **However, the bill does not protect the interests of those patients who DO want to take advantage of this procedure**. I therefore suggest the following amendments:

1. Each patient has the right to have as attending provider, consulting provider, and all counselors and others involved in determining the patient's fitness to participate, individuals who are supportive of the provisions and intent of the Our Care, Our Choice Act.

1.a. Each physician who may become an attending provider in the case of a terminally ill patient, within one month of the effective date of this Act, shall notify all current patients in writing as to whether he or she would participate in the Our Care, Our Choice procedures, and shall repeat this decision orally at the next meeting with each patient. Each physician who may become an attending provider shall provide all new patients with the same oral and written statement.

1.b. An attending provider shall, to the best of his/her ability, ensure that all other participants in evaluating the patient for use of the provisions of the Our Care, Our Choice Act are also supportive of that Act.

1.c. If a physician should change his/her mind, from willingness to participate to unwillingness to participate, the physician shall immediately inform all patients of this change. If a terminally ill patient has already made at least one request for medication to terminate his/her life, the physician shall assist the patient in finding a new provider willing to honor that request and shall turn over to that provider all records and documentation specified in -12.

1.d. Failure to provide such statements to patients shall result in a fine of $------- for each patient not notified.

2. Each patient has the right to know whether or not the health care facility he or she enters or plans to enter is willing to participate in the Our Care, Our Choice program and whether or not the facility prohibits attending providers from participating.

2.a. Each health care facility shall provide each patient who enters the facility with a written and oral statement of their willingness or unwillingness to support the patient's choice of whether to participate in the Our Care, Our Choice program.

2.b. If a health care facility's policy changes and will no longer support the program after a patient has been admitted, the facility shall immediately notify all current patients of that change and assist each patient, upon request, to transfer to another health care facility that will honor a patient's choice.

2.c. A health care facility that fails to carry out 2.a. or 2.b. shall be fined $ ------ for each patient not notified.

3. In the vulnerable last stages of life, each patient having made one or more requests for medication to end his or her life has the right to be free from pressure from any person to change that position or not take the medication.

3.a. If the attending provider, consulting provider, any counselors or others involved in determining the fitness of a patient to make his/her own decision, or employee of the health care facility in which the patient resides attempts to dissuade a patient from ordering or taking a medication the patient has requested, that person shall be guilty of a misdemeanor. Presentation of facts as required by this Act, responses to questions asked by the patient, and discussions with family members shall not be considered as attempts to change the patient's decision. However, a patient has the right to bar a family member from the facility if, in the patient's opinion, the discussion has become undue pressure.

3.b. Any other person who enters the patient's room and proceeds to argue that the patient has made the wrong decision ,pray that the patient change their decision, or in any other way exert pressure on the patient to change his or her mind shall be guilty of a Class B felony.

Thank you for considering these amendments to balance the interests of patients with the interests of health care facilities and attending providers.

I urge you to pass HB 2739, HD. 1

HB-2739-HD-1
Submitted on: 3/15/2018 2:10:51 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph	Individual	Support	No

Comments:

As a stage IV prostate cancer patient, I can assure you that my medical diagnosis came with some dread and despair. Like most of you, I have had a rich and wonderful life. I do not want to ruin it with a miserable, agonizing death. I am not a fan of suffering. I have spent my whole adult life avoiding and preventing suffering (see below). When I am so sick that my quality of life is rock bottom and I have exhasuted all available medical options, I want to have the peace of mind that comes from knowing that I will not have to languish and waste away until dead.

As a practicing veterinarian, I perform compassionate, peaceful death (euthanasia) procedures on a weekly basis for beloved pets on Oahu. The service is actually provided at the request of pet owners, who do not want to see their pets suffer. I get this. Who wants to see their sweet family pet in agony with no chance of recovery and no quality of life? Several years ago, my own treasured Golden Retriever developed a brain tumor that grew very quickly and was inoperable. She not only stopped eating, but also lost all interest in her normal activites. Then she wandered aimlessly around the house until her claws wore down and started to bleed. I gave her traquilizers, sedatives and narcotic pain relievers. She still paced and paced, and hardly slept for 48 hours straight. Her decline was rapid, but it did not seem that her death was quickly forthcoming. So, I put her to sleep at home. It was the last loving thing I could do for the poor dog. Watching her pacing and losing focus was so hard on me and my wife. We were glad to have the option to end her suffering. Likewise, if I am in similar straits, I certainly hope to have the option of a peaceful death here in HI so that I don't have to move to CA or OR. Please pass this bill to give us a compassionate choice if that kind of situation should occur. - Joseph Herzog, DVM

HB-2739-HD-1
Submitted on: 3/15/2018 1:31:26 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Donna Goldcamp	Individual	Oppose	No

Comments:

THE SENATE

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

TESTIMONY OF

DONNA E. GOLDCAMP

45 KAI NANI PLACE

KAILUA, HI 96734

ALOHADONNA@HAWAII.RR.COM

Submitted March 15 2018

TO: SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH, CHAIR AND MEMBERS

Sen. Rosalyn H. Baker, Chair

Sen. Jill N. Tokuda, Vice Chair

Sen. Stanley Chang

Sen.Will Espero

Sen. Les Ihara, Jr.

Sen. Clarence K. Nishihara

Sen. Russell E. Ruderman

RE: HB2739 HD1 Hearing. 3/16/2018 at 8:30 AM

I am a former art teacher, volunteer at Church, Schools, and Red Cross at Tripler Army Med. Ctr.. I've lived in Kailua for 45 years.

I just returned from the mainland and am now typing the most concise testimony in order to make the deadline for submission. I wrote a previous testimony for the House which is not available to me now.

But, I am complelled to put my two cents in, though I realize some may have made their minds up prior to this hearing.

Ret. Judge Margaret M. Johnson wrote what I consider to be the perfect testimony against this so called Health Bill.

This year I read an pertinent article in which a proponent of just such a law in the Netherlands confessed that the fears expressed by the local Catholic Cardinal years ago regarding the potential abuses of just such a law had become a reality. He had initially argued that this would not happen. Yet, after time passed they did. Some people were euthanized despite their lack of consent or even ability to give consent.
These potential abuses had been previously poo-pooed by him and the other advocates for the assisted suicide. He express in horror that they occured, nevertheless.

In attempting to create a humane tool for alleviating suffering, the law makers had opened the door to irreparably damaging the sanctity of life. This is the elephant in the room. This type of action has no place in Health Care for it is the removal of life and health.

THE LAW IS A TEACHER. How many people use legality as a justification for their actions. The concern for being responsible in protecting life will suffer as the oath to "Do no harm" frays beyond recognition.

I ask that each of you look into your hearts and recall how you entrust your most valued health care professionals to maintain this oath on your own behalf. Death with dignity does not come at the hand of one self or others. Pain can be allleviated. Once a life has been taken it is permanent, Life is God-given and we must not decide when it has run it's course.

Use your highest character when you decide this issue. You may one day be responsible for more than you bargain for.

Mahalo,

Donna E. Goldcamp

HB-2739-HD-1
Submitted on: 3/15/2018 9:12:24 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Kawamoto	Individual	Support	No

Comments:

Our country is founded on principles that are elegantly stated in the Declaration of Independence. We all have the rights of "Life, Liberty, and the pursuit of Happiness." HB 2739 HD1 creates an option that preserves these rights at the end of life. It does not mandate anything to anyone. In fact, it is not an option that many will choose. However, we should all have the right to choose.

Aloha Chair and Committee Members,
My name is Lynn Robinson-Onderko and I am a resident of Ewa Beach. I am writing in strong support of HB2739 as I support medical aid in dying. Our terminally ill citizens have a right to decide when and how they will die. It is unfair to that we do not allow them the choice to stop the pain and agony that can be associated with a terminal disease. This bill is a strong bill with adequate protections that address the concerns of earlier bills introduced to our legislature.

It is time that Hawaii join other states and pass this compassionate measure. I hope you will do the right thing and move HB2739 forward. Mahalo nui for your careful consideration.

HB-2739-HD-1
Submitted on: 3/15/2018 9:24:10 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tina Snapp	Individual	Support	No

Comments:

Aloha. I am a registered nurse and have personally seen many instances of needless suffering of my family members and patients. I was the caregiver for 4 of my elders in our ohana. Each had a very different scenarios as it pertained to their end of life. My mother and her twin sister were adamant on the right to choose ones destiny in life and death. My mom at 91, suffered a stroke which left her extremely agitated. She was however aware of the situation and knew she did not want to live in such a state. She stopped eating and died an uncomfortable death 10 days later. My dad lingered for months ravaged by melanoma. He went from a strong active man, riding horses and snow skiing to a bed ridden and skin and bones. My uncle suffered from dementia, and then had a fall which created a bleed requiring surgery. I has to fight with the surgical team not to give him blood or perform cpr if he were to have an event during the procedure. I had to advocate for pain control as he was moaning and writhing in the bed. They finally controlled his pain and he passed within a couple days. My aunt was under hospice care and her body failed her she was of complete sound mind. She also had poor pain control and was unable to move from the bed to the chair herself. She was in California and was not able to use the mechanism to end her life on her terms we made many calls even looked into taking her to Oregon or any other state that would allow her to die with dignity. She made the most courageous and difficult decision to stop eating because she felt that was her only option. She understood I could not give her an overdose for fear of being arrested. We were both tormented with the best options for her getting little support from the hospice. At 93 she had lived a great life and should have been able to end her suffering. It took a week of her not eating or drinking to slip into a coma and another 5 days to die.

Having the ability to choose your death should be as how you choose to live. Few people actually take this option but you can be assured that if it is you or a loved one, you would want the this option. If you are brave enough to stay at the bedside of a dying ohana and have them beg you for relief, you want this ability to facilitate their request.

please go e in support of this measure. Mahalo

HB-2739-HD-1
Submitted on: 3/15/2018 9:24:10 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rochelle	Individual	Oppose	No

Comments:

How is it one can say "the *legislature* believes that it is appropriate to give **patients the ability to *choose* their own medical care**...", as defining patients (adults) as an individual who is eighteen years of age (or 21 older - wouldn't 21 years old be older than 18???), but ***contradict*** itself by not allowing the same individual the choice of choosing to smoke and/or purchase alchol at the age of 18. Choice - a word that has always been controversial.

Are we voting for "these" legislature into office who say one thing then immediately contradict itself?.

There are more to say on HB 2739 and I *highly request* that the Senate ***reconsider*** the passing of this HB, or to say the less, reexamine this HB with a fine tooth comb. Needless to say, be "a person" of personal conviction and moral ethics, if there is any.

Lets put **faith** back into our State and into our People. Remember our State's motto "The Life of the Land (and its People) is Perpetuated in Righteousness" What is the true definition of Righteousness? Do you know? Would you know?

DATE: March 15, 2018

TO: THE SENATE

THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018
COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

HEARDATE: Friday, March 16, 2018
TIME: 8:30 – 11:25 a.m.
PLACE: Conference Room 229

FROM: Lisa Shorba, Resident of Honolulu

TESTIMONY RE: HB2739 HD1, STRONG OPPOSITION

Dear Sen. Rosalyn Baker, Chair, Sen. Jill Tokuda, Vice Chair and Committee Members:

As a Native Hawaiian and long-standing resident of Hawaii, I stand in **strong opposition to HB2739 HD1.** It degrades and devalues human life; and I am deeply concerned about the safety and welfare of Hawaii's people. All life is sacred, and legalized killing is never "pono." We all have a kuleana to care for the sick and dying among us with real aloha. We are not authorized to end life; it's our responsibility to care for those who suffer with love, patience, kindness and compassion, until our Creator takes us from this earthly home.

In my work as a counselor, I encourage teens to make good, well-reasoned choices. It is not good practice to teach teens that suicide is a good choice. This bill defeats the good work that counselors and others in the helping and medical professions are doing to promote safety, good health, self-care, and perseverance during trials and suffering, by saying that suicide is permitted and a good choice if you are dying. Giving up on life and ending life does not bring relief to anyone (a dead person feels nothing, they're dead), and the surviving family members feel only despair after suicide. Natural death is a natural part of life, suicide is not, and family members will have greater difficulty dealing with the loss after the suicide than if the family member were to die naturally. I understand that pain is sometimes unbearable. When we as an 'ohana bear the sufferings of our loved ones together, it is much more bearable for the dying. I speak from personal experience. My mother died last year at home in hospice care, and our 'ohana took care of her. It was the best way that she could have gone. I have no regrets.

I recently read an on-line article by a physician, entitled: Letter from Aaron Kheriaty, M.D. to American Medical Association in Opposition to Physician-Assisted Suicide (Charlotte Lozier Institute, February 16, 2017), which stated that, "*For almost a quarter of a century, the American Medical Association (AMA) has opposed physician-assisted suicide, stating that it is "**fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks**." In strong language, the AMA has concluded that "**permitting physicians to engage in assisted suicide would ultimately***

cause more harm than good" and that physicians "should not abandon a patient once it is determined that cure is impossible."

According to Dr. Kheriaty (physician, medical ethicist, and clinical psychiatrist with expertise in the problem of suicide), **"The social consequences of suicide are significant and should not be ignored. *Studies have repeatedly demonstrated a "social contagion" aspect to this behavior, which leads to copycat suicides*—this is known by scientists as the "Werther Effect" in social science. The work of Nicholas Christakis and others have also demonstrated how suicide, like other health related behaviors, tends to spread person-to-person through social networks; the statistically significant influence extends up to three degrees of separation** (Christakis, NA; Fowler, JH: Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives. Little, Brown and Company, 2009). Indeed, it is noteworthy that **the overall suicide rates in Oregon rose dramatically in the years following the legalization of physician assisted suicide in that state in 1997: after Oregon's suicide rates had declined in the 1990s, they rose alarmingly between 2000 and 2010, surpassing the rate of increase nationally. Preliminary data from Washington shows a similar trend.**"

It is also important to mention from this letter: "**Well-replicated research demonstrates that 80 – 90% of suicides are associated with clinical depression or other treatable mental disorders, *including* for individuals at the end-of-life and individuals with a terminal condition** (cf. Admiral P., cited in: Lo B. Euthanasia: the continuing debate. *West J Med*. 1988;49:211-212). Yet alarmingly, **according to the Oregon Health Department's annual report, only 5% of the individuals who have died by assisted suicide under Oregon's law were referred for psychiatric evaluation – and this number is decreasing every year. Considering what we know about suicide risk factors, this constitutes medical negligence**."

Another key point from this document is that, "**Laws that permit physicians to assist some patients in taking their own lives will undermine the medical and psychiatric community's necessary efforts aimed at suicide prevention**. " You may read this letter in its entirety at: https://lozierinstitute.org/letter-from-aaron-kheriaty-m-d-to-american-medical-association-in-opposition-to-physician-assisted-suicide/

Please protect Hawaii's people and our families from the problems that inevitably will rise as a result of legalized physician's-assisted suicide, and **vote NO on HB2739 HD1**. And, let's work to enact laws, instead, that aim to prevent suicides in Hawaii, while providing improved quality care and comfort for the terminally-ill.

Mahalo for the opportunity to testify on this serious and important matter.

Lisa Shorba
Resident of Honolulu
Concerned Native Hawaiian

HB-2739-HD-1
Submitted on: 3/14/2018 11:57:51 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

I support this bill, HB2739. Please protect the option for terminally ill patients to have assistance with dying.

HB-2739-HD-1
Submitted on: 3/15/2018 9:32:58 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Wilcox	Individual	Support	No

Comments:

I strongly support a patient's choice at the end of life. Please pass this bill. It is the compassionate thing to do.

HB-2739-HD-1
Submitted on: 3/15/2018 9:21:33 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Goodyear	Individual	Support	No

Comments:

Aloha Senators,

I am writing to express my strong support for HB2739 HD1. I hope that you will all be able to support passage of this bill.

Mahalo,

Brian Goodyear, Ph.D

HB-2739-HD-1
Submitted on: 3/15/2018 12:05:22 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark White	Individual	Oppose	No

Comments:

Aloha Senators Baker, Tokuda, and Members of the CPH Committee,

As a Hawaii resident, now a 'senior citizen' having turned 60 years old last year, I oppose HB 2739 "Assisted Suicide" legislation in all its forms, amended or otherwise. Here are my reasons why:

1) It is fraught with countless possibilities for denial of proper care, denial of insurance coverage, denial of treatment, and dismissal of possible recuperative therapies. This legislation and others similar to it will encourage the limitation and degradation of care for our kapuna by providing an easy alternative for care --death-- that will quickly become the default option not just for the economically disadvantaged but for all who have elderly or infirmed in their care.

2) It is morally reprehensible. In spite of its seemingly benign stance on the ending human suffering, consensual or not, it remains this: the killing of a human being.

My story: My father lived to 79. At the end of his life he was plagued with recurring skin, prostate and colon cancers, plus pneumonia, flu, and other ailments. While never deemed terminally ill, he selfishly liked the idea of being able to chose his time of death through medical means as long as his family agreed. Thankfully in a sense, my father's death came peacefully of heart failure while asleep. To this day I continue to think of the horror my siblings and I would have faced if we were to be pressured to chose to kill our own parent through some form of legal murder. I would not have been able to live with myself or my Creator.

Assisted suicide is wrong culturally, its wrong morally, and its wrong economically. It is a reflection of a society that devalues human life by offering state sponsored easy options to give people the false premise that we don't have to be personally accountable for what we do in life.

There is no Aloha in HB2739. Its murder. Vote against passage of this measure.

Mark White
94-217 Olua Place
Waipahu HI, 96797

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health and Human Services

Hearing: Thursday, March 15, 2018
10:30am, Conference Room 229

Aloha and mahalo Representatives for the opportunity to testify regarding HB 2739.
I oppose this bill.

As a mom, resource caregiver (AKA foster parent) and someone who has watched a parent and friends receive palliative care, I **oppose** this bill and public policy that advances the legalization of physician-assisted suicide.

I believe in living ALOHA, cherishing the breath of life, and in living out our traditions of caring for people who are most vulnerable such as keiki currently/formerly in foster care and kupuna. I cannot endorse physician assisted suicide because there are avenues in this bill that could adversely affect and endanger vulnerable populations such as those with mental health problems, chronic disease, physically or intellectually challenged, the young, and the frail elderly.

As a state we already have a problem with suicide. There are other bills in this legislative session related to suicide prevention because of that. If we are working on reducing suicide then legalizing assisted suicide is not going to help. In reading what's happening in other states that have legalized assisted suicide and in particular the study published in the *Southern Medical Journal, How Does Physician Assisted Suicide Affect Rates of Suicide,* legalizing PAS is contrary to our goal of reducing suicides in our state.

Here's the abstract from that study:

Objectives: Several US states have legalized or decriminalized physician-assisted suicide (PAS) while others are considering permitting PAS. Although it has been suggested that legalization could lead to a reduction in total suicides and to a delay in those suicides that do occur, to date no research has tested whether these effects can be identified in practice. The aim of this study was to fill this gap by examining the association between the legalization of PAS and state-level suicide rates in the United States between 1990 and 2013.

Methods: We used regression analysis to test the change in rates of non-assisted suicides and total suicides (including assisted suicides) before and after the legalization of PAS.

Results: Controlling for various socioeconomic factors, unobservable state and year effects, and state-specific linear trends, we found that legalizing PAS was associated with a 6.3% (95% confidence interval 2.70%–9.9%) increase in total suicides (including assisted suicides). This effect was larger in the individuals older than 65 years (14.5%, CI 6.4%–22.7%). Introduction of PAS was neither associated with a reduction in non-assisted suicide rates nor with an increase in the mean age of non-assisted suicide.

Conclusions: Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in non-assisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) non-assisted suicide, or that it acts in this way in some individuals, but is associated with an increased inclination to suicide in other individuals.

Some say physician assisted suicide is a private choice, a personal matter of self-determination to be accepted by the rest of society. However, physician assisted suicide is not simply a personal matter. It is in fact a social act, involving others beyond the patient and requiring government oversight. This hearing is one of the steps toward government oversight and the course that this bill is taking.

Our resources, physical and intellectual, should revolve around mitigating the despair and loss of control that may be associated with the final stages of life. The priority is to fulfill the commitment to provide dignified and compassionate end-of-life care. I can support public policy that is looking to improving and expanding access to, and delivery of, high quality palliative care which anticipates the physical, psycho-social and spiritual needs of a person living with debilitating illness.

Please do not pass this bill. Please perpetuate a culture of LIFE and not a culture of death in our island home.

Submitted with Much Aloha,

Esther McDaniel
Wahiawa, Hawaii

HB-2739-HD-1
Submitted on: 3/15/2018 12:43:55 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Chee	Individual	Support	No

Comments:

Terminally ill people with less than 6 months to live should be able to die with the assistance of a physician without the persons involved afraid of being charged with a crime.

I strongly support this bill.

Nikos A. Leverenz
Senate Committee on Commerce, Consumer Protection, & Health
16 March 2018 -- 8:30 AM
HB 2739, HD 1 -- SUPPORT

Sen. Baker, Sen. Tokuda, & Members of the Committee:

I am writing in strong support of HB 2739, which would allow terminally ill individuals with less than six months to live to obtain prescription medication to direct the circumstances of their death.

In contrast to Hawaii's current policy landscape, this bill recognizes the fundamental sovereignty of individuals to make important life decisions in the course of their medical care. Providing a regulatory framework to assist suffering individuals facing imminent death is a measured yet resolutely compassionate response.

The exercise of individual decisional autonomy over medical decisions in other contexts is a key privacy right under both state and federal constitutional law. With California and Colorado adopting aid-in-dying laws in recent years, 18% of all Americans now have the liberty to determine the manner of their death should they become terminally ill. Most of those who utilize aid-in-dying are suffering from cancer.

In California, there has been a significant increase in discussion of all end-of-life issues, including pain management in the context of hospice and palliative care, with the passage and implementation of aid-in-dying laws:

> "Physicians across the state say the conversations that health workers are having with patients are leading to patients' fears and needs around dying being addressed better than ever before. They say the law has improved medical care for sick patients, even those who don't take advantage of it." (Karlamangla, S. (2017, 21 August). "There's an unforeseen benefit to California's physician-assisted death law." *Los Angeles Times*.)

Aid-in-dying laws also provide relief to those who bear the burden of terminal illnesses along with afflicted patients:

> The debate around physician-assisted suicide laws tends to focus on patients. But California's early experiences show the practice also has a profound impact on those left behind.

> Family members have typically spent months, if not years, accompanying loved ones to doctor's appointments, sitting by hospital beds, suffering the ups and downs of treatment. They've been part of an arduous process that sometimes seemed to strip their relatives of autonomy and dignity.
>
> A request for end-of-life drugs can inspire regret or sorrow among family and friends. But, experts say, it can also be powerful and comforting for grieving family members to know they fulfilled their loved one's dying wish. (Karlamangla, S. (2017, 30 June). "She watched her ex-husband end his life under California's new right-to-die law. 'I felt proud.'" *Los Angeles Times*.)

Similarly, one hopes that Hawaii's medical care providers will prospectively endeavor to recalibrate their approaches to end-of-life care, including hospice and palliative care. The health and well-being of patients is best served by a candid ongoing discussion with doctors regarding their medical conditions, their underlying concerns, and appropriate courses of treatment.

Many individuals and groups who object to this measure do so principally upon the basis of sincerely held sectarian beliefs. Those who feel compelled by such beliefs to refrain from the remedy contemplated by this measure are wholly free to exercise such restraint. However, in a polity governed by secular civil law, individual rights should not be subject to either an imprimatur by ecclesiastical authority or congruence with selected scriptural references and commentaries.

While public debate may be informed by the inclusion of discrete sectarian viewpoints, the coercive power of the state must be exercised with an impartial eye and an even hand toward all individuals. In this case, recognizing the dignity and autonomy of terminally ill individuals who are suffering is a just and equitable policy response to an urgent human need.

Sincerely,
Nikos A. Leverenz

HB-2739-HD-1
Submitted on: 3/15/2018 9:47:42 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gayle Early	Individual	Oppose	No

Comments:

March 15, 2018

Hawaii State Legislature: Senate **Committee on Commerce, Consumer Protection, and Health**

Senator Rosalyn Baker, Chair

Senator Jill Tokuda, Vice Chair

RE: HB2739 HD1

I am opposed to House Bill 2739 HD1. Hawaii does not need this legislation. I am a nurse practitioner. Assisting someone to take their own life is not within the purview of health care. Assisted suicide is a proposal based on fear, when the real solution for those with terminal illness is good palliative care. Palliative care has made significant gains in symptom control over the last several years.

The people of Hawaii are rightfully concerned about the current problem of suicide overall. Physician-assisted suicide leads to an increase in all suicides. This has happened in Oregon. Research published in the Southern Medical Journal by Jones & Paton, 2015 (http://www.medscape.com/viewarticle/852658) revealed that: *"Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) nonassisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals."*

A very recent publication by Doerflinger (https://lozierinstitute.org/oregons-assisted-suicides-the-up-to-date-reality-in-2017-2/) analyzes 2017 data from Oregon. By examining the facts, his conclusions disagree with those that would consider PAS just a choice, or that there are adequate safeguards: *"This is the updated reality of physician-assisted suicide in the state whose law is seen as a model for the nation. Chronically ill seniors, potentially victims of untreated depression and the impression that they have become a "burden" on others, are nudged to a premature death that may be more gruesome than they've been led to believe, with no one usually present at the time of death to check whether they are competent, badgered by others, or overtly coerced*

toward that death. This is what has become known as "death with dignity" in Oregon, and advocates are working to spread it to far more states."

As many physicians will disclose, it is not possible to accurately determine the length of time that an individual with a terminal diagnosis will live. Many patients given a 6 month prognosis outlive that time frame. We have a case in point with the recent death of theoretical physicist Stephen Hawking. He was given just 2 years to live at the time of his diagnosis at age 21. Imagine the great loss to the world and science if he had chosen suicide and cut short his time on earth by 55 years! I have worked as a nurse in hospice and have seen firsthand that an individual's lifespan is unpredictable. Supporting suicide based on a highly fallible estimate of time left to live can deny the patient many wonderful life experiences to come.

In addition to these rational reasons for not legalizing assisted suicide, there is of course the morality of the issue. Suicide, no matter the reason or method, is part of the culture of death that this country suffers. I believe that at some future time society will reflect on this trend and realize that this type of legislation has been a grave error. Supporting people nearing the end of their lives does not include assisting them to commit suicide.

Gayle Early PhD, APRN, FNP-BC

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Pukalani, HI 96768

2243 Stonewood Ct

San Pedro, CA 90732

(808) 344-7021

gayleearly@yahoo.com

HB-2739-HD-1
Submitted on: 3/15/2018 9:47:25 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Keri Jones	Individual	Support	No

Comments:

I am a veterinarian and for decades, people have chosen to euthanize terminally ill pets to prevent further suffering, yet our human family members have no such option. The purpose of your Last Will and Testament is to ensure your wishes are carried out for dispersal of your assets upon death. But what about our most precious asset, life itself? There is no humane option. I have supported family members in such a situation and it is so extremely sad we force terminally ill people to suffer to death. Please vote yes on this measure so we can get the wheels turning on a more humane option for Hawaii's residents. Mahalo

From: Melvin Kwan
To: CPH Testimony
Subject: Testimony of Kaua Kwan
Date: Thursday, March 15, 2018 8:30:55 AM

Testimony of Kaua Kwan
In consideration of House Bill No. 2739
RELATING TO HEALTH: Our Care, Our Choice Act

Chairs and committee members:
Thank you for the opportunity to provide comments AGAINST support for House Bill 2739 HD1. This bill To allow terminally ill patients to end their life is a bill that ought not to be empowered by legislators BUT by the people of Hawaii.
You have defined this bill as "Our Care, Our Choice Act"... this bill hits close to my heart and affects me personally..
My high school sweetheart who eventually became my wife... was terminally ill and given a time table by the most experienced, licensed certified and highly recommended physicians. Indications of her hereditary disease surfaced in her senior year in high school. Through every medical procedure & operation our hearts fused together and fought on. She was 50 yrs old when her life on earth ended on Feb 11, 2009. I remember our last conversation before she passed on, and she told me, "NO MATTER WHAT".. I understand the significance of that statement . Our Care, Our Choice shouldn't be an Act. Life is PRECIOUS!
When the doctors gave me an expected time of her life, I made every moment count... true comfort and peace isn't found in legislation. You have instituted laws to prevent the taking of Life and now you want to introduce laws to "assist" people to end their lives.

I urge you Do not pass this Bill.

Thank you

Sent from my iPhone

HB-2739-HD-1
Submitted on: 3/15/2018 10:32:23 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
carol case	Individual	Support	No

Comments:

I urge the senate to pass HB 2739 as I believe that each one of us should have the opportunity to die with dignity under the auspices of the our care/our choice bill..my husband, dan case, would have chosen that route had it been offered when he died of cancer in 2016...mahalo, carol case

HB-2739-HD-1
Submitted on: 3/15/2018 10:52:11 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Godbey Carson	Individual	Support	No

Comments:

Please vote in favor of HB2739. We all deserve to be able to choose to have medication to alleviate pain and hasten death when we are terminally ill and experiencing pain. This should be a basic right to dignity in Hawaii. This bill has more othan adequate protections for patients and the public. For those with religious opposition to such measures, they are free to choose not to use the medication, but they shouldn't be allowed to impose their religious beliefs on others.

As I entered the room, I saw an elderly Asian man awake in bed. I said "Hi, I am with the Chaplain's office and just want to see how you are doing". He said "Okay". I noticed that his left wrist was bandaged and asked, what happened? He said, "I tried to commit suicide". I asked, "Why?" and he proceeded to share his story. He was a Japanese man in his late 80's, living with younger sister and her family. He felt he was a burden to them because they were caring for him. As we neared the end of our conversation, I commented that I thought he was a samurai type person. He nodded, yes. I said that as a samurai, you must die well, with dignity. He said, "yes".

The 2nd story took place in a Hospice House with a man in his early 70's. I first met him at his house a couple months earlier but cancer had taken its toll. He was now in the Hospice House, 70 pounds of skin and bones except for his swollen feet. I asked if he was ready to die and he said "yes" and explained that his family did not have money and it was a burden for them financially for him to be in the Hospice House. He was ready to die but his body kept him alive for another 14 days.

In my opinion, this 2nd man was an ideal candidate for death with dignity while the 1st man was not.

I will end with a quote and a thought. Aristotle said, "The mark of an educated mind is the ability to entertain a thought without accepting it". Hopefully, Senators, you will entertain the death with dignity concept, accept it, embrace it, and champion it until it becomes law and may your legacy reflect your compassion for the people of Hawaii.

THE SENATE
TWENTY NINTH LEGISLATURE
REGULAR SESSION OF 2018

March 15, 2018

COMMITTEE ON COMMMERCE, CONSUMER PROTECTION AND HEALTH
ROSALYN BAKER, CHAIR
JILL TOKUDA, VICE CHAIR

RE: HB 2739 HD1 – IN OPPOSITION

I am a registered nurse. I strongly oppose HB 2739 HD1. I have spent my entire profession career caring for people in all stages of life, from the tiny, premature infant fighting to grow strong enough to go home to their loving parents to the octogenarian during their last moments surrounded by loving family and friends. Each of their lives was a gift that they, their parents and families treasured.

"Death with Dignity" has nothing to do with dignity. It is an attempt to lend respect to a practice, suicide, which has always been consider both a tragic choice for the person involved.

Proponents talk about this legislation as being compassionate. Once again, it has nothing to do with compassion. It crosses the line between caring, which is real compassion, and killing, which is immoral and criminal.

HB 2739 claims citizens have a **"fundamental right"** to kill themselves. No such fundamental right exists and the legislature has no authority to create that right.

As legislators and representatives of all of the people of Hawai`i please be cautious about legalizing killing in any form. Please remember that a host of profession, religious, abuse prevention and disability rights organizations, including those listed below, have rejected this pro-death and anti-life law because of the danger it presents in facilitating the abuse and killing of very vulnerable people in our community:

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC)
Hawai`i Family Advocates
American Medical Association, reaffirmed 1/19/2017
American Psychiatric Association
American Nurses Association
American Disabled for Attendant Programs Today (ADAPT)
The ARC of the United States
Association of Programs for Rural Independent Living
Autistic Self Advocacy Network
Church of Jesus Christ of Latter-day Saints (Mormon Church)
Christian Medical & Dental Associations
Disability Rights Center
Disability Rights Education and Defense Fund
Episcopal Church
Evangelical Lutheran Church in America
Focus on the Family

Opposing Organizations Continued:
Jewish Churches in America
National Council on Disability
National Council on Independent Living
National Organization of Nurses with Disabilities
National Spinal Cord Injury Association
Not Dead Yet Disability Rights Organization
TASH [The Association for the Severely Handicapped]
United Spinal Association
United State Conference of Catholic Bishops
World Association of Persons with Disabilities

In addition to my opposition to HB 2739 for the reasons stated above, I have additional concerns associated with specific wording in the proposed legislation.

1. Related to method of documenting the patient's cause of death. It appears, from the wording in the proposed bill that the underlying terminal illness would be used as the patient's cause of death. Why would the immediate cause of death not be included? Providing complete information would facilitate the review of records of individuals who die as a result of "physician assisted suicide". Not including this information on the death certificate makes it impossible to assure patients, families and the public at large that safeguards written into the proposed legislation have, in fact, maintained.

2. Access to medical records of patients electing to use "patient assisted suicide" also seems to be restricted to the Department of Health for an "annual review of a sample of records maintained…" This will make quality assurance and research on physician assisted suicide by independent groups difficult if not impossible.

Hawai`i is known for its "aloha " spirit and values it so much that is written into Hawai`i state law. (*Hawai`i Revised Statutes§5-7.5)* As you consider this legislation please consider the many and clearly delineated reasons for opposing this legislation and any others like it.

Thank you for allowing me to submit testimony on this very concerning legislation. My prayers are with you as consider this bill.

Aloha,

Susan M. Slavish, RN, BSN, CIC

JOHN P. DELLERA
Attorney at Law
619 Ahakea Street
Honolulu, HI 96816
Telephone 808 739 9078

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018
Committee on Commerce, Consumer Protection, and Health
Friday, March 16, 2018, 8:30 a.m., Conference Room 229

TESTIMONY IN OPPOSITION TO H.B. 2739, H.D. 1,
RELATING TO HEALTH [DEATH]

Date: March 15, 2018

The Honorable Rosalyn Baker, Chair
The Honorable Jill N. Tokuda, Vice Chair

Dear Chair, Vice Chair, and Members of the Committee:

I was Executive Director of the Hawaii Disability Rights Center from 2009-2011 and am Vice-President of the Autism Society of Hawaii. I have helped to care for a young man with autism for over 20 years. I am testifying IN OPPOSITION to this bill in my individual capacity.

Section -4(b) of this bill provides that the death certificate for a patient who ingested lethal drugs must state falsely that the "immediate" cause of death was the terminal illness when in fact it was lethal drugs. There are two objections:

First, abuse of patients who are most vulnerable to the will of others is most likely when family members are not aware that suicide was the cause of death. This bill allows bad actors to exert undue influence on a patient without the knowledge of next of kin and to hide the real cause of death from them. They might be discouraged from doing so if the true facts were known by others.

Second, life insurance policies typically provide that no benefits are payable in cases of suicide. Thus, by presenting a false death certificate to an insurance company, an individual commits insurance fraud in violation of H.R.S. §431:2-403(1), a class B or C felony where insurance proceeds exceed $20,000 or $750, respectively. This bill purports to defeat a claim of insurance fraud by providing in Section -17 that physician-assisted suicide shall have no effect upon insurance, but that provision impairs the obligations of contracts contrary to Article I, Section 10 of the U.S. Constitution and would seem to be invalid.

The Senate should amend this bill by restoring the language in Section -4(b) of the original House Bill.

Thank you for the opportunity to testify.

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn Baker, Chair
Senator Jill Tokuda, Vice Chair
Committee Members

Date: Friday, March 16, 2018
Time: 8:30am
Place: Room 229, Hawaii State Capitol

From: Marti Tom

RE: HB 2739 HD 1 Relating to Health

I strongly oppose this bill for the following reasons:

1) It devalues human life, plain and simple. The bill teaches our children and tells our families that it is redefining the meaning of suicide and normalizing the taking of one's own life. Popo's life is no longer important because she has an arbitrary shelf life of six months remaining, according to her doctor.

2) There are no such things as safeguards when it involves health care individuals and families. How does the bill protect and individual from coercion? This may come in the form of subtle threats such as, "Hey Popo, you're getting old, we may not be able to take care of you any longer in your condition". How can any doctor or social worker be privy to this? Elder abuse takes many forms and this bill has added another. Furthermore, the patient doesn't have to be elderly, he or she may be poor, disabled or just plain unwanted.

3) The bill turns our culture on its head. We take care of our loved ones and nurture them through the good times, as well as the bad. Now, the seismic shift will be towards ending one's life rather than walking through the valleys with them. I shudder to think that a family member died alone since there is no requirement for notification. Wouldn't you be devastated to come home and find your beloved in the throes of death, a painful journey to death that could last for hours?

4) The bill is misleading as it refers to taking a person's life in a humane and dignified manner. How can taking your own life with a concoction of pills be described in this way? There is no dignity in taking at least three hours to die. What if you change your mind? You won't be in a hospital or with a physician. Any witness is prevented from intervening and has to watch the slow agonizing death. Where is the humanity? Where is the dignity?

5) This legislation changes the role of doctors and undermines the confidence that we can trust them to do what is best. Will we soon be turning out a new generation of future doctors who are taught just the opposite of what they are truly meant to be? Will there be a course on "How to Choose the Best Medication to End Your Patient's Life"?

I am deeply moved by a story about a little boy who could have lost his mother to physician assisted suicide when he was only eight years old if this bill had been passed 15 years ago. She was diagnosed with late-stage ovarian cancer and was informed by her doctors that she had only a few months to live. Her two children rallied around her when they were only five and eight years old, massaging her feet and rubbing her hair. Today, 11 years later, she has recovered and her children are now teenagers. Her

son was named the 2017 Hero of Hope by the American Cancer Society (Star-Advertiser 3.19.17). HOPE gives us reason to live, under any circumstance.

I strongly urge you to not pass this bill. Devaluing life and changing what it means to really have compassion is to change the meaning of life for generations to come. This is a deadly quagmire and will lead this state to slipping into depths it has not imagined. Can euthanasia be far behind? Whatever happened to “Do No Harm”?

Thank you for your consideration.

HB-2739-HD-1
Submitted on: 3/15/2018 11:34:23 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Atkin	Individual	Support	No

Comments:

HB 2739, Medical Aid in Dying

David Atkin

Private Citizen

I strongly support HB 2739, Medical Aid in Dying, and encourage you to move it forward for final passage. In the mid-nineties, Hawaii residents took a national lead by formally advocating for a medical aid in dying option beginning . Since then, the law has been successfully implemented in California, Vermont, Montana, Washington State and Oregon, and it is in the process of being implemented in Colorado. In over 30 years of national experience implementing the legislation, there has not been a single incidence of abuse or coercion.

We do not need government intrusion to criminalize a basic right. That right is the freedom to choose to avoid senseless and needless suffering once certain protections are satisfied. The manner of one's death is a deeply personal matter between a patient, their family, and their doctor. Hawaii's people need a range of legally available options at the end of life so they can choose what works best in their case. Those with differing views have the same freedom of choice for themselves, but must not be allowed to limit the choices of others.

The knowledge that a terminal patient need not subject themselves and others to unnecessary suffering and hardship is tremendously comforting. Please move this bill forward with a recommendation for full approval.

HB-2739-HD-1
Submitted on: 3/15/2018 11:51:27 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Anderson	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 11:51:30 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ursula D'Angelo	Individual	Support	No

Comments:

Honorable members of the Senate: This Bill is so necessary for individuals with terminal illness to have available. I have been witness to much end-of life situations for both humans and animals, and giving a person a choice for their final hours not only supports their comfort but their dignity to make that choice. Please see that people need this Bill to honor themselves at this very precious time in their life. Thank you for your consideration.

HB-2739-HD-1
Submitted on: 3/15/2018 12:23:27 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alice F. Guild	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 12:35:59 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Camille Adams	Individual	Oppose	Yes

Comments:

My family and I strongly oppose this bill that is the pinnacle trait of the Culture of Death – the throw-away culture. Families do not give up on each other – families are forever.

When my paternal grandmother needed 24- hour assistance, as a family we made a schedule for all to pitch in. We did not place her in a nursing home and we had quality time to spend with the person who we owe our lives to. When my maternal grandparents needed care, my 4 aunties took turns caring for them. We all had our chance to take care of our kupuna until the day GOD chose to call them home.

This bill is pure SELFISHNESS! Those supporting this suicide bill want to push their view of life by taking the easy, less burdensome path to death. There is no such thing. There is much benefits in trusting in God's will – his timing of when it is time to die. There is no dignity and compassion in choosing to kill your loved one on purpose.

I testify as a Devout Catholic. We are mandated to protect life from womb to tomb. We are called to share God's truth and expose the lies that the promoters of death -- sadly some in Hawaii but many from the continental United States & internationally flew here to share their "emotional" lies to make suicide a law in our Aloha State. Just because they "feel" murder is a "good" for them, it does not make it good for ALL.

My uncle who is currently battling stage 4 colon cancer at the age of 54 was advised by his surgeon that surgery was not recommended as his heart was too weak to endure it. My uncle chose to trust God and do the surgery. At Divine Mercy hour, his blood pressure dropped during surgery but the Lord proved to all that it was not his time to die. Although he is suffering greatly and is skin & bones, he refuses to let death win.

If this suicide bill passes, it will lessen the hope of those suffering like him. It will encourage those of little or no faith to kill themselves prematurely when their pain gets so intense. They will easily give up knowing they have the option to take the death pills to end their suffering, financial hardship and the agony/ inconvenience of their loved ones having to take care of them.

We all have to account for the things we are called to do and failed to do for God's Kingdom on earth. Some of you may not believe in God, but the majority of the human

race do. So with the authority given to you by God, chose His way, not the way of the world ruled by satan, the father of lies.

HB-2739-HD-1
Submitted on: 3/15/2018 12:56:10 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jerry Yoshikane	Individual	Support	No

Comments:

I urge you to pass this bill, it will enable terminal individuals the option of ending their life on their own terms, without pain and suffering and with dignity.

Don't let others' moral or religious beliefs dictate laws, if they're against this bill they can choose not to, but give others the legal option to do so.

Thank you,

Jerry A. Yoshikane

HB-2739-HD-1
Submitted on: 3/15/2018 1:08:59 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colleen Bui	Individual	Oppose	No

Comments:

- OPENING THE DOOR TO ABUSE: Elder abuse is a major health problem in the United States with federal estimates that one in ten elder persons are abused, most often by a family member. Placing lethal drugs into the hands of abusers generates an additional major risk to older persons. In fact, allowing physicians to cross the line into killing does not stop with willing patients who request it. A greedy heir or an abusive caregiver can pick up the drugs and either coerce a patient to take them or put them in the patient's food. Who would know if the drugs are freely taken since there is no supervision or tracking of the drugs once they leave the pharmacy?
- ï‚· SUICIDE IS NOT THE SOLUTION: In Hawaii, where suicide and depression among teenagers remains high, sending the message that suicide is okay in some circumstances is not the answer. In Oregon, which has allowed assisted suicides for almost 20 years, recent data indicates that suicides in the general population are 40% higher than the national average. Hawaii's teenagers deserve better than mixed messages.
- ï‚· DUTY TO DIE: Escalating healthâ€• care costs, coupled with a growing elderly population, set the stage for an American culture eager to embrace alternatives to expensive, longâ€• term medical care. Passage of assisted suicide may soon create a dangerous "duty to die" that pressures older people and those with disabilities or depression into ending their lives. Death may become a reasonable substitute to treatment and care as medical costs continue to rise.
- ï‚· SEEK COMPASSIONATE ALTERNATIVES, NOT DEATH: There are better medical alternatives. Terminally ill patients do not need to suffer a painful death. Today's pain management techniques can lessen pain and treat other symptoms for all patients. Another alternative is palliative care through hospice, which addresses the physical, emotional, and spiritual needs of dying patients and their families.
- ï‚· TREAT DEPRESSION: Assisted suicide ignores what may be a legitimate cry for help. Suicidal thoughts often indicate the presence of severe depression. A study of terminally ill hospice patients found only those diagnosed with depression considered suicide or wished death would come early. Patients who were not depressed did not want to die. Depression can and should be treated. The message to our young people, or our community, should never promote suicide as a solution.

- ï‚· DESTRUCTION OF RELATIONSHIP BETWEEN PATIENT AND DOCTOR: The practice of assisted suicide threatens to destroy the delicate trust relationship between doctor and patient. Every day patients demonstrate their faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Patients trust that the physicians' actions are in their best interest with the goal of protecting life. Assisted suicide endangers this trust relationship.
- ï‚· LIFE SAVING TREATMENT DENIED? In Oregon and California, patients were denied payment for expensive lifeâ€• saving treatment by governmental entities and insurance companies but were told that muchâ€• cheaper lethal drugs would be covered. When faced with this decision, will the provider do the right thing, or the cheap thing?
- ï‚· INEXACT SCIENCE: Predicting death within six months is inexact; patients who could live for many years will be given lethal drugs based on inaccurate information. Patients with conditions like diabetes, certain types of leukemia, and disabilities requiring ventilator support are eligible for lethal drugs since they would die within six months without treatment, as has occurred in Oregon.
- ï‚· BROAD COALITION AGAINST ASSISTED DEATH: In Hawai'i, this coalition includes medical, legal, disability rights and many individuals who care for Hawaii's elderly and dying citizens. On record as being STRONGLY OPPOSED to assisted suicide – Not Dead Yet Disability Rights Organization, Disabled Rights Education & Defense Fund (DREDF), American Medical Association, American Psychiatric Association, and the American Nurses Association.

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Hearing: Friday march 16, 2018 8:30am,
Conference Room 229 State Capitol 415 South Beretania Street

RE: STRONG SUPPORT for House Bill 2379 HD1 - RELATING TO HEALTH

Aloha Chair Rosalyn Baker and Vice Chair Jill Tokuda; Committee on Commerce, Consumer Protection/Health,

I am writing in STRONG SUPPORT to House Bill 2739 that states a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Personally, House Bill 2739 will help many lives including family and friends of my own. I have a friend who has been diagnosed with terminal cancer and is literally living everyday on her deathbed. She does not look forward to suffering she will have to endure when she is near her death. And more importantly she does not look forward to having her family and friends witnessing her while she is in her last living moments of her life. She wishes to keep her love one's memories of her happy and healthy before she goes; not bare bones and pale skinned while being hooked up on a respiratory. Have you ever witnessed someone go through cancer till the end? How terrible they look and and the suffering they have to endure makes me angry and it should make you too.

With House Bill 2739 it will give my friend the opportunity to have the freedom of choice to ask for assistance in death when she knows she cannot handle anymore suffering. So that she can go peacefully and not have to worry about living through the pain. More importantly imagine the peace of mind this will give her friends and family to know that she didn't have to suffer and ultimately is in a better place. Please think about it and reconsider how many lives this will help!

Mahalo Nui Loa,

Tiffany Keko'olani
(808) 202-1644
Email: Kekoolan@hawaii.edu

March 15, 2018

TO: Honorable Chair Rosalyn Baker and Members of Senate Committee
On Commerce, Consumer Protection, and Health (CPH)

RE: House Bill 2739 (HB2739) Our Care, Our Choice Act

I am a private citizen with a strong interest in the rights of individuals in our democracy and today's world to make their own informed decisions when such decisions do not harm others.

I support HB2739 to authorize medical aid in dying under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life. Should the time come when I am terminally ill, I expect to be able to make a personal decision about whether and when to end my life and not be forced by others and by law to endure meaningless pain and suffering. I say this as a private citizen who is enabled to make other decisions about my own health and well-being, so should also be able to do so about my own death.

This is not a philosophical issue for me, as I am in my 70s and will die within the foreseeable future, one way or another. I support this bill and the right to death with dignity it would establish as a person who has been treated successfully for cancer. While I survived one episode through chemotherapy and major surgery, I have lived a rich and full life. If there is a reoccurrence, I am fully aware that my chances of survival would be remote. We will all die eventually, and my personal choice is to die with dignity—not have my family and loved ones see and try vainly to support me to no avail. It is wrong to force terminally ill patients to tolerate pain and suffering that serves no purpose other than stripping away one's final shreds of dignity through a slow and miserable death. Just as I would not force another person to end his or her life, I believe that it is no one else's right to force me to live when terminally ill.

Thank you for your consideration.

Sincerely,

Luanna H. Meyer, Ph.D.
Professor Emerita, Education
1279 Lunalilo Home Road
Honolulu, HI 96825

TESTIMONY ADDRESSING

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

TESTIMONY SUPPORTING HB2739, HD1

Friday, March 16, 2018
8:30 - 11:25 a.m.
Conference Room 229
State Capitol

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Mary Ann Kadooka and I am testifying in strong support of HB2739, HD1 with no amendments.

A recent Star Advertiser poll indicated that almost 80% of Hawaii's citizens support this issue. You represent these people so respect our wishes.

Thank you for hearing and passing HB2739, HD1.

Sincerely,
Mary Ann Kadooka
2752H Pali Hwy
Honolulu, HI 96817

TO: Honorable Rosalyn Baker, Chair, and Members of the Senate Committee On Commerce, Consumer Protection and Health (CPH)

RE: House Bill 2739 (HB2739) Our Care, Our Choice

DATE: 3/15/2018

My name is William ("Ian") Evans and I live in Hawaii Kai. I am a retired clinical psychologist and former professor at the University of Hawaii at Manoa. I am a past President of the Hawaii Psychological Association and a Fellow of the American Psychological Association. I am submitting this testimony entirely on my own behalf.

The scientific evidence confirms that individuals are capable of making rational and responsible decisions when close to death and in requesting medical assistance in the termination of their own lives. It is most valid to assert these decision before being faced with the stress of a terminal illness or experiencing the loss of mental capacity.

Therefore, when thoughtful people make prior arrangements (such as a "living will") setting forth their desires regarding end-of-life decisions, I believe it is our individual right to have these wishes accepted and for the medical profession to honor these wishes through both decisions to end treatment and life support, as well as assisting patients in ending intolerable suffering and lack of personal dignity due to mental and physical incapacity.

Please support the well-developed bill, HB 2739. My long experience in clinical mental health makes me acutely aware that this issue is a highly emotive one. However, it is important that the emotions and the personal religious beliefs of others are not given precedence over my rights to personal choice regarding my own life and my own medical care.

W. J. M "Ian" Evans, PhD

HB-2739-HD-1
Submitted on: 3/15/2018 1:52:33 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paulette Perkins	Individual	Oppose	No

Comments:

I do not support this bill. Please do not pass it.

HB-2739-HD-1
Submitted on: 3/15/2018 1:57:01 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leo Joseph Thiner	Individual	Oppose	No

Comments:

Hawaii Medical Asisted Suicide Bill HB 2739 (OPPOSE)

Have lived threw life; to death illness with our mother who suffered with Pancreatic Cancer. Myself her care giver. Frist diagnosed with type 2 diabetes.

Mom understood medicine, along in her personel roll of her holistic lifestyle. Always making her belive there was always HOPE. Even in the end of life.

Shell fell to sleep in the Minnesota family home. Natural passing on. In her own bed. After her childern, and grand childern, had gone to Mass. With HOPE and understanding of her path back. With Dad holding her hand. No hospice, and with pain control medication.

Hawaii is the only state that is named after a culture of people. Hawaii also averages one suicide every other day. Belive by passing Medical Aisited Suicide HB 2739 would be sending a message to the people of Hawaii driving this idea of Suiciade deeper into our culturel. Easy way out?

Medical Assitied Suicide in Hawaii would take HOPES away in a common man's day, to day lives to covercome illness, and hardships. Taking away Medical HOPE for there own future. Mistrust in the Medical Community of Hawaii. What amy work in Ohau, may not work in the Neighboring Islands. Which as it is has their own probelms with maintaining a trusted medical community.

Hawaii State Senators - Please vote 'NO' for the passing of HB 2739 giving the people HOPE in Hawaii's Fragmented Medical System.

Kind regards,

Leo Thiner-Brickey

Honokowai - Maui

From: Cecilia Swanson
To: CPH Testimony
Subject: Testimony Supporting HB2739
Date: Thursday, March 15, 2018 2:00:37 PM

Aloha Chair Baker, Vice Chair Tokuda and Committee Members.

My name is Cecilia L. Swanson and I am testifying in strong support of HB2739, HD1 with no amendments.

Mahalo nui loa for hearing and passing HB2739, HD1.

ROBERT K. MATSUMOTO
Attorney at Law
345 Queen St., Suite 701
Honolulu, HI 96813
Telephone: (808) 585-7244
Facsimile: (808) 585-7284
Email: rkmbengoshi@hawaii.rr.com

No. of pages including this page: 6
with attachments (8 pages)

DATE: March 15, 2018

TO: Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice-Cair
Committee on Commerce, Consumer Protection, and Health

RE: HB2739 HD1 Relating to Health (Our Care, Our Choice Act)
Date & Time of Hearing
March 16, 2018, @ 8:30 a.m.- 11:25 a.m.
Conference Room 229
State Capitol

I am transmitting my personal opposition to HB2739 HD1 after many years of study on the issue of physician assisted suicide, which this bill really demonstrates (euphemistically called "death with dignity" in the past) for the following reasons:

THERE IS NO CONSTITUTIONAL RIGHT TO DIE.

The U.S. Supreme Court has made it clear that there is no constitutional right to die. Vacco v. Quill and Washington v. Glucksberg.

The U.S. Constitution protects the rights of every citizen from deprivation of life, among other inalienable rights, without due process of law. 14th Amendment, U.S. Constitution. Furthermore, the Hawaii State Constitution states in particular under Article I, Section 5, that "No person shall be deprived of …life without due process of law…." From the foregoing, it is clear that there is a strong mandate in government to preserve life rather than to take it.

THE STATE HAS FOUR LEGITIMATE GOVERNMENTAL PUROSES TO OVERRIDE ANY INTEREST IN ENDING LIFE BY A PERSON ALLEGEDLY TERMINAL ILL.

Since there is no "fundamental" constitutional right to die under either the U.S. or Hawaii State Constitutions, and assuming there is a "liberty" interest to die, the standard of judicial review of such a "liberty" interest to die is not one of "strict scrutiny" but a lesser non-fundamental "balancing of interest" standard. If a law impedes the exercise of a non-fundamental "liberty" interest, the law is subjected to a balancing test under which the court must weigh the non-fundamental "liberty" interest against the State's asserted reasons for restraining such a "liberty" interest.

Since there is a non-fundamental "liberty" interest in a putative terminally ill patient to die, there are four (4) legitimate governmental purposes to override such interest. These purposes are (1) preserving life; (2) protecting the interest of innocent third parties; (3) preventing suicide; and (4) maintaining the ethical integrity of the medical profession.

1. **Preserving life**.

The Hawaii criminal statutes prohibiting suicide demonstrate the State's interest in preserving life rather than taking it. Moreover, the State's refusal to enact any crimes deserving of "capital" punishment whereby the State may execute those adjudged guilty of a capital crime demonstrates the State's interest in preserving life.

2. **Protecting the interests of innocent third parties**.

Once a law is enacted which allows physician assisted suicide or death, the proverbial "slippery slope" becomes a reality. The Netherlands is a good example of how the Dutch reverence for life prior to and during World War II until the present date

degenerated into the Nazi's version of a facet of the "final solution" for the "suffering of incurable patients." See the reprint of New York Times article of October 8, 1933. The term, "Dutch treat" has taken on a new significance. Today, the elderly, persons with mental retardation, disabled persons, and the very young are all at risk.

During World War II, the heroic Dutch medical profession resisted the Nazis' attempts to coerce medical professionals into adopting Nazi medical practice, which included euthanasia. In an attempt to intimidate the Dutch medical profession, one hundred Dutch doctors were shipped to concentration camps in the East, from which few returned. But the courageous doctors refused to adopt the Nazi practices that included euthanasia, and it was the Nazis who gave up.

Seventy (70) or so years later, the Dutch medical profession has turned 180 degrees. Today involuntary euthanasia is practiced in the Netherlands, such that 3 Dutch citizens per day (over 1000 per year) are being "euthanized" without their consent (taken from the official Dutch government sponsored "Remmelink Report."

Furthermore, it has been reported that today one-third of Dutch doctors are willing to euthanize mentally ill patients. See the Psych Central article attached hereto. Moreover, it was recently reported in the Netherland Times that an overzealous Dutch doctor forced euthanasia on an elderly woman with dementia without her consent, and in fact against her will. See the Netherlands Times article attached hereto.

Ironically, the former Dutch Health Minister, Els Borst, who was instrumental in having that country's infamous euthanasia bill enacted into law, admitted and regretted her role in the passage of that bill, and lamented the Dutch government "did not give

enough attention to palliative care and support of the dying." See the Life Site article of December 2, 2009.

Additionally, it must be mentioned that the New York State Task Force on Life and the Law, which consisted of twenty four (24) professional and religious persons, studied the issues relating to physician assisted suicide and euthanasia. To their credit, they unanimously recommended that New York state retain its prohibition of physician assisted suicide and euthanasia because the Task Force concluded "legalizing these practices would be profoundly dangerous for large segments of the population, especially in light of the widespread failure of American medicine to treat pain adequately or to diagnose and treat clinical depression in many cases." This unanimous decision was reached even though some of the professionals themselves personally felt that in certain cases there were overriding reasons to allow physicians to assist in terminating the lives of their patients. Even to this day, the NY Task Force maintains its opposition physician assisted suicide and euthanasia. See the updated report of July 27, 2009 attached hereto.

Furthermore, in its preamble, HB 2739 HD1 mentions the state of Oregon as being one of five (5) other states, which have passed similar legislation for "mentally competent" persons to end their lives by availing themselves

However, just recently, the Oregon legislature considered the passage of Senate Bill 494, which would extend to "incompetent adults with dementia or mental illness who have not indicated that they want to starve to death" and transfer that decision to surrogates and the courts to make that determination to deprive such incompetent adults nutrition and hydration, among other things. In order to reach that decision, SB 494 was amended to take away all of the safeguards currently in the Oregon statute that

protect Alzheimer's, dementia and mentally ill patients who are conscious and able to eat and drink and who are not at the end of life stage, from being starved and dehydrated to death.

While SB 494 did not pass, another bill (HB 4135) currently is being considered, and in all likelihood, will pass this session. HB 4135 is even more insidious in that rather than the courts being involved in affecting an individual's health directive, it somehow "transforms" any change to one of an administrative decision.

Once again, the foregoing example demonstrates the "slippery slope" of HB2739 HD1 if enacted into law.

3. **Preventing Suicide**.

Suicide is a serious problem among the youth and the elderly. Passage of any laws regarding physician assisted suicide would lead toward societal acceptance of any form of suicide, thus opening the door to the encouragement of suicide, whether intended or not, especially among the youth and the elderly. Societal attitudes toward life take on a whole different perspective when life and the worth and dignity of every person are devalued. Therefore, the State's attempts to discourage suicide would be undermined seriously.

4. **Maintaining the ethical integrity of the medical and health care professions**.

Enactment of any laws permitting physician assisted suicide will damage irreparably the ethical integrity of the medical and health care professions. Since it may be viewed as easier and less costly to permit physician assisted suicide than to treat and care for clients/patients who may need long term treatment and care, such worthwhile programs as hospice care and pain management would be the inevitable

casualties of any laws permitting physician assisted suicide. Furthermore, given the pressures concomitant with the ever increasing pressure of rising medical costs, there would be a strong temptation to utilize the cheapest way to save on medical costs by way of physician assisted suicide and euthanasia at the expense of other worthwhile care and treatment which would prolong life.

5. Miscellaneous.

There are numerous provisions in the bill which would allow for abuse and/or possible criminal misconduct including without limitation the following:

A. There is no provision for the immediate return of the medication should the "qualified" patient requesting such medication changes his/her mind on wanting to end his/her life.

B. The "attending provider" involved in certifying to the "qualified" patient's competency and/or diagnosing the "terminal" condition of the subject adult, may actually be a doctor who may be negligent in the treatment of said "qualified" patient, and his/her certification is a "cover up" for such negligence.

C. The "attending provider" involved in certifying a death certificate to the effect that the cause of death is the "qualified" patient's "terminal" condition may be covering up that "attending provider's" negligence.

Given the foregoing, you are respectfully urged not to pass out of committee HB2739 HD1.

Very truly yours,

Robert K. Matsumoto

Robert K. Matsumoto

[1933] Nazis Plan to Kill Incurables to End Pain; German Religious Groups Oppose Move

By The Associated Press

BERLIN, Oct. 7 [1933]—The Ministry of Justice in a detailed memorandum explaining the Nazi aims regarding the German penal code today announced its intention to authorize physicians to end the sufferings of incurable patients.

The memorandum, still lacking the force of law, proposed that "It shall be made possible for physicians to end the tortures of incurable patients, upon request, in the interests of true humanity."

This proposed legal recognition of euthanasia—the act of providing a painless and peaceful death-raised a number of fundamental problems of a religious, scientific and legal nature.

The Catholic newspaper *Germania* hastened to observe:

> The Catholic faith binds the conscience of its followers not to accepr this method of shortening the sufferings of incurables who are tormented by pain."

In Lutheran circles, too, life is regarded as something that God alone can take.

A large section of the German people, it was expected in some interested circles, might ignore the provisions for euthanasia, which overnight has become a widely-discussed word in the Reich.

In medical circles the question was raised as to just when a man is incurable and when his life should be ended.

According to the present plans of the Ministry of Justice, incurability would be determined not only by the attending physician, but also by two official doctors who would carefully trace the history of the case and personally examine the patient.

In insisting that euthanasia shall be permissible only if the accredited attending physician is backed by two experts who so advise, the Ministry believes a guarantee is given that no life still valuable to the State will be wantonly destroyed.

The legal question of who may request the application of euthanasia has not been definitely solved. The Ministry merely has proposed that either the patient himself shall "expressly and earnestly" ask it, or "in case the patient no longer is able to express his desire, his nearer relatives, acting from motives that do not contravene morals, so request."

[Reprinted from *New York Times*, Oct. 8, 1933, p. 1]

[The preceding article is reproduced from a document published June 6, 2015 by Life Priority Network (LifePriority.net).]

Front Page, New York Times, Oct. 8, 1933

Continued on Page Two.

Continued on Page Twenty.

Nazis Plan to Kill Incurables to End Pain; German Religious Groups Oppose Move

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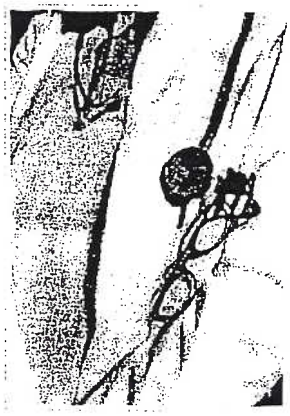
1 in 3 Dutch MDs Willing to Aid in Assisted Suicide for Mentally Ill

By Jane Collingwood
~ 3 min read

A recent survey suggests that a significant proportion of doctors in the Netherlands are prepared to carry out assisted suicide for people with mental illness.



The survey was undertaken in 2011-2012 by Dr. Eva Bolt and colleagues at the EMGO Institute for Health and Care Research, Amsterdam, the Netherlands. They sent questionnaires to 2,269 randomly selected general practitioners (family doctors) and specialists in elderly care, cardiology, respiratory medicine, intensive care, neurology, and internal medicine. Of these, 1,456 completed the survey.

Respondents were asked if they had ever helped a patient who was suffering with cancer, another physical disease, a mental illness, dementia, or without a severe physical disease but was "tired of living" to die.

This showed that a large majority (86 percent) would consider helping a patient to die. Six out of ten had actually done so.

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Overall, 77 percent (and more than 90 percent of GPs) had been asked at least once for help to die. Only a few of the respondents (seven percent) had actually helped a patient who did not have cancer or another severe physical illness to die, whereas over half (56 percent) had helped a cancer patient to die, and around a third (31 percent) had assisted someone with another physical disease.

But feelings about euthanasia and assisted death varied for each health condition. The likelihood of helping was high for cancer patients (85 percent) and those with another physical disease (82 percent).

For mental illness, only 34 percent would consider helping the patient die, and 40 percent would help someone with early-stage dementia to die. The rate was slightly lower for late-stage dementia, at 33 percent.

Just over a quarter (27 percent) would be prepared to help someone tired of living to die if they had a severe medical condition. But fewer than one in five (18 percent) would do so in these circumstances if the person had no other medical grounds for suffering.

Full results are published in the *Journal of Medical Ethics*. The current situation in The Netherlands is that euthanasia or assisted suicide is legally permissible "for those whose suffering is psychiatric/psychological in nature," but it rarely occurs.

The authors write, "Euthanasia and physician-assisted suicide (EAS) in patients with psychiatric disease, dementia, or patients who are tired of living (without severe morbidity) is highly controversial. Although such cases can fall under the Dutch Euthanasia Act, Dutch physicians seem reluctant to perform EAS, and it is not clear whether or not physicians reject the possibility of EAS in these cases.

"This study shows that a minority of Dutch physicians find it conceivable that they would grant a request for EAS from a patient with psychiatric disease, dementia, or a patient who is tired of living. For physicians who find EAS inconceivable in these cases legal arguments and personal moral objections both probably play a role."

Said Bolt, "Each physician needs to form his or her own standpoint on euthanasia, based on legal boundaries and personal values. We would advise people with a future wish for euthanasia to discuss this wish with their physician in time, and we would advise physicians to be clear about their standpoint on the matter."

In The Netherlands, the "Termination of Life on Request and Assisted Suicide Act" took effect on April 1, 2002. It legalizes euthanasia and physician-assisted suicide under very specific circumstances. Several stringent conditions must be fulfilled including that "the patient's suffering is unbearable with no prospect of improvement."

This legal requirement, the question of unbearable suffering, was explored by a related team of researchers at Radboud University Nijmegen Medical Centre, the Netherlands. They state in the journal *Psycho-Oncology*, "Unbearable suffering is difficult to assess, so evaluation of the current knowledge of unbearable suffering is needed in the ongoing debate about the conditions on which EAS can be approved."

They evaluated a range of definitions of suffering and studies on suffering, but "found no definition of unbearable suffering in the context of a request for EAS." They also report that they "found no studies that brought together the views of the patients, relatives, and healthcare professionals."

The experts propose their own conceptual definition: "Unbearable suffering in the context of a request for EAS is a profoundly personal experience of an actual or

perceived impending threat to the integrity or life of the person, which has a significa duration and a central place in the person's mind."

References

Bolt, E. E. et al. Can physicians conceive of performing euthanasia in case of psychia disease, dementia or being tired of living? *Journal of Medical Ethics*, 18 February 20 doi 10.1136/medethics-2014-102150

Dees, M. et al. Unbearable suffering of patients with a request for euthanasia or physician-assisted suicide: an integrative review. *Psycho-oncology*, 19 April 2010 do 10.1002/pon.1612.

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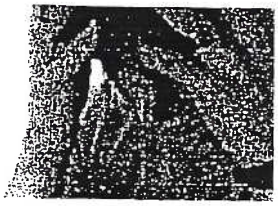

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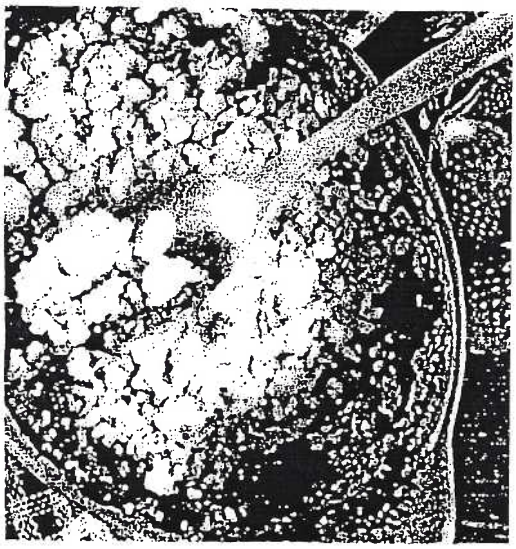

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- Health

Euthanasia controversy: Doctor rebuked for helping uncertain woman die

By Janene Pieters on January 26, 2017 - 11:35

For the first time in Dutch history a doctor in the Netherlands was reprimanded for giving euthanasia to a dementia patient while if was not conclusively established that euthanasia was what the woman wanted at that time, Trouw reports. The implementation of euthanasia was also traumatic, the Regional Review Committee concluded, according to the newspaper.

The patient in question is a woman around the age of 80 years, suffering from dementia so far advanced that her husband could no longer cope with the care she needed. She had to be placed in a home. While the woman was still lucid she indicated that she definitely did not want to end up in a "home for demented elderly". She also stated in her will that she wanted euthanasia "when I myself find it the right time".

In the nursing home the woman spent her days frightened and angry. She wandered the halls of the home at night and missed her family. After a few weeks the doctor at the home determined that the woman was suffering unbearably and is no longer mentally competent, but that the declaration she gave in her will justifies euthanasia.

Euthanasia was preformed seven weeks after the woman was admitted into the nursing home. To calm the woman down, the nursing home doctor gave her a first dose of sedative in a cup of coffee. A second dose was injected into he She seemed to fall asleep. But when the infusion was inserted she "pulled back", and while the doctor injected the euthanasia agent, she moved as if to get up. The doctor decided to continue while family members held the patient down. The woman died shortly afterwards.

The review committee determined that the woman's declaration in her will did not clearly state that she wanted to be euthanized after being admitted to a nursing home. The words "when I myself find it the right time" does not take into account a situation in which the woman was no longer mentally competent. The committee can understand how the doctor read it as a well-considered wish, but still feels that it was too broad an interpretation.

The committee also concluded that the doctor "crossed a line" by giving the woman the first dose of sedative secretly hidden in a cup of coffee. And that the doctor should have stopped at the woman's movements at the end. Even though it is possible that the movements were purely physical reactions, it can not be certain.

On other points, including the presence of hopeless and unbearable suffering and consulting other doctors on the matter, the committee found the doctor acted correctly and according to the rules.

In January last year the Ministries of Security and Justice and Pubic Health gave the green light to allow euthanasia in advanced dementia patients, provided that the patient left a written request for euthanasia while he or she was still lucid. Despite this, euthanasia is hardly ever granted to patients with advanced dementia.

Tags:

- euthanasia
- advanced dementia
- euthanasia in dementia patients
- Regional Euthanasia Review Committee

Search

NEWS
Wed Dec 2, 2009 - 12:15 pm EST

Former Dutch Health Minister Admits Error of Legalizing Euthanasia

By Patrick B. Craine

AMSTERDAM, Netherlands, December 2, 2009 (LifeSiteNews.com) - The former Dutch minister who successfully promoted the legalization of euthanasia has now admitted that the government's move was a mistake, and says that they should have first focused on palliative care.


Els Borst

Els Borst, who served as Health Minister for the Netherlands from 1994 to 2002, proposed the country's infamous euthanasia bill. When it passed in 2001, the Netherlands became the first country in the world to legalize euthanasia. In 2008, Dutch doctors reported 2,331 cases of euthanasia, 400 cases of assisted suicide, and 550 deaths without request.

Borst drew criticism from some Christian political parties shortly after the passage of her bill for comments she made in an interview. Echoing the Christ's final words on the Cross, Borst exclaimed: "It is finished!"

Now, however, she thinks the government acted too soon, as she told Dr. Anne-Mei The in interviews for the latter's new book on the history of euthanasia, entitled Verlossers naast God ("Redeemer under God").

The legalization of euthanasia came "far too early," Borst said, admitting that the government did not give enough attention to palliative care and support for the dying. "In the Netherlands, we first listened to the political and societal demand in favour of euthanasia," she said. "Obviously, this was not in the proper order."

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, agrees with Borst that the Netherlands has been ineffective in providing proper palliative care. "Even today they still do not have effective palliative care in place in the Netherlands," he told LifeSiteNews.com (LSN).

"It's all good to say that," he said, referring to Borst's comments, "but what are they doing now to protect the vulnerable?"

"Now [euthanasia's] become socially accepted," he continued. "So how are you going to fix your mistake now, thank you? And how many thousands of people died because you didn't properly care for them? How many thousands killed?"

Dr. The, who has studied euthanasia for fifteen years, affirmed that the foreign perception of inadequate palliative care in the Netherlands is not unfounded. Further, she explained that in all her years, nearly
all the doctors she has met struggle with euthanasia due to moral issues or emotional reactions.

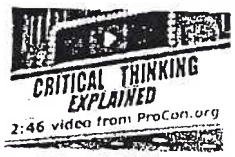
Borst's regret over the situation in the Netherlands is particularly important given that that country has served as a model for euthanasia advocates in other countries. Schadenberg noted, for example, that Canadian MP Francine Lalonde, who currently has a bill before Parliament to legalize euthanasia and assisted suicide, has "imported" the Netherlands' approach into Canada.

As in the Netherlands, Schadenberg explained, Canada "lack[s] the proper care for those either a) at the end of life, or b) experiencing disability or chronic disabling conditions."

"Without the proper care in place, is [legalizing euthanasia] not the wrong thing to be doing?" he asked. "Really what the debate in Canada needs to be about is how we care for all Canadians."

Schadenberg went on to point out the "slippery slope" occurring in the Netherlands, which the country's politicians deny, he says, through "a systematic cover-up." "How can you say there is no slippery slope in the Netherlands - knowing that you now allow euthanasia for newborns, and you went from originally just the terminally ill, [and] now it's also for those who are mentally ill?" he asked. "You have allowed your definitions to wander so wide that you haven't even noticed it."

Borst's comments, Schadenberg says, are "simply telling us: do not make the same error as the Netherlands."



Name:

New York State Task Force on Life and the Law

Position:

Con to the question "*Should Euthanasia or Physician-Assisted Suicide Be Legal?*"

Reasoning:

"[W]e continue to believe that legalized physician-assisted suicide would be profoundly dangerous for large segments of the population. Even those who support the legalization of physician-assisted suicide, however, should be concerned about the premises on which arguments for legalization are based. Assisted suicide for relatively rare cases of unrelievable suffering should not be justified by arguments that undermine the right to refuse medical treatment, which affects virtually every individual who ever seeks out medical care. The legalization of assisted suicide should also not jeopardize physicians' willingness to administer effective medication for the treatment of severe pain, by claiming that death is an inevitable consequence of high doses of opioids, or by implying that physicians are legally and ethically accountable for the unintended harmful consequences of legitimate medical care. Maintaining the distinctions between assisted suicide, the refusal of treatment, and the use of high doses of opioids for the relief of pain, is essential to a coherent policy of end-of-life medical care. Conflating these issues may be rhetorically powerful for those who wish to legalize assisted suicide, but it will ultimately weaken the autonomy of patients at the end of life.

The widespread public interest in physician-assisted suicide represents a symptom of a much larger problem: our collective failure to respond adequately to the suffering that patients often experience at the end of life. Improving palliative care, and attending to the psychological, spiritual, and social needs of dying patients, must be a critical national priority. Whether or not assisted suicide is ultimately legalized, we hope that those on all sides of the debate over legalization will join forces to help achieve this important goal."
"Supplement to when Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context," New York State Task Force on Life and the Law website, 1997

Theoretical Expertise Ranking: ☆ Organizations/VIPs/Others
Individuals and organizations that do not fit into the other star categories.

Description:

"The New York State Task Force on Life and the Law was created in 1985, charged with devising public policy on a host of issues arising from medical advances, including: the determination of death, the withdrawal and withholding of life-sustaining treatment, organ transplantation, and new technologies and practices to assist reproduction. The Task Force encompasses expertise from many disciplines, and also reflects the wide spectrum of opinion and belief about bioethics issues in New York State. The founding chairman of the Task Force was Dr. David Axelrod. Dr. Richard F. Daines, the New York State Commissioner of Health, is the current chair. The Task Force has a full-time staff of four that conducts research and supports its other activities.

The Task Force is currently the only standing state government commission in the United States with a mandate to recommend public policy on a range of medical/ethical issues. The Task Force seeks to forge a consensus on pressing questions and to translate that consensus into concrete proposals for public policy. Recommendations by the Task Force have led to new legislation or regulation on a wide range of issues, including the determination of death, decisions about cardiopulmonary resuscitation, the health care proxy, organ and tissue transplantation, and surrogate parenting. The work of the Task Force has also been cited by the United States Supreme Court in decisions on assisted suicide."
"History of the Task Force," New York State Task Force on Life and the Law website (accessed July 16, 2009)

Mission: "Information for a Healthy New York."
New York State Task Force on Life and the Law website (accessed July 16, 2009)

Structure: Task force

Members/Constituents: 23

Annual Budget: None found

Sr. Executive: Richard F. Daines, MD, Commissioner of Health for New York State

# of Offices: One (New York, NY)

# of Staff: Four

Relevant Affiliations:
- New York State Department of Health

Contact Info:
Phone: 212-417-5444
Fax: None found
Email: taskfce@health.state.ny.us
Website: Task Force homepage

Quoted in:
1. Is There a Legal Right to Die?
2. Would Legalizing Physician-Assisted Suicide Endanger Minorities?
3. Should Euthanasia or Physician-Assisted Suicide Be Legal?
4. Is There a Moral Difference between Active Euthanasia and Physician-Assisted Suicide?

HB-2739-HD-1
Submitted on: 3/15/2018 2:19:40 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Boland	Individual	Support	No

Comments:

March 16, 2018

To: Senate Committee on Commerce, Consumer Protection and Health

Re: HB2739 HD1

In Strong Opposition

Good morning, Chair Baker and committee members.

My name is Joy Yadao. I am a registered nurse with over 15 years of hospice experience, including as the former Executive Director of Hawaii's largest and oldest hospice. I have personally attended many deaths and eased the discomfort of the dying and their families.

I am testifying against this bill because I strongly believe it is not necessary and could be very dangerous to implement.

We have been told that this battle has been going on for nearly 20 years, but a lot has changed in that time period. Hospice and palliative care have been in our islands for 40 years and the practices of this specialty care have continued to evolve to the point where patients can experience a much better quality of life in their final stages of life.

There is simply no need to end the lives of people because of pain or loss of autonomy. It is a call for improvements in our system. Modern evidence-based medicine provides amazing symptom relief and customized care for the individual and restores control of one's own future.

You have a grave decision before you, and also an opportunity to make an actual difference in the final chapter of peoples' lives.

You can change this bill to reflect the need for improved end of life care.

- Require that persons contemplating this option be on a hospice program during that waiting period. This allows for counseling and treatment of any depression and alleviates any symptoms like pain, anxiety, digestion problems etc.
- Require that prescribing physicians be present when the lethal drugs are ingested. This truly would reduce the chance of coercion or

misappropriation and would provide accurate documentation from a clinician.

- Require that pharmacies labl the drug as “Lethal Dose” or “May Cause Death” and require a pharmacy consultation upon dispensing the drug to increase understanding of the usage.

Hospice care does not make promises of healing or miracles, but interdisciplinary teams of doctors, nurses, social workers, and spiritual counselors are able to make a patient’s end-of-life experience a good experience. Everyone deserves a good death and die with dignity.

I would like to urge this committee to go back and read the question that Compassion and Choices asked in their survey back in November 2016.

Voters were asked whether patients who are diagnosed with a terminal illness should have a legal means to end their pain and suffering. Eighty percent of the respondents said yes. A legal means to end suffering for those with a terminal illness is what we all want for ourselves and our loved ones. I’m here to say we already have that legal means, and that answer is in hospice and palliative care.

I urge this committee to please listen carefully to what voters are saying and not rely on how it may be twisted to suit a particular point of view. Thank you very much.

Joy Yadao

TO: Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair
Committee on Commerce, Consumer Protection, and Health

FROM: Kaytie Huynh, BSW
UH Mānoa School of Social Work

DATE OF HEARING: March 16, 2018

SUBJECT: **SUPPORT of HB 2739, HD1**

Aloha Kākou,

My name is Kaytie Huynh, I am a social worker and Master's student at the School of Social Work at UH Mānoa. I am testifying in **support** of **HB 2739, HD1**

Social work is an inclusive and evidence-based community. Social work practice inherently respects the dignity and worth of all persons, groups, cultures, and diversity. We recognize our dual responsibility to individuals and to the broader society. We seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

National Association of Social Workers Standards for Palliative & End of Life Care, Standard 6. Empowerment and Advocacy say: The social worker shall advocate for the needs, decisions, and rights of clients in palliative and end of life care. The social worker shall engage in social and political action that seeks to ensure that people have equal access to resources to meet their biopsychosocial needs in palliative and end of life care.

Me and my fellow social worker associates sat through the five-hour marathon hearing on February 27, 2018. I listened intently to the oral testimonies from both sides of the issue and reviewed the written testimony. It is objectively clear that the majority opposition represented a non-secular vocal minority. Also clear were the persistent false equivalence drawn between the issue at hand and unrelated events, matters, and precedence.

In short, I support the opposition's liberty to exercise their choice, but it is time for the majority to move forward. As people of good conscience and members of a compassionate community, I ask that the will of the majority be recognized and that this be the year Hawai'i extends the ultimate act of goodwill and **support HB 2739, HD1** without reservation.

Mahalo,
Kaytie Huynh

HB-2739-HD-1
Submitted on: 3/15/2018 2:28:35 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Mathews	Individual	Support	No

Comments:

Thank you for the opportunity to testify in support of HB2739 HD1 which would allow medical aid in dying. This bill would allow an additional choice for those individuals who are facing a terminal illness and for whom pain management and palliative care are not sufficient to relieve suffering. This bill is well written with multiple safeguards and redundancies to provide appropriate protections and prevent abuse.

While those individuals with strong religious convictions have every right to their beliefs and to forego this choice, they have no right to dictate mine. Some of the arguments made have no logical foundation and imply that patients could forced to take the drugs even though they had changed their minds. This bill does not allow this.

This bill provides a humane and compassionate alternative for those individuals whose spiritual beliefs are compatible with taking control of their dying process, as they have with living.

Thank you for the opportunity to provide testimony.

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, consumer Protection & Health

Hearing Date and Time: March 16, 2018; 8:30 o'clock a.m. Room 229

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

____ Medical care includes only promoting health/treating disease - NOT killing the patient

____ PAS tells troubled teens that suicide is an acceptable way to solve problems

____ Unused lethal medication is not adequately controlled/ causes risk to others

____ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

____ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

____ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

____ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Liane Slonn
Sign name

Liane Slonn
Print name

341 Makalii Pl. Kailua Hi. 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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Virginia Jeannie Dolan
Sign name

Print name

415B N. Kainalu Dr. Kailua, Hi 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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Marge-Ann Dolan
Sign name

Marge-Ann Dolan
Print name

415 A N Kainalu Dr
Print street address with zip code

Kailua Hi 96734

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Sign name

Mary A. Chun

Print name

415 A N. Kainalu Dr.

Print street address with zip code

Kailua-HI. 96734

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Sign name

Niki Miller
Print name

423 Aulima Lp 96734
Print street address with zip code

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I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Brillian D. Leonardo
Print name

94-234 Kahuahani St Waipahu, HI 96797
Print street address with zip code

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Sylvia R. Morris
Sign name

Sylvia Morris
Print name

45-638 Halekou Pl 96744
Print street address with zip code

Kaneohe

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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L C Morris
Sign name

L.C. Morris
Print name

45638 Kaokoa Pl. 96744
Print street address with zip code

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Sign name

Brandon Berinobi
Print name

320 B Wilania St. Kailua HI 96734
Print street address with zip code

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✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: Too much risk for things to go awry

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Jacqueline Lovin-Yap
Sign name

JACQUELINE LOVIN-YAP
Print name

411 MALUNIU AVE. KAILUA, HAWAII 96734
Print street address with zip code

SENT VIA WEB from

Ola Souza

P. O. Box 240531 • Honolulu, HI 96824 • (808) 258-6040 • olasouza@hawaii.rr.com

Senate Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

Friday, March 16, 2018; 8:30AM
Conference Room 229

Testimony in STRONG OPPOSITION to H. B. 2739 HD1

Aloha, Chairs and Committee Members.

My name is Ola Souza, and I am a mother of a handsome and exuberant 12-year-old boy with autism. I want to tell you a story ...

On September 30, 2012, my son got ahold of a bottle of my mother's prescription medication. Limited in his ability to communicate and with a desire to please, his stock answer to questions he does not understand is "yes," so when I asked him if he had put anything in his mouth that was the answer I got. The cap was ajar, he had peeled off most of the label making it impossible to know just what the bottle contained, and though there were still pills in it, my mother could not definitively say how many were supposed to be in there. EMTs rushed my son to the ER as a precaution where, after several hours of observation, doctors deduced that he had not ingested any of my mom's medication.

To be sure, I let my mom have it. We had many an argument about putting her medication away prior to this incident. My suspicion was that I had interceded before he was able to get the cap all the way off because I know him well enough to definitively say that if he had, there wouldn't be any pills left. He'd have "eaten" them all because he has a compulsion to "finish" things. Entire bottles of water, puzzles, songs, exercises, school assignments, meals - he doesn't stop until it's empty or complete.

I've heard it said that the number of pills required to end the life of someone who requests this prescription is considerable, as if that somehow is a safeguard for others. I assure you, that would *not* be the case with my son. Yes, unfortunately children die every year from accidentally ingesting prescription medication. The difference being, that medication is intended to help the prescribed individual treat or heal a condition and LIVE a healthier life. This prescription has but one purpose ... to kill the person who takes it.

My gravest personal concern is that this bill provides no accountability of this prescription once it's been dispensed. It need not be taken right away, it need not be returned if not consumed, you don't have to tell anyone you have it in your home, it could be lost, stolen, resold or left behind should the individual die a natural death. Given the story I've shared in this testimony, I firmly believe that in enacting this measure it is just a matter of time before someone who is NOT trying to end their life ... does.

I'm sorry. It pains me to think of the hopelessness that drives an individual to want to commit suicide, but if that is their choice, it ought not come with the potential for taking another's instead. In my opinion, if even ONE life were accidentally taken in this way, it would constitute a gross negligence and dereliction of duty by this body as policy makers and, sadly, this bill provides no legal recourse for such a tragedy. Yet another flaw in this measure.

I'm also a Christian and won't waste time stating my faith-based objections to this measure, which have undoubtedly been made by many others providing testimony in opposition. I will, however, close by saying, "I'll be 50 years old in less than three weeks, and I struggle to understand just when and how in my lifetime we moved from a society that once did everything possible to STOP someone who wanted to commit suicide and instead ask, 'Need a push?'"

Thank you for this opportunity to testify. I strongly urge you to **hold H.B. 2739 HD1.**

HB-2739-HD-1
Submitted on: 3/15/2018 2:51:27 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Masaki	Individual	Support	No

Comments:

Committee on Commerce, Consumer Protection, and Health

Senator Rosalyn H. Baker, Chair

Senator Jill N. Tokuda, Vice Chair

Testimony Supporting HB2739, HD1

Aloha Chair Baker, Vice Chair Tokuda and Committee Members,

My name is Karen Masaki; my residence zip code is 96785. I am testifying in strong support of HB2739, HD1 with no amendments.

Thank you for hearing and passing HB2739, HD1.

Karen Masaki

HB-2739-HD-1
Submitted on: 3/15/2018 2:55:33 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Nagasako	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 2:56:29 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Peterson	Individual	Oppose	No

Comments:

I am opposed to this bill. It advocates suicide. Life is precious and sacred, every breath of it. Someone who has given up all hope on life and wants to die often looks to death as an easy out solution. This person would be considered suicidal.

- Life is sacred.
- Physicians have been known to make mistakes in their diagnosis's.
- There can be complications while administering the treatment.

In a study published in the February 2000 edition of the New England Journal of Medicine, scientists from the Netherlands, where euthanasia and physician-assisted suicide have been legal for years, found that such efforts frequently go wrong.

The study analyzed data from two studies of euthanasia and physician-assisted suicide in the Netherlands (one conducted in 1990 and 1991 and the other in 1995 and 1996), with a total of 649 cases.

Complications occurred in 7 percent of cases of assisted suicide, and problems with completion (a longer-than-expected time to death, failure to induce coma, or induction of coma followed by awakening of the patient) occurred in 16 percent of the cases; complications and problems with completion occurred in 3 percent and 6 percent of cases of euthanasia, respectively.

The Royal Dutch Medical Association recommends that a doctor be present when euthanasia is attempted.

Two studies conducted in Oregon where physician-assisted suicide became legal on Oct. 27, 1997 did not mention complications arising from the attempts. But critics suspect the results of the Dutch study were typical, and similar problems in Oregon had not been reported.

Barbiturates are the most common substances used for assisted suicide in Oregon and in the Netherlands. Overdoses of barbiturates are known to cause distress:

- extreme gasping and muscle spasms can occur
- while losing consciousness, a person can vomit and then inhale the vomit

- panic, feelings of terror and assaultive behavior take place from the drug-induced confusion

Other problems can include difficulty in taking the drugs, failure of the drugs to induce unconsciousness and a number of days elapsing before death occurs. 4

References:

1. NEJM Volume 342:551-556 February 24, 2000 Number 8
2. NEJM, 2/24/00 and Oregonian, 3/23/00

HB-2739-HD-1
Submitted on: 3/15/2018 2:57:58 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ellen sofio	Individual	Oppose	Yes

Comments:

Date of Hearing March 16, 2018; Individual testimony of Ellen Sofio M.D in opposition to HB 2739 HD1 before Senate Committee on Health and Consumer Protection Chair Rozalyn Baker,Vice Chair Jill Tokuda and committee members

Dear Senators of the Health and Consumer Protection Committee,

I am a board eligible family practice physician from Hawaii, JABSOM graduate and completed residency training in internal medicine and family practice in Oregon and Michigan over 25 years ago. I have practiced serving the underserved on Oahu for my entire career, first in an urban setting for 17 years at Kalihi Palama Health Center and for the past 5 years in rural Wahiawa where I now have a primarily geriatric patient population. This testimony is to detail my reasons for vehemently opposing HB 2739 HD1, the so called Death with Dignity bill.

In an era when political corruption and the privatization of Medicaid and Medicare in this country has allowed profits to take precedence over the right to accessible, equitable health care, and where politically prominent medical ethicists at the national level have proclaimed the elderly and disabled as second class citizens for health care purposes, this bill, if passed will

jeapordize a large swath of vulnerable residents of our Hawaii ohana including our kupuna, our urban and rural poor who are more frequently afflicted by cancer, epidemic chronic kidney disease. This population also has a much higher risk of being taken advantage of either by family or by corporate entities for financial reasons, due to the universal vulnerablities that come with age, and the lack of comprehension and or legal sophistication that comes with not being a native English speaker or having less formal education or simply not being acculturated. When I lose sleep over how this bill might affect my elderly patients for many of whom Engish is a second language, or who have hearing and or vision challenges related to aging, I find it terrifying.

I have quickly analyzed the bill and these are my specific findings of concern referenced by page and line number:

1.) The area where I work has the highest rate of CKD in the country acknowledged by the CDC, half of which is in nondiabetic patients. This is contributing to an unsustainable surge of need for dialysis and to recent statements by the insurance commissioner here that the entire system is not sustainable financially. These people are not at fault for their progressive renal

failure which seems to have it's roots environmental causes long unacknowledged by the state of Hawaii DOH as are longstanding cancer epidemics in the same areas. This population, inundated by these environmentally based public health scourges, is one of the most vulnerable to the potential for undue influence on the part of health insurance companies and their collaborators to deny care, and to pressure people into prematurely giving up on effective treatment therebye making them susceptible to being pressured into choosing to end their lives by legalized toxic ingestion. This bill therefore has the potential to compound an already

huge social injustice.

P. 5 line 15: "counselling" through Telehealth for rural residents who cannot readily access urban resources is more likely to be done by less well qualified practitioners and by it's very nature to lack the warmth of interpersonal interaction and touch which occurs in an in person one on one setting. Therefore this would clearly disadvantage rural residents who lack the transportation or other physical capacity or other resources to access one on one "counselling" far from their homes. This is inherently preducial to this population and any other population which might be deprived of one on one "counselling" in such a life and death context.

p.8 line 3: Without witnesses how do you document that "self administration" was an "affirmative and conscious voluntary act" and not a coerced and involuntary one (ie. homocide). Even a witness is not sufficient. The event needs to be videotaped if there is to be any kind of objective evidence of what actually happened at the time of death

p.9 line 6 Having only 1 of 2 witnesses to the voluntary written statement requesting a prescription for assistance in dying be "not a potential recipient of any portion of the estate" is clearly insufficient. All an unethically motivated family member would have to do is to find a similarly unethical unrelated "friend" to provide the second corrupt witness if they wished to take advantage of a vulnerable family member for their money or estate.

P. 11 By having the death certificate only reflect the "terminal" illness as cause of death this bill perpetrates a public lie. The immediate cause of death should be phenobarbitol toxicity and the underlying should be the terminal illness.

P. 20 line 16; This bill has no provisions for prevention of diveersion of the lethal prescription drug either prior to or after the death of the intended recipient creating a huge public health risk

for incrased suicides and homicides.

P. 28 line 17; Prohibits a "person" from using "force, threat, fraud or intimmimdation" but fails to address potential for undue influence by an individual or by an insurance company or other corporate entity ie. by letter broaching the topic of assisted suicide, denieal of services etc.

In other words there is no legal language in this bill to protect vulnerable patients from their insurance companies.

"terminal condition" with "less than 6 months to live" is a very loaded definition. For example it is not clear in the bill whether this means terminal within 6 months if not treated at all or terminal if not treated aggressively. Ie. end stage renal failure is a terminal condition if not treated with dialysis. Pneumonia or even flu can be terminal if not aggressively treated. This is an absolutely critical distinction which is not clarified in this bill

Finally there is nothing in this bill to provide any assurances that at risk patients will be able to understand the language spoken to them if they are not English speakers or have limited English or if they cannot read well, or have vision or hearing defecits that create challenges.

I support any efforts by this legislature to fund research and innovations to improve access to hospice and palliative care when appropriate. I firmly believe that the passage of the so called "Death with Dignity" bill would be ultimately a tragic mistake for our island ohana

Mahalo for your kind attention,

Ellen Sofio M.D.

HB-2739-HD-1
Submitted on: 3/15/2018 2:58:51 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mona Bomgaars	Individual	Support	No

Comments:

Dear Chairs of the Senate Commerce, Consumer Protection and Health Committee, I urge you to pass "Our Care, Our Choice Act" which will eventually give all of our citizens a choice when facing the end of their lives. I believe it will become one of the most humane of our civil rights.

If any part of the current bill requires amending, I suggest shortening the 20 day period to less than 10 days. Twenty days for someone in unrelenting extreme pain is torture and should not be promoted.

Thank you for your deliberation and please pass this bill.

Yours sincerely,

Mona R Bomgaars MD

712 Ainapo Street, Honolulu, 96825

HB-2739-HD-1
Submitted on: 3/15/2018 8:15:26 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Ginoza	Individual	Support	No

Comments:

My name is Karen Ginoza and I am testifying as an individual. Please pass HB2739 HD1 as written. This bill is long overdue.

HB-2739-HD-1
Submitted on: 3/15/2018 3:01:02 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
CW Lee	Individual	Oppose	No

Comments:

While this bill may seem good business regulation of medical and drug practices, please get out of way of the physician-patient relationship. Hawai'i has more traditional believers and practitioners than most states in the union I'm sure. Traditional families and communities understand that dying is inevitable and however heart wrenching, has protocol to meet this event on an individual, personal basis. No more regulation or prescriptions are needed.

My experience: a beloved sister-in-law face courageously faced death by placing her bed in the middle of her living room and welcoming family and friends to spend time with her for almost a year. Her 20 month old grandson crawled up to her bed to kiss and hug her often. Yes, she decided when her pain was beyond unbearable to self-administer her fatal dose of morphine. We all understood what she would do, hence her passing, though sad was acceptable.

For non-traditional individuals and families, death is academic, abstract and an intrusion, to be fought, and to spare others from. I recommend that a series of classes about death and dying be added to this bill if it is approved.

Juliet A. F. Begley
67-5111 Yutaka Pen Place,
Kamuela, Hawai'i 96743

February 27, 2017

Senator Keith Agaran, Chair
Senator Karl Rhodes, Vice Chair
Senate Judiciary and Labor Committee

SUPPORT SB 1129 - Relating to Health, establishing a Death with Dignity Act

Dear Senate Members of the Senate Judiciary and Labor Committee:

In 2002 I testified for Death with Dignity legislation due to my friend who died with great suffering in 1998. Her death caused me to ask Governor Cayetano if we could put forth a bill to address the hastening of death in the Governor's legislative package that year. He agreed, and Death with Dignity legislation almost passed on the floor of the Senate on the last day of the 2002 Session. Since that time I have been involved with this issue. I do end of life care. So I want to impress upon you that my opinion is not purely intellectual, I have hands on experience with the daily care of dying people.

I fully support legislation to allow for a legal venue for terminally ill people of sound mind to be able to choose when they die. I have cared for over a dozen people in the final stages of life – and all of my patients have asked me why we do not have a safe and reasonable manner of addressing death, that would allow them a peaceful exit, one where they were able to exercise a level of self-control. A death with dignity law in Hawaii, that adheres to the safeguards that Oregon has, is a reasonable response to this need, and will address needless suffering at the end of life.

It has been fifteen years since people in Hawaii started to push for a law to mirror the Death With Dignity law in Oregon for Hawaii. Since that time the entire West Coast of the United States has put in place legal options for people who are terminally ill and of sound mind to be able to end their lives. Please allow the residents of Hawaii to be able to have this same choice. It is the ultimate act of personal autonomy.

Sincerely,

Juliet Begley

HB-2739-HD-1
Submitted on: 3/15/2018 3:24:32 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Taylor Schultz	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 3:27:47 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 3:56:08 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steve Franks	Individual	Oppose	No

Comments:

This has nothing to do with Death with Dignity, since in the Netherlands, after this passed, a doctor was cleared of murder when he asked the family to hold the old person down (who was NOT termally ill) to give lethal injection.

http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/assisted-suicide-from-voluntary-to-involuntary-edits.pdf

In Oregon they are trying to make it possible to starve people to death. How is that humane or dignified?

https://conservativedailypost.com/assisted-suicide-just-the-beginning-oregon-may-approve-starving-mentally-ill/

There is also a story of a mother who has asked to terminate her child simply because the child is mentally difficient and she is using this law to push for a hearing.

If you read history there was one other country in 1939 who passed similar laws to terminate the old, infirm, and mentally ill. I would have never dreamed the Hawaii government known for it's compassion and aloha would even consider aligning itself with Nazi Germany...but here we are.

LATE

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

To Health Committee

From Brian Delara

HB2739 HD1 has been introduced. I want you to know that we don't need so called 'aid in dying' in Hawaii. What we need are increased services for those of us with medical challenges. I have been fortunate to be receiving medical care for chronic infections-I am writing you from the hospital. I appreciate that no one has offered me assisted suicide as my life is difficult and challenging. (If someone offered it to me I would think they just don't want to struggle to care for me). I have problems keeping my scooter in good repair and can't get around without it. I have been trying for months to find a place to live as few want to rent to someone bedbound with a scooter and who just wants a room big enough that my daughter can come and visit me occasionally. However, I appreciate that I am alive and have people in my life who love me. What about those who don't have anyone? Please don't make this bill real.

Brian DeLara of Maui -current address Maui Memorial Medical Center Maui East Unit

Patrick Boland
45-665 Uhilehua Street
Kaneohe, Hawaii 96744
808 235-1562
e-mail: boland@lava.net

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

Honorable Members of this committee,

I am against HB2739 HD1

I've been there.

I am Patrick Boland, and in 1998 my wife of 31 years, Carolina, died after a 6 year struggle with a neurodegenerative disease. The last year she was bedridden and nearly helpless. With the assistance of St Francis Hospice she died in comfort and in dignity.

I could give you pages of testimony about why 'death with dignity' (physician assisted suicide) is a bad idea. You do not have time to hear it, and others will have presented the arguments more articulately than I.

I will emphasize one point. If this bill is enacted, some people will feel pressured to take the lethal dose. I know. From time to time Carolina would be quite depressed about 'being a burden' to me and my family. It was hard to reassure her that she was not a burden. I am glad the suicide alternative was not available to her. It would have placed more distress on all of us as, with love for her family, she considered relieving us of the 'burden' of her existence.

Please hold this bill. Thank you.

Hi

I am Clayton Kanae, born and raised on Maui Hawaii. I am a father, currently unsheltered and have a disabled child who I love. I heard about this assisted suicide thing that officials are going to vote on and I want to tell you not to do it. It is too risky and opens a door to bad things—like they might want to live by don't have enough money.

I know lots of VA friends who have benefits getting cut and they are bummed. Some have PTSD and might think they should take those pills cause life is just too difficult. We need more programs and support for those guys-they fought for us and now are having a hard time—don't even suggest a death pill because they might take it and they don't deserve to have that happen to them.

Clayton Kanae
471 Lipo Place
Wailuku 96793
Sometimes I get my mail at this address. I would be happy to meet you and discuss this any time.

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Jill N. Tokuda, Vice Chair

NOTICE OF HEARING

DATE: Friday, March 16, 2018
TIME: 8:30 – 11:25 a.m.
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

HB 2739, HD1

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

Honorable Chair Bellatti and members of the House Health Committee,

As an oncology nurse manager for 13 years of my career I am writing to hopefully put some perspective on the assisted suicide issue During my 13 years as an oncology nurse I have known only 2 patients who took their own life. Most patients who were terminal passed away peacefully with their loved ones at their side. The common theme among those with terminal cancer was to live out their last days with their family and spend every moment in which they still have breath with their loved ones. The two who took their own life were able to do it without a physician assisting.

I have treated hundreds of cancer patients, and when they no longer respond to chemotherapy, they are given compassionate care from Hospice and from their families. Every measure is taken to keep a patient comfortable. People "suffer" every day, whether it is from terminal illness, short term illness, abusive relationships, trauma, or overwhelmed with life. Would we allow a physician to prescribe a pill to end their life? To allow assisted suicide for terminal illness will only open the doors to allow psychiatrist to prescribe medication for suicidal patients so that they won't have to hang themselves and traumatize the person who finds them. It will open the doors to allow those who are paralyzed and unhappy with their loss of independence to end their life.

Even with the safeguards described in the bill, it can easily be worked around by patients or families who go doctor shopping.

Thank you for your consideration. Assisted suicide is not true compassion.

Marny Hall-Moriyasu

Marny Hall-Moriyasu

New Hope Christian Fellowship

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

I am opposed to Physician Assisted Suicide

Thank you for this opportunity to express my strong opposition to HB2739 HD1

People can commit suicide at will, but by having a physician endorse it will communicate a message this is incorrect and destructive. I am opposed to the PAS bill first because:

1. It gives an inordinate amount of authority to an attending physician (or to two physicians) to make final determination that a person will die within six months. There are several in our congregation who were given three to six months to die, and they are still in our congregation five years later. A physician will have to play to the role of God to conclusively determine the timeline of a person's life, regardless of how conclusive a diagnosis may seem at a given time.

2. Secondly, they will need to conclusively determine that a person is of "sound mind". When persons are diagnosed with a terminal illness, they will many times go through a season where they feel resigned to dying. Then with a lost hope, they have suicidal tendencies. However, once they get through this period, their lives can regain momentum and oftentimes they beat the odds.

3. Physician's assisted suicide preempts this possibility of health. It also might be so premature that we can erroneously make a permanent decision based on a temporary health situation.

Thank you for your consideration and I ask you to vote "NO" on SB1129.

Dr Wayne Cordeiro
Sr. Pastor New Hope Christian Fellowship
ohana@enewhope.org

Leslie Williams
318 Makea Street
Makawao, Hawaii 96728
practical.dog@gmail
283-1887

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Honorable House Chair Bellatti and Members of the House Health Committee:

Please don't pass assisted suicide- discrimination against the disabled is not obvious but is very real. I am now 70 years old and as I have gotten older medicine has progressed. I am a Maui resident but when I was on Oahu I found new treatment for Multiple Sclerosis and after 7 years of daily injections my pain subsided enough for me to begin the long road of rehabilitation. I now work part time with the help of vocational rehab as a substitute teacher on Maui. My family and friends tell everyone what a miracle my life has been. With medicine progressing so fast all I can say is don't give up hope.

If you have any questions, about my life story or if you would like to talk with me personally, please feel free to call anytime. I can even suggest a book you might want to read about the disability movement named, "No Pity: People with Disabilities Forging a New Civil Rights Movement" by Joseph Shapiro.

That said, I really wanted to come and deliver this testimony in person but I could not get an airline flight out in time to be there. I would like to make a request for accommodation. Could you do it through Akaku here or Skype or at least call me and let me say my testimony from Maui during the hearing? Looking forward to a response. I have always felt it was so unfair to the disabled who are large stakeholders in the issue and cannot get to Oahu to have their testimony heard.

Sincerely,

Leslie

Jason Kiaffas APRN
221 Mahalani Street
Wailuku Hawaii 96793

jkiaffas@hotmail.com

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

I am in **strong opposition** to this bill and hope you do not pass it out of committee.

Turning to killing as a way of addressing one of life's greatest and most difficult challenges betrays the power of the human spirit to overcome adversity and find meaning in life.

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

My name is Dr. Vivien Wong. I am a board certified diagnostic radiologist with medical license to practice in the State of Hawaii and California.

I oppose HB2739 because it is asking a physician to treat an individual for the purpose of accelerating his or her death. Physicians are trained to provide the best of medical care available (standard of care). This includes offering various options in treatment with thorough discussion of the benefits and risks of each treatment. A physician always respects each individual rights to choose not to undergo treatment even knowingly that he or she may die without such treatment. However, I do not believe that any physician can predict when the patient would die with or without treatment. Even with incurable and irreversible disease, it is impossible for a physician to medically confirm that a disease will produce death within 6 or fewer months.

If this bill is passed, close oversight and monitoring are needed to assure that all the steps are followed as outlined in the bill. Once the prescription is given to the requested patient, the physician is not required to be present when the patient takes the medication or to monitor the effect of the medication if taken. What if the medication was not effective and death is prolonged? Won't this be more inhumane and undignified? The bill also allows the patient the option of not notifying the next of kin. What if, while the patient self-administered the medication, a next of kin walks in and discovers the status of the patient? The next of kin, not knowing the patient's intent, may immediately seek emergency medical care. Without third party observer, how can we be sure that the requested patient has free will to self administered without coercion from another individual? When the prescription is filled but the patient decided not to take the medication, how can we be sure that the patient will discard the medication properly so that it is not accessible for abusive use by another individual? How can we be sure that it is not accessible to children?

Please oppose. Otherwise, place more safeguards to this bill to ensure that the questions and concerns stated above are addressed.

Respectfully,

Vivien C. Wong, MD, MPH

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

I am a palliative medicine physician.

The questions we should be asking today are the following:

What is the quality of health care provided to the seriously and terminally ill in Hawai'I, and what can the legislature do to improve it?

It is a misguided effort to create public policy that allows the terminally ill to commit physician assisted suicide. It does not serve the general public. The idea is tempting because of everybody's desire to avoid illness, suffering, and dependence at the end of life. The idea is tempting because of all these heartfelt testimonies you are hearing from the proponents. However, this is not about our own fears, experiences, or painful personal tragedies. Having the responsibility to create good public policy, you should be asking the following:

What is the best possible way to assist the growing number of people living with serious, chronic, and terminal diseases?

What are our options? One is to feel overwhelmed and declare that there is no good solution. Some of the supporters of legalizing PAS are probably coming from that position.
Alternatively, we can build a system of health and social services that will not leave such people and their families in a state of suffering, pain, helplessness, and abandonment.
There are many new and effective ways of making a difference in the lives of those with severe illness. However, not all possibilities are equally known, available, or understood by the general public.

Everybody knows what physician assisted suicide is.
Not everybody knows what palliative medicine is.

It is a new medical specialty. It focuses on alleviating the suffering, and improving the quality of life of those living with serious, chronic, and fatal illness. It is combined with efforts to cure disease, as long as the disease is curable. Skilled palliative medicine practitioners are highly successful in relieving the physical and psychological suffering that illness can bring.

If given the choice for a legal PAS, what do people choose? We have some idea based on the Oregon experience. Approximately 0.1% will choose PAS. In Hawaii that would translate to 8 out of 8000 deaths every year. The other 99.9% of terminally ill people and their families will decide not to exercise that choice.

What are the choices we should offer to the 8000 people among us who die every year? Should they have the choice of getting decent medical and personal care up to their death? Isn't that the most important choice they should have?

Just think about it. When somebody close to us becomes ill, what do we do? Are we more likely to offer them quick death in a bottle, or are we more likely to stop short of ending somebody's life, and instead do the best we can in order to relieve their suffering?
Doing our best in these situations is not easy. It takes commitment to relieve somebody's suffering, to put their needs above our own, and to advocate for them. It takes learning, creativity, and the wise use of material resources. Many of us do it. We do it as individuals for our parents, friends, children, and patients. However, there are limits to what we can do as individuals.

It is time to demonstrate a larger commitment.

We need to create effective, easily accessible systems of care for the seriously ill. In Hawai'i a solid foundation has been already established for the building of such systems. Many dedicated organizations and individuals have spent the past 10-20 years working on it. I know for a fact, that we have the potential to do an excellent job taking care of the seriously and terminally ill in Hawai'i, especially if strengthened by legislative support.

Compassion and Choices, a Mainland organization, the money and push behind this bill, has already publically announced they are coming to Hawaii to provide us with good resources and support as we struggle with providing good end of life care. They want to make us the next State that allows assisted suicide for our own good. As they do in all States, they expect to be the lead organization to which people turn for advice about how to get it right- including the option of killing you if things get too bad.

We have no need for their organization around end of life care because we have an excellent resource here in Hawaii: Kokua Mau. Kokua Mau is the organization we trust in Hawaii to know our culture and values and to help us and guide us during the end of life process. Expansion of our own local solution to the challenges of end of life care should not include a Mainland organization and philosophy that openly admits to wanting to imprint a cookie-cutter solution for our patients in Hawaii.

Just like the doctors who don't truly know the patient prescribing the medicines.

My hope is that the legislature will refocus on creating policy that will support the development of improved systems of care for the seriously and terminally ill.

The legalization of PAS might serve a tiny minority, and for that reason it *should not* be our first priority. Our moral and legislative obligation is to do first what will serve the majority.

This is the reason why I say a compassionate NO to the legalization of physician assisted suicide.

Thank you,
Dr. Somogyi-Zalud

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

I am a physician who opposes HB2739 HD1 before you today.
NCTERMULO@aol.com

This bill is unnecessary and potentially harmful to our patients in Hawaii. Advocates of suicide are misleading when they tell their old stories and claim that pain is a significant reason for requesting. Even in Oregon where it is legal 92% of reasons given are social concerns such as being a burden.

There has been no documented case of assisted suicide being used for untreated pain.

Why would we want to put our underserved patients at risk for such a few? This bill would radically change medical practice in Hawaii. We are already understaffed especially in our rural areas and here in Maui it is difficult to recruit and keep physicians.

Now we propose letting physicians AND Aprns who have never been trained in the Art of caring for our elderly at end of life-- offer them death rather than ease the feelings of worthlessness and/or hopelessness they may feel? How can you reassure them we will be with them through whatever they are going through when we also say we will kill them if they want that? It is a mixed message and actually coercive to ask a possibly lonely, unfriended, ill person if they want you to kill them rather than wrestle with whatever it takes to have them feel valued and respected.

Thank you,

Dr. Termulo

CHENG-HOCK SEAH M.D.
j.seah@aol.com
Honolulu, Hawaii 96813

CCPH Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION Senate

I was the past director of the Queens Medical Center, Obstetric Anesthesia. SB1129 on the surface is for physician assisted suicide but if you listen closely to the proponents is about euthanasia for the terminally ill person. In Taber's...

1. Dying easily, quietly and painlessly.
2. The act of willfully ending life in individuals with an incurable disease.

In Dorland's

1. An easy or painless death
2. Mercy killing; the deliberate ending of life of a person suffering from an incurable and painful disease.

In my opinion, euthanasia or mercy killing for the deliberate ending of life of a person suffering from an incurable and painful disease is ethically and morally wrong.

If we legalize euthanasia (i.e. permit a licensed physician to deliberately assist in the dying or killing of a terminally ill patient) we are going against the very basic principle of the practice of medicine. It demeans the oath that all physicians take as healers in our society, before practicing the art of medicine.

In essence that oath commits physicians to cure the sick, alleviate pain and prolong life. We must seriously ask ourselves, "Is legalizing euthanasia or willfully assisting in end the life of a patient a necessity in our society?" Is mercy killing different from killing someone who has committed a murder? Is mercy killing different from assisting someone to commit suicide? Does a convicted criminal with an incurable psychopathic disorder who is a danger to society and no more and asses to society deserve mercy killing by a physician?" The obvious answer to the above is NO. A physician's role is to save and respect life; not to take life away.

Dying with dignity and with respect is what every human being deserves. If the patient dies because we literally are trying to hasten death by not feeding them or depriving them of essential human needs that is one thing and to me wrong.

Is this dying with dignity? Mercy killing can be injecting an overdose to stop the heart of a convicted killer as with the death penalty. Is this a dignified way to die, even if the person is already dying from an incurable disease and in a 'terminal state"?

Should the State of Hawaii legalize this permitting of physicians (requiring physicians) to do this for the terminally ill patient who requests it?

My response is an emphatic NO. I say NO on humane, ethical, and moral grounds. I say NO from a public policy viewpoint. I say NO for the conscience of the physician who did not take up medicine to kill people.

Thank you for allowing me to express my deeply held conviction.

Lorene Siaw M.D.

Hospitalist
Wailuku, Hawaii 96793

CPH SENATE COMMITTEE HB2739 HD1 3/16/18 ROOM 229 AT 8:30 AM OPPOSITION

As a long-time Hawaii hospitalist, I am writing to express some very specific concerns regarding this proposal to allow physician assisted suicide in Hawaii.

I was the chief medical resident of the UH Medical Residency Program under Dr. Max Botticelli. S.Y. Tan MD was my mentor and head of medical ethics at the time. I did a one year project surveying all physicians in the State about their thoughts and comfort level with euthanasia and physician assisted suicide, published in the Hawaii Medical Journal in 1996. If you would like a copy, let me know.

The bill will irreparably harm the medical profession and compromise the physician-patient relationship of trust.

So-called 'controls', 'safeguards', have been tried elsewhere and do not work. Regulations to restrict physician assisted suicide are easily violated and inevitably lead to ever wider qualified candidates for "suicide". Oregon this year seeks to expand the 6-month terminal illness to 1 year prediction. Belgium expanded it to children. The Netherlands has allowed it for being tired of living. A patient's family member in Oregon registered a complaint that his brother was allowed the medicine but wasn't able to swallow at the end, so the bill discriminated against him. In Oregon, two nurses openly admitted to giving a patient a deliberate drug overdose; because she asked for it; even though the family said she had turned down the assisted suicide offer. No charges were filed and the nurses still practice.

We have a wife writing us from Washington that while waiting for her husband in the waiting room she overhead the nurse offering assisted suicide to her husband as he could be a burden on his wife. She had to stay glued to him every doctor visit thereafter. How can a nurse convey to a patient the wife's feelings without knowing them? Isn't this coercion?

Barbara Wagner received a letter at her home denying her the cancer medications prescribed by her physician but offering her the pills to kill herself. Do you want this to happen to a family member of yours?

Please do not pass this dangerous bill. At the very least, wait a few years until we can see what happens in California as they try to implement it. They are having lots of difficulties.

Thank you for your consideration in allowing me to submit this testimony.
Lorene Siaw M.D.

Michael R Savona M.D.
Internal Medicine, Oncology

1721 Wili Pa Loop
Suite 101/P. O. Box 1977
Wailuku, Hawaii 96793
Telephone: 808-242-5599
Fax: 808-242-2838

Regarding: HB2739 HD1

Position: Opposition

My name is Michael Savona from Maui representing myself. I am a physician who practices in the specialties of Internal Medicine and Oncology, the latter specialty involving the diagnosis and treatment on cancer. I have been in practice here on the Island of Maui since my arrival in Hawaii in July of 1976, and prior to that at Columbia Presbyterian Medical Center in the City of New York from July of 1973 until July oy 1976. I would like to first state that the statements that we are hearing concerning the majority of Hawaii's patients favor assisted suicide- is in my experience not true. I believe that I can attest to this fact since I am involved in the care and treatment of many patients with the diagnosis of cancer which in the eyes of many is considered to be the most terminal illness. It exemplifies the confusion over the difference between providing comfort care and palliation of pain, and thereby improving the quality of life, and assisting loved ones to commit suicide.

The Hawaii Medical Association does not actively support a deliberate act of precipitating the death of any human being. It does support and advocate the for the alternative stance of compassionate palliative care at the end of life for terminally ill patients. It is also clear that physicians are not accurate in their predictions concerning length of life in patients with terminal illnesses. Quite frankly, if I were capable of predicting the future, I would be at the race track or in Las Vegas rather than working in my office. Grim prognoses are often wrong. I currently have several patients who have severe cardiac disease or cancer who were informed that they had "months to live", and are still alive with good quality of life 10 years later. Statistical analysis with the probability of dying within a certain time frame is based

on data compiled from large numbers of patients with similar diagnoses. The life expectancy of countless individuals far exceeds their statistical probability life span.

In my opinion, HB2739 HD1 is an invitation for abuse. Safeguards protect no one. It will not and cannot ensure patient control, and physician competence in end of life matters.

Sincerely,

Michael R. Savona M. D.

I came to Hawaii and testified in person before your Senate Health Committee and though I can't be there in person this time, would like to share my opposition to HB2739 HD1

My Experience with Assisted Suicide in Oregon

by Dr. Kenneth R. Stevens, Jr. MD, Radiation Oncologist,
Professor Emeritus and former Department Chair, Radiation Oncology
Oregon Health & Science University, Portland, Oregon

President, Physicians for Compassionate Care Education Foundation www.pccef.org

I have been following the experience with legalized physician-assisted suicide in Oregon since 1994. I have been a cancer doctor for 59 years in Oregon, where physician-assisted suicide is legal. I am Professor Emeritus and former chair of the Department of Radiation Oncology at Oregon Health and Science University. I continue to care for patients.

My Personal Story – The importance of trust between patient and doctor

I first became involved with assisted-suicide in 1982, shortly before my first wife, Shannon, died of cancer. We had just made what would be her last visit with her doctor. As we were leaving the office, he said that he could provide her with an extra-large dose of pain medication. She said she did not need it because her pain was under control. As I helped her to the car, she said "Ken, he wants me to kill myself."

It devastated her that her doctor, her trusted doctor, would suggest that she kill herself. Six days later, she peacefully died in our home without pain, and with dignity. I learned how assisted suicide destroys the trust between patient and doctor. Patients want support from their doctor, not encouragement for them to take their life, or have the doctor or others cause their death.

Physician's Role

Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. [AMA Principles of Medical Ethics.]

Dr. Leon Kass, MD, wrote: "Even the most humane and conscientious physicians psychologically need protection against themselves and their weakness and arrogance, if they are to care fully for those who entrust themselves to them. A physician-friend who worked many years in hospice caring for dying patients explained it to me most convincingly: 'Only because I knew that I could not and would not kill my patients was I able to enter most fully and intimately

into caring for them as they lay dying.' My friend's horror at the thought that he might be tempted to kill his patients, were he not enjoined from doing so, embodies a deep understanding of the medical ethic and its intrinsic limits." [Cass, LR: "I will give no deadly drug": Why doctors must not kill. In The Case Against Assisted Suicide, For the Right to End-of-Life Care, Edited by K Foley and H Hendin, Baltimore, Johns Hopkins University Press, 2002, p 30.]

Suicide

When a person expresses a desire to take their own life, society generally acts to protect him/her from committing suicide. However, when assisted suicide is legalized, society acts to assist that person in committing suicide. This is especially true for those who are seriously ill or have disabilities – they have lost society's protection against suicide. The legalization of assisted suicide legally protects doctors who write prescriptions for lethal drugs, and family members who are involved. It is not designed to protect patients from others causing their death.

Assisted Suicide is Suicide – Beware of Deceitful & Dishonest Euphemisms

The strategies and methods of pro assisted suicide organizations are to use euphemisms. But assisted suicide is suicide. Both the Connecticut State Superior Court (June 2, 2010) and the New Mexico Supreme Court (June 30, 2016) have clarified that so-called "physician aid in dying" is assisted suicide and euthanasia.

Assisted suicide death certificates are falsified by assisted suicide doctors

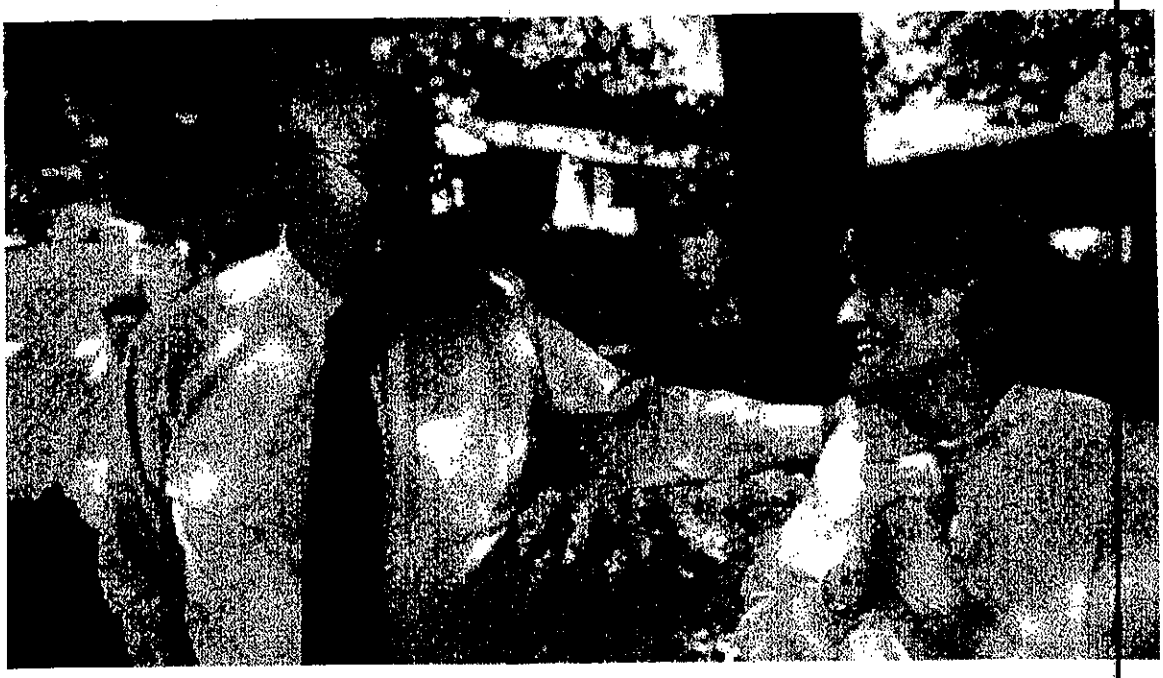
In Oregon, doctors are instructed to put the underlying disease as the cause of death. But the reality is the person died from an overdose of drugs resulting in an assisted suicide. Doctors are directed to falsify the death certificate. This undermines transparency in the record and the ability to investigate suspicious overdose deaths.

Pain is Not the Issue

Both opponents and proponents of legalization of assisted suicide agree that pain is not the issue. Pain can be controlled. Uncontrolled pain in the terminally ill rarely occurs. In Oregon only a very small minority or patients dying of assisted suicide chose it because of fear of pain in the future. This was not because they were having current pain.

Assisted suicide encourages patients to throw away their lives. Assisted suicide is not necessarily for only those who are dying. Some patients with a prognosis of living less than six months may live much longer.

Photo of me and my patient Jeanette Hall in 2015, 15 years after I talked her out of assisted suicide in Oregon



In Oregon, the assisted suicide law applies to patients predicted to have less than six months to live. This does not necessarily mean that they are dying.

In 2000, Jeanette Hall was my cancer patient. At our first meeting, Jeanette told me that she did not want to be treated, and that she was going to "do" our law, i.e., kill herself with a lethal dose of barbiturates. She had previously voted in favor of the law, and that was what she had decided. I informed her that her cancer was treatable and her prospects were good. She was not interested in treatment; she had made up her mind for the assisted suicide.

Her surgeon had previously informed her that without cancer treatment, she had only six months to a year to live, making her eligible for Oregon's law. I asked her to return for weekly visits. On the third or fourth visit, I asked her about her family and learned that she had a son. I asked her how he would feel about her plan. A short time later she decided to be treated.

Five years later, Jeanette and I happened to be in the same restaurant. Excitedly, she came over to my table exclaiming, "Dr. Stevens you saved my life." The is still alive and grateful 17 years after her cancer diagnosis.

For Jeanette, the mere presence of legal assisted suicide had steered her to suicide. She has now told me repeatedly that if I had believed in assisted suicide, she would be dead.
http://dailysignal.com/2015/05/18/assisted-suicide-how-one-woman-chose-to-die-then-survived/

Patients may become eligible for assisted suicide by discontinuing treatment. For instance, a person with insulin-dependent diabetes may become eligible by discontinuing taking insulin.

I have treated many cancer patients who were told they had only a few weeks to a few months to live, who have lived much longer; some patients as long as 20 years after a "terminal" brain tumor diagnosis.
See my paper: "Terminal Illness, What Does it Mean?"
http://www.pccef.org/resources/documents/PRCUpdate_2011_4pg4-5.pdf

Financial Incentive for Assisted Suicide

Barbara Wagner – "They will pay for me to die but won't pay for me to live."

In Oregon, the combination of legal assisted suicide and prioritized medical care based on prognosis has created a danger for my patients on the Oregon Health Plan (Medicaid). First, there is a financial incentive for patients to commit suicide: the Plan will cover the cost of assisted suicide. Second, the Plan will not necessarily cover the cost of treatment. The story of Barbara Wagner was publicized in Oregon in 2008. She was informed that the Oregon Health Plan Insurance would not approve and pay for her lung cancer medication, but they would pay for Comfort Care, which included assisted suicide. She told the TV reporters, "Who do they think they are? They will pay for me to die, but won't pay for me to live." See http://abcnews.go.com/Health/story?id=5517492.

As medicine becomes more politicized, you will lose your choice. Insurance companies and government bureaucracies will decide what treatments you may receive. You may not qualify for the treatment that you want and that may benefit you.

Depression is the leading cause of suicide

Depression is the leading cause of suicide. Depression needs to be diagnosed and properly treated with counseling and medications. Oregon researchers (Ganzini – British Medical Journal) in 2008 reported that 25% of Oregonians requesting assisted suicide were depressed. Yet, in the past 7 years less than 2% (14 of 574) of Oregonians dying of assisted suicide had a psychiatric evaluation.

Oregon has a real problem with its High Suicide Rate

Oregon government pays for assisted suicide, but does not pay for adult suicide prevention

Oregon has a regular suicide rate that is 140% of the national average, and has increased 20% since 2000 (assisted suicide started in 1998). In spite of a recognized need in prior years for an adult suicide prevention program, the Oregon Health Authority reported in 2015 that they do not have funding for, or support for, an adult suicide prevention program. Oregon state government is paying for assisted suicides (like Barbara Wagner), but is not paying for adult suicide prevention. How do you justify suicide prevention in a state that has legalized assisted suicide?

What message does legalization of assisted suicide send to those who are considering suicide because of life's problems?
See:
http://www.pccef.org/pressreleases/documents/AbsenceofresponsetoOregonssuicideproblem6115pressrelease7v_000.pdf

Legalization of physician-assisted suicide does not result in a decrease in regular suicides.
Researchers have recently reported that "legalizing physician assisted suicide has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides.
(Jones DA, Paton, D. How does legalization of physician-assisted suicide affect rates of suicide?, South Med J. 2015; 108(10):599-604)

Lack of Oversight by Oregon Health Department
There is a serious problem with the Oregon Department of Health's oversight of assisted suicide. Following a failed assisted suicide attempt in 2005 (David Pruiett), the Department of Human Services (DHS) stated that they had "no authority to investigate individual Death with Dignity cases – the law neither requires nor authorizes investigations from DHS *"Press Release from DHS on 3/4/2005"*
The problems with the Oregon information is exemplified by the following: The 2011 year report (released in 2012) listed the underlying illness as "Unknown" for 3 patients. How can an "Unknown" diagnosis be terminal? Residence was "Unknown" for 3 patients. How can two doctors confirm that a patient is terminal when the diagnosis in "Unknown". In the past 5 years (2009-2013) the prescribing doctor has been present for only 65 of the 574 (11%) assisted suicide deaths in Oregon. Yet, doctors are asked to describe what happened at that time. They have no knowledge. Doctors are not required to care for the patient once the prescription for lethal overdose has been written.

Abuses and Complications

When it is reported that there are no or few complications from assisted suicide in Oregon, the truth is that we don't know the complication rate. The Oregon Health Department reported that of the 132 assisted suicide deaths in 2015, the complications were "unknown" for 105, two patients regurgitated (vomited), two had other complications (type not stated), and 23 had no complications. But complication information was "unknown" for 105 of those who died, because the physician or other health care provider was not present at the time of death.

A paper in Journal of American Medical Association, October 18, 2016, by Dr. William Toffler and me described the failure in Oregon and Washington to track data regarding assisted suicide abuses and complications. see **http://jamanetwork.com/journals/jama/fullarticle/2569774**

We do not know the rate of abuses or complications of assisted suicide. For instance, the Oregon Health Authority Annual Reports show that in the past seven years, doctors were not present for 89% of those dying from assisted suicide, so there is not information regarding the complications that occur at that time among the majority of patients. Clearly abuses and complications exist although the rate is unknown. The reporting system is flawed in failing to document what is happening with assisted suicides

Coterie of Insiders Runs the Program

The Compassion & Choices organization are associated with three-fourths of Oregon's assisted suicide deaths. In Oregon in 2009, 57 of the 59 assisted suicide deaths were their clients. They know and control the information released to the public. The Oregonian newspaper editors correctly stated "A coterie of insiders runs the program with a handful of doctors & others deciding what the public may know." *The Oregonian newspaper editorial 9/20/2008.*

As reported in *The Oregonian* newspaper in 2008,, "The group promoting assisted suicide, so-called Compassion & Choices, are like the fox in the proverbial chicken coop; in this case the fox is reporting its version to the farmer regarding what is happening in the coop", (Stevens, KR, Toffler, WL, Assisted Suicide: Conspiracy & Control, *The Oregonian* newspaper, 24 September 2008)

In Oregon patients are not getting the lethal prescriptions from their own doctor. They usually obtain the doctor information from Compassion & Choices doctors. Most of the prescriptions are concentrated in a small number of doctors.

From 2001 to 2007, 109 doctors (1% of Oregon doctors) wrote 271 fatal prescriptions for assisted suicide. Three doctors wrote 62 of those prescriptions (23% of prescriptions). Seventeen doctors wrote 165 of the 271 prescriptions (61% of prescriptions).

Hedberg, J Clin Ethics 2009:20:123-132

George Eighmey, C&C Exec Director, reported in The Oregonian newspaper in 2007 that he had been present and involved in over three dozen assisted suicide deaths; he is an attorney, he is not a doctor.

No safe harbor for patients

What is ahead for assisted suicide? What do proponents want? One of the things they want is no safe harbor for patients. They believe that doctors should be required to participate, or to have a duty to refer a patient to a doctor who will write a lethal prescription. They want no choice for doctors. Sue Porter, a leader of Compassion & Choices, has written in support of this policy. When I asked her why that "duty to refer" requirement was not written into the Oregon or Washington assisted suicide laws, she told me that the voters would not have voted in favor of the assisted suicide law. They use language to get the law passed, then they campaign to have the language changed to require doctors to participate, or to require them to have a "duty to refer" to a doctor who will write a prescription for lethal drugs.

In Summary

Physicians who care for patients should not order and direct their death through assisted suicide.

- It is against medical ethics: "Give no deadly drug".
- It is too dangerous to give the power to kill patients to the medical profession
- It is dangerous because of insurance company and government financial incentives.
- It destroys the inherent trust between patient and physician.
- It devalues the inherent value of human life.
- It desensitizes us towards any type of suicide.

I urge the Hawaiian state House and Senate to oppose the legalization of assisted suicide in your state.

Thank you for the opportunity to testify in opposition to the legalization of assisted suicide.

Dr. Kenneth R. Stevens, Jr., MD
13680 SW Morgan Rd, Sherwood, OR 97140
503-625-5044
503-481-8410

Harriet H. Pien MD
1609 Laukahi Street
Honolulu, Hawaii 96821

Physician opposition to assisted suicide bill before you.

CPH Senate HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

As a physician, I am testifying against this proposal to expand medical treatment to include suicide. Suicide is not healthcare in any sense of the word and death is not a 'treatment' to be offered to a patient.

It will sow doubt between a doctor and her patient. Stories are coming out of Oregon and Washington State where this practice is allowed of patients needing to ask their physicians whether they are one of those "death doctors". This was never an issue before this proposal for assisting them to commit suicide. Hawaii law already allows you to direct your end of life care and have your final wishes honored, including refusing any treatment.

This proposal actually devalues a patient's dignity. Everyone wants a dignified death but calling assisted suicide dignified does not make it so. Legalization will open the door for cost-conscious health care manager to push for its use because it is cheaper than good care.

We should extend care and aloha to all patients and not be assisting them in suicide.

Thank you,
Dr. Harriet Pien

George Powell, MD
Neurology
2180 Main Street
Wailuku, HI 96793 (808) 242-6464.

CPH Senate HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

I am in strong opposition to HB2739 HD1

I was recently in Washington DC and I visited the National Holocaust Museum for the second time. I feel it is part of my duty to bear witness to the Nazi inhumanity. What is most disturbing to me is that Germany was supposedly one of the most civilized and modern regions of the world and look what happened so rapidly. And it began in the medical community with physician abuse of power.

Physicians have the duty to safeguard human life, especially life of the most vulnerable: the sick, elderly, disabled, poor, ethnic minorities, and those whom society may consider the most unproductive and burdensome. Physicians are to use all knowledge, skills and compassion in caring for and supporting the patient. Medicine and physicians are not to intentionally cause death. The patient-physician trusting relationship is the most important asset of physicians and is for the protection of patients.

- Doctor assisted suicide undermines trust in the patient-physician relationship
- Doctor assisted suicide changes the role of the physician in society from the traditional role of healer to that of the executioner
- Doctor assisted suicide endangers the value that society places on life, especially for those who are most vulnerable and who are near the end of life.

I am an HMA member and the HMA does not support assisted suicide or euthanasia. The AMA opposes assisted suicide and euthanasia. This HMA neutrality stance means nothing more than an appearance of approval where there is none. Thank you for the opportunity to testify. George Powell, MD

Peter Muthard MD
221 Mahalani Street
Wailuku, Hawaii 96793

CCPH Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION Senate

My name is Peter Muthard and I am a practicing intensivist in the intensive care unit at MMMC.

There is no good moral rationale for this unnecessary and potentially harmful bill.

Please stop this bill from moving out of your committee.

Thank you for this opportunity to testify.

Pete Muthard, M.D.

Fernando Ona, MD, FACP, PACG
Retired from the VA
Board Certified - Internal Medicine and Liver Disease
fvonamd@yahoo.com

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

Madame Chair and Members,

Thank you so much for this opportunity to attend the hearing and to testify about this important issue.

My name is Fernando Ona and I have been a physician for over 47 years and 18 years here in Hawaii. I am retired from the VA and spend my free time on medical missions and teaching medical students at the University of Hawai.

My opposition is from a human rights perspective. It is founded on the fact that physician assisted suicide is killing and the best antidote to killing is compassionate care.

The proponents statements that this is the will of the people only shows us how confused people are over the difference between providing palliation of pain—and assisting patients to kill themselves. There is a big difference.

I adhere to the culture of life and oppose strongly the culture of death environment emerging in recent years. I am against the disposable culture for human persons. Legalizing PAS is dangerous for the dying, dangerous for their families, dangerous for medicine and dangerous for society. Killing is not caring. We need to offer alternatives and we can't do that if we take this simple "fix" to the problem rather than serious consideration of its 'downsides'. There will be new victims and unintended consequences.

The American Medical Association does not condone the deliberate act of precipitating the death of a patient. Neither does the Hawaii Medical Association who has in no way admitted to support of this bill.

As one of the co-founders of Mount Carmel House in Rochester, NY in 1984, dedicated to provide a Home for the Dying and the Poor, my experience highlights the role compassionate care can play in a patient's life. I have observed patients who actually lived beyond the expected date of death with comfortable life and eventual discharge home. For this reason, you could be the cause of a cancer patient not receiving potentially lifesaving treatments and participating in healthy family, spiritual, and social interactions. Once the patient is dead, there is no chance for any recourse.

The AMA states the "social commitment of the physician is to sustain life and relieve suffering. A physician may do what is medically necessary to alleviate severe pain, or cease or omit treatment to permit a terminally ill patient whose death is imminent to die. However, he should not intentionally cause death". What is more rational and dignified to have the patient killed who is suffering with pain or to more effectively ease that patient's pain?

Elder abuse is already a huge problem. You have heard that pointed out by others. Suicide is also a problem for teens and others. This bill cannot help those social problems and indeed will exacerbate them. This bill cannot protect patients from all manner of coercion. It cannot ensure patients or physicians competence. There is no oversight, no witness and it would allow medical professionals to lie on death certificates by instructing them to list the cause of death as the underlying disease, not the lethal drugs as we already see happening in other states who enacted this.

This bill gravely endangers civil liberties. Let's learn from those who have tried it and defeat the bill so residents of Hawaii never have to say 10 years from now...."Please Doctor, don't kill me".

Dr. James McKoy
Rheumatology and Pain Medicine
94-326 Pauwala Place
Mililani, Hawaii 96789

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

Care and compassion offer the alternative to suicide. As a board certified pain management specialist I know that no one will want to die if they are getting the kind of care necessary for their pain and suffering. Maybe that kind of care was not available 5 years ago but it is most definitely available today. Both depression and pain can be treated, providing the patient with great relief. Hospice and palliative care offer dying with dignity, fulfilling the true meaning of compassion coming alongside the sufferer. The loving care of friends and family bring true dignity and immeasurable value to the lives of terminally ill patients.

Some people falsely believe that assisted suicide means refusing artificial life support. They think it will help someone decide they don't want to be hooked up to tubes and machines just to keep a heartbeat going when they would otherwise simply die. In existing law patients and their designated decision makers can refuse the artificially prolonging of life. No one has to linger on indefinitely when natural causes would just lead to death.

This bill goes a giant step beyond allowing a natural death. It actively causes a premature death. Legalizing assisted suicide means giving someone the legal power to help kill another person. Treat the pain and suffering or kill the patient. This is a bitter pill to swallow when we have pledged to do no harm. Dr. Thomas Beam, Medical Ethics Committee chair points out, "While the act of physician-assisted suicide seems compassionate on the surface, it is often the abandonment of the patients in their most needy time."

This proposal is just a bad public policy for the State of Hawaii or anywhere and I am against it.

Thank you,
James McKoy, MD

Testimony of Benjamin B. Massenburg MD
Post Office Box 1565
Kahului, HI 96733

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

Thank you for this opportunity to testify about this important issue. I am a physician and I OPPOSE this bill.

This bill is not about choice as you hear all the testifiers claiming. At least not choice in the regular sense that we use it – just like it isn't about medical treatment in the regular way we use it.

An individual's choice does not always trump public good. We have laws for reasons. From the time of the Mayflower compact groups of individuals wishing to survive in a challenging world had to put the public good over any private gain for the group to survive. Though we are not in those primitive times the same principle holds true—we have to be careful that we don't make public policy that would put innocent individuals at risk, as this bill does.

And we have to acknowledge the doctor patient trust relationship so important to medicine which will be broken with this HB2739 HD1

More learned bodies than ourselves, including the Supreme Court, have opined that there is no intrinsic right to die in our Country. Though this issue of assisted suicide was opened to states views the caveat given at the time was to remember that government does have a vested interest in preserving life, protecting the unprotected, poor, elderly and less fortunate. When you offer someone a choice, you need to look to see whose choice you may be denying. We see more than enough abuse already, we don't want to create an environment making it any easier.

Treatments in medicine are used to alleviate pain and suffering. Suicide at no time in our history has been considered a treatment for anything. Now the legislature seeks to define suicide as medical treatment and leave it in the hands of the physicians to watch over themselves. No physician wants to be a policeman and very few physicians want to kill their patients. Will you advise your friends to ask their physicians if suicide is a good option for you?

It seems an abrogation of responsibility to put this in the physician's hands. If you truly want assisted suicide, appoint yourselves as the decision makers when people want to die. You might then understand our aversion to being involved in this whole issue.

Please remember to be careful what you wish for...you may be the next one that is left alone in the world at the time they need your hospital bed for a productive patient. It has happened before.

John T. McDonnell, M.D., Ltd.
Allergy and Immunology
46-001 Kamehameha Hwy Suite #401 Kaneohe, HI 96744
Fax: (808) 235-8928 *Telephone: (808) 247-6070*

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM

Thank you for the opportunity to express my opposition and testimony on this important matter.

"Physician Assisted Suicide" is not "Death with Dignity", "Medical Aid In Dying", it is an "Easy Way Out" for both patients and others, caregivers and families alike, who do not understand the dying process. Suicide, assisted or not, is a permanent solution to what is usually a temporary problem: either pain, depression or frustrations, each of which can be, and must be, dealt with appropriately. In the context of a terminal illness, all this is part of the process of coming to terms with one's own mortality, and imminent death.

The American Medical Association (AMA) strongly oppose any bill to legalize physician assisted suicide or death. The Hawaii Medical Association (HMA) does not support physician assisted suicide. Physician assisted suicide is fundamentally inconsistent with the physician's role as a healer.

The power to assist in intentionally taking the life of a patient is counter to the physician's central mission of healing. It is power that the physician's do not want and could not control if they had it.

We continue to support the concept that physicians preserve life as long as possible, while at the same time prevent suffering. If by giving a dose of a pain reliever adequate to relieve pain, a physician causes respiratory failure, then so be it. The patient's disease has been the essential reason for the death, not the physician's action. On the other hand, if a physician injects a lethal dose of Potassium chloride (KCL) or knowingly prescribes a lethal dose of barbiturate for a patient, then the physician is the primary cause of the death of the patient. It is the intention for our actions that determines their ethical nature. If the state wishes to provide a methodology so that people can voluntarily end their own life for whatever reason, please leave medicine out of it. If it is execution or elimination of a sick or elderly family member who is no longer productive, or who may be becoming burdensome, and costly, let's call it what it is, but we should remember that we have gone to great lengths in our State to create laws to protect against "Elder Abuse" and abuse of children and invalids. In Hawaii, we

Reginald G Buesa MD
811 Kolu Street Suite 101
Wailuku, Hawaii 96793
808 242-0023

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

From Dr. Reginald Buesa
Regarding HB2739 HD1
I am opposed to this bill, please do not move it forward.

Honorable Chair Della AuBellatti, Vice Chair Bert Kobayashi, Andrea Tupola, Marcus Oshiro, Sharon Har and Dee Morikawa,

I have been a practicing primary care Internist on Maui for over 30 years. I have continuity of care for most of my practice. I have taken care of dying patients in the hospital, nursing home and patient's homes.

I have managed and treated both acute and chronic dying patients and their beloved families.

Personally, I am strongly opposed to assisted suicide mainly because of my moral beliefs and it is against my medical ethics.

I do not recall in the Hippocratic Oath anything that tells physicians to administer medication with the intention of ending his or her life.

I know we all have rights but on this one right I am strongly opposed.

Yours truly,

Reginald G. Buesa MD

R.O. Banner, MD, MPH
Bannerhawaii@gmail.com
808-781-2023
Aina Haina, Hawaii

TO: Commerce, Consumer Protection, and Health Committee

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

I am testifying against HB2739 HD1

Please do not pass this bill which promotes physician assisted suicide. No matter how dignified and nice sounding a name it may be given, it is a frightening change to Hawaii's values and diminishes respect for life! Though well-meaning, the advocates for this fundamental change in public policy fail to recognize that there is great harm in store for the vulnerable among us. Physician assisted suicide is not necessary. Advocates mislead when they claim that pain is a significant reason for requesting physician assisted suicide. In Oregon, the great majority of reasons cited for physician assisted suicide are social concerns such as not wanting to be a burden.

No longer is suffering necessary. Comfort care services are in place throughout our state and physicians and the many other care givers, so important to each of us continue to improve our sensitivity and skills for our patients.

As a practicing physician in Hawaii for more than 20 years, I know that true compassion for my patient at the end of life's journey is to care, to relieve pain and promote comfort, and to help my patient to take care of "last concerns." The moment I suggest that such an action as physician assisted suicide is an option, (and would not "Informed Consent" require that I do so?) I have begun to abandon my patient and replace our mutual trust with anxiety and doubt.

I am particularly concerned about safeguards. There is evidence of lapse of ethical standards. In Oregon, when the Medical Officer of a major HMO was unable to find one of the practicing physicians in the HMO network of physicians to certify that a requested suicide was appropriate under the rules of law, the HMO Medical Officer himself wrote the prescription for the lethal dose of drug. This is a clear conflict of interest and under Hawaii's law such an action is illegal as the insurance company physician does not have a relationship with the patient which would entitle the physician to treat the patient. This example I believe illustrates the deterioration of the ethical climate which follows such a deleterious change in public policy found in SB1129.

Thank you for your consideration of my testimony.

FROM Linda Toms Barker
Board Member, Disability Rights Hawaii
1660 Haleloke Street
Hilo, Hawaii 96720
808 934-7574

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Madame Chair and members of the health committee,
Assisted suicide—Personal Choice or Public Policy?

Most people I know find the idea of taking a pill to end their life a very comforting and appealing option. At first glance, I too would want to have all options available, were I tired of living. But that doesn't make legalizing assisted suicide good public policy.

As a public minded citizen and a person with chronic pain, I have been studying this issue and am horrified at what I have learned.
1) In the Netherlands, euthanasia is sliding down the slippery slope of "termination without specific request".
2) The protections in the Oregon law are essentially meaningless if the action was taken with "good intent".
3) Some HMO administrators consider assisted suicide a reasonable cost-containment strategy.
4) Doctors are often too afraid of liability to offer enough medication to effectively manage pain.
5) Many doctors know little about pain management or end of life care.
6) Many people don't know that suicidal depression, even that which often accompanies terminal illness, is treatable.
7) Many people—including doctors—are ignorant about disability and think that needing to ask for help is worse than death.
I don't trust in our ability to write laws that are precise enough to guard against a poorly informed medical community or general public.

It is time for the medical community to give serious attention to relieving suffering and improving quality of life for both those with long-term disease and those reaching the end of their lives. Give them a simple solution like euthanasia and they will stop struggling to provide better care. Legalization of assisted suicide is not the answer.
I strongly oppose.

Thank you,
Linda Toms Barker

Emma B. Avilla
1728 Dillingham Blvd
Honolulu, Hawaii 96819

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

I oppose.

I sincerely hope you haven' t already made up your minds about this dangerous bill.

Assisted suicide is ultimately a withdrawal from the harder path of compassion.

Modern medicine is able to relieve pain, treat depression, and provide hospice and palliative care so that your last days can have value. They do have value to us as physicians and fellow human beings. Our pledge is to help make sure life does not lose its dignity, even in the last moments. It is about life and hope.

Thank you for considering my concerns.

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

:ee,

NDY and I are opposed to Assisted Suicide
Michael Tada, Hawaii Advocate

NOT DEAD YET
The Resistance

is a national, grassroots disability rights group that opposes legalization of assisted suicide and euthanasia as deadly forms of discrimination.

Not Dead Yet initially formed in 1996 to help articulate a disability rights critique of proposals to legalize assisted suicide. Some of our initial observations, issues and concerns are as valid today as they were in the early years,[1] some even more so:

Suicide v. Assisted Suicide
It should be noted that suicide, as a solitary act, is not illegal under any state's statutes. Disability concerns are focused on the systemic implications of adding assisted suicide to the list of "medical treatment options" available to seriously ill and disabled people.

Physicians Are Assisted Suicide Gatekeepers
Anyone could ask for assisted suicide, but physicians decide who gets it. Physicians must predict, however unreliably, whether a person will die within six months. Physicians judge whether or not a particular request for assisted suicide is rational or results from impaired judgment.

Disability is the Issue

Although intractable pain has been emphasized as the primary reason for enacting assisted suicide laws, the top five reasons Oregon doctors actually report for issuing lethal prescriptions are the "loss of autonomy" (91%), "less able to engage in activities" (89%), "loss of dignity" (81%), "loss of control of bodily functions" (50%) and "feelings of being a burden" (40%). *(Death With Dignity Act Annual Reports)* These are disability issues.

We Don't Need To Die to Have Dignity
In a society that prizes physical ability and stigmatizes impairments, it's no surprise that previously able-bodied people may tend to equate disability with loss of dignity. This reflects the prevalent but insulting societal judgment that people who deal with incontinence and other losses in bodily function are lacking dignity. People with disabilities are concerned that these psycho-social disability-related factors have become widely accepted as sufficient justification for assisted suicide.

Physicians Misjudge Quality of Life
In judging that an assisted suicide request is rational, essentially, doctors are concluding that a person's physical disabilities and dependence on others for everyday needs are sufficient grounds to treat them completely differently than they would treat a physically able-bodied suicidal person. There's an established body of research demonstrating that physicians underrate the quality of life of people with disabilities compared with our own assessments. Nevertheless, the physician's ability to render these judgments accurately remains unquestioned. Steps that could address the person's concerns, such as home care services to relieve feelings of burdening family, are not explored. In this flawed world view, suicide prevention is irrelevant.

Broad Agenda, Incremental Strategy, Not Just for the Terminally Ill
The political agenda of many assisted suicide organizations includes expansion of eligibility to people with incurable but not necessarily terminal conditions who feel that their suffering is unbearable, without examining the cause of the suffering or whether it can be alleviated.

Health Care Cuts Severe
For seniors and people with disabilities who depend on publicly funded health care, federal and state budget cuts pose a very large threat. Many people with significant disabilities, including seniors, are being cut from Medicaid programs that provide basic help to get out of bed, use the toilet and bathe.

Involuntary Denial of Care
Most people are shocked to learn that futility policies and statutes allow health care providers to overrule the patient, their chosen surrogate or their advance directive and withhold desired life-sustaining treatment. With the cause of death listed as the individual's medical conditions, these practices are occurring without meaningful data collection, under the public radar.

Window Dressing Safeguards, Immunity Law for Physicians
The Oregon law grants civil and criminal immunity to physicians providing lethal prescriptions based on a stated claim of "good faith" belief that the person was terminal and acting voluntarily. This is the lowest culpability standard possible, even below that of "negligence," which is the minimum standard theoretically governing other physician duties. The Oregon Health Division does not investigate the reports filed by doctors who issue lethal prescriptions.

Disability Discrimination
Legalized assisted suicide sets up a double standard: some people get suicide prevention while others get suicide assistance, and the difference between the two groups is the health status of the individual, leading to a two-tiered system that results in death to the socially devalued group. This is blatant discrimination.

Unacceptable Losses

Disability is at the heart of the assisted suicide debate. Some people fear disability as a fate worse than death. Proponents of legalized assisted suicide are willing to treat lives ended through assisted suicide coercion and abuse as "acceptable losses." We are not.

Assisted suicide advocates paint themselves as "compassionate progressives," fighting for freedom against the religious right. That simplistic script ignores inconvenient truths that are all too familiar to disability advocates, such as:

Predictions that someone will die in six months are often wrong.
People who want to die usually have treatable depression and/or need better palliative care.
Pressures to cut health care costs in the current political climate make this the wrong time to add doctor-prescribed suicide to the "treatment" options.
Abuse of elders and people with disabilities is a growing but often undetected problem, making coercion virtually impossible to identify or prevent.
Despite the frequent claim that Oregon's experience has disproven the concerns of opponents of the Oregon law, the Oregon Reports as well as independent news reports and journal articles show otherwise:
People who are not within six months of dying are getting lethal prescriptions.
Depression is not identified or treated (only 6% have been referred for a psychological consult).
People have been denied prescribed medical treatments by insurers but offered assisted suicide as an alternative.
About half of the assisted suicide deaths in Oregon did not have a health provider present at the time of death, so there is no evidence of self-administration of the lethal dose or consent in those cases.

NOT DEAD YET
The Resistance

Michael Tada, mtada347@gmail.com

Not Dead Yet Disability Activists Oppose Assisted Suicide As A Deadly Form of Discrimination

Lessons From Disability History

Prior to the formation of Not Dead Yet, disability activists opposed a number of so-called "right to die" court cases involving ventilator users who sought freedom from nursing homes, essentially arguing "give me liberty or give me death." Society's response, denying them freedom but granting them death, was a wake up call to the disability rights movement. *(Herr, S.S., Bostrom, B.A, & Barton, R.S. (1992). No place to go: Refusal of life-sustaining treatment by competent persons with physical disabilities. Issues in Law & Medicine, 8 (1), 3-36.)*

Suicide v. Assisted Suicide

It should be noted that suicide, as a solitary act, is not illegal in any state. Disability concerns are focused on the systemic implications of adding assisted suicide to the list of "medical treatment options" available to seriously ill and disabled people.

What's Disability Got To Do With It?

The disability experience is that people who are labeled "terminal," predicted to die within six months, are – or will become – disabled. It is well documented that the six month prediction called for in the Oregon and Washington laws is unreliable. The Oregon Reports demonstrate that some people who received prescriptions were not terminal (i.e. lived longer than six months).

Broad Agenda, Incremental Strategy, Not Just for the Terminally Ill

The political agenda of many assisted suicide organizations includes expansion of eligibility to people with incurable but not necessarily terminal conditions who feel that their suffering is unbearable *(Baron, C.H. et al. (1996). Statute: A model act to authorize and regulate physician-assisted suicide. Harvard Journal on Legislation, 33 (1), p.11)*, without examining the cause of the suffering or whether it can be alleviated.

Physicians Are Assisted Suicide Gatekeepers

Anyone could ask for assisted suicide, but physicians decide who gets it. Physicians must predict, however unreliably, whether a person will die within six months. Physicians judge whether or not a particular request for assisted suicide is rational or results from impaired judgment.

Disability is the Issue

Although intractable pain has been emphasized as the primary reason for enacting assisted suicide laws, the top five reasons Oregon doctors actually report for issuing lethal prescriptions are the "loss of autonomy" (89.9%), "less able to engage in activities" (87.4%), "loss of dignity" (83.8%), "loss of control of bodily functions" (58.7%) and "feelings of being a burden" (38.3%). *(Death With Dignity Act Annual Reports, PDF download)* These are disability issues.

We Don't Need To Die to Have Dignity

In a society that prizes physical ability and stigmatizes impairments, it's no surprise that previously able-bodied people may tend to equate disability with loss of dignity. This reflects the prevalent but insulting societal judgment that people who deal with incontinence and other losses in bodily function are lacking dignity. People with disabilities are concerned that these psycho-social disability-related factors have become widely accepted as sufficient justification for assisted suicide.

Physicians Misjudge Quality of Life

In judging that an assisted suicide request is rational, essentially, doctors are concluding that a person's physical disabilities and dependence on others for everyday needs are sufficient grounds to treat them completely differently than they would treat a physically able-bodied suicidal person. There's an established body of research demonstrating that physicians underrate the quality of life of people with disabilities compared with our own assessments *(Gerhart, K. A., Kozoil-McLain, J., Lowenstein, S.R., & Whiteneck, G.G. (1994). Quality of life following spinal cord injury: knowledge and attitudes of emergency care providers. Annals of Emergency Medicine, 23, 807-812; Cushman, L.A & Dijkers, M.P. (1990). Depressed mood in spinal cord injured patients: staff perceptions and patient realities, Archives of Physical Medicine and Rehabilitation, 1990, vol. 71, 191-196).* Nevertheless, the physician's ability to render these judgments accurately remains unquestioned. Steps that could address the person's concerns, such as home care services to relieve feelings of burdening family, need not be explored. In this flawed world view, suicide prevention is irrelevant.

Elder Abuse Equals Coercion

The prevalence of elder abuse has been one factor that raises concerns about the risk that older people with health impairments may be coerced into choosing assisted suicide. Disability abuse is similarly prevalent but less well known.

Door Open for Involuntary Euthanasia

Assisted suicide's so-called "safeguards" apply when the lethal prescription is requested, but not when it is administered. Oregon's law contains no requirement that the patient be capable of give consent when the lethal dose is administered. Someone other than the patient is allowed to provide the lethal dose.

Health Care Cuts Severe

For seniors and people with disabilities who depend on publicly funded health care, federal and state budget cuts pose a very large threat. Many people with significant disabilities, including seniors, are being cut from Medicaid programs that provide basic help to get out of bed, use the toilet and bathe.

Involuntary Denial of Care

Most people are shocked to learn that futility policies and statutes allow health care providers to overrule the patient, their chosen surrogate or their advance directive and withhold desired life-sustaining treatment. With the cause of death listed as the individual's medical conditions, these practices are occurring without meaningful data collection, under the public radar.

Window Dressing Safeguards, Immunity Law for Physicians

The Oregon law grants civil and criminal immunity to physicians providing lethal prescriptions based on a stated claim of "good faith" belief that the person was terminal and acting voluntarily. This is the lowest culpability standard possible, even below that of "negligence," which is the minimum standard theoretically governing other physician duties. The Oregon Reports also consistently admit that the state has no way to assess the extent of non-reporting or the extent of non-compliance with the law's criteria.

ADA Discrimination

Legalized assisted suicide sets up a double standard: some people get suicide prevention while others get suicide assistance, and the difference between the two groups is the health status of the individual. This is blatant discrimination and a violation of the Americans with Disabilities Act (ADA).

National Disability Rights Organizations

A number of established national disability organizations have joined Not Dead Yet to adopt positions against assisted suicide, including ADAPT, the National Council on Independent Living, the National Spinal Cord Injury Association, the Disability Rights Education and Defense Fund, the National Council on Disability and others.

Unacceptable Losses

Disability is at the heart of the assisted suicide debate. Some people fear disability as a fate worse than death. Proponents of legalized assisted suicide are willing to treat lives ended through assisted suicide coercion and abuse as "acceptable losses" when balanced against their unwillingness to accept disability or responsibility for their own suicide.

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

We stand in opposition to this bill in Hawaii and across the United States

We are writing to express OPPOSITION to this HB2739 HD1 **Obtaining services for our members is hard enough as it is without adding another layer of stress to their lives—wondering if someone will feel they would be better off dead.**

"As an organization dedicated to advancing the rights of people with disabilities to live independent, productive lives, assisted suicide is counter to everything we believe in."

Billy Altom

Executive Director, Association of Programs for Rural Independent Living

Hawaii Contact Information for our organization offering up this testimony:

Eliza and Wilmer Galiza wilmergaliza@gmail.com

Wailuku, Maui, Hawaii 96793

DREDF: Doing Disability Justice

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Please accept this **strenuous opposition** HB2739 HD1
Advocate Chris Niemczyk

The Disability Rights Education & Defense Fund (DREDF) is a leading national law and policy center on disability civil rights. We have worked against assisted suicide laws in Hawaii and across the U.S., since 1999. There are many reasons for our opposition including:

- There's a deadly mix between our broken, profit-driven health care system and legalizing assisted suicide, which will be the cheapest so-called treatment. Direct coercion is not even necessary. If insurers deny, or even merely delay, expensive live-saving treatment, the person will be steered toward assisted suicide. Will insurers do the right thing, or the cheap thing?
- Elder abuse, and abuse of people with disabilities, is a rising problem. Where assisted suicide is legal, an heir (someone who stands to inherit from the patient) or abusive caregiver may steer someone towards assisted suicide, witness the request, pick up the lethal dose, and even give the drug—no witnesses are required at the death, so who would know?
- Assisted suicide bills provide only very weak safeguards.
- Diagnoses of terminal illness are often wrong, leading people to give up on treatment and lose good years of their lives, and endangering people with disabilities, people with chronic illness, and other people misdiagnosed as terminally ill.
- People with depression and other psychiatric disabilities are at significant risk.
- The state oversight & data collection are grossly insufficient.
- Supporters of doctor-prescribed suicide always say this proposal won't affect people with disabilities. But it will, whether or not they realize it.

For any further questions we are at all times available

- Marilyn Golden
- Senior Policy Analyst
- Disability Rights Education & Defense Fund (DREDF)
- mgolden@dredf.org
- Phone (510) 549-9339

- Chris Niemczyk Phone (808) 744-6561 niemczyk@hawaii.edu

WHEREAS, many people with non-terminal disabilities are currently and repeatedly pressured to sign "do-not-resuscitate" orders and other advance directives calling for withholding and withdrawal of medical treatment; and

WHEREAS, there is no empirical data indicating that current laws concerning advance directives are applied on a nondiscriminatory basis; and

WHEREAS, over a decade of experience with these "safeguards" in the Netherlands demonstrates that significant numbers of people with non-terminal illnesses and disabilities have been involuntarily euthanized; and

WHEREAS enforcement of laws and regulations is unlikely in a social context which devalues people with disabilities as a drain on limited health care resources,

THEREFORE BE IT RESOLVED THAT, TASH opposes the legalization of Physician-Assisted Suicide.

info@tash.org

NCIL
National Council on Independent Living

www.ncil.org

Kelly Buckland
Executive Director

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

Please consider the below on behalf of all our CIL members in Hawaii who are unable to attend the hearing not because they don't want to; they can't get there.

The National Council on Independent Living (NCIL) is the longest-running national cross-disability, grassroots organization run by and for people with disabilities. Founded in 1982, NCIL represents thousands of organizations and individuals including individuals with disabilities, Centers for Independent Living (CILs), Statewide Independent Living Councils (SILCs), and other organizations that advocate for the rights of people with disabilities throughout the U.S.

NCIL has long opposed the legalization of assisted suicide. This is an extremely important issue to the disability community, because disability plays a large role in many end-of-life decisions. Whether individuals are making decisions due to aging, chronic conditions, or terminal illness, disability often accompanies these processes, resulting in functional losses that become pivotal in the decision-making process.

Individuals with disabilities and increased health needs are at a much higher risk for abuse, coercion, and exploitation. These risks are significantly increased by assisted suicide laws. Moreover, assisted suicide laws set up a double standard whereby most suicidal people get suicide prevention while certain others get suicide assistance. For those who are old, ill, or "disabled enough", society will not only agree that suicide is appropriate but will provide the lethal means to complete the act. This is blatant discrimination, and it must not be allowed.

Instead of legislation that makes it easier for people to end their lives, efforts should be taken to increase access to quality supports and services and provide equal suicide prevention. If you would like to discuss our position further, please do not hesitate to call (202) 207-0334 ext. 1104.

Sincerely,

Kelly Buckland, Executive Director
NCIL
In Hawaii Contact: Linda Toms Barker Hilo, Hawai
Email: Lindatomsbarker@gmail.com

(202) 207-0334 (Voice)
(202) 207-0340 (TTY)
(202) 207-0341 (Fax)
(877) 525-3400 (Toll-Free)

2013 H Street NW, 6th Floor
Washington, DC 20006
Email: ncil@ncil.org

AAPD
American Association of People with Disabilities

To Honorable Members of the House Health Committee March 23, 2017 at 8:30. Chair Belatti and Members,

I am writing in opposition to bills including HB201 and SB1129 which, if enacted, would have the effect of legalizing Assisted Suicide and would hold harmless members of the medical community who participate in this process.

I am blind and have lived my life as a person with a disability. While I have been successful in my career, I can truthfully say that society still regards us as less than or second-class citizens. How much easier it would be for doctors and others involved with the care of persons with disabilities to accept that we already have a marginal quality of life.

I recognize that these issues can be very complex and emotional. I don't want it to be easier for people with disabilities to feel that they are a burden and that we should do the noble thing and opt out of life, when our health is failing.

While my political views are generally liberal, I cannot stay silent on this important issue. Ann Lemke Ph.D

Statement on Assisted Suicide

The American Association of People with Disabilities (AAPD) opposes the legalization of assisted suicide. AAPD fully supports the self-determination, competency, and the ability of people with disabilities to make decisions regarding all aspects of their lives. However, mistakes by health care professionals, widespread misinformation, coercion and abuse limit the opportunity for people with disabilities to make informed and independent decisions. In addition, the legalization of assisted suicide devalues the lives of people with disabilities and would create a double standard in our society: it would mean providing suicide assistance to individuals with disabilities and health conditions, as opposed to the suicide prevention services that we provide to others.

The abuse and coercion that has occurred in places where assisted suicide is currently legal provides strong evidence that no safeguards can be effective in ensuring that people with disabilities can make an informed and independent choice. Rather than legalizing assisting people with disabilities and health conditions to end their lives, AAPD believes we should focus our efforts on ensuring that home and community based services and supports and access to quality, comprehensive, affordable health care are available to ensure that people have options that enable them to live independently and with dignity.

For further questions in Hawaii you may contact me:
Ann Lemke, Ph.D., Counselor and Assistant Professor
Work 808-235-7448 Cell 808-232-4040

CCPH Senate Hearing HB2739
HD1 3/16/18 8:30 #229

Luz Patricia Medina, M.D., Inc.
Obstetrics/Gynecology and General Practice
99 South Market Street Wailuku, HI 96793
Ph: 808.249-8862
Fax: 808 249 8870

March 15, 2018

Senator Roz Baker and members of the Commerce, Consumer Protection and Health Committee:

Thank you for allowing me to testify. I am Luz Patricia Medina. I am a practicing physician in Maui since 2006. I am here to strongly oppose HB 2739.

Listen to your heart. Love yourself. Life is precious. You see, you come from an oocyte that is an egg that was one in 7 million. At the time this oocyte, was in the ovary of a 20-week fetus who later became your mother. At the time your mother was inside your grandmother. Thus, you were inside your grandmother as well. You are wonderfully made. You are a great masterpiece. The time will come, when your heart will complete its lifetime here on earth. You will get lonely, fearful, and restless. You will grieve. However, all these emotions will be softened by your loved ones who will be around you: your family and friends. They will care and love you until your last heartbeat.

This is how I envision it. We can all envision it this way. This is the right way.

The wrong way is for you to be handed an overdose of a lethal drug and be left alone to take it and die.

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

To my colleagues deliberating on the question of doctor-assisted suicide in Hawaii,

I am an internal medicine physician, practicing in Portland Oregon, and I would like to share with you a story about one of my patients.

Recently, I was caring for a 76 year-old man when I made the diagnosis of malignant melanoma, found a metastasis in his shoulder, and referred him to both medical and radiation oncologists for evaluation and therapy. I had known this patient and his wife for over a decade. He was an avid hiker, a popular hobby here in Oregon. As he went through his chemotherapy and radiation therapy, he became less able to do this activity, causing a depression, which was documented by his radiation oncologist.

At his final visit with his medical oncologist, he expressed a wish for doctor-assisted suicide. Rather than taking the time and effort to address his depression, or ask me to respond to his depression as his primary care physician and as someone who knew him, the medical oncologist called me and asked me to be the "second opinion" for his assisted-suicide. The oncologist told me that secobarbital "works very well" for patients like this, and had done this many times.

My reply was that assisted-suicide was not appropriate for this patient, and that I did NOT concur. I was very concerned about my patient's mental state and I told the oncologist that addressing his underlying issues would be better than simply prescribing a lethal medication. Unfortunately, my concerns were ignored and two weeks later my patient was dead from a lethal overdose prescribed by this oncologist. With the permission of his spouse, I obtained a copy of his death certificate. It listed the cause of death as melanoma.

The public record is not accurate. My patient did not die from his cancer, but at the hands of a once-trusted colleague. This experience has affected me, my practice, and my understanding of what it means to be a physician. What happened to this patient, who was weak and vulnerable at the end of his life, raised several important questions that I have had to answer, and that you in Hawaii need to understand as you deliberate this question for your citizens:

1. Who can you trust? If you send a patient to a colleague and expect excellent care, do you have to specifically ask "Will you kill my patient when he becomes depressed at end of life?"
2. What does the request for 'assisted-suicide' mean? Suicidal ideation used to be interpreted as a cry for help, and the only help my patient received was a lethal prescription, intended to kill him.
3. What could I have done to help this patient? I had referred him on to specialty care, a person who I trusted, and the outcome proved to be fatal. My patient's needs were not met. If my colleague had bothered to find out more about him and worked with him to treat his depression, help him find meaningful new ways to function, perhaps things might have turned out differently.

To the physicians and health care workers in Hawaii, is this where you want to go? Is this what you want to become? Please learn the real lesson from the Oregon experience of doctor-assisted suicide. Despite all of the so-called "safeguards" in our assisted suicide law, numerous instances of coercion, inappropriate selection, botched attempts, and active euthanasia have been documented in the public record. This however is not the worst of it. In my opinion, the tragedy of Oregon is that instead of doing the right thing, which is to provide excellent care, patient's lives are being cut short by physicians who are not addressing the issues underlying patient suicidality at the end of life. This change in the direction of our profession, after 2400 years of "Do No Harm", has me concerned. This should concern all Hawaiians as well.

Respectfully submitted,

Charles J. Bentz MD, FACP
Clinical Associate Professor of Medicine, Division of General Medicine and Geriatrics
Oregon Health & Sciences University, Portland Oregon
Department of Medicine Faculty Practice, St. Vincent Hospital and Medical Center
9205 SW Barnes Road, Suite 2800, Portland, OR 97225
phone: (503) 216-7496
email: charles.bentz@providence.org

Mahalo Nui Loa,

Luz Patricia Medina, M.D.
OB/GYN and General Practice

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1**
2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Commerce, Consumer Protection & Health

Hearing Date and Time: March 16, *2018; 8:30 o'clock* a *.m. Room* 229

Dear Committee Chair and Members:

I submit this testimony in strong **OPPOSITION** to HB 2739 HD1 and physician assisted suicide (PAS) under any description for the following reasons:

____ Medical care includes only promoting health/treating disease - NOT killing the patient

____ PAS tells troubled teens that suicide is an acceptable way to solve problems

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____ In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

____ It is not good for Hawaii's reputation to join only five states and DC to enact PAS

____ The legislative findings in support of this bill that 20 years is long enough to work on PAS legislation misses the entire point

____ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Liane Slom
Sign name

Liane Slom
Print name

341 makalii Pl. Kailua HI. 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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Virginia Jeanne Dolan
Sign name

Print name

415B N. Kainalu Dr. Kailua, Hi 96734
Print street address with zip code

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Margo-Ann Dolan
Sign name
Margo-Ann Dolan
Print name
415 A U Kainalu Dr
Print street address with zip code
Kailua Hi 96734

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Sign name

Mary A. Chun

Print name

415 A N. Kainalu Dr.

Print street address with zip code

Kailua-HI. 96734

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Sign name

Niki Miller
Print name

423 Aulima Lp 96734
Print street address with zip code

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I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Brillian D. Leonardo
Print name

94-234 Kahuahani St Waipahu, HI 96797
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sylvia R. Morris
Sign name

Sylvia Morris
Print name

45-638 Halekou Pl 96744
Print street address with zip code

Kaneohe

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

L.C. Morris

Print name

45638 Kaokoa Pl. 96744

Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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____ Other: _____

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Sign name

Brandon Berinobis
Print name

320 B Wilania St. Kailua HI 96734
Print street address with zip code

SENT VIA WEB from http://www.capitol.hawaii.gov/submittestimony.aspx

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✓ HB 2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subject the person who engages in the conduct to civil damage claims

✓ Other: Too much risk for things to go awry

I urge you to vote no and do not pass HB 2739 HD1 at the hearing.

Jacqueline Lovin-Yap
Sign name

JACQUELINE LOVIN-YAP
Print name

411 MALUNIU AVE. KAILUA, HAWAII 96734
Print street address with zip code

SENT VIA WEB from

have chosen not to execute even the most heinous of criminals, believing, instead in the sanctity of human life.

In *Decisions Near the End of Life* it is proposed that instead of participating in assisted suicide physicians must aggressively respond to the needs of patients at the end of life. Patients cannot be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

Due to multiple community efforts in Hawaii, significant progress is being made in educating physicians, other health care professionals and health care institutions about pain management, palliative care and end of life care, which provide meaningful alternatives to physician assisted suicide and are at risk with this legislative proposal. Simple solutions to complex problems are usually never the right answer; hard cases still make bad law.

Members of the House Committee on Health, please do not impose on our citizens, the well intentioned, but misguided idea of Physician Assisted Suicide.
Thank you, once again for your attention to this very important matter.

John T. McDonnell, M.D.
Past President
Hawaii Medical Association

To the Honorable Members of the State Legislature

My name is Nancy Long. I am a physician, and resident of Maui County. I am opposed to the proposed legislation regarding Physician Assisted Dying in Hawaii. I am a board-certified hospice and palliative medicine physician and family physician. I have been practicing in Maui since January, 2009.

While I have the deepest respect for individuals' choices regarding their health care, their illness and their dying, the complexities of this issue and of the interface of law and medicine around this issue necessitate my voicing my opinion regarding this matter.

1. I am deeply concerned about how the legislation will ensure that all residents of Hawai'i have access to this program if it is legalized. What about our residents who do not have the financial resources to purchase the medication? What about the homeless population, new immigrants, non-English speakers, the uninsured? Would the inevitable outcome be that only wealthy or resourced residents of Hawai'i be able to "die with dignity"?

2. I am deeply concerned about allowing all physicians to write these prescriptions. Most of what I have learned about addressing suffering, depression, and requests to hasten death in the terminally ill I have learned as specialty training following my usual medical school and residency training. These are specialized skills, and patients facing these serious questions and issues deserve to be cared for by trained professionals, not anyone with an MD degree. In addition, many of the physicians staffing our hospital here in Maui are travellers. They are here temporarily. They do not have the time nor the inclination to truly get to know the unique qualities, diversity, and culture of our community.

3. The issue of prognosis troubles me. Recently I helped to care for a 37 yearold female who was released from hospital to home being told she had just a few days to live. This message was given to her strongly by the hospital physicians and team. She lived for three additional months, celebrated her 10th wedding anniversary, and spent many precious hours with her three children. Physicians are wrong sometimes; I am wrong sometimes.

4. I am concerned that Hawaii will become a "destination" for those requesting physician aided dying. Already I get calls nearly weekly from terminally ill people who want to come to Hawaii, want to die in Hawaii...as part of their "bucket list". How will these requests be handled? How will we care for this potential influx of very sick patients when we cannot meet our current needs?

5. In my work as a hospice physician, I witness many situations where the motives of caregivers, and at times family members, are questionable at best. Financial incentives are highly motivating at stressful times, and there is no clear way to know that a patient ingests the prescription himself, or if it is given by a caregiver or family member with a questionable motive.

6. Like every other physician in Hawaii, I have never been trained to write a prescription for a lethal dose of medication. I have never been trained on

what to do if it does not work. I have never been trained on what to do with unused medication, or what to do if a person's depressed teenage grandson ingests the medication that is present in the home and that I prescribed. Suicide is a major and growing problem in Maui County. Unintended uses of these lethal medications are an important consideration.

Thank you for respectfully considering these important points, and working to craft legislation that is safe for everyone in our beautiful state.

Respectfully,
Nancy Long, MD
808-344-5166

Gabriel Ma MD
1280 Lusitana Street Suite 214
Honolulu, Hawaii 96813
808 524-7333

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Honorable Committee Members,

Thank you for this opportunity to express serious concern about this proposed legislation. This bill is not only not necessary; the physician community does not want it. I do not want it.

Currently, patients have the choice to refuse prolongation of life by artificial means and to limit treatment. The profession of being a physician, as I was taught in Medical School, is to "cure sometimes, relieve often, and comfort always". These principles still guide our profession today. To this end medications and counseling, especially to relieve pain, are prescribed to provide relief.

Pain is regularly publicized by proponents' and the people with their tragic and sad stories, as the reason it is needed. It turns out that "inadequate pain control or concern about it" is listed as the #6 reason for requesting assisted suicide in Oregon. We have some of the best palliative care physicians and Hospice access in the Nation right here in Hawaii. We struggle with end-of-life issues and have an advocacy group Kokua Mau who also struggles. We don't need an Out of State "Group" to set themselves up as our gurus for end of life care by bringing assisted suicide to the table to "help us" as they said on their television presentation.

You can't protect innocent people from coercion if you make a law saying it is OK for someone to ask them if they want to kill themselves and then easily provide them the means to do it. In their despair, loneliness, or wanting to please others, they may say yes although they would never really want it. We need to focus on life, life lived as best it can be, just as they lived their whole life with its trials and tribulations. And we as a society need to reassure them that we will be with them until the end. Just as physicians often commit to be with their patients to the end as best as that can be.

As I wrote in the Star Advertiser LTE....Please do not pass this bill.

I close with the thought that I have seen many patients live beyond their initial six month diagnosis and I have seen many families at peace with the sharing of the end of life care and experience of their loved one (even at great personal inconvenience and cost). I am also aware that sometimes the family does not have the best interest of the patient at heart. We need to protect our elders from abuse, not give anyone even a doctor, an easy way to make them dead.

Thank you,
Dr. Gabriel Ma

Dr & Mrs. Lloyd and Janet Jones
Anesthesiology
747 Ululani Street
Kailua, Hawaii 96734

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Dear Chair Della AuBelatti, Vice Chair Kobayashi, and Members Tupola, Todd, Har, Morikawa, Oshiro:

As a physician, I oppose HB2739 HD1 The definition of compassion is "deep awareness of the suffering of another coupled with the wish to relieve it". As a compassionate physician, my commitment to you the patient includes:
I value you as a person worthy of my efforts.
I will do all I can to find ways to relieve your pain, discomfort, and suffering.
I will be honest with you.
I will never intentionally kill you.

The poor, the physically and mentally handicapped, the homeless, the "non-productive" of society, religious and racial minorities, must know that I as a physician am not about killing my patients. And that I am not a tool for the government, insurance company, nor HMO to reduce costs.

As an anesthesiologist, I can tell you that the level of pain relief and control available now is remarkable compared to just a few years ago. We have implantable morphine infusion pumps, nerve blocks, brain and spinal cord electrical stimulators among other treatments and there are new therapies on the horizon.

Making a law that affects all people based on the few "hard" cases, is very dangerous.

IF you want to see a road map for physician assisted suicide, look to the Netherlands. Euthanasia (physician performed "suicide") was legalized for the competent, terminally ill who asked for it. This was the late 1970's. Next it included competent people with incurable illnesses or disabilities. This progressed to competent people with the "pain" of depression. Next came incompetent depressed people, e.g. Alzheimer's patients. Now, in the Netherlands, "Groningen University Hospital has decided its doctors with euthanize children under the age of 12 years old if the doctors believe their suffering is intolerable or if they have an incurable illness" (The Weekly Standard, 9/13/2004).

People have always had the right to die.
Do not give physicians the right to kill.

H.L. Mencken has said "For every complex problem there is a simple solution. And it is always wrong."
Physician assisted suicide is one such a "simple solution"

Please do not pass this bill out of committee.

Lloyd Jones, M.D.

KEVIN K. KUROHARA, M.D.
FAMILY PRACTICE
75 PU'UHONU PLACE, SUITE 205
HILO, HAWAII 96720
TELEPHONE (808) 969-3814

POSITION: As a physician, I oppose
From: Kevin K. Kurohara M.D.

Honorable committee,

Physician Assisted Suicide is unnecessary and physicians don't want it. Pain can be managed by modern medicine. This bill will damage the doctor-patient relationship and the trust necessary for good care. We already see that in Oregon where patients have gone to my colleagues' office and inquired..."are you one of those doctors that kill their patients or will you be with me until the end?"

HB2739 HD1 harms medical care. A study in Oregon found that dying patients in Oregon are twice as likely to experience pain during their last week of life then they did prior to the passage of their legislation. Though the majority of people in Oregon do not list pain and suffering as the reason they chose to use the drugs, you are basing your Hawaii vote on this non-issue due to tragic stories proclaimed by some.

Assisted Suicide devalues a patient's dignity. Fear of becoming a burden is the most common reason for assisted suicide in Oregon. Good pain management and comfort care, including new methods of pain control, palliative care, hospice and treatment, if depression is present, are far more likely to lead to dignity than a cheap suicide.

Safeguards in Oregon protect no one. HMO administrators have overruled their physician to authorize it. Doctors have given suicide drugs to depressed patients they met only two weeks earlier. And physicians have already crossed the line and euthanized patients.

B2739 HD1 authorizes 'treatment' that is not treatment and it is dangerous because it is cheaper than good care and eliminates real treatment options for the poorest and most vulnerable.

Many states have, for good reasons, rejected assisted suicide for their citizens, as has Hawaii, for all these years. There is truly no compelling reason or benefit to society to make the change now. Please to not be deceived by those who tell you there haven't been and won't be unintended consequences for public policy and the health care system by this proposal to kill the patient for the good of society. At the very least we can and should do more than this to support our fellow humans.

Thank you for your consideration of my point of view.

Kevin Kurohara, M.D.

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Thank you for allowing me to testify on this highly controversial bill. The title you have given it is Medical Aid in Dying. This is somewhat misleading as the subject of the bill is Physician assisted suicide/physician assisted death. The furor over this topic has gone on since pathologist Dr. Jack Krevokian assisted Janet Adkins of Portland Oregon to commit suicide in Michigan. She was suffering from Alzheimer's disease. In those days pain was a serious problem.

There is no reason for anyone to die an agonizing death. The world has changed. We have JACHO approved pain management services, palliative care certified as a medical specialty. Most of the opposition to physician assisted suicide comes from palliative care and hospice physicians and nurse who know what can be done for these patients. Hawaii has Kokua Mau. We don't need a competing Compassion & Choices organization to bring us excellent end of life care. They want to bring death—Kokua Mau wants to focus on life.

This should not be about death—it should be about life.

The power to assist in intentionally taking the life of a patient is counter to and fundamentally incompatible with his role as a healer. It would be difficult or even impossible to control and would pose serious societal risks. It is a power that most health care professional s do not want.

As with many other problems in our society, education is the answer. Both education of our physicians and nurses that deal with dying patients, and education of our patients so that all present legal avenues are utilized to control their own dying process as much as is possible without crossing ethical and moral boundaries.

I encourage all physicians to become more competent in end of life care so you will be comfortable when your favorite patient enters the dying process. After all is said, just remember that we are going to die under the same circumstances that we create for our patients today. That time will come for each of us. It is already possible today, in Hawaii, for all of us.

Thank you for your kind attention.

Leonard R. Howard MD, FACOG, (Ret.)
Past President HMA
Past Director, Educating physicians for end of life care

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

My name is Don W Hill, M.D., F.A.C.P. email address is dhill@hhsc.org. As Medical Director for the Hematology/Medical Oncology Department for MMMC, I am writing you this letter to express my concern regarding SB1129 and any potential future state bills that may address the issue of physician assisted suicide. As a Medical Oncologist with 29 years of practice experience I believe patient assisted suicide is morally wrong and unnecessary.

At this time, through the advancements made through hospice care we are able to provide comfort, dignity and pain free death for the majority of patients now afflicted with terminal illnesses. I believe patient assisted suicide, by whatever euphemistic title that may be labeled upon such action to be a dangerous and potential "slippery slope" that will devalue human life.

Please recall Nazi Germany in the 1930's started a euthanasia program with the support of National Socialist physicians to eliminate terminally ill, elderly, and mentally challenged individuals. Although initially considered "good intentions" the dehumanization this casued spiraled into a broad policy of genocide.

As a Medical Oncologist practicing in the State of Hawaii, I am vehemently opposed to any legislation that would allow the legalization of any law that would permit overt physician assisted suicide.

Sincerely,
Don W Hill, M.D., F.A.C.P

Hellreich Philip D MD
Address: 40 Aulike St #311, Kailua, HI 96734
Phone: (808) 261-6133

CPH Senate Committee HB2739 HD1 3/16/18 Room 229 hearing at 8:30 AM OPPOSITION

As said so well by Joni Tada – 'It should not be the state's responsibility to help despairing people to kill themselves. Rather, let's channel more effort into improving management therapies—into the hospice movement. Let's lift people out of depression through compassionate support, family assistance and help... we must do all we can to protect, defend, and preserve every life.'

Personal autonomy should not in all cases trump public policy. This is one of those cases.

Physicians do not want to be involved. The doctor-patient trust relationship is important to protect and there is no need for assisted suicide especially disguised in your own words as medical treatment. Please remove those words from this bill- better yet- stop the bill in committee.

Thank you for the opportunity to express my concerns.

Philip D Hellreich, M.D.

Jeffrey Michael Drood MD
Clinical cardiac electrophysiology
1962 E Vineyard St, Wailuku, HI 96793
(808) 244 - 3278

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

As a physician, I oppose this measure as do many, many of my colleagues.

Physician Assisted Suicide is an idea that is as old as medicine itself. 2,500 years ago the Hippocratic Oath was conceived to end patient distrust of doctors who had become both healers and killers. The bond of trust between a patient and a physician is the basis of medical practice and central to the art of healing. This bill as drafted would undermine that trust.

In an era when medical care can and has been driven by cost concerns, this proposal is dangerous.

Suicide is not simply one more end of life choice.

It would change the nature of all choices and restrict good medical care.

Suicide may be cheaper than good care, but it is not compassionate and does not reflect the culture and values that we who live here exemplify on a daily basis. No matter how cleverly you think you have crafted this legislation, better minds than ours have seriously studied this and found it wanting. We see abuse in Oregon no matter what the proponents may say. And we see a culture change. The abuses will fall on those least able to resist it-the weakest, sickest, poorest, and most vulnerable.

Please hold this bill in your committee. We don't need or want it.

Thank you for the opportunity to express my viewpoint.

Jeffrey M Drood, MD

Joseph Tau Tet Hew Jr MD
1852 Loke Street
Wailuku, Hawaii 96793

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The current nominee for the Supreme Court holds the same opinion I do and he says it well so I will quote him to you. I hope you will take his opinions (and mine) to your hearts.

Legalizing the practice, he said, could be a slippery slope. Doctors, insurance companies and the healthiest in society might wind up looking for ways to shorten the lives of the frail and the elderly to preserve resources for those with more promising futures. Doing so, he said, would have a disproportionate impact on the poor, the powerless and minorities who sometimes do not receive the same quality of medical care and pain-control management when they are ill.

"If a right to consensual homicide is eventually accepted into the law, we might ask what other ripple effects it could have on social and cultural norms. Why not, for example, allow individuals to sell their body parts or their lives?" he asked.

And he suggested that if killing became a professional duty under certain circumstances, medical care professionals may someday face "wrongful life" lawsuits from families upset their relatives suffered needlessly when a doctor or nurse failed to advocate for death.

Still, his book made clear that his views do not interfere with a right of individuals to choose through living wills to reject certain potentially life extending measures, such as the use of a ventilator.

Thank you for allowing me to comment as you consider this very important issue. Doctors do not want anything to do with this and most will not participate. However, you only need two to open up a death center in Hawaii.

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

FROM: William Fong, M.D., 1319 Punahou Street, Suite 801, Honolulu, HI 96826

I am a physician and a practicing obstetrician-gynecologist and I am testifying against HB2739 HD1

In my 37 years of practice, what I value the most is the trust relationship that I develop with my patients. There are times that in a split second I must make a drastic decision to ensure my patient's safety and well-being. Even under these difficult circumstances she must still trust me completely that I am acting in her best interest.

I do not take this privilege and responsibility lightly. But to be trustworthy, a physician must be consistent and credible. Placing the burden of enabling suicide on the shoulders of physicians will damage all of that, for it will place physicians in a role where the line between protecting a life and terminating a life becomes blurred.

We who have been trained in the healing arts will ironically become the caretaker of the killing arts. This will not benefit anyone's best interest. Patients, especially those who are faced with dysfunctional family situations or financial burdens, should not have to second-guess the motives and intentions of their physicians at a time when they are most vulnerable.

While some may believe that having the option of physician assisted suicide (PAS) at the time of a medical crisis creates a climate of comfort, for many other PAS will instead create a climate of fear and distrust. Why are we considering taking even the slightest risk that if motivation of the wrong kind were to prevail in a case of PAS, the result would be irreversible-- the death of an individual will have been caused.

We should not, as a compassionate and caring society, be willing to take that risk. We need to err on the side of protecting and preserving life, not expediting or hastening death.

The advocates of PAS want our community to believe that this represents logical, rational, and conventional medical wisdom. It is not. The majority of physicians will not ever participate in PAS. The official position of the American Medical Association is to oppose PAS. The Hawaii Medical Association does not support it. Advocating suicide in general is a radical departure from the mainstream medical value system and philosophy. It is so radical that the only way that suicide advocates can hope to accomplish their goal is to legitimize it as physician-supported.

Suicide is not a medical treatment and it never should be. It must be made clear that I share the opinion of many of my colleagues who strongly oppose PAS, who believe that it is not good for our society and who urge that HB2739 HD1be defeated.

Benjamin T. Gamboa MD
Kahului Hawaii 96732
808 873-0297

Assisted suicide is an idea as old as medicine itself. 2,500 years ago the Hippocratic Oath was conceived to end patient distrust of doctors who had become both healers and killers. Let us not revert to practice that was common in those ancient times. Hopefully we are more enlightened today.

Please consider those who would ultimately be harmed by this practice, not just those made dead, but the living who bear the burden of that death.

Look over the attached sheet. You will see why safeguards won't work.

When Death is Sought
Assisted Suicide in the Medical Context

From The New York State Task Force on Life and the Law

The Risks of Legalization

We continue to believe that the profound dangers associated with legalizing Physician-Assisted Suicide (PAS) outweigh any benefits such a change in law might achieve in isolated cases.

- **Undiagnosed or untreated mental illness.** Many individuals who contemplate suicide, including the terminally ill, suffer from treatable mental disorders, most commonly clinical depression. Physicians routinely fail to diagnose and treat these disorders, particularly among patients at the end of life. Many requests are likely to be granted, even though they do not reflect a competent, settled decision to die.
- **Improperly managed physical symptoms.** Requests for assisted suicide are highly correlated with unrelieved pain and other discomfort of physical illness and are often grossly under-treated in current clinical practice. Physicians are likely to grant requests for assisted suicide from patients in pain before all available options to relieve the pain are thoroughly explored.
- **Insufficient attention to the suffering and fears of dying patients.** Suicide may seem the only solution to profound existential suffering, feelings of abandonment, or fears about the process of dying. While psychological, spiritual, and social support – particularly comprehensive hospice services - can often address these concerns, many individuals do not receive these interventions. They are likely to seek assisted suicide because their suffering and fears have not been adequately addressed.
- **Vulnerability of socially marginalized groups.** No matter how carefully any guidelines for PAS are framed, the practice will be implemented through the prism of social inequality and bias that characterizes the delivery of services in all segments of our society. PAS will pose the greatest risk to the poor, elderly, isolated, members of minority groups, or those who lack access to good medical care.
- **Devaluation of the lives of the disabled.** A physician's reaction to a patient's request for suicide assistance is likely to depend heavily on the physician's perception of the patient's quality of life. Physicians, like the rest of society, may devalue the quality of life of individuals with disabilities and be particularly inclined to grant requests for suicide assistance from disabled patients.
- **Sense of obligation.** Legalizing assisted suicide would send a message that suicide is a socially acceptable response to terminal or incurable disease. Some patients are likely to feel pressured to take this option, particularly those who feel obligated to relieve their loved ones of the burden of care. Those patients who do not want to commit suicide may feel obligated to justify their decision to continue living.
- **Patient deference to physician recommendations.** Physicians typically make recommendations about treatment options, and patients generally do what physicians recommend. If implied that PAS is "medically appropriate," some patients will feel they have few alternatives but to accept the recommendation.
- **Increasing financial incentives to limit care.** PAS is far less expensive than palliative care at the end of life. As medical care shifts to capitation systems, financial incentives to limit treatment may influence the way the option of PAS is presented to patients or the range of alternatives they can obtain.
- **Arbitrariness of proposed limits.** Once society authorizes PAS for competent, terminally ill patients experiencing unrelievable suffering, it will be difficult, if not impossible, to contain the option to such a limited group. Individuals not competent, not terminally ill, or who cannot self-administer lethal drugs will also seek the option of PAS, and no principled basis will exist to deny them this right.
- **Impossibility of developing effective regulation.** Clinical safeguards proposed to prevent abuse and errors are unlikely to be realized in everyday medical practice. Moreover, the private nature of these decisions would undermine efforts to monitor physicians' behavior to prevent mistake and abuse.

When Death is Sought: Assisted Suicide and Euthanasia in the Medical Context
(New York: The New York State Task Force on Life and the Law, 1994). http://www.health.state.ny.us/nysdoh/provider/death.htm

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March 15, 2018

Senator Roz Baker and members of the Commerce, Consumer Protection and Health Committee:

Thank you for allowing me to testify. I am Luz Patricia Medina. I am a practicing physician in Maui since 2006. I am here to strongly oppose HB 2739.

Listen to your heart. Love yourself. Life is precious. You see, you come from an oocyte that is an egg that was one in 7 million. At the time this oocyte, was in the ovary of a 20-week fetus who later became your mother. At the time your mother was inside your grandmother. Thus, you were inside your grandmother as well. You are wonderfully made. You are a great masterpiece. The time will come, when your heart will complete its lifetime here on earth. You will get lonely, fearful, and restless. You will grieve. However, all these emotions will be softened by your loved ones who will be around you: your family and friends. They will care and love you until your last heartbeat.

This is how I envision it. We can all envision it this way. This is the right way.

The wrong way is for you to be handed an overdose of a lethal drug and be left alone to take it and die.

HB 2739 is an assisted suicide bill. Strategic lobbyists for this bill come from an organization called Compassion and Choices which comes from an Euthanasia group which was known as the Hemlock society, named after a poisonous plant. This is the dark path to take.

Some of you may remember the fiction thriller movie called Soilent Green. This was in 1973. The movie depicts a dark, hopeless world of overpopulation, depleted resources, and yes EUTHANASIA. There is a scene where one of the main characters seeks assisted suicide at a government clinic.

Senators, you will decide soon on HB 2739. You will know what to do because you will have complete peace in your heart and will know your conscience correctly. You will protect our innocent, vulnerable, disabled, and wounded neighbors from being abused and coerced.

Assisted suicide is not the way to fix our broken U.S. health care system. Focus your efforts instead to educate the community. For example, how to care for our very sick family members. Let us be that one state in our nation that shows the rest of America the true respect we have for life.

As I previously said, you are the chosen one. You came from one in 7 million oocytes. You were inside your mother who was herself inside her mother. Thus, you were inside your grandmother. You are a great masterpiece

Mahalo Nui Loa,

Luz Patricia Medina, M.D.
OB/GYN and General Practice

Zora Bulatovic MD
zbulatovic@mauimedical.com

CCPH Senate Hearing HB2739 HD1 3/16/18 8:30 #229

Physician participation in assisted suicide or euthanasia may have a profound harmful emotional toll on the involved physicians. Doctors must take responsibility for causing the patient's death. There is a huge burden on conscience, tangled emotions and a large psychological toll on the participating physicians. Many physicians describe feelings of isolation. Published evidence indicates that some patients and others are pressuring and intimidating doctors to assist in suicides. Some doctors feel they have no choice but to be involved in assisted suicides. Oregon physicians are decreasingly present at the time of the assisted suicide. There is also great potential for physicians to be affected by countertransference issues in dealing with end-of-life care, and assisted suicide and euthanasia.

These significant adverse "side effects" on the doctors participating in assisted suicide and euthanasia need to be considered when discussing the pros and cons of legalization.

Please stop this bill in your committee. Physicians don't want this. Thank you for this opportunity to express my opposition

I Tarita Tehotu a native of Hawai'I Strongly oppose this bill HB2739!

Assisted suicide is now legal in California, but encouraging, (cajoling) marketing, promoting it is still a felony.

Most of the committee said that this was a great bill and the best bill however the truth is that there are still deficiencies and according to the **attorney general of Hawaii CONCERNS** about the wording "GOOD FAITH" the word is still in the bill.

I believe This is why Rep Tupola and Ward asked for a 3 yr review and the house DENIED IT THEY DON'T HAVE ANY CLUE, THIS TELLS ME THAT THEY OVERLOOKED IT.

The way the current bill is currently written now could be an effect because the way the language is written is under the aid and dying law.

Please look over the California testimony regarding the need to clarify the language.

Take note that most laws are applied prospectively which means any of those who are involved in the past debts could be charged for suicide or assisting suicide under the present California law!

This raises the issue of whatever law-enforcement will have access to medical records filed with the department of health.

Also look at the website https://www.compassionandchoices.org/hawaii/

They are a referral service and want to plant their business here in Hawaii to come and find death in Hawaii instead of life and eventually people will come here and they will be providing a service for people to go to their drs that they refer and MAKE MONIES OFF FROM OUR PEOPLE AND TAX PAYERS. How BLIND CAN YOU ALL BE AS LOCALS FROM THIS LAND.

I beg for an amendment in the Senate OR BETTER YET CANCEL THIS BILL. WHST IS THE RUSH. ONE BIG MISTAKE IS CRUCIAL IT WILL BE A MISTAKE YOU WILL REGRET FOR THE REST OF YOUR LIVES IF THIS IS NOT CONSIDERED THOROUGHLY.
ON ANOTHER NOTE, BEFORE GOING TO DO AN OPERATION ON A PERSON USUALLY GOES TO MORE THAT ONE OR 2 OPINIONS. WHY DOESN'T THE COMMITTEE WHO IS IN CHARGE OF THIS MATTER DO THE SAME THING, BEFORE MAKING A BIG MISTAKE.
Even An editor of the newspaper on March 11th recognize the danger of this bill HB 2939.

Look at how the Oregon bill was so cleverly designed to avoid any law-enforcement investigation or civil suit or agency review by the structure of prohibiting any information from being released and the total confidentiality of the parties involved.

Please read what I have below and Please read the attachment of the attorney generals testimony that your HOUSE COMMITTEE HAS IGNORED!
WOW I don't know if I would want that type of people to be making decisions for HAWAI'I especially if its like a SLAP IN THE FACE TO ONE OF THE HIGHEST SPEAKING PERSON IN HAWAI"I

WE ARE WATCHING ALL OF YOU!

Bill Text **Bill Text - AB-282 Aiding, advising, or encouraging suicide: exemption from prosecution**

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.*Section 401 of the Penal Code is amended to read:*

401. *(a)* Every person who deliberately aids, ~~or~~ advises, or encourages another to commit ~~suicide,~~ *suicide* is guilty of a felony.

(b) A person whose actions are authorized pursuant to the provisions of the End of Life Option Act (Part 1.85 (commencing with Section 443) of Division 1 of the Health and Safety Code) shall not be prosecuted under this section.

AMENDED IN ASSEMBLY JANUARY 03, 2018

CALIFORNIA LEGISLATURE— 2017–2018 REGULAR SESSION

ASSEMBLY BILL **No. 282**

Introduced by Assembly Members Jones-Sawyer and Bonta

February 02, 2017

~~An act to add Section 13519.45 to the Penal Code, relating to peace officer standards and training.~~ *An act to amend Section 401 of the Penal Code, relating to suicide.*

LEGISLATIVE COUNSEL'S DIGEST

AB 282, as amended, Jones-Sawyer. ~~Commission on Peace Officer Standards and Training: procedural justice training.~~ *Aiding, advising, or encouraging suicide: exemption from prosecution.*

Existing law, the End of Life Option Act, until January 1, 2026, authorizes an adult who meets certain qualifications and who has been determined by his or her attending physician to be suffering from a terminal disease to request a prescription for an aid-in-dying drug. The act, with some exceptions, provides immunity from civil or criminal liability for specified actions taken in compliance with the act. Actions taken in accordance with the act do not, for any purpose, constitute suicide, assisted suicide, homicide, or elder abuse under the law.

Existing law makes a person who deliberately aids, advises, or encourages another to commit suicide guilty of a felony.

This bill would prohibit a person whose actions are authorized pursuant to the End of Life Option Act from being prosecuted for deliberately aiding, advising, or encouraging suicide.

~~Existing law establishes the Commission on Peace Officer Standards and Training and requires it to develop and disseminate guidelines and training for law enforcement officers, as described.~~

~~This bill would require the commission to develop and disseminate training for peace officers on principled policing, which would include the subjects of procedural justice and implicit bias, as defined. The bill would require this training for specified peace officers. The bill would also require the commission to certify and make training available to train peace officers to teach the course of training on principled policing to other officers in their agencies. The bill would require the commission to offer the principled policing course and the training course quarterly commencing in June 2018. The bill would require the commission, no later than June 1, 2019, to evaluate its current course of basic training and promulgate a plan to incorporate the concepts of principled policing into its course of basic training and would require each peace officer to complete a refresher course no less than every 5 years.~~

~~By requiring additional training for peace officers, this bill would impose a state-mandated local program.~~

~~The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.~~

~~This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.~~

Digest Key

Vote: MAJORITY Appropriation: NO Fiscal Committee: ~~YES~~*NO* Local Program: ~~YES~~*NO*

Bill Text

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 401 of the Penal Code is amended to read:

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(a) Every person who deliberately aids, ~~or~~ advises, or encourages another to commit ~~suicide,~~ *suicide* is guilty of a felony.

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ACLU Hawai‘i

Committee:	Senate Committee on Commerce, Consumer Protection, and Health
Hearing Date/Time:	Tuesday, March 16, 2018, 8:30 a.m.
Place:	Conference Room 229
Re:	*Testimony of the ACLU of Hawai‘i **in Support of** H.B. 2739, H.D. 1, Relating to the Health*

Dear Chair Baker, Vice Chair Tokuda, and Committee Members:

The American Civil Liberties Union of Hawaii writes in support H.B. 2739, H.D. 1, which allows competent, terminally ill adults to obtain prescription medication to end their own life. The ACLU of Hawai‘i strongly supports the right to bodily autonomy—which includes, among other things, the right to refuse treatment, the right to access necessary medical care, and the right to make personal decisions about how to spend one's final days. Six states — Oregon, Montana, California, Vermont, Washington, and Colorado — and the District of Columbia have legalized physician-assisted death.

While the ACLU of Hawai‘i is unaware of any documented widespread abuse, it is important that any physician-assisted death legislation include proper safeguards to prevent abuse and coercion. In order for physician-assisted death to truly be a choice, it cannot be the only option. Patients must have access to information about pain medication, and palliative care must be readily available. Patients should never be pressured or coerced into requesting life-ending medication, whether by a doctor, spouse, or family member. H.B. 2739 provides adequate safeguards to address these concerns.

Thank you for the opportunity to testify.

Sincerely,

Mateo Caballero
Legal Director
ACLU of Hawai‘i

The mission of the ACLU of Hawai‘i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai‘i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai‘i is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawai‘i has been serving Hawai‘i for 50 years.

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March 15, 2018

Honorable Chair Rosalyn H. Baker, Vice-chair Jill N. Tokuda and Committee Members,

I am submitting my testimony in opposition to HB 2739 HD1. I am Registered Nurse in the state of Hawaii. I would like to give you an idea of my role for these patients who are terminally ill and their families.

HB 2739 HD1 states that if it becomes a law it will allow a "mentally competent adult residents who have a terminal illness to voluntarily request and receive a prescription medication that would allow the person die in a peaceful, humane manner." According to the study conducted by Hui et. Al (2014) published in *The Journal of Pain and Symptom Management*, the following terms "actively dying," "end of life," "terminally ill," "terminal care," and "transition of care" are commonly used but rarely and inconsistently defined. The researchers also added that, "part of the challenge with these prognostic terms is that both our science and language of prognostication are imprecise. Because death is often mediated by catastrophic events such as myocardial infarction and pneumonia, it is difficult to know exactly how long a patient is going to live" (Hui et al., 2014). For the purpose of Medicare coverage for a patient to qualify for Hospice, he or she must have a life expectancy of six month or less. I have taken care of many terminally ill patients who outlived their diagnoses or have lived beyond their "expiration date." A physician, regardless of experience and expertise can only "guesstimate" a patient's last days. My experiences have taught me that no one knows the exact time a human being will die and how will it happen. I am going to also emphasize that a mentally competent individual who has a chronic condition/s who is stable on maintenance medicines or treatment can become terminally ill if they decide to stop treatment. For example, a patient with Diabetes who is dependent on insulin is stable with diet, regular glucose monitoring and insulin regimen can be considered "terminally ill" or will probably die within six months if he or she decides to stop taking insulin and liberalized diet. A person dependent and stable on hemodialysis can die within six months or less if he or she decides to stop hemodialysis treatment. These types of patients have what is stated as "terminal illness" in the bill because Type I Diabetes and Chronic Kidney Failure are both *incurable and irreversible disease that has been medically confirmed and will within reasonable medical judgment, produce death within six months* (Page 8, Lines 9-11). A physician, based on the context stated above, can categorize these patients as terminal ill that are otherwise considered stable.

As the Representative from Kahalu'u have mentioned during the House Chamber Hearing that when someone gets in to an accident though they might be bleeding can refuse medical help. Though, "It is well-accepted that a patient has the right to reject medical treatment even when the patient's treating physician or nurse believes the treatment is in his or her best interest. In such a case, withholding treatment at the patient's request is not considered 'physician-assisted' suicide but rather a gesture of respect towards the dignity and free-will of the patient. However, according to most medical bodies and ethics boards, the duty to provide care to a patient does not encompass a duty to comply with a patient's request to be put to death, no matter how hopeless the patient's condition or how intense the patient's pain" (Dilemma for Nurses: Physician-Assisted Suicide, 2010)

Many of our elderly are subject to the pressures in our society. The advances in science of health promotion and disease prevention gave them the chance to live longer lives. Who is to say that they will not feel like a "burden and useless" to their families? I have come across some elderly patients that their families are not willing to take care of them. They are neither present nor involved in their care. The susceptibility of the elderly to struggle from their own health problems and uncaring family can easily make them choose to take their own life just to "get out of the way." According to The Journal of Advance Practice Nursing (2010), "in order to honor a patient's autonomy, nurses and other medical health professionals must be sure that a patient's choices are informed (i.e., that the patient understands the consequences of his or decision) and not the product of pressure or coercion. Unfortunately, it may not always be clear whether a patient's decision is

actually well-informed and freely made. For example, some patients may request withdrawal of treatment or assisted suicide because they believe themselves to be a financial or emotional burden on their caretakers and thus feel a “duty” to die. Thus, “autonomy” can be compromised by many factors, not all of which can be immediately detected or accurately judged by a treating medical professional.” This bill does not protect our kupuna and their self-worth or dignity. HB 2739, HD1 will open the way for the elderly to be exploited instead of provide what it claims as “Death with Dignity.” This bill will never protect an elderly from abuse though it claims more protections than legislation offers in some other states

I have the utmost compassion to these individuals who are terminally ill. I have held them in my arms and provided the patient centered care they needed while they are in the hospital. I completely agree in alleviating their suffering but I am not going to consent in assist them in killing themselves just because there is no cure for their disease or they are at the end of their life. As a nurse, I know that the dignity or self-worth of individuals is not dictated by their disease and how much days their doctor told them they are going to live. One’s dignity is not decreased by how much pain or discomfort a person is going to endure. I will take care of them with their dignity intact until their heart beat its last. The bill claims that the lethal drug will provide a peaceful and humane death. Swallowing a cocktail of 100 de-capsulated Secobarbital and expecting to die within 3 hours (if all goes right) is nothing humane and peaceful. This bill makes a notion that terminally patients are going to be in great deal of suffering or end up in strange hospital with bright lights surrounded by strangers. This is not all true. If a patient is deemed actively dying or placed in comfort care while in the hospital, the family of that patient is free to stay. The patient will be surrounded with their love ones with whatever amount of light they want. We, the friendliest strangers called doctors, nurses and hospital staff, will provide comfort to the patient, emotional support to the family and explain our care and the dying process. Also, most of our patients are discharged home or go to a facility that will provide hospice care here in the islands. Terminally ill patients are provided and cared for holistically in their own home through hospice care or while in the hospital. There are challenges as the public has huge knowledge deficit about these said services. I firmly believe that this HB 2739, HD1 is not the answer for our terminally ill patients seeking “peaceful death.” I ask that the legislature find means to support the current standard evidence-based practice and care to expand these to other islands instead of providing unnecessary “other option.” This bill does not provide safeguards for the rest of population but paves the way for more confusion, exclusion and litigation.

Sincerely,
Carm Akim, RN BSN

References

“Dilemma for Nurses: Physician-Assisted Suicide.” The Journal of Advance Practice Nursing, 1 May 2010, www.asrn.org/journal-advanced-practice-nursing/768-dilemma-for-nurses-physician-assisted-suicide.html.

Hui, D., Nooruddin, Z., Didwaniya, N., Dev, R., De La Cruz, M., Kim, S. H., … Bruera, E. (2014). Concepts and Definitions for “Actively Dying,” “End of Life,” “Terminally Ill,” “Terminal Care,” and “Transition of Care”: A Systematic Review. *Journal of Pain and Symptom Management*, *47*(1), 77–89. http://doi.org/10.1016/j.jpainsymman.2013.02.021

The JOURNAL of ADVANCED PRACTICE NURSING®

Dilemma for Nurses: Physician-Assisted Suicide

San Francisco, CA (ASRN.ORG)-- Nurses in today's world face ethical dilemmas that are more challenging, perplexing, and treacherous than ever before. These dilemmas are complicated by advancements in medical technology that serve to prolong life as well as philosophical and legal debates over patient autonomy, quality of life, and the definition of death. No other issue raises more ethical, or practical, questions about the role of the nurse in treating patients than physician-assisted suicide.

"Physician-assisted suicide" is the provision to a patient by a medical health professional of the means of ending his or her own life. The ethical issues raised by the concept of physician- assisted suicide include patient autonomy, quality of life, and what it means to act in the patient's best interests. The health professional's degree of participation in the suicide may vary. The physician may give a patient a prescription for a lethal dose of medication that the patient can take when the patient chooses, or the physician may personally administer the lethal dose at the patient's request. Each of these actions would qualify as "physician-assisted suicide." A nurse may be involved in assisted suicide by providing or administering the means of death in his or her capacity as a health care professional, by assisting a physician in doing so, or by tacitly approving the actions of another health care professional by failing to stop or report a physician-assisted suicide of which he or she is aware. It is also important to define what physician-assisted suicide is not. There is a difference between acting to end life and administering a treatment for another reason—such as to reduce pain—that may have as an unrelated, but foreseeable, consequence the hastening of a terminally ill patient's death.

It is also important to think about what we mean by "patient autonomy" and what limits can and should be placed upon it? Does "patient autonomy" include a "right to die"? It is well-accepted that a patient has the right to reject medical treatment even when the patient's treating physician or nurse believes the treatment is in his or her best interest. In such a case, withholding treatment at the patient's request is not considered "physician-assisted" suicide but rather a gesture of respect towards the dignity and free-will of the patient. However, according to most medical bodies and ethics boards, the duty to provide care to a patient does not encompass a duty to comply with a patient's request to

be put to death, no matter how hopeless the patient's condition or how intense the patient's pain.

In order to honor a patient's autonomy, nurses and other medical health professionals must be sure that a patient's choices are informed (i.e., that the patient understands the consequences of his or decision) and not the product of pressure or coercion. Unfortunately, it may not always be clear whether a patient's decision is actually well-informed and freely made. For example, some patients may request withdrawal of treatment or assisted suicide because they believe themselves to be a financial or emotional burden on their caretakers and thus feel a "duty" to die. In addition, there is the possibility that a patient who is ill or in pain will be depressed or suffer from some other mental disorder. Although the patient is technically competent to make his or her own decisions, it is important to consider to what extent those decisions are affected by treated mood disorders or other mental illnesses. Thus, "autonomy" can be compromised by many factors, not all of which can be immediately detected or accurately judged by a treating medical professional.

Another important consideration is "quality of life." At what point does life cease to have "quality" and who should decide how much "quality" a particular patient's life has? A related and valid question is whether the patient is always capable of judging the "quality" of his or her life, and, if the patient is incapable of doing so, who should make that judgment? Considerations of quality of life are closely linked to a determination of what is in a patient's best interests. The challenge is to define what a patient's best interests are and, again, identify who should be allowed to determine what those best interests are and whether they are met by withdrawing or administering a particular treatment. Some proponents of physician-assisted suicide argue that those who oppose it are placing their own abstract ethical concerns above a practical consideration of the patient's best interests. These proponents argue that it is not in the best interests of a pain-wracked terminally ill patient to suffer needlessly when his or her life is almost over anyway. From this perspective, the failure to end that suffering, even if the only way of doing so is the end the patient's life, is an abdication of the health professional's duty to do what is best for the patient's well-being. For such a patient, death is better than a continued existence of intense, unbearable suffering. However, such an argument presumes that medical professionals, who are trained to discern what is best for a patient's health, will be able to determine what is best for the patient overall. This point of view, though well-intentioned, threatens to verge on paternalism, where the physician believes so much in his knowledge of what is best that he or she ignores the patient's right to self-determination. Thus, there is an inherent tension between respecting a patient's autonomy and acting in his or her best interests.

Additional complications arise when a patient is incapacitated and a surrogate is making decisions on his or her behalf. In that case, deciding what a patient wants or what is in

his or her best interests becomes a matter of guesswork for which a physician or nurse is not trained or qualified.

Throughout the United States, it remains illegal under most circumstances for a medical professional, whether a physician or nurse, to assist in the suicide of a patient, even if that patient has a terminal illness, is suffering pain, and specifically requests the assistance. There are limited exceptions: under Oregon's Death with Dignity Act, a competent adult who is terminally ill with less than six months to live may make a written request to his doctor for a lethal dose of medication. The request must be initiated by the patient, not suggested by a physician, and healthcare providers are not required to comply with the request. As of November 2008, Washington State has a similar law. However, a nurse who participates in an assisted suicide can face severe legal consequences, including prosecution for murder. The debate over assisted suicide has focused so much attention on the decisions healthcare providers make in their treatment of the terminally ill that some courts have found no distinction between palliative care that hastens death and action taken for the purpose of actively ending a patient's life. Thus, nurses and other medical professionals may, in some cases, face adverse legal consequences when they act in accordance with their ethical obligation to ease the suffering of the terminally ill.

The Code of Ethics for Nurses provides some guidance for nurses who are confronted with end-of-life issues and requests for assisted suicide. Nurses, as well as physicians, have a duty to alleviate suffering and to provide "supportive care" to the terminally ill. Nurses treat more than the patient's physical ailments, but also seek to provide psychological comfort and support to the patient and his or her family. Moreover, "a fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual." Thus, nurses have a duty to respect patient autonomy, and to do so with consideration for the patient's "lifestyle, value system and religious beliefs." Nurses should play an active role in helping terminally ill patients prepare for death and to "minimize unwarranted or unwanted treatment and patient suffering" by counseling them with respect to decisions about such as DNR orders, experimental treatments, and pain management. However, it is within a nurse's ethical prerogative to administer palliative care that may incidentally hasten death, he or she is forbidden under the Code of Ethics from "act[ing] with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations"

HB-2739-HD-1
Submitted on: 3/15/2018 8:50:42 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Fenix Grange	Individual	Support	No

Comments:

I strongly support this important measure to allow adults with a terminal illness to have the option to seek medical aid in dying. I am grateful to the Legislature for moving this compassionate legislation forward, providing choice, autonomy and dignity to Hawaii residents facing death from a terminal illness, whether or not they ever choose to take advantage of the rights accorded to them.

HB-2739-HD-1
Submitted on: 3/15/2018 8:38:30 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Hsu	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 8:28:14 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melvia Leong	Individual	Support	Yes

Comments:

Committee on Commerce, Consumer Protection and Health

Senate Hearing Date: Friday, March 16, 2018

Time: 8:30 am

To: Chair Baker, Vice-Chair Tokuda and Committee Members

From: Melvia Leong

Re: HB 2739 Related to Health, Medical Aid in Dying Act

Position: Strong Support

Currently, I am a full-time student completing my masters of social work degree with a focus on health and bereavement. I have also been employed at a major local medical center and the State of Hawaii, Department of Human Services BESSD division. However, I come before you to express my own viewpoints in strong support of HB 2739.

As an emerging practitioner in the field of social work, I am an advocate for client autonomy when bio-psycho-social, spiritual, ethical, legal and organizational factors are assessed, analyzed and addressed. The rigorous Myron B. Thompson SW program at UH Manoa ensures that I don't cut corners or impose my personal and spiritual beliefs upon my clients.

What I can tell you is that the death experience also affects the living witnesses. Preparation of the client, family and friends increases the perception of "a good death" vs. "a poor death" (LeBaron et al, 2015).

Also, a 2014 study (Lee, 2014) of the Oregon Aid-in-Dying program provided evidence-based research that refuted fears that vulnerable populations would be hurt or that

abuses would occur and represents approximately 0.2% of all deaths in Oregon per year.

In Hawaii, we have our own cultural diversity with attitudes towards honorable death. Although palliative and hospice care exists, they are not adequate to relieve the physical, mental and spiritual suffering of clients.

You know, that 80 year old Aunty with the perfect makeup, red lipstick and flower in her hair, whose dignity is so precious; or Uncle with his bad knees still wanting to help imu the pig. We want our dignity, too. So, please vote for this bill to let us, adults exercise our freedom to choose a peaceful death.

Thank you,

Melvia Leong

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HB-2739-HD-1
Submitted on: 3/15/2018 6:19:55 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Inga Gibson	Individual	Support	No

Comments:

March 16, 2018

Good Morning Chair Baker, Vice Chair Tokuda & CPH Committee members, and thank you for this opportunity to provide testimony in **STRONG OPPOSITION** to HB2739.

This legislation needs to be scrapped for the following reasons:

Hawaii physicians, who the bill specifically co-opts as the agents to carry out this life-terminating procedure, did not craft this legislation nor did they seek you out to implore its passage because of emergent medical necessity that THEY'VE identified in THEIR duties. ***This legislation is being pushed upon them*** and they're too busy attending to patient and community needs to come before you to testify against this measure.

Any practicing physician who chooses to participate in action that he/she knows will result in suicide is not only **violating the Hippocratic Oath** he/she swore to uphold, but there's no provision in HB2739 for **violating their Duty to Warn** either. In an article entitled,

"*Understanding physicians' duties toward suicidal patients: Physicians must prepare for the ethical and legal ramifications of patient suicide*" found here: http://medicaleconomics.modernmedicine.com/medical-economics/content/tags/centers-disease-control-and-prevention/understanding-physicians-dutie?page=full it states:

"A physician who becomes aware during a treatment visit that a patient is considering suicide would be ill-advised to do nothing with that knowledge. In those circumstances, a physician can face liability for medical malpractice and/or ordinary negligence, as discussed below."

It is clear that whoever crafted this legislation is unfamiliar with the emotional volatility and consequences that often accompany end of life *cases* in Hawaii, and I emphasize PLURAL here because while everyone might have a personal story or two to share, it is doubtful these individuals have to deal with death and dying every day as our Hawaii physicians do.

Even without physician assisted suicide, it is *not unusual* for uninvolved or under-involved grieving adult children to accuse someone of "not doing enough" or accuse a care-giving relative of nefarious intentions, all of which come through attorneys offices with a request for medical records - and that's just for the deceased - the cases where patients have miraculously

recovered (look at Stephen Hawking who was given just 2 years to live at diagnosis) might even be worse: again, *not unusual* for someone knocking on death's door to recover only to learn that a "well-intentioned" someone took certain measures that end up being irrevocable. As it stands there is plenty of finger-pointing to go around but now HB2739 is going to clearly say "the doctor authorized it"? *Where is the iron-clad protections for the doctors*?

Those who want to kill themselves are already free to do so so WHY are doctors being dragged into this?

If you haven't realized this, **Hawaii is in a doctor shortage crisis** - this legislation is not going to keep our doctors here - it's going to be another reason for them to leave Hawaii, quit or retire. (High overhead/high cost of living, low reimbursement for services and the hoops they need to jump through in order to get paid, long workdays with double or triple-booked calendars, too much paperwork, hand-tying regulations, policies and procedures that they have to fight just to get patients the care they need and deserve and then you want to add this to their plate.)

In case you are not familiar with how God operates, guilt by association applies, ie: if I took a pregnant woman to an abortion clinic for an abortion, I'd be guilty for that abortion as well as the parents of the child, the physician, the nurse/s and the scheduler, etc. If you, as a legislator, signed off on permitting abortion in Hawaii then you are guilty not just for overriding God's law but for *every abortion that's resulted since* which is why Jesus Himself warned that "From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked." Luke 12:48

Signing off in support of this legislation WILL result with "blood on your hands" and whether you believe in God or not, you'll still have to answer for this when your day before Him comes. I can only hope that God will reward you for your choice to stand in opposition. God bless ~

Respectfully,

Dara Carlin, M.A.

HB-2739-HD-1
Submitted on: 3/15/2018 8:17:09 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ruby Surigao	Individual	Support	No

Comments:

March 16, 2018

Good Morning Chair Baker, Vice Chair Tokuda and CPH Committee members,

I am an Oahu internist who swore to uphold the Hippocratic Oath 38 years ago, which specifically states,

"Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course."

This oath represents a no-cross line so I ask you, what good is any oath of office if it can be discarded and overridden as HB2739 seeks to do?

As a practicing physician in the community, committed to SAVING LIVES, I am telling you that physician assisted suicide is just wrong. Physicians did not ask for this legislation so why are physicians being roped into this unholy effort to make suicide appear legitimate?

Terminal illness, suffering and end of life issues arise all the time and are expertly taken care of by hospice, palliative care and the current medical system. Physicians don't want this law and don't need HB2739 - just ask the American College of Physicians (148,000) and the American Medical Association (240,000) who stand against physician assisted suicide.

I cannot appear before you today in-person to testify, and I am sure this is also the case with the other physicians, because my office is often triple-booked with patients who are all seeking advice and treatment to extend and improve their health and quality of life, not to end it.

This legislation provides no protections for the doctors and physicians who will be open to liability and litigation in "red herring" cases that are sure to arise and I want no part in it. Where are MY SAFEGUARDS as a physician? What are you doing to protect me and the other medical professionals the community counts on to preserve life?

Hawaii has a doctor shortage as it is, this will only make that worse. This legislation is ill-advised, morally wrong and against medical ethics. I STRONGLY OPPOSE HB2739 and urge you to oppose this as well.

Guy Yatsushiro, M.D.
Board certified Internal Medicine

HB-2739-HD-1
Submitted on: 3/15/2018 7:43:02 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
loretta ching	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/15/2018 7:07:42 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Oppie	Individual	Support	No

Comments:

March 16, 2018

To: Senate Committee on Commerce, Consumer Protection, and Health

From: Susan Oppie RN BSN

816 Birch St #305

Honolulu, HI 96814

Re: **HB2739- Our Care Our Choice Act**

Written testimony in **support** of this bill

I have been a registered nurse for more than nineteen years. Eight and a half years I served as a hospice nurse and worked several years on various floors in hospitals. During these years of direct patient care I saw death occur dozens of times and I learned what I hold to be true to this day- *there are worse things than death.* I have seen women and men in unbearable pain in their final months, weeks, days and hours. Even with the best hospice and palliative care available nothing could control these individuals' extreme discomfort. I have witnessed the visible panic in the faces of individuals who were not able to breathe due to cancer, Amyotrophic Lateral Sclerosis (ALS, aka Lou Gehrig's disease), Chronic Obstructive Pulmonary Disease (COPD), and other conditions affecting their lungs. I have visited those experiencing frightening hallucinations caused by pain medications. I have attempted (without success) to help

patients who had uncontrollable hiccups, not hiccups that lasted for minutes or hours but those that lasted continuously for days and weeks. This may sound like a minor discomfort to some but please believe me there is nothing minor about constant spasms preventing restful sleep or the ability to eat or drink. I have also dressed countless bed sores that had no real chance of healing due to the ill individual's poor nutrition. I have witnessed agitation in individuals who are unable to let the family or nursing staff know what is causing their unrest. Additionally, I have listened to countless family members of the dying who shared their anguish and feelings of helplessness in making their loved ones more comfortable. These are just some examples of what I consider to be unnecessary suffering.

Four of my eight and a half years in hospice were served in Portland, Oregon and southern Washington. During this time I met several individuals who went through the process of obtaining the medications that could ultimately bring their lives to an end as allowed by the Death with Dignity acts in each of those states. Even though none of these individuals with whom I spoke wanted to get to the point where they felt it was time to use the medications, they expressed great relief that they had the option to do so. I was never in attendance when a life was ended in this manner but heard many reports that it was a very peaceful end. I believe that if there is a means by which people can be in control of how their lives end and not be forced to needlessly suffer it should be made available and protected by law. I wholeheartedly support the passing of HB2739 because I know what having such an option means to those who are dealing with a terminal illness especially one that is known to potentially have a very unpleasant progression to the final moment of life. And I want to live in a state in which this option is available if I am ever diagnosed with a terminal illness. I'd highly encourage you to consider this a human rights issue not a moral or religious one. Our legislature is here to make laws for the living not ones that ostensibly help the souls of the deceased. This is covered in the concept of separation of church and state. For all the reasons I have mentioned here I ask that you vote in favor of HB2739.

Thank you for the opportunity to submit testimony.

HB-2739-HD-1
Submitted on: 3/15/2018 7:42:01 PM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Jaworowski	Individual	Support	No

Comments:

I support this concept and this bill. Please have compassion for people who really need this bill.

HB-2739-HD-1
Submitted on: 3/16/2018 6:55:06 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrie Villers	Individual	Oppose	Yes

Comments:

I strongly oppose HB 2739 HD 1 and urge this committee to not pass this bill.

HB-2739-HD-1
Submitted on: 3/16/2018 7:53:49 AM
Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
pamela j aqui	Individual	Oppose	No

Comments:

While this seems like a benevolent thing to do, it may just come back to bite us. In my experience of working with the eledery, they are very easily manipulated. Soon family will be suggesting to their grandparents or parents something that goes like this: “Grandma/grandpa, you have worked so hard all your life. Thank you. Aren’t you ready to just lay it all down? You’ve suffered enough....”etc. We will feel the pressure to end our life so that our beneficiaries can collect what we’ve worked for. The doctor component means nothing. Many Physicians will prescribe at the drop of a hat, unfortunately.