STATE OF HAWAII
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GOVERNOR

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

Before the
Senate Committee on Judiciary
March 23, 2018
9:00 a.m., Room 016

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

Chair Taniguchi, Vice Chair Rhoads, 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.

Hawai‘i Psychological Association
For a Healthy Hawai‘i

P.O. Box 833
Honolulu, HI 96808
www.hawaiipsychology.org
hpaexec@gmail.com
Phone: 808-521-8995

Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Committee on Judiciary

Friday, March 23, 2018, 9:00am
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

LGBT CAUCUS
FORMED IN 2001

THE FIRST CAUCUS OF THE
DEMOCRATIC PARTY
OF HAWAIʻI

March 19, 2018

Senate's Committee on Judiciary
Hawaiʻi State Capitol
415 South Beretania Street, RM 016
Honolulu, HI 96813

Hearing: Friday, March 23, 2018 – 9:00 a.m.

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

Aloha Chair Taniguchi, Vice Chair Rhoads & 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 Hawaiʻi. 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 Hawaiʻi urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawaiʻi 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 Hawaiʻi is a top priority for the LGBT Caucus and the Democratic Party of Hawaiʻi. As we've researched the issue and talked to members, we are struck by the desperate, violent measures some terminally ill kamaʻaina 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 ʻohana 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 kamaʻaina 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 Hawaiʻi?

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 Hawaiʻi

hawaii family forum

ONLINE TESTIMONY SUBMITTAL
March 20, 2018

HEARING: Friday, March 23, 2018 at 9:00 a.m. in room 016

TO: Senate Committee on Judiciary
Senator Brian Taniguchi, Chair
Senator Karl Rhoads, 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

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 20, 2018

TO: Senate Committee on Judiciary
Sen. Brian Taniguchi, Chair
Sen. Karl Rhoads, Vice Chair

HEARING: Friday, March 23, 2018 @ 9:00 a.m.

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.

Hawai’i Registered Nurse and APRN Opposition to HB 2739

Contact: Cindy Ajimine, RN at cajipang808@hawaii.rr.com

Received by: _____(Initials)_______

To: _______________________________ - Please kindly read and forward

Submitted by:

1. Cindy Ajimine, RN – Primary contact
2. Jennifer Lee, APRN
3. Kathy Doi, RN, APRN
4. Lenora Low, RN, APRN
5. Jennifer Fukumitsu, RN
6. Stephanie Ono, RN
7. Julia Gregory, RN
8. Kimberly Gomez, RN
9. Beatrice Kaohi-Prothero, RN
10. Shannon Ichishita, RN
11. Dion Elflein, RN
12. Rebecca Hotta, RN
13. Marianne Miranda, RN
14. Laurene Chun, RN
15. Geila Fukumitsu, RN
16. Sydonie Jandoc, RN
17. Cristy Benosa, RN
18. Amy Bento, RN
19. Carm Akim, RN
20. Shelly Ige, RN
21. Wes Ige, RN
22. Estrella Wolfe, RN
23. Josephine Araki, RN
24. Gloria Lyn Chan, RN
25. Gayle Okazaki, RN
26. Lillian DeCosta, RN
27. Linda Peters, RN
28. Sandy Shimabukuro, RN
29. Cheryl Toyofuku, RN
30. Jackie Mishler, RN
31. Sydonie Jandoc, RN
32. Cristy Benosa, RN
33. Eugenia Parlet, RN
34. Joy Kaneshiro, RN
35. Iris Tom, RN
36. Lois Chang, RN

REGISTERED NURSES IN OPPOSITION TO HB 2739

Dear: Honorable Members of the House Health and Judiciary Committees

Re: HB 27399 – Physician Assisted Suicide/Death with Dignity

Aloha,
We are registered nurses in the state of Hawai'i and practice on multiple islands across various levels of care. While we understand the intention of the bill, we are respectfully submitting testimony in **OPPOSITION** based on the following:

- Nursing's values of **compassion, care, communication, courage, competence, and commitment** support our goal of putting the patient and family at the center of all we do. Providing compassionate care during and at the end-of-life is a given. This bill goes against the nature of nursing.
- Proper medical care **already includes standards/requirements to provide patient-centered, end-of-life information and care** that includes the provision of medications to alleviate pain and suffering. This bill calls out that "…physicians don't always offer these options…" but doesn't address this problem. **Can we improve upon the need to provide information and patient-centered palliative care vs. adding new requirements to an already burdened health care system?**
- Multiple physical and psychological health conditions can cause despair. Each stage of grief and death holds unique characteristics, challenges, and beauty. These are **often temporary** with time/therapy/intervention but can lead to the request of these medications. Many of us **have helped patients and families to cope with disease and dying and to forge bonds of peace, love, and create plans for positive life memories that would not have been possible with an early death**. **This bill does not adequately provide for individual variations related to the time needed to help people through these stages.**
- **The bill does not address litigation protection across all health care disciplines** (e.g. EMTs, Nurses, Care Home Operators) and in all levels of care. A health care facility could not prevent deaths from prescribed suicide on its premises. Furthermore, a facility willing to permit assisted-suicide deaths could require some nurses, pharmacists and certain other individuals to facilitate such deaths.
- The need to have a **current Advanced Health Care Directive and POLST** should be mandatory (not recommended) for patients who choose to end their lives.
- **National best practices** for clinician education and implementation have not yet been established. Research and long term experience are minimal at best. If HB 2739 becomes a law, Advance practice nurses who are non-physicians could diagnose a patient and prescribe drugs to cause that patient's death. We simply do not have enough training and knowledge in this area. **Practical implementation guides and timelines are not included.**
- **Safeguards** are not outlined and the same issues we have with opioid **abuse** that has high **financial and life costs** could easily happen. E.g. inadvertent child use or elder abuse by understandably stressed caregivers. **Sec. 15- Who will be responsible to enforce the requirement to return unused medications when we can't even do it with opioids?**

Revised 02/24/2018

- **Unconscious bias** already causes multiple health disparities. This bill could easily lead to the **abuse and premature death** of the poor, indigent, disabled, sick, and elderly. Doctors may influence/make recommendations that are not in the best interest of the patients, especially in cases where patients cannot decide for themselves. It is possible that insurance companies and government policies may not provide treatment coverage or back experimental or risky treatments, which otherwise may save the lives of patients. **How will we prevent/address this including the long term impact? Are federal, national, and accreditation reporting requirements aligned with this bill? Are there reimbursement implications for patients who decide to self-terminate while in medical institutions?**
- Medicine is a practice/science and far from perfect. Humans **cannot accurately predict** terminal conditions and timelines in 100% of patients. The **"miracle" recovery**, **longer than predicted life expectancy, and increased purpose and productivity** is fairly common – e.g. John Radcliffe, Charlie Wedemeyer.
- Please be aware that once these medications are taken, it is irreversible short of gastric lavage. As with other forms of (attempted) suicide, **there is no turning back**.

While this proposed bill is much better than previous, we open a Pandora's Box if we cannot address all of these issues that will likely require amendments, create lawsuits, and worst of all, the **knowledge that the premature deaths of our loved ones may be on our hands**.

Caring for and protecting the people of Hawai'i and future generations is an honor, privilege, and burden at times. Thank you for all you do and for your thoughtful consideration and courageous vote. **We plead with you to please vote NO.**

We should all remember the words of former Surgeon General C. Everett Koop, who warned that ***the practice of medicine "cannot be both our healer and our killer"*** *(from KOOP, The Memoirs of America's Family Doctor by C. Everett Koop, M.D., Random House, 1991).*

Addendum #1: The 5 Stages of Grief & Loss

Addendum #2: 2018_Hawai_-HB_2739_Analysis with Highlights

Revised 02/24/2018

Addendum #1

The 5 Stages of Grief & Loss

By: Julie Axelrod (excerpts: https://psychcentral.com/lib/the-5-stages-of-loss-and-grief/

The 5 stages of grief and loss are:

1. **Denial and isolation;**
2. **Anger;**
3. **Bargaining;**
4. **Depression;**
5. **Acceptance.**

People who are grieving do not necessarily go through the stages in the same order or experience all of them. **The stages of grief and mourning are universal and experienced by people from all walks of life, across many cultures**. **Mourning occurs in response to an individual's own terminal illness,** the loss of a close relationship, or to the death of a valued being, human, or animal.

There are five stages of grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book *On Death and Dying.* In our bereavement, we spend **different lengths of time** working through each step and express each stage with different levels of intensity. The five stages of loss do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death. **Many of us are not afforded the luxury of time required to achieve this final stage of grief.**

The death of your loved one might inspire you to evaluate your own feelings of mortality. Throughout each stage, a common thread of hope emerges: **As long as there is life, there is hope. As long as there is hope, there is life.**

1. Denial & Isolation

The first reaction to learning about the terminal illness, loss, or death of a cherished loved one is to deny the reality of the situation. “This isn't happening, this can't be happening,” people often think. It is a normal reaction to rationalize our overwhelming emotions.

Denial is a defense mechanism that buffers the immediate shock of the loss, numbing us to our emotions. We block out the words and hide from the facts. **We start to believe that life is meaningless, and nothing is of any value any longer. For most people experiencing grief, this stage is a temporary response that carries us through the first wave of pain.**

2. Anger

As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family.

The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. **That does not make them immune to the suffering of their patients or to those who grieve for them**.

Do not hesitate to ask your doctor to give you extra time or to explain just once more the details of your loved one's illness. Arrange a special appointment or ask that he telephone you at the end of his day. Ask for clear answers to your questions regarding medical diagnosis and treatment. Understand the options available to you. Take your time.

3. Bargaining

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control through a series of "If only" statements, such as: If only we got a second opinion from another doctor… This is an attempt to bargain. Secretly, we may make a deal with God or our higher power in an attempt to postpone the inevitable, and the accompanying pain.

4. Depression

Two types of depression are associated with mourning. The first one is a reaction to **practical implications** relating to the loss. Sadness and regret pre-dominate this type of depression. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us. **This phase may be eased by simple clarification and reassurance.**
The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell.

5. Acceptance

Reaching this stage of grieving is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression.

HB-2739-HD-1
Submitted on: 3/21/2018 7:20:49 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Self Advocates	Testifying for Hawaii Self Advocacy Advisory Council (non-profit organization)	Oppose	Yes

Comments:

My name Renee Manfredi. I am the President of the Hawaii Self Advocacy Advisory Council. We have nearly 200 members statewide.

We **strongly oppose HB2739 HD1** physician-assisted suicide and believe it requires strong and absolute vigilance because:

- The death of any person by way of physician-assisted suicide is never acceptable and should not be allowed by law under any circumstances;
- Laws and procedures, although we appreciate Hawaii placing into their law, felony charges against someone who tries to coerce someone to commit suicide. We do not feel, however strict, it is sufficient enough to protect people with Developmental Disabilities from being coerced into ending their lives;
- When the person is seriously ill and in pain, the use of appropriate medical or palliative care to reduce and/or eliminate pain and discomfort can and must be provided.

Thank you for this opportunity to submit testimony **OPPOSING HB2739 HD1.**

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

To: Hawaii State Senate Committee on Judiciary
Hearing Date/Time: Friday, Mar. 23, 2018, 9:00 a.m.
Place: Rm. 016
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of H.B. 2739, HD1, relating to Health

Dear Chair Taniguchi 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

Hau'oli Home Care
Trust · Respect · Aloha

DATE: March 19, 2018

TO: JUDICIARY COMMITTEE
Chair, Senator Brian T. Taniguchi
Vice Chair, Senator Karl Rhoads
Members of the Judiciary Committee

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. My company and my employees need to be protected from liability under this bill because as written, we do not have legal protections for refusing to comply. Section19(1) needs to be amended to include non-compliance along with good faith compliance in the immunity from liability paragraph. **While section 19(4) provides that we are not under a duty to participate, it does not say we cannot be sued as in 19(1). Please amend section 19(1) accordingly.**

No matter how many amendments, how many experts give input, we know in our heart of hearts that Safeguards 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.

As an employer I'm concerned about my employee(s) going to a client's home unaware if they have received lethal drugs for their terminal diagnosis of 6 months or less to live – which we have serviced. Many have outlived that diagnosis. As a non-medical provider my employees are not legally able to dispense medications.

My employee could find the person trying to get the 100 seconal capsules open, and/or need help ingesting them to include:

- aid with any needed ancillary medications for vomiting, nausea, anxiety etc. Neither me
- or my employee(s) would have any foreknowledge of that our client had the lethal drugs.
- This could clearly conflict with a POLST order and could create trauma for my client and caregiver. My caregiver wanting to keep the person alive, again, not knowing what was happening and/or our client asking my caregiver for help to kill themselves.
- This possible trauma to my employee could be far reaching and last a long time, requiring counseling etc.
- Furthermore, my company and my employees do not have legal protections for refusing to comply. Section19(1) needs to be amended to include non-compliance along with good faith compliance in the immunity from liability paragraph. While section 19(4) provides that we are not under a duty to participate, it does not say we cannot be sued as in 19(1). Please amend section 19(1) accordingly.

Seriously, my employee(s) could also find a person who succeeded in taking the lethal drugs dead when they enter a client's home for their shift. In this bill, no one needs to know when a person is going to take the drugs. Who dispenses of any leftover lethal drugs? This is really alarming. Who is notified of the dead body?

Another real possibility is a client picks up the drugs, outlives the 6 months or less, goes into full remission and then becomes depressed and kills themselves? This is real possible scenario.

Off-shore lobbyist can tout that in Oregon over 20 years there have been no "known" abuses because nothing has to be reported. 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 a physician assisted suicide is being practiced outside the framework of the Death with Dignity Act."

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."

Senators, this is a lengthy bill, with not enough paper to type out the many more countless reasons it truly is harmful to the residents of Hawaii. We are a state that prides itself in the unique gift of aloha and ohana. The world longs to experience our special way of life. Let's not damage ourselves or our unrivaled brand by allowing doctor's help another kill themselves.

Mahalo nui and I urge you to kill 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

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.

ADA
HAWAI'I
AMERICANS FOR DEMOCRATIC ACTION

OFFICERS	DIRECTORS			MAILING ADDRESS
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Karin Gill, Secretary	Chuck Huxel	Doug Pyle		

March 19, 2018

TO: Honorable Chair Taniguchi and Members of the JDC Committee

RE: HB 2739 HD 1 Relating to Health

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Support for hearing on March 23

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

YOUNG
PROGRESSIVES
DEMANDING ACTION

Aloha Chair Taniguchi, Vice Chair Rhoads, members of the Senate Judiciary Committee,

On behalf of the nearly 600 registered members of the Hawaii chapter of the Young Progressives Demanding Action, I would like to express **strong support** for HB2739 HD1.

Medical aid in dying (also known as death with dignity) is an important issue for many of our kupuna and their family members. The issue has been framed in terms of religious or public safety implications, but this does a disservice to the many people who would benefit so much from having the choice to end their lives peacefully, orderly and with dignity. That is really what this issue is about: choice. Medical aid in dying should be considered just another end-of-life option.

Currently authorized in six states—California, Washington, Oregon, Vermont, Colorado and Montana—for terminally ill, mentally capable people who have a prognosis of six months or less to live, to request, obtain and self-medicate a drug that brings about a peaceful death, should their suffering becomes unbearable. Contrary to what some critics may say, medical aid in dying is not assisted suicide, does not pose a threat to people living with disabilities and has been shown to improve care at the end of life.

Medical Aid in Dying is a safe and trusted medical practice recognized by multiple healthcare professional associations. A number of prominent thought leaders and public influencers including religious figures, actors, authors and other notable people have spoken out—in touching, profound and highly personal ways—in favor of the full range of end-of-life options. Additionally, most voters—including in Hawaii—support medical aid in dying.

Being able to plan one's death allows for a peaceful, meaningful, orderly transition toward humankind's final adventure. Regardless of what you believe happens to us when we die, the effects of this kind of transition on the families of those who pass on are telling: families are better able to cope with a lost loved one when they have had a chance to say goodbye, when they have been able to settle affairs together and when they know that their loved one was able to pass on without pain or worry or stress.

As these other states of shown, the safety issue inherent in the drug itself can be easily managed. Providing this fundamental choice for the individual is a question of human rights.

Please support this measure and do everything you can to make sure it becomes law.

Mahalo,

Will Caron
Social Justice Action Committee Chair
Young Progressives Demanding Action

THE QUEEN'S
HEALTH SYSTEMS

To: The Honorable Brian T. Taniguchi, Chair
The Honorable Karl Rhoads, Vice Chair
Members, Committee on Judiciary

From: Paula Yoshioka, Vice President of Government Relations and External Affairs, The Queen's Health Systems
Date: March 20, 2018
Hrg: Senate Committee on Judiciary Decision Making; Friday, March 23, 2018 at 9AM in Room 016

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

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March 22, 2018

Aloha Chair Taniguchi, Vice-Chair Rhoads 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 Hawaiʻi 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, Hawaiʻi 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 – Hawaiʻi

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 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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Phone: 868 295-5495

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

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

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

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!

Name: Caroline L. Mackenzie
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Name: Joyce Clarin
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E-mail: joyce.clarin@gmail.com
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Name: PAtty LAForce
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City: Kailua State: HI ZIP: 96734
E-mail: PALAFORCE@earthlink.net
Phone: 808306 4596

Name: ____________
Address: ____________
City: ____________ State: ___ ZIP: ______
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: ____________

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!

Name: Lana Oura
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Name: Angel Devlin-Brown
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Phone: 808-446-1955

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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!`

Name: Sandie Elrick
Address: 51 Pohina St #1704
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E-mail: N/A
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Name: WANDA SHIRREFF
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E-mail: WSHIRREFF@YAHOO.com
Phone: 804-429-2004

Name: Joyce Van Zwalenburg
Address: P.O. Box 967367
City: Paia State: HI ZIP: 96779
E-mail:
Phone:

Name: Carol Caton
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City: Kihei State: HI ZIP: 96753
E-mail:
Phone:

Name: William Quiberg
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Name: Juliana Higa
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E-mail: mauiplanner@gmail.com
Phone: 808 264-2765

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

Name: Gail Terada
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City: Wailuku State: HI ZIP: 96793
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Phone: 2427412

Name: Juliet Kinimaka
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Name: Valene KailiGomes
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Name: Glenn Dura
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E-mail: lksodetani@hawaii.rr.com
Phone: 808-244-9036

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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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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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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!

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

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

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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.

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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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HAWAII VOTERS OVERWHELMINGLY 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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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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Address:
City: State: ZIP:
E-mail:
Phone:

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

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Name:
Address:
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E-mail:
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NOTIFY ☑

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

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PETITION

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

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Mercy

OSF HealthCare

PeaceHealth

Presence Health

Providence St. Joseph

Sisters of Charity Health System

SSM Health

March 21, 2018

Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
State Capitol
415 South Beretania Street
Honolulu, HI 96813

Dear Senators Taniguchi and Rhoads,

The Supportive Care Coalition is the leading national voice for advancing high quality, accessible palliative care services across Catholic health care in the United States. Composed of 16 Catholic health care organizations with health care services in over 41 states, the Coalition's membership advocates for a society in which all persons living with or affected by chronic or life-threatening medical conditions receive compassionate, holistic, coordinated care that includes relief of pain, suffering and other symptoms from the time of diagnosis to natural death.

Informed by our commitment to do no harm, we affirm that the task of medicine is to care even when it cannot cure. We believe the inherent dignity of the human person must be respected and protected regardless of a person's diagnosis, social economic status, culture, or religious affiliation from conception to natural death. We believe in patient non-abandonment and an explicit commitment to accompany others in the midst of their suffering, especially when they are tempted to see their own lives as diminished in value or meaning. We seek to live out our convictions through providing quality palliative care services to ensure the most humane, comprehensive and compassionate care for those in the final stages of life.

The Supportive Care Coalition strongly opposes measure HB 2739 HD1 for the reasons below:

- Requests for physician assisted suicide are frequently motivated by psychosocial not medical concerns about diminishment, becoming a burden to others, or losing autonomy. If unaddressed, such fears can lead to clinical depression, suicidal intent, and the decision to move too readily and unnecessarily to the option of physician assisted suicide.

- Persistent poor quality of care during life threatening illness and at the end of life can be a major reason for requests for physician assisted suicide and its legalization. None of the existing states' laws require a referral to palliative care services, psychological services, or hospice services. In addition, access to home health care and nursing assistance is limited across the US creating an additional burden on those in need of such assistance to maintain quality of life.

- Endorsing physician assisted suicide as public policy may adversely affect and endanger vulnerable populations including those with mental health problems, chronic disease, the physically or intellectually challenged, the young, and the frail elderly. Current laws lack adequate safeguards against possible abuses.

- Proponents of the legalization of physician assisted suicide refer to it as 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 of self-determination. It is in fact a social act, involving others beyond the patient and requiring government oversight. Current state laws lack government oversight in the following situations: monitoring medical complications that may arise, ensuring voluntary ingestion of the lethal dose, and reporting on the occurrence of physician assisted suicide.

- There are limits to personal autonomy, and physician assisted suicide can legitimately be overridden by other compelling interests, foremost, the preservation of human life. In addition, personal autonomy can be compromised by pressure from family members, heirs, health care professionals, or society in general, leading to the conclusion that one's life lacks value and therefore should be ended.

- Participating in suicide compels healthcare professionals to violate their covenant with society. Just as failing to address patient suicidal intent is incompatible with the ethical codes, goals of treatment, and duty to "do no harm" of the psychological professions, so too physician assisted suicide is incompatible with the ethical codes, goals of treatment, and duty to do no harm of medical professionals. Legalizing suicide threatens ongoing public and private suicide prevention efforts.

- The moral, professional and legal challenge should not revolve around the legalization of physician assisted suicide, but be directed at reversing the despair that may be associated with the final stages of life and mitigating the fear of loss of control.

The Supportive Care Coalition strongly urges the Committee on Judiciary of the 29th Legislature of the State of Hawaii to actively oppose any legislation that supports, encourages, facilitates, or allows physician assisted suicide. Conversely, the Coalition urges the legislature to instead work to ensure that every person living with serious illness has access to quality palliative and hospice services. On behalf of the Coalition and our Board of Directors, we oppose HB 2739 HD1 and ask that you not hesitate to contact us if we can be of any further assistance toward facilitating its defeat.

Sincerely,

D. Hess

Lois Lane

Denise Hess, MDiv
Executive Director

Lois Lane, FNP-BC, JD
Chair, Board of Directors

TO: Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Committee on Judiciary

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 Taniguchi, Vice Chair Rhoads 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-ninth, 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.

TESTIMONY IN STRONG OPPOSITION TO HB 2739 HDS

2018 BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee(s) on Judiciary

Hearing Date and Time: March 23, **2018; 9:00 a.m., Room 216**

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 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
- HB2739 HD1 completely protects from civil or criminal liability conduct that would otherwise be criminal and subjects 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 this hearing.

Barbara J. Ferraro
State Director
Concerned Women for America of Hawaii
P.O. Box 10732
Hilo, HI 96721-5732

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

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 Judiciary

Testimony by
Hawaii State AFL-CIO

March 23, 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 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 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,

Randy Perreira
President

HB-2739-HD-1
Submitted on: 3/20/2018 7:21:19 AM
Testimony for JDC on 3/23/2018 9:00:00 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.

Having followed this issue over many years, I have heard much about how life is a gift from God. But if this is so, so is free choice. As I was raised, the most important factor in a human life is the grace that comes from our capacity to choose. It is through our choices that we form our life and character. If our life is a gift from God, so must be our capacity to choose.

The proposed legislation is about the capacity to choose, and the unique, individual choice 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 it is based, it will be a choice for a very few.

But, is it not the responsibility of our legislators to protect the choice of those few, and through our laws 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-interests. 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: 3/19/2018 7:46:12 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Klink	Individual	Support	Yes

Comments:

To: <JDCtestimony@capitol.hawaii.gov>

TESTIMONY ADDRESSING

THE SENATE

THE TWENTY-NINTH LEGISLATURE

REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY

Senator Brian T. Taniguchi, Chair

Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018

9:00 a.m.

Conference Room 016

State Capitol

415 South Beretania Street

TESTIMONY IN SUPPORT OF HB2739HD1

RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Paul Klink and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

Paul Klink

-###-

Testimony on HB 2739, The Our Care, Our Choice Act
Kat West, National Director of Policy & Programs, Compassion & Choices
Hawaiʻi Senate Judiciary Committee
Friday, March 23, 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 Hawaiʻi voters support medical aid in dying. And in January, the Hawaiʻi 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 Hawaiʻi including: Hawai'i State AFL-CIO, Advocates for Consumer Rights, ACLU - Hawaiʻi, 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, Hawaiʻi Friends of Civil Rights, Chamber of Commerce Persons with Disabilities, Hawaiʻi Martin Luther King Jr., Coalition, Hawaiʻi 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 Hawaiʻi, Democratic Party of Hawaiʻi, LGBT Caucus of the Democratic Party of Hawai'i, Progressive Democrats of Hawaiʻi, Hawaiʻi 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]

Compassion & Choices Advocates for Laws that Both Safe and Accessible to Dying Patients

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 Hawaiʻi. 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
7. Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from: http://www.medscape.com/features/slideshow/ethics2016-part2#page=2
8. Sykes, N., & Thorns, A. (2003). The use of opioids and sedatives at the end of life. The Lancet Oncology, 4(5), 312–318. Available from: http://www.ldysinger.stjohnsem.edu/ThM_590_Intro-Bioeth/15_palliative_care/2003%20Lancet%20-%20The%20use%20of%20opioids%20and%20sedatives%20at%20the%20end%20of%20life.pdf
9. Coyle N, Adelhardt J, Foley KM, Portenoy RK. Character of terminal illness in the advanced cancer patient: pain and other symptoms during the last four weeks of life. J Pain Symptom Manage 1990; 5: 83–93.
10. Smith, A. K., Cenzer, I. S., Knight, S. J., Puntillo, K. A., Widera, E., Williams, B. A., Boscardin, W. J., & Covinsky, K. E. (2010). The epidemiology of pain during the last 2 years of life. Annals of Internal Medicine, 153(9), 563–569. Available from: http://annals.org/aim/article/746344/epidemiology-pain-during-last-2-years-life
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

HB-2739-HD-1
Submitted on: 3/19/2018 5:29:22 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cathy Goeggel	Individual	Support	No

Comments:

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

March 19, 2018

The Honorable Senator Brian T. Taniguchi, Chair,
The Honorable Senator Karl Rhoads, Vice Chair,
and Members
Committee on Judiciary

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: 3/19/2018 6:01:01 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Chair Taniguchi and members:

This measure gives terminally ill people choices at the end of life. For those whose pain can't be controlled or who desire to end their lives, having this choice is reasonable. Denying this choice is cruel.

i respect those with moral or religious objections to this measure. Their objections can be met, 100% of the time, by their choosing not to end their lives under this law.

Please pass this bill.

Respectfulyl submitted,

Robert Marks

HB-2739-HD-1
Submitted on: 3/19/2018 6:10:53 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brodie Lockard	Individual	Support	No

Comments:

No one has the right to prevent someone else from ending their life if they so choose. It's unbelievable that some people think someone else's decision on this is their business in any way whatsoever. When someone has suffered long and hard enough to make such an agonizing decision, they should have nothing but support and help in carrying it out. This bill provides that support.

HB2739 allows someone to make the most crucial decision they will ever make, with dignity, without shame, secrecy, deception or guilt, and without having to plot and plan some unpleasant scheme to end their suffering.

Thank you for the opportunity to speak on this forward-thinking, very important bill.

HB-2739-HD-1
Submitted on: 3/19/2018 6:33:53 PM
Testimony for JDC on 3/23/2018 9:00:00 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.

HB-2739-HD-1
Submitted on: 3/19/2018 6:43:20 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/19/2018 6:59:55 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ursula D'Angelo	Individual	Support	No

Comments:

I have already submitted testimony, but feel compelled to state once again, that I STRONGLY SUPPORT THIS BILL!!! Thank you for all you do for the people of the State of Hawaii!

Aloha, Ursula D'Angelo

HB-2739-HD-1
Submitted on: 3/19/2018 7:16:21 PM
Testimony for JDC on 3/23/2018 9:00:00 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 out our lives 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: 3/19/2018 7:26:04 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Fisher	Individual	Support	No

Comments:

I support this bill, and I urge you to support this bill, because a member of my Precinct, a good woman who previously worked hard for the Democratic Party, has had a reccurence of her cancer. and may need this bill to make her final days on Earth less desperate. All she asks in return for her years of hard work is passage of this bill so she can maintain some agency over her fate. That's my personal reason for writing to ask your support for this bill today. But, in fact, my friend's life will not be the only one affected. Literally thousands of persons who are and will be in her position will benefit from passage of this bill. Every terminally ill patient will be able to feel a certain modicum of power over his or her life, even if it is only with regard to choosing the manner and hour of his or her death. Please pass HB2739.

Joy Fisher

HB-2739-HD-1
Submitted on: 3/19/2018 7:39:43 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois J Young	Individual	Oppose	No

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 communities.

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 sincerely intent on preventing suicide and reducing Hawaii's statistic of having one of the highest rates of suicide in the nation, then let's not send the message that it's ok to commit suicide when a crisis arises. You're giving "wiggle room" 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.

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

Sincerely,

Lois Young

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-HD-1
Submitted on: 3/19/2018 8:45:22 PM
Testimony for JDC on 3/23/2018 9:00:00 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 with 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 along 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 mknute. There will be amendments, the two chambers will not agree, and this will die in conference 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

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018
9:00 a.m.
Conference Room 016
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB2739HD1
RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Betts Cruz and I am testifying in support of HB2739HD1 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: 3/19/2018 9:10:10 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Masaki	Individual	Support	No

Comments:

Committee on Judiciary

Senator Brian T. Taniguchi, Chair

Senator Karl Rhoads, Vice Chair

Testimony in Support of HB2739HD1, Relating to Health

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members:

My name is Karen Masaki and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

Karen Masaki

HB-2739-HD-1
Submitted on: 3/19/2018 9:11:10 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph	Individual	Support	No

Comments:

I am writing in favor of HB2739. I am a veterinarian. I live in Kailua, in House District 50. As a veterinarian, I frequently perform euthanasia of beloved household pets. If any of you have been pet owners, you know that this is never an easy situation. Yet, it was likely an option that you chose, because nobody wants to watch a cherished family member suffer.

I want to tell you about my own pet dog Lark. She was a Golden Retriever that stumbled over a step one evening when she was about 10 years old. It turned out that Lark had a brain tumor. Not operable. I could not tell if she had pain, so I gave her pain relievers, just in case. But her quality of life deteriorated rapidly. She would pace, but stumble and fall; so I gave her sedatives. Then, because she was sick and sedated, she could not walk or drink or eat. She just lay in her bed and howled. I put her to sleep at home. It seemed like the only humane thing to do. I guess in the old days somebody would have taken her out back and shot her. I was glad to have a more peaceful option available.

I, myself, was diagnosed with stage IV terminal prostate cancer four years ago. Like most of you representatives, I have had a good, nearly pain-free life. I do not want to ruin it with a hideous death. My dog Lark showed me that there are cases where the best sedatives and pain relievers, the best medical and hospice care are not enough to prevent a prolonged, anguished end of life. The bill before you does not require an active end-of-life procedure by any physician. It does provide the dying with a peaceful death option.

I don’t want to move to OR or CA for a compassionate death when my medical situation worsens. I want to die here in HI, at home. You can give me that option by voting for HB2739.

HB-2739-HD-1
Submitted on: 3/19/2018 9:21:12 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hokulani Lee	Individual	Support	No

Comments:

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Hokulani Lee and I am testifying in support of HB2739HD1 with no amendments. I believe the passing of this bill will help so many terminally ill people and their families in their moment of need. I hope to one day have these options available to me and my loved ones.

Thank you for hearing and passing this important legislation.

HB-2739-HD-1
Submitted on: 3/19/2018 10:20:00 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Support	No

Comments:

Chair Taniguchi, Vice Chair Rhoades and members of the Judiciary 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: 3/19/2018 10:30:07 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

I strongly support HB2739 HD1. I believe this legislation provides the necessary safeguards to prevent abuse or misuse.

HB-2739-HD-1
Submitted on: 3/19/2018 10:52:56 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gail Jackson	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF HB2739HD1

RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

I firmly support the right to die with dignity.

My Name is Gail Jackson and I am testifying in support of HB2739HD1 with no amendments.

Mahalo for hearing and passing this important legislation.

HB-2739-HD-1
Submitted on: 3/19/2018 11:15:30 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Simonsma	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF HB2739HD1

RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is William Simonsma and I am testifying in support of HB2739HD1 with no amendments.

I want this "death with dignity" legislation for my own peace of mind.

Thank you for hearing and passing this important legislation.

Sincerely,

William Simonsma

HB-2739-HD-1
Submitted on: 3/19/2018 11:48:47 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
KATHRYN K OKAZAKI	Individual	Support	No

Comments:

My Name is Kathryn Okazaki and I am urging you to support the HB2739 HD1 with no amendments.

Medical aid in dying may or may not be your choice and I respect your feelings. Please respect me to have a choice.

Thank you for hearing and passing this important legislation.

Sincerely,

Kathryn Okazaki

The proposed "Our Care, Our Choice Act" has nothing to do with care or choice. HB 2739 may appear to honor patient autonomy, but a careful reading of the bill reveals grave implications for Hawaii's most vulnerable populations. The bill attempts to place new definitions on suicide and manslaughter not to promote patient autonomy and rights, but to protect doctors and perpetrators.

While HB 2739 attempts to include safeguards to ensure a patient's request is made on their volition, there are no safeguards once a patient receives a prescription for lethal drugs. This bill is flawed. After obtaining the lethal drugs, there is no way of knowing if a family member has coerced a patient to ingest the lethal drugs - against his or her will. More importantly, there is little or no recourse to investigate. Since there is no requirement for a physician to be present at the time of the suicide, this opens the door to abuse.

Many times during the course of the day, “kupunas” who are being cared for, are riddled with guilt for being a burden to their families and their caregivers. Allowing them access to lethal drugs is a dangerous, answer to ending the burden that they feel. During times like these, they are not thinking rationally, or calmly. The pain, the frustration, and the anxiety that many disabled experience, is a “real” thing, and it is a struggle each and every day. Their belief is that ending their life is the answer. But, consider this, it is the same with people who cut their wrists, or take their lives in any manner of death. The guilt and lost that the friends and families go through, does not end. It is a glaring light, that shines bright in their faces every day. The trend then for society is to have more broken people , not functioning properly, riddled with the same guilt and condemnation as their predecessors. That is NOT the kind of people we should succumb to be, that is NOT who we are intended to be.

On behalf of Hawaii's fast-growing kūpuna population and those who are disabled, I urge you not to pass this bill without first addressing these important issues.

Thank you.

Patti Harada

HB-2739-HD-1
Submitted on: 3/20/2018 12:56:39 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dale A. Head	Individual	Support	No

Comments:

This is a worthy bill which a great many people support, as do I. Simple answer to the rhetorical question, ‘Whose life it it anyway’? Every individual has the RIGHT to choose when to exit this life with humane assistance of a qualified medical person.

Please approve this bill.

Big Mahalo !!!

HB-2739-HD-1
Submitted on: 3/20/2018 4:47:30 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn B. Wilson, PhD	Individual	Support	No

Comments:

Strong Support for Medical Aid in Dying- HB 2739

3/20/18

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.

Lynn B. Wilson, PhD

Waipahu

TESTIMONY IN STRONG **OPPOSITION** TO **HB 2739 HD1** 2018

BILL TO ENACT PHYSICIAN ASSISTED SUICIDE IN HAWAII

For Hearing by Senate Committee on Judiciary
Hearing Date and Time: Friday, March 23, 2018; 9:00 a.m.
State Capitol, Conference Room 016

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 and/or 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 which subsequently causes risk to others.
- In Hawaii, we take care of 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 Washington, DC to enact PAS.
- The legislative findings in support of this bill - purporting that 20 years is long enough to work on PAS legislation - miss 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.

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

Cynthia Dorflinger

Cynthia Dorflinger
2536 Manoa Road
Honolulu, HI 96822

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

WRITTEN TESTIMONY OF RICHARD M. DOERFLINGER, M.A.
IN OPPOSITION TO HB 2739, "OUR CARE, OUR CHOICE ACT"

Senate Judiciary Committee
Hawaii Legislature

March 20, 2018

I am writing to comment on the pending bill HB 2739, HD 1, titled the "Our Care, Our Choice Act." For three decades I analyzed proposals of this kind for the United States Conference of Catholic Bishops in Washington, D.C. Though retired from that position, I continue to do research and writing on this issue as an Associate Scholar at the Charlotte Lozier Institute and as a Public Policy Fellow at the University of Notre Dame's Center for Ethics and Culture.

I also reside in Washington, a state with a law similar to HB 2739, and have analyzed the ways in which such laws expose sick and elderly Americans to abuse. I hope Hawaii does not repeat and aggravate my home state's mistake.

HB 2739 declares that its "rigorous safeguards will be the strongest of any state in the nation and will protect patients and their loved ones from any potential abuse." **This is plainly false.** In key respects this bill has *weaker* safeguards against abuse, and more explicit invitations *to* abuse, than the Oregon law of 1994 which has served as a model for other states wishing to legalize physician-assisted suicide.

Critiques of the Oregon law itself include my recent article "Oregon's Assisted Suicides: The Up-to-Date Reality in 2017," https://lozierinstitute.org/oregons-assisted-suicides-the-up-to-date-reality-in-2017-2/.

Hawaii's HB 2739 replicates many of the problems and loopholes of laws like Oregon's:

- It eliminates a class of especially vulnerable patients from the legal protections afforded to others, whose suicidal feelings are addressed through suicide prevention rather than suicide assistance. HB 2739's preamble notes that of the more than 30 states to consider this issue, only 5 decided to legalize what proponents call "aid in dying" and everyone else calls assisted suicide. In fact, during the same time 9 states have acted in the opposite direction, enacting a new ban on the practice or strengthening an existing law. This is because -- as the U.S. Supreme Court and New York's highest court have unanimously concluded -- legislators have good and valid reasons for concluding that the only adequate way to prevent abuse is to forbid assisting the suicide of anyone.

- Like Oregon's law, HB 2739 has absolutely no safeguard against pressure, coercion, or outright homicide at the time the patient actually receives and dies from the lethal drugs, and no penalty for such actions. Whatever safeguards exist in this regard apply chiefly when a prescription is written, but (as the bill recognizes, and as proponents often declare) that is *not* the time when the patient or other person uses the drugs or decides they will be used.

- It uses a legal fiction to claim that actions to aid a suicide or engage in other forms of killing should not be considered to be such, as long as the perpetrators fulfill certain conditions and the victim is seriously ill.

- The actions of all parties need only be in "good faith" compliance with the law, a completely subjective standard -- it allows actual violation of this law if the person negligently *believes* his or her actions are permitted.

- It allows those who will inherit upon the patient's death, and those representing a health care facility that saves money from the patient's quicker death, to be actively involved in the patient's death and even to witness his or her request – only one of the two witnesses may *not* be in these categories. So the persons with the strongest motives to coerce the patient may serve as the alleged safeguards against coercion.

- All reporting on what actually occurs is by the prescribing physician and is kept confidential from all others. The physician can hardly be expected to incriminate himself by reporting that he violated the safeguards. Moreover, he need not even be present at the most crucial time when violations may be committed by others, the time when the patient dies from a lethal overdose.

But this is only the beginning. HB 2739's "safeguards" are *worse* than Oregon's in the following respects:

1. Psychological consultation

- Besides stating that a patient must be "informed," and "capable" of making and communicating a decision, Oregon also allows for a consultation to determine whether the patient is "suffering from a psychiatric or psychological disorder or depression *causing impaired judgment*." Obviously a patient can take in information, and communicate a decision, but still not be making a sound judgment. HB 2739 eliminates this provision. It provides only for a consultation to determine whether the patient's consent is "informed."

- Unlike Oregon, HB 2739 does not render ineligible a patient suffering from a clinical depression that impairs judgment. The consultant determines only whether the patient is "suffering from *undertreatment or nontreatment"* of conditions like depression. In cases where the depression has not yet responded to standard treatment – in other words, in precisely the cases where the depression is *most* likely to be serious enough to distort judgment – the patient is deemed eligible for lethal drugs.

- Oregon requires that the consultation be done by a licensed psychiatrist or psychologist. HB 2739 allows it to be done by a clinical social worker.

2. Assisted Suicide or Homicide?

- Oregon law says patients may "take" the lethal drugs, but does not clearly forbid the administration of lethal drugs to the patient by others. HB 2739, by contrast, does refer to "self-administration" of the drugs, but then defines "self-administer" as the individual acting to "take into the individual's body" the lethal drugs. This only aggravates the problem, as patients can "take into their bodies" substances administered by others, as when a patient swallows or absorbs drugs brought to his mouth or another part of his or her body by someone else.

- Oregon says that actions taken under its law will not "constitute" assisted suicide or homicide. Possibly this could be interpreted as claiming that actions under its law are objectively different from the actions forbidden under these titles. HB 2739 takes a different path, by the way it references existing state laws on these subjects. In Hawaii, a person is guilty of murder in the second degree if he or she "intentionally or knowingly causes the death of another person." A person is guilty of manslaughter if he or she "recklessly causes the death of another person," or "intentionally causes another person to commit suicide." HB 2739 adds to each of these current legal provisions the phrase: "provided that this section shall not apply to actions taken under [the chapter of law created by HB 2739]." In other words, *even if* someone intentionally causes or recklessly causes another person's death, or actually causes (not just aids but causes) that person's suicide, he or she is exempt from prosecution and penalty, as long as the person thought "in good faith" that he or she was complying with HB 2739. These exemptions would make no sense whatsoever if HB 2739 allowed only for a patient's own act of taking a lethal overdose. The Hawaii bill carves out an exception to the law against murdering another person. The bill does not say you may not kill the patient – it says that when you do kill the patient, it will not be considered a crime in Hawaiian law.

3. Terminal Illness?

- To qualify for the Oregon law a patient must have a "terminal disease," defined as "an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months." Some commentators have said this superficially clear definition has a troubling ambiguity: Does the six-month prognosis apply only to patients who will die soon despite treatment, or to the much broader class of patients who will die soon only in the absence of treatment? The statute provides no guidance on this question. A Swedish investigator recently discovered that *in practice*, Oregon health officials have made their own administrative interpretation that the latter is meant. In other words, even patients who could live for decades with some easily provided treatment (a diabetic requiring insulin, for example) can be judged "terminal' and given the lethal prescription if they refuse treatment, or treatment is withheld by a health care provider or insurance company. HB 2739 resolves this ambiguity at the statutory level, by the House's rejection of an amendment that would have limited the bill's scope to patients expected to die within six months "despite reasonable and ordinary medical treatment." In Hawaii, then, it is a matter of legislative history, not merely of administrative interpretation, that the "terminal" patients given lethal drugs are those who can be *made* "terminal" by the neglect or greed of others.

Conclusion

If legislators are voting for HB 2739 under the impression that it has the strongest "safeguards" of any such law, and that its provision will prevent "any potential abuse," they have been misled. It has the major loopholes and dangers of other laws in this field, including the Oregon law that proponents have held up as a model – and it adds new features of its own that aggravate the likelihood that its passage will lead to elder abuse, undue influence toward death for people whose judgment is distorted by depression, and even to the murder of people with serious but non-terminal illnesses and disabilities. I would therefore urge this committee to reconsider.

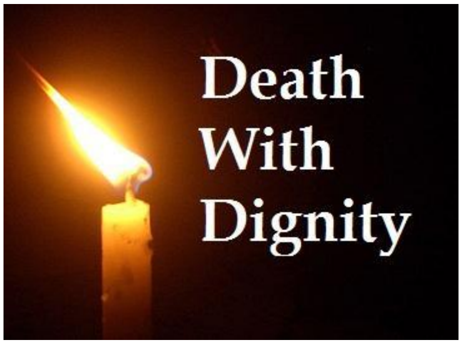
Richard M. Doerflinger

HB-2739-HD-1
Submitted on: 3/20/2018 6:17:47 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Remington	Individual	Support	No

Comments:

I'm astonished at the number of representatives are voting AGAINST death with dignity. Look at Oregon for a good example of a bill that works well for everyone. Please keep your loved ones in mind when you think of the amount of suffering they might have while dying.



Strong Support for HB2739 HD1, Relating to Health

To: The Senate Committee on Judiciary (JDC)
From: Steve Lohse
Date: Friday, March 23, 2018
Time: 9:00 a.m.
Place: Conference Room 16, State Capitol, 415 South Beretania Street

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

Aloha e Chair Taniguchi, Vice Chair Rhoads, and Members of the Committee on Judiciary,

My name is Steve Lohse, I'm a resident of Chinatown and a constituent of Sen. Rhoads. 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 had 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: 3/20/2018 7:01:07 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

I strongly support HB 2739 for my home, Hawai'i.

Many family members, friends have died with terminal illness, some suffering greatly. They were a varied group of differing opinions and attitudes and I don't know if any of them would have chosen to die with medical assistance. However, having witnessed the kinds of anguish some of them experienced, I have decided personal choice is best and so I choose personal choice. At least, I am now committed to talk about dying.

Currently, myself, family and friends who choose how and when to die must leave Hawaii and friends and family behind. I wish to die here at home in the loving company of those I love.

Thank you, Pandy Ching

HB-2739-HD-1
Submitted on: 3/20/2018 7:16:42 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hugh Hazenfield	Individual	Oppose	No

Comments:

Dear Members of the Senate Judicial Committee:

My objection to physician-assisted suicide is not based on religion.

I am a retired otolaryngologist-head and neck surgeon. During the years of my residency training and practice, I treated and performed surgery on many patients with head and neck cancer; therefore, I am well-acquainted with terminal disease - often associated with significant disfigurement of the patient's face.

Throughout my career, I had many patients who, during the course of their treatment and with the facial disfigurement associated with the disease and the surgery, stated that they just wished to die. â€‹Had this proposed law been in effect, probably many would have chosen suicide. Yet, when facial reconstruction was completed, they led productive, full, and even happy lives. Yes, some patients eventually died from their disease or complications, but many who died were able to prolong their lives and have more time with their families. If suicide had been an option, they would not have had that opportunity.

In the proposed bill, there is one paragraph under Section 4, which to me as a physician is onerous:

"(b) Notwithstanding any other provision of law, an attending provider may sign the qualified patient's death certificate. The death certificate shall list the terminal disease as the immediate cause of death."

As a physician, I would consider calling the terminal disease as the immediate cause of death to be completely dishonestâ€‹ and unethicalâ€‹. The immediate cause of death would be suicide. I don't believe a medical determination of "cause of death" can be abrogated.

If I were still practicing, I would not participate in physician-assisted suicide nor counsel patients about it other than attempting to dissuade them.

I am absolutely opposed to HB2739.

Thank you.

Hugh N. Hazenfield, M.D., F.A.C.S.

HB-2739-HD-1
Submitted on: 3/20/2018 7:30:39 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn N	Individual	Oppose	No

Comments:

I am a lifelong resident of Hawaii, the Aloha State. There is no aloha in assisted suicide.

Please vote no to protect the most vulnerable members of society.

HB-2739-HD-1
Submitted on: 3/20/2018 7:38:21 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Koppel	Individual	Support	No

Comments:

WRITING IN STRONG SUPPORT OF HB 2739

Honorable Chair, Vice Chair and Committee members,

You know this law is the right thing to do. For heaven's sake, we don't let our pets suffer. Why should people?

No one will be euthanized against their will. We are not talking about temporary depressions. WE ARE TALKING ABOUT EXCRUCIATING PAINFUL TERMINAL ILLNESSES, which I hope none of you ever have to experience.

THERE ARE NO VALID ARGUMENTS AGAINST THIS.

Mahalo,

Mark A. Koppel, Ph.D.
Ninole

HB-2739-HD-1
Submitted on: 3/20/2018 7:46:11 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Hashimoto	Individual	Oppose	No

Comments:

My name is Kathleen Hashimoto and I strongly oppose HB2739.

As a former Hospice Hawaii patient in 2009, I deeply understand terminal cancer diagnoses, multiple transplants, dialysis, extended hospital stays, multiple ports, breathing assistance, invasive procedures, chemotherapy, and the like.

Incredibly, I was miraculously healed and kicked out of hospice 5 months later, confounding my doctors. I fear to imagine what choice others in this situation might make if lethal drugs are available.

My doctors were not wrong as no one with the type of cancer I had, has ever lived beyond 8 months. However, doctors do not have a crystal ball and do not know precisely how long a patient will live.

How can we let our life and death decisions rest on these prognoses, when even the most experienced doctors are often wrong?

Also, legalizing assisted suicide fundamentally changes the doctor-patient relationship which goes from one of health/life provider and support to a death agent.

It is very dangerous to the poor, vulnerable, uneducated and depressed. Faced with the prospect of medical bills, the poor can be pressured into suicide, adult children and relatives of the ill can seek to hasten death for material benefit.

I also am a Marine Corps wife and am aware suicide in the military is a crisis. It is hard to explain to depressed or those suffering with PTSD that some should not commit suicide while others should be supported, assisted, cheered. Do you not see the dissonance in this message?

Killing oneself is selfish. It is not about an individual. It affects multiple people on multiple levels. We have better alternatives and should work to help individuals access them.

We somehow know this for military members and youth and grieve their suicides as tragic and preventable. This law will impact all of Hawaii toward more of a culture of death. Death by suicide is inherently undignified.

Suicide laws send the message that certain people's lives are not worth living and as a result suicide rates go up among the general populace in states that have enacted aid in dying laws.

As an example, Oregon, which legalized assisted suicide in 1997, has a suicide rate 35% higher than the national average.

This bill will begin a slippery slope in Hawaii when it agrees that killing is an acceptable answer to human suffering. Once euthanasia in unleashed, it never stops expanding.

It is fundamentally wrong to take another person's life, or your own, calmly and freely with full awareness and determination. Human life must be respected, cherished and celebrated until natural death.

I pray you will realize the deathly damage this bill will do and oppose HB2739.

Respectfully,

Mrs. Kathleen Hashimoto

HB-2739-HD-1
Submitted on: 3/20/2018 8:13:42 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Testimony **SUPPORTING HB 2739 HD1**

Friday, March 23, 2018

State Capitol

415 South Beretania Street

Aloha, Senator Taniguchi, Chair; Senator Rhoads, Vice-Chair; and Honorable Committee Members:

My Name is Carrie Mukaida, and I strongly urge you to support HB2739HD1 with no amendments.

I would be there in person for the hearing to demonstrate my support (wearing my yellow Compassion & Choices tee shirt), because I feel very strongly that we should have a CHOICE in going to the light, if faced with uncontrollable pain and suffering, due to a terminal illness. However I am unable to do so as I am a 71 year-old, single woman, who is the primary caregiver for my 99 year-old mother, who is very frail and requires 24-hour care and supervision due to dementia.

This bill is finally mature enough, after 20 years of growth, deliberation and testimony, to be brought to the floor of the Senate, and allowed to pass, representing the wishes of 80% of Hawai’i [polled] residents. I know the attorneys and staff supporting the Legislature have diligently written this bill to protect those who may be vulnerable to its abuse.

While I would prefer to “kick the bucket” one night in my sleep, I realize that I do not have that choice. If faced with an agonizing, painful, prolonged death, I do want the right to end my life on my own terms with dignity, safety and without leaving a mess for others to have to clean up. HB 2739HD1 gives me the CHOICE to make a graceful final exit. Testimony from Compassion and Choices, The Hawai’i Death with Dignity Society, and others have articulated the reasons to support this legislation in other testimony. I fully endorse their testimonies.

While I respect the positions of the opponents of this bill, I do NOT RESPECT their wishes to impose their beliefs on my freedom to make CHOICES about MY LIFE! It is easy for opponents to stake out a moral high ground, without respecting the wishes of others who do not share their beliefs. The rule of law in the United States of America, is separation of church and state. This bill helps preserve this CHOICE.

Thank you, in advance, for voting to pass this bill, and for your continued support

Sincerely,

Carrie Mukaida

(808)524-3089

HB-2739-HD-1
Submitted on: 3/20/2018 8:42:54 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Powell Berger	Individual	Support	No

Comments:

This measure brings personal peace and dignity to those suffering tremendous pain with no possibility of healing. Anyone who's watched a loved one go through these agonizing times can attest to the pain, suffering, and indignities these once-strong people must endure as they await the enivtable end. Making it possible for them to take control over those days, deciding how and when they will bring to an end that sufferring, is the decent, humane, and right thing to do.

I support this legislation and I stand with all the families of terminally ill patients asking our legislature to do what is right for the people of Hawaii and pass this bill today. Thank you.

HB-2739-HD-1
Submitted on: 3/20/2018 9:39:45 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Strongly Support

HB-2739-HD-1
Submitted on: 3/20/2018 9:55:44 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Debra Piepgrass	Individual	Oppose	No

Comments:

Assisted suicide has NO ALOHA. 500 doctors have left Hawaii. The rest are overcrowded, overbooked and tempted to dump patients already. 85% of the disabled experience abuse. Once a prescription has been made, there is no physician required to be on hand to assist in killing the right patient. This means the pills can be used to murder anybody. The pills in Oregon take from 10 minutes to 21 hours to kill, which is the furthest thing from dignified or humane, as is getting rid of patients in the 1st place instead of offering help and a sense of self worth to a patient with as many pain options as possible. In Oregon, after the Death with Dignity bill passed, the amount of pain medication available for anybody dropped to half what it was before, which obviously ends up becoming a way to railroad patients into being tortured or killed by whoever doesn't want to pay for their care, including the state, insurance companies, or family who can threaten them (or whoever else takes the lethal dose unsupervised) without murder charges. There is a disproportionate number of poor patiients who were killed by assisted suicide in Oregon.

Don't license doctors, family, or whomever claims to be in charge, plus whomever goes to get the pills a way to murder anybody they want unsupervised. Don't authorize a license for murder without consequence anymore.This bill devalues human life. The humane and decent option is to show true caring without neglect and with decent pain options until the end without reminding anyone what a burden they are and then torturing whomever got the pills unsurpervised for up to 21 hours while they die.

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: 3/20/2018 11:08:29 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Ross	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF HB2739HD1

RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Brittany Ross and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely, Brittany Ross

I am a licensed physician in the state of Hawaii. I am a board-certified anesthesiologist. I am opposed to this bill on two grounds. One, it is in simple violation of the Hippocratic Oath. Two, I have personally participated in my own father's death from cancer that afforded him complete comfort and dignity and did not require our ending his life.

Physicians have a history of upholding the Hippocratic Oath. Most unfortunately do not know the original wording of the Hippocratic Oath:

> I swear by Apollo the Healer, by Asclepius, by Hygieia, by Panacea, and by all the gods and goddesses, making them my witnesses, that I will carry out, according to my ability and judgment, this oath and this indenture.
>
> To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician's oath, but to nobody else.
>
> I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. Similarly I will not give to a woman a pessary to cause abortion. But I will keep pure and holy both my life and my art. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein.
>
> Into whatsoever houses I enter, I will enter to help the sick, and I will abstain from all intentional wrong-doing and harm, especially from abusing the bodies of man or woman, bond or free. And whatsoever I shall see or hear in the course of my profession, as well as outside my profession in my intercourse with men, if it be what should not be published abroad, I will never divulge, holding such things to be holy secrets.
>
> Now if I carry out this oath, and break it not, may I gain for ever reputation among all men for my life and for my art; but if I break it and forswear myself, may the opposite befall me.

Regarding this bill, it is important to focus on: "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course."

Asking a physician to write a prescription or administer a medication to end a person's life is in direct conflict with our oath to "do no harm" to patients.

My father died from pancreatic cancer on May 13, 2017. He lived 55 days from the day he was diagnosed to the die he died. If I were a doctor for no other reason than those 55 days, it has been worth it. My father's cancer was obviously very advanced at the time of diagnosis. He presented to an emergency room, the diagnosis was made, and he was admitted to the hospital. My mission from the day of that diagnosis to the day he died was to get him out of and keep him out of that hospital. Aggressive treatment would have brought him suffering, so he chose to enjoy living instead of fighting dying. His house was full of loving family and friends for those 55 days. We were grateful for hospice services that allowed us to keep him at home and give him medicine that kept him comfortable. My father was clear-headed about his wishes until the moment he died. We were able to have meaningful conversation with him until the last moments before his death. My conscience is clear that he did not suffer. And every one of those 55 days was a gift both to him and to his family that we all would have lost had he chosen to end his life early.

We can and need to take care of patients well at the end of their lives, fulfilling their wishes, maintaining their dignity, and alleviating suffering. Physician-assisted suicide is not a means to this ends. I beg you not to pass this bill.

Kimberly D. Milhoan, MD

HB-2739-HD-1
Submitted on: 3/20/2018 11:41:58 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Kampfer	Individual	Oppose	No

Comments:

I view this bill as yet another attempt to make assisted suicide lawful in this state. Proponents can keep changing the name, but the same purpose remains: doing away with the sick elderly. To me it opens the door for the abuse of these people who have diminshed capacity. They can be easily convinced by one or more family members that they are a burden on their family and should use the law to take their own lives. I believe that statistics from Europe and elsewhere support this conclusion.

Why do we have all these consumer protection laws if not to protect the elderly from being taken advantage of? This law does not protect them. It provides a lawful avenue to take advantage of them in the most extreme way.

HB-2739-HD-1
Submitted on: 3/20/2018 11:34:42 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Ola Souza

P. O. Box 240531 • Honolulu, HI 96824 • (808) 258-6040 • olasouza@hawaii.rr.com

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Senate Committee on Judiciary
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Testimony in STRONG OPPOSITION to H. B. 2739 HD1

Aloha, Chair Taniguchi 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 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. In fact, in the five states (ONLY FIVE; ask yourself why) where physician assisted suicide has been made legal, statistics show many of those who request this prescription never actually take it. **PLEASE, hit the pause button and consider for a moment how many bottles of life-ending pills could be floating around our state 15, 20, 30 years from now, and then ... remember each and every moment you turned your back on your child or grandchild for just a minute or two only to discover he had put a Lego, a penny, a dryer sheet, a battery in his mouth.**

Laws are meant to PROTECT people, which is why we have criminalized a host of drugs. I struggle to understand why drugs that can HARM you are illegal, but it is okay to throw a drug that WILL KILL you out into the streets by the bottleful and HOPE it takes the life of the person who requested it.

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 CANNOT come with the potential for taking another's instead, and given the personal 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. Such a tragedy 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 an event.

As lawmakers, you are NOT deciding on an ideology or a progressive evolvement of the human race which time has come. You are deciding on a bill - printed words on a page - to become law and your bill has flaws; and when considering ending someone's life - whether by choice, by accident or worse - ought not that measure be FLAWLESS.

I'm also a Christian and won't take any more 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 turned 50 years old earlier this week, 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: 3/20/2018 12:00:47 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Dear Members of the Senate Judiciary 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

Testimony from:

Dr. Aida Wen, Geriatric Medicine

HB 2739 HD1 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.

To the Hawaii Judiciary Committee:

As an Internal Medicine Physician, Board certified in Geriatric Medicine, Hospice and Palliative Medicine practicing in Hawaii, I would like to submit testimony expressing my concerns regarding the Medical Aid in Dying bill.

I have been in practice for 25 years, and I have seen firsthand the issues that my patients and families encounter as they face serious illness. Not unexpectedly, many have chronic illnesses--such as end-stage cardiac disease, end-stage kidney disease, end-stage lung disease, etc. In addition, at least half of my patients also have dementia at some stage. For these and many other diseases, trying to determine life expectancy, is oftentimes inaccurate.

I have walked many patients and families through the journey of dying. Along the way, I have met patients and families who have asked me to help them die. As I listen to their fears and concerns, I find that I am able to meet these needs, one way or another. I promise to walk with them "all the way". When we go "all out" and work with the entire interdisciplinary team, and pull in the family and friends, I see a miraculous transformation. Not only is the patient is at peace, the patient experiences times of joy and laughter, and the family feels supported and empowered, and the family is able to have rich interactions that they never would have dreamed of. With such support, patients may even outlive their estimated time to death. A "good death" can be planned for and achieved—and it does NOT have to include ending a person's life. I have seen this scenario played out time and time again, and that is what I would wish for all of my patients. From what I have seen in my 25 years of practice, I believe that "Physician Aid in Dying" is not necessary.

In my line of work, I find that the people who find this the hardest are the families and caregivers. Oftentimes, families struggle with making decisions for their loved ones, oftentimes "transferring" their own desires to be the desires of their loved ones (ex: "I wouldn't want to go through that", " I wouldn't want to be a burden". Caregiver stress and burnout is very common and costly, and many providers in our current healthcare system, as well as our financial and social systems do not know how to provide the support that these caregivers need. So, wouldn't it be "easier" to "end the misery", and "save some money"? I am also very concerned for our > 26,000 people with dementia in Hawaii. Dementia is a common risk factor for elder abuse by caregivers. All too often, I have seen these elders as a target for their money, whatever the strategy. Unfortunately, I have seen so-called "caregivers" convince a dementia patient to sign documents allowing them to become their surrogates. Indeed, if they can convince them to trust them, they could certainly get meds for them and be in a position to convince them to take them.

This population as particularly vulnerable. Not to even mention that medication diversion for these medications may be even more dangerous than that of the opioids.

If Hawaii is not adequately supporting their caregivers, who don't know where to turn, how can we pass legislature like this knowing that patients and caregivers feel that they have few options for greater support? While our kupuna may not be directly "coerced" into this, this may very easily, and subconsciously turn into an "obligation" to not become a burden on "society", and more importantly, on their children. If anyone here has aging parents, this should be easily apparent to them. Indeed, I am seeing it first hand right now. My father saw my sister in law take her own father into her home willingly to care for him in his final days of cancer. In recent months, my father has become much weaker with myelodysplastic syndrome. My father watched and saw how difficult it was, and talked about wanting to die so as not to become a burden. Even paying for a caregiver would be a financial burden. Does he really want to die? I don't know, but that path seems "easier". He certainly looks forward to when the family and the kids visit. If this can happen in a loving family, imagine the dynamics in a broken family.

While Physician Aid in Dying may satisfy the few interested in "self-determination", this may make it easier, and possibly "obligate" seniors to take this path. In addition, this also places patients with dementia in Hawaii at risk for coercion. Even if coercion is made illegal, it may be too late by the time it is discovered, and it could be very difficult to determine the truth. By definition, people with dementia are unreliable historians.

I applaud you for passing the "Kupuna Care" legislation to help pay family caregivers and reduce caregiver stress. That is a step in the right direction. Our kupuna and caregivers also need more healthcare providers with the time, patience, and skill to draw out concerns from the patient and family and provide effective palliative care. We need greater numbers of affordable case managers and public health nurses who can show families how to access community resources for the intensive support needed.

In summary, we should spend our time and resources to empower our families to better care for our Kupuna in Hawaii. The Physician Aid in Dying is bill does not help meet the real needs of patients with serious illness in need of more support. The Physician Aid in Dying is bill runs counter to the culture in Hawaii. There is a thin line between "coercion" and "obligation". Dementia patients are particularly vulnerable. If a person has a terminal illness (certified to be <6 months), that life will come to a close, naturally. Writing for lethal prescriptions is not necessary, and it is certainly not worth the risks and repercussions in Hawaii.

Sincerely,
Aida Wen, MD
aidawen@hawaiiantel.net
808-295-0650

HB-2739-HD-1
Submitted on: 3/20/2018 12:35:51 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melvia Leong	Individual	Support	No

Comments:

Committee on Judiciary

Senate Hearing Date: Friday, March 23, 2018

Time: 9:00 am

To: Chair Taniguchi, Vice-Chair Rhoads and Committee Members

From: Melvia Leong

Re: HB 2739 HD1 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 as a *keiki o ka aina*, born and raised in Hawaii and 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 in favor of this bill to let us, adults exercise our freedom to choose a peaceful death.

Thank you,

Melvia Leong

References

LeBaron, V. T., Cooke, A., Resmini, J., Garinther, A., Chow, V., Quinones, R., Noveroske, S., Bacccari, A., Smith, P. T., Peteet, J., Balboni, T. A., Balboni, M. J. (2015). Clergy Views on a Good Versus a Poor Death: Ministry to the Terminally Ill. *Journal of Palliative Medicine* 18:12 p1000-1007.

Lee, B. C. (2014). Oregon's experience with aid in dying: findings from the death with dignity laboratory. *Annuals of the New York Academy of Science*: 1330 94-100. doi: 10.1111/nyas. 12486.

Mesler, M. A., Miller, P. J. (2000). Hospice and assisted suicide: The structure and process of an inherent dilemma. *Death Studies*, 24(2), 135-155.

Oregon Health Authority. Oregon Death with Dignity Act Data Summary 2016. Retrieved on 02/06/2018 from http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year19.pdf

HB-2739-HD-1
Submitted on: 3/20/2018 12:07:55 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Goodyear	Individual	Support	No

Comments:

Aloha Senators,

I am writing to urge you to support the passage of HB2739 HD1. Numerous surveys have shown that the great majority of citizens in Hawaii support this legislation, which will provide mentally competent, terminally ill individuals a wider range of choice in their end of life decisions.

Mahalo,

Brian Goodyear, Ph.D.

HB-2739-HD-1
Submitted on: 3/20/2018 1:36:02 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anita Trubitt	Individual	Support	No

Comments:

Thank you for bringing this bill so much closer to passage this year. I urge you to take it all the way, given its great popularity and the safeguards in place. Thank you, Anita Trubitt, Kailua, HI

HB-2739-HD-1
Submitted on: 3/20/2018 1:54:36 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

DEATH WITH DIGNITY

I am writing to support the passage of HB 2739, the medical assistance in dying act of Hawaii. It is nothing less than a human right to be allowed to choose medical assistance in deciding how and when a person's life should end. To deny this right (as has been the case until now) deprives each person in Hawaii the ability to end one's own needless suffering and the unnecessary and unwarranted depletion of a person's estate before meeting an inevitable end to ones time on this planet. I ask each member to ask their own conscience, “Would you deprive your own mother/father/daughter or son this right if you knew that it was their choice about what they wanted to do? How they wished to breathe their last breath?” I think the answer is obvious, and I hope that you will do your part in seeing that this needed legislation goes into law as soon as possible. Thank you for your consideration.

HB-2739-HD-1
Submitted on: 3/20/2018 1:54:33 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Pass this bill please.

HB-2739-HD-1
Submitted on: 3/20/2018 1:54:33 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Pass this bill please.

HB-2739-HD-1
Submitted on: 3/20/2018 3:14:27 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Kinel	Individual	Oppose	No

Comments:

I write to oppose the bill, HB2739, because it concerns killing individuals without reason. Death is a natural part of temporal existence, so there is no good reason to hasten its bite. As a matter of fact, a law of this sort is used, eventually, to compel people to commit suicide for all kinds of reasons (depression, non-life threatening disabilities, etc.). Individuals will feel it may be their **duty** to end their lives. The state should in no way be part of a death cult that will likely arise under such circumstances. Remember what the LORD said, "Thou shall not commit murder."

Vote this measure down for all our sakes. Mahalo.

HB-2739-HD-1
Submitted on: 3/20/2018 2:38:13 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dana Constable	Individual	Support	No

Comments:

I would like to submit testimony in strong support of HB2739. It's so sad and unfortunate when we lose anyone, but I feel it's incredibly important to let them go the way they wish. If a person is considered terminal by medical staff, they need to have the option to go out how they want. This bill has the power to save an incredible amount of pain for those living in the aloha state.

Judiciary Committee
Sen. Brian Taniguchi, Chair
Sen. Karl Rhoads, Vice-chair

Committee members: Senator Mike Gabbard; Donna Mercado Kim and Laura Thielen

March 20, 2018

Re: HB2739 HD1 Our Care, Our Choice Act (PAS)

I realize that you no longer wish to hear from us that oppose this bill. But please note the concerns we have are very real as to where this will lead to.

Firstly we need to be honest and face the very real possibility that these patients already have access to medication with which to end their lives.

This was pretty much a statement made by a supporter of the bill at the last hearing when she talked about holding on to her husband's pain medication for fear he might take too much and overdose!

So in essence, many if not most of these patients may already have access to the means with which to end their lives. With prescription drugs already in their possession, issued by their attending physicians.

Some patience close to death may have access to morphine; an increase amount of this could also produce the results they may be looking for.

I am also told that over the counter medication like Benadryl combined with Alcohol could produce the outcome they may believe they want.

As for the safe guards in place, not when you consider;
*** Death Certificates altered to omit the true cause of death**
*** Documentation surrounding the death will not be released even in the case of a civil or criminal investigation**
*** Still no real oversight or accountability, much less safeguards for the lethal drug once dispensed**
*** No witnesses, so no one really knows what happened?**

In my last testimony I asked the follow:
Will we get to the point in which the insurance companies will assess the coverage based on patient diagnoses and prognosis vs cost effectiveness? **A concern for us all, especially for those that may have insurance with government subsidies.**

I look at the article below and can empathize with the concerns of those among us that live with disabilities:
Government Will Pay for Disabled Man's Assisted Suicide, But Not for Independent Living Services
http://www.lifenews.com/2018/03/19/government-will-pay-for-disabled-mans-assisted-suicide-but-not-for-independent-living-services/
Oregon Legislature Passes Bill to Allow Starving Mentally Ill Patients to Death
http://www.lifenews.com/2018/02/27/oregon-legislature-passes-bill-to-allow-starving-mentally-ill-patients-to-death/

Additional articles can be found at the end, below.

Also, in my last testimony *I said 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.*

With this in mind I urge you to oppose passing this bill any further, or at the very least the responsible thing to do would be to defer the bill until a comprehensive study can be made.

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: 3/20/2018 2:56:56 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
joel fischer	Individual	Support	No

Comments:

PLEASE PASS THIS BILL!

HB2739 will make history. It is a sign of how much our state cares for its people. I realize the right wing has mustered numerous people to oppose this bill. Let them have their way....as long as they apply their testimony only to themselves and their families, and do not DARE to tell me and mine how we should live our lives.

I just celebrated my 20th year since I waa diagnosed with metastatic cancer. I underwent two years of treatment including chemotherapy. If the treatment had not worked, I was prepared to ask my physician to help me leave this world because my cancer was known to produce unbearable pain in its last months. And there is someone who dares to tell me I should suffer FOR MONTHS because THEY don't want to see me offered comfort and help as I lie there suffereing? Is there anything more cruel than that?

Please pass this bill, so any citizen of Hawai`i who needs and wants this help can receive it.

Thank you,

joel

Dr. Joel Fischer

Professor (Ret.)

University of Hawai`i, Manoa

HB-2739-HD-1
Submitted on: 3/20/2018 3:06:38 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura Petrillo	Individual	Oppose	No

Comments:

Dear Hawaii State Legislature,

I am a board-certified palliative care physician, whose career is dedicated to helping people at the end of their lives have peaceful deaths that are in line with their wishes, and I am writing to strongly oppose HB2739. As the bill states, "Hawaii patients who are terminally ill have options to alleviate suffering... including palliative care and hospice.... however physicians and healthcare providers often do not offer these options to their patients." I am appalled that the solution to inadequate access to palliative and hospice care in Hawaii is not to expand these services, which would help patients and families to have a better quality of life and control *while the patients are still alive*, but rather to facilitate death hastening through lethal drugs. The bill further states that "these options do not always result in a quick and peaceful death," and again, this statement perverts the goal of high quality end of life care-- at no point in my training was I taught that we should aim for facilitating a "quick" death for our patients. Rather, palliative care clinicians aim to help patients achieve dignity through improving symptoms, alleviating stress, supporting families, and helping patients prioritize what is important at the end of life.

I understand the motivation for a measure like HB2739, but think it is the wrong answer to the right question - how do we help Hawaiians have more control and peace at the end of their lives. The right answers take money and effort: increasing training for health care providers in providing pain control, facilitating advance care planning and high quality communication, and improving home care services including hospice. But they are well worth the investment and would benefit far more Hawaiians than a bill like this would, without the risk of harm.

I was a practicing palliative care physician in Calfiornia when the End of Life Option Act was legalized and implemented, and learned through experience that aid in dying laws have far reaching and unintended consequences that cannot be measured by the state-mandated data collection. Terminally ill patients who had no interest in using the law worried that their doctors would now steer them toward ending their lives because they were a burden on their families or society. This concern was in fact articulated in a letter to the Hawaii Free Press by an Oregonian woman who described overhearing a doctor give her seriously ill husband “a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher.” She took her husband to another provider and he lived for five more years, though throughout that time she was terrified of leaving him alone with a clinician lest they impose their views on “dignity” on him. The letter writer concluded, “It's not a good thing, wondering who you can trust in a hospital or clinic. I hope you are spared this in Hawaii.” (http://hawaiifreepress.com/main/ArticlesDailyNews/tabid/65/articleType/ArticleView/articleId/3647/February-2011-Letters-to-the-Editor.aspx)

I urge you to examine your motivation for a bill like HB2739, and think critically about how Hawaii wants to honor its seriously ill adults at the end of their lives. I am certain that you can do better than giving them access to lethal pills.

Sincerely,

Laura A. Petrillo, MD

Boston, Massachusetts

HB-2739-HD-1
Submitted on: 3/20/2018 3:08:17 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is James Padgett and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

James Padgett

HB-2739-HD-1
Submitted on: 3/20/2018 3:19:35 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Fay Abeshima	Individual	Oppose	No

Comments:

Dear Senate Committee,

I am opposed to HB2739 HD1 for the following reasons:

* Medical care includes only promoting health and/or 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 which subsequently causes risk to others.
* In Hawaii, we take care of and love our Kupuna, we don’t abandon them to suicide.
* The legislative findings in support of this bill, purporting that 20 years is long enough to work on PAS legislation, miss 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.

Thank you for the opportunity to submit testimony on this important matter.

Fay Abeshima

HB-2739-HD-1
Submitted on: 3/20/2018 3:24:25 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan	Individual	Support	Yes

Comments:

Aloha Honorable Legislators,

I am a resident of the island of Molokai and writing in strong support of this act. After fighting in WWII and the Korean war my father and our family relocated to California where they lived for over 45 years.

At the age of 79 when my father became terminally ill with stage 4 melanoma cancer, he made his wishes clear; he very specificially did not want to die in a hospital full of sterile walls and strangers around him. He wanted to die at home. He said he WOULD die at home. My Dad felt he had many years of life beyond what so many of the fellow men that fought the wars did not get so he was not afraid to die. And he did not want to suffer extensively just to add a few weeks or months to the calendar of his life. He also refused chemo therapy for the same reason.

When the physical pain became so great that it was intolerable he went to the garage and exfixiated himself in one of the vehicles. He was found dead there. While I am so proud of him for his courage to do what he felt was right, there was no law to allow this war hero to die with the dignity he deserved. I

I have peace knowing my Father went when he no longer could tolerate the suffering and I only wish I could have been at his home with him to hold him, tell him I love him, say my goodbyes and give him a parting far more honorable than having to know he had to hide this from law-makers, family, and friends because in Caifornia there was no law to permit him to do so.

In honor of my great Father, WWII Veteran, Korean War Veteran, the famiies and friends, and every individual faced with this situation, I ask you to act passionately and pass this act here in Hawaii.

Respectfully,

Susan (Haney) Savage

I am opposed to is bill. While I do recognize all of the safeguard mechanisms within this bill, as a person with a disability, this bill truly scares me to my core. I have Cerebral Palsy, and while I hear and sympathize with all who have a terminal condition and want a peaceful death, I don't think that it is morally right to have a doctor prescribe anyone medication to help them die. Once you cross that threshold, at that precise point, you are requiring said physician to move dangerously beyond the scope of his/her practice, into an area in which there is no return. Do we REALLY want to travel down this road as a state? CAN WE REALLY AFFORD THIS, OR WOULD IT NOT COMROMISE THE ALOHA SPIRIT? That is a question each of us, especially our elected officials seriously need to ponder, for I truly believe that this bill is something in which our state, our economy, and our citizenry will end up in a very bad way. I humbly implore you not to pass this bill.

Thank You and God bless

HB-2739-HD-1
Submitted on: 3/20/2018 3:28:41 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lennart Lundstrom	Individual	Support	No

Comments:

The right to choose a peaceful death is an integral facet of choosing a peaceful life.

HB-2739-HD-1
Submitted on: 3/20/2018 3:47:18 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Loren Bullard	Individual	Support	No

Comments:

I support allowing terminally ill adults the ability to chose to die with dignity.

The author opposes HB2739, HD1

March 20, 2018

Honorable Chair Taniguchi, Vice Chair Rhoads and esteemed Senate Committee on Judiciary 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, will 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 members to address the following safety concerns:

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.

This bill does 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 of 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

March 23, 2018

Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Committee on Judiciary
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Testimony in strong support of HB 2739 HD1 Relating to Health

Chair Taniguchi, Vice Chair Rhoads 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

HB-2739-HD-1
Submitted on: 3/20/2018 4:34:44 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Enrica Guerrero	Individual	Oppose	No

Comments:

Good Afternoon,

I oppose HB2739 for the following reasons:

Medical care includes only promoting health and/or 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 which subsequently causes risk to others.*
- *In Hawaii, we take care of 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 Washington, DC to enact PAS.*
- *The legislative findings in support of this bill - purporting that 20 years is long enough to work on PAS legislation - miss 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.*
- After four years of battling cancer, my auntie died peacefully at home. Yes, she suffered but oh the joys and opportunities our family had with her...sitting with her, reminiscing, talking about anything and everything. Or just sitting quietly in her room. The doctors gave her a few months, but she got years. Doctors cannot predict the future. Life is given to us by God. Only God can take it away.
- Thank you for your time.
- Sincerely
- Enrica Luz Guerrero
-

HB-2739-HD-1
Submitted on: 3/20/2018 4:58:07 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

TESTIMONY IN SUPPORT OF H.B. 2739 HD1 WITH SUGGESTED CHANGES

I write to offer my support with suggested changes for H.B. 2739 HD1 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: 3/20/2018 5:04:05 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maura Tanaka	Individual	Oppose	No

Comments:

I OPPOSE HB 2739 because:

- *Medical care includes only promoting health and/or treating disease - NOT killing the patient.*
- *Suicide prevention exists because it is wrong. Physicians who assist are accessories to killing.*
- *PAS tells troubled teens that suicide is an acceptable way to solve problems.*
- *EVERYONE will die. To choose when, is a matter of convenience, not compassion, for all involved and is not a choice to be made by man or woman.Being an MD does not make one GOD.*
- *Unused lethal medication is not adequately controlled which subsequently causes risk to others.*
- *In Hawaii, we take care of 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 Washington, DC to enact PAS.*
- *The legislative findings in support of this bill - purporting that 20 years is long enough to work on PAS legislation - miss the entire point. 20 years of wrong thinking is still wrong.*
- *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.*

HB-2739-HD-1
Submitted on: 3/20/2018 5:30:57 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Beverford	Individual	Oppose	No

Comments:

Medical care is only for promoting health and treating disease, not for the deliberate taking of life. The “Physician’s Hippocratic Oath”
forbids euthanasia.

“Physician Assisted Suicide” sends the wrong message to our Nation
it states that...“Life is not Sacred”

Today in “Hospice care” a person is not allowed to endure terrible pain...Drug restriction on pain medications are lifted so that the patient can be relieved of pain... and the medical attendants always check to see if the patient is comfortable... I have personally witnessed this, having worked in Hospice care for years at
St. Francis Hospice care Facilities.

It is not good for Hawaii’s reputation to join only five states and Washington, DC... to enact “Physician Assisted Suicide”

The legislative findings in support of this bill - purporting that 20 years is long enough to work on “Physician Assisted Suicide” legislation completely misses the entire point.

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

Please do not go down this Path... Remember "Dr Jack Kevorkian" - Dr. Death...

In Jail for assisting in 130 Assisted Deaths... If you allow this to go through, you will be assisting in these Death that shall come...

Thank you for hearing my request.

HB-2739-HD-1
Submitted on: 3/20/2018 6:10:27 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Veronica Simao	Individual	Oppose	No

Comments:

- *Medical care includes only promoting health and/or 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 which subsequently causes risk to others.*
- *In Hawaii, we take care of and love our Kupuna, we don’t abandon them to suicide.*

HB-2739-HD-1
Submitted on: 3/20/2018 6:12:24 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mai Lopez	Individual	Support	No

Comments:

My brother died in early January after being bedridden for several months with the knowledge that he was soon going to lose his 2-year fight against cancer. Each time his morphine wore off, i watched him writhe in such severe pain that his screams could be heard through the sound-proofed walls of his hospice room. he begged god for mercy, called out to our dean mother for her to take him, but the doctors could do nothing to help him slip away.

I am angry that our society is so selfish that it would not grant a dying person respite from pain and the humiliation of abject helplessness. I am fiercely in support of HB2739. Please grant people the right to leave this life with grace if they so choose. Pass HB2739.

HB-2739-HD-1
Submitted on: 3/20/2018 6:16:31 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Aloha Legislators,

I support passing HB2739 unamended. It includes sufficient safeguards against mis-use.

Hawaii should allow seriously ill people a choice to get medications to end their own lives.

Please pass this bill.

Mahalo

HB-2739-HD-1
Submitted on: 3/20/2018 7:03:37 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley Wilcox	Individual	Support	No

Comments:

Please allow people to make compassionate end of life decisions. Thank you!

HB-2739-HD-1
Submitted on: 3/20/2018 7:08:08 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kalen Holbrook	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/20/2018 7:11:29 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Analee T. Long	Individual	Oppose	No

Comments:

I am opposed to Physician Assisted Suicide (PAS) and do not want it to be legalized in Hawaii. Instead of legalizing helping someone kill themselves, please consider providing these same persons and groups at risk with assistance to deal with whatever condition is causing them to seek PAS. Whether it be counseling, pain relief, community outreach programs to at risk groups, e.g. the elderly, youth, terminally ill patients, or any other currently legal means of assitance. Suicide is so prevalent now, especially among young people. Do not give them the idea that the society condones this type of behavior for solving whatever problem they might be having. Medical care is for healing disease and caring for people, not for causing death. Let's not have Hawaii be know as one of the very few states that have legalized PAS.

Thank you for not passing this legislation.

Senate Judiciary Committee
Conference Room 016
Friday, March 23, 2018; 9:00 AM

HB2739 HD1 – Related to Health; (Medical Aid in Dying)

VERY STRONG SUPPORT (With NO AMENDMENTS)

Honorable Committee Chair, Vice Chair and Members:

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.

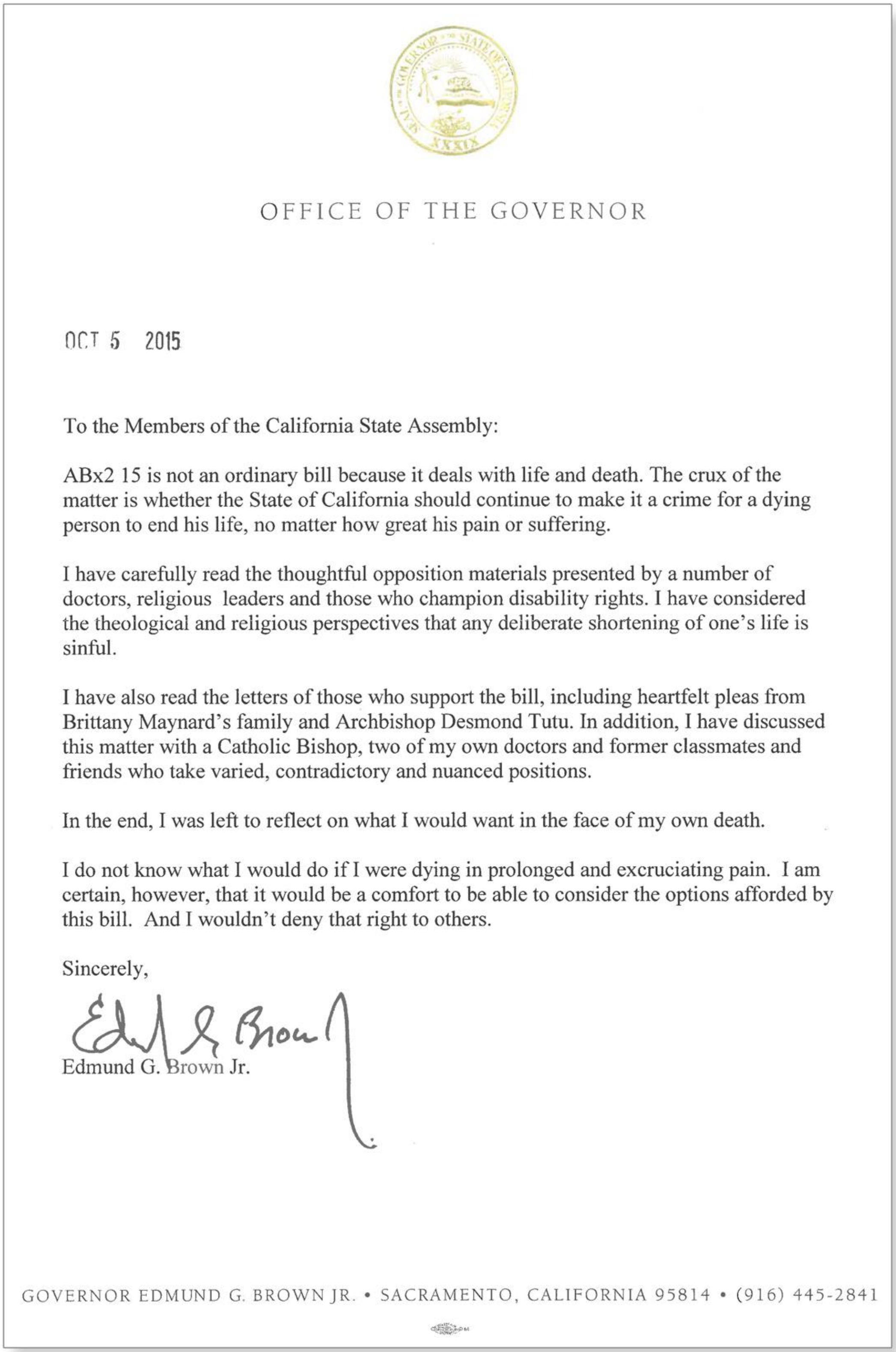
What is most striking about Brown’s personal and conflicted signing document is the extent to which he attempts to reconcile the best arguments against the bill—particularly the religious and theological ones—with his sense that he cannot be certain that, were he in the same situation, he would not want 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.

GOVERNOR EDMUND G. BROWN JR. • SACRAMENTO, CALIFORNIA 95814 • (916) 445-2841

Senate Judiciary Committee
Conference Room 016
Friday, March 23, 2018; 9:00 AM

HB2739 HD1 – Related to Health; (Medical Aid in Dying)

VERY STRONG SUPPORT (With NO AMENDMENTS)

Honorable Committee Chair, Vice Chair and Members:

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

HB-2739-HD-1
Submitted on: 3/20/2018 8:31:24 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lucien Wong	Individual	Support	No

Comments:

Why I support HB 2739 Our Care, Our Choice Act

If you have a terminal illness with only months to live and you want your life to end quickly to stop your suffering, your pain and your anxiety your doctor will tell you under Hawaii law he cannot help you do this.

Ask how you will die, if you have cancer, you will be told by hunger, dehydration or infection. Ask what can be done about the pain, you will be told medication, such as morphine, should help. Ask how long the suffering will last, the doctor will not be able to tell you with any certainty.

My dear wife who passed away in 2015 was told this. It was very difficult watching the slow sometimes agonizing process of her death all the while knowing she wanted to go quickly.

In Oregon, which has had a medical aid in dying law since 1997, her last wish "I want to go quickly" would have been granted. She would not have endured what she did in her final days here. Other states including Washington, Colorado and California have passed similar medical aid in dying laws giving all their residents a choice.

Hawaii should be as compassionate so suffering terminally ill patients here will also have the choice of saying goodbye to their loved ones when they alone believe it is time.

Mahalo!

Below is CA Governor Brown's letter explaining why he signed the bill into law. He is a Catholic who at one time studied to be a Jesuit priest. I too am a Catholic.

The picture can't be displayed.

HB-2739-HD-1
Submitted on: 3/20/2018 9:22:15 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Jones	Individual	Oppose	No

Comments:

Dignity. Safety. Protection. Support.

Medical care includes only promoting health and/or treating disease - NOT killing the patient.

HB 2739 HD1 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

The proposed bill does not require that the underlying cause of death and prescribed drug be listed on a death certificate; therefore there will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Why create an opportunity for someone in such a fragile state to be taken advantage of - this would be murder.

PAS also tells troubled teens that suicide is an acceptable way to solve problems for themselves as well as for others. Perhaps, they'll see no problem with helping a fellow teen in pain.

Passing HB 2739 HD1 makes us fearful and a lack of faith in our government to protect us. Please do not let this bill pass out of committee.

HB-2739-HD-1
Submitted on: 3/20/2018 10:34:30 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Neesha Erlendsson	Individual	Oppose	No

Comments:

Classifying a group as legally eligible to be killed violates equality before the law.

The Hippocratic Oath proclaims: “I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."

We shouldn't even be considering this! I'm not certain how we even got to this point. Do not do this! No, no, no.

HB-2739-HD-1
Submitted on: 3/20/2018 10:43:45 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leif Erlendsson	Individual	Oppose	No

Comments:

The most profound injustice of PAS is that it violates human dignity and denies equality before the law.

Instead of helping people to kill themselves, we should offer them appropriate medical care and human presence. We should respond to suffering with true compassion and solidarity. Doctors should help their patients to die a dignified death of natural causes, not assist in killing. Physicians are always to care, never to kill.

HB2739 HD1 - RELATING TO HEALTH
Hawaii Committee on Judiciary
MARCH 23, 2018 - 9:00PM
CONFERENCE ROOM 016

Dear Chair Taniguchi and Members of the Committee:

My name is Jennifer Hsu and I first would like to thank the Committee for the opportunity to testify in **strong support,** with amendments, on House Bill No. 2739 HD1.

If someone who is terminally ill has the mental capacity and ability to make this choice, why don't we let them go in peace, comfort, and compassion? It is morally unjust to force someone who is terminally ill to prolong their suffering. I am aware that hospice and palliative care exists, but sometimes the medication and facility is not enough to stop the pain. I am not advocating to force an individual to choose this route, there are sections within the bill that specifically regulate this. I am merely advocating for it to be legalized so it is an option for individuals. I strongly believe every person has autonomous rights and it is their own choice to make.

For those concerned with the mental state of those choosing Death with Dignity, the bill has specific measures sent in place to ensure that those who wish for it, truly do want it and it is not some "spur of the moment" decision. The individual is required to go through counseling to make sure that they are capable and not suffering from depression or any other condition that may interfere with their ability to make an informed decision. Death with Dignity is not murder. It is not suicide, but rather a way to shorten their agony in their final hours. They are not killing themselves -- the terminal illness is the one killing them.

The measure also states that physicians are not required to participate and offers protection to those who refuse. Under this, the patient will be transferred to a new health care provider if the physician is not comfortable with it. This is to ensure that attending physicians who feel they are obligated to *not* assist will not be forced to do so. They will not be subjected to "discipline, suspension, loss of license, loss of privileges, loss of membership, or other penalty."

I have some concerns regarding self-administration.

- Currently in the bill, it generally goes over the guidelines but it does not have a specific policy created to regulate it. As of now, there are no follow-ups nor monitoring and it could open the door for misuse. I ask your Committee to ammend the measure to provide some regulations to ensure the medication will not be misused.

I respectfully ask for your support on House Bill No. 2739 HD1: Relating to health. Thank you for this opportunity to provide testimony on this important measure.

re: HB2739 HD1 HFA2 Relating to Health Our Care: Our Choice Act
March 23, 2018 10:30 a.m.

Aloha Chair Taniguchi, Vice Chair Rhoads and committee members..

I am a senior citizen and a resident of House District 19 and Senate District 9. I am a member of AARP, Kokua Council, the Hawaii Alliance of Retired Americans and the Legislative Committee of PABEA.

I'm testifying in strong support of HB2739, which would establish a regulatory process for someone, diagnosed with a terminal illness, who has less than six months to live, to obtain a prescription for medication to end his or her life. It should be the right of any competent adult to have the full range of options available to him/her and to make end-of-life decisions, including obtaining a prescription from his/her doctor. Whether or not such a prescription is filled, much less the medication actually taken, is not the issue. Having that <u>option</u> available often gives peace of mind and relief from worry.

Please support HB2739 HD1 HFA2 to expand end-of-life options in Hawaii.

Thank you for the opportunity to testify.

Barbara J. Service, MSW (Retired)

HB-2739-HD-1
Submitted on: 3/21/2018 4:20:57 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Afe	Individual	Oppose	No

Comments: My name is Barbara Afe and I am writing in opposition to HB2739. I admit that I am stunned that so many of you support the idea of one person helping another to end their life. Having lived awhile and serving humanity as a chaplain, I have known families and friends of those who have killed themselves as well as being acquainted with a few who have succeeded in the ultimate act of control. As you know, anyone can kill themselves. A knife, a gun, pills, water etc. One does not need help. Certainly not yours. Do you understand that in signing your name in the affirmative to this bill makes you also one who has assisted in killing another? If the bill passes, you have assisted in killing another. The bill will not pass if enough of you do not sign your name to assist in the killing of another. You will be remembered as one who either supports the killing of another person or does not. The legislature does not need to be involved in this. If you feel strongly about killing someone who is depressed, terminally ill, etc., you can, yourself, provide the means to their end. You don't need a law that is likely to be profoundly abused more than once. Respectfully submitted, Barbara Afe

HB-2739-HD-1
Submitted on: 3/21/2018 6:34:57 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

I know this is an emotional issue. It should be.

The bottom line: My Death, My Choice

Honor my decision.

HB-2739-HD-1

Submitted on: 3/21/2018 9:28:46 AM
Testimony for JDC on 3/23/2018 9:00:00 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 which the State gives an individual permission to knowingly participate in the death of another person. Regardless of any "good" intention by the State towards the terminally ill, the process of knowingly causing the death of another person is murder; further, it is premeditated murder. Whether the victim is a willing participant or has a limited life span should not change the law of the land. The State has no right to grant permission to an individual to knowingly participate in taking the life of another person. As a people, we have given the government capital 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 permission to knowingly participate in taking 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 multi-organ failure; both of them 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. The patient has less than six months to live given available financial resources and access to care. Some patients cannot afford to fly from Maui to Oahu! 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 will the decision to give an individual the right to knowingly participate in the death of another person be as easy as signing an application form for a disabled parking permit?

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 reminded of a scene from the movie, "Soylent Green, " in which Sol Roth, played by Edward G. Robinson, ends his life in an euthanasia center.

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 come across 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." In those same passages, I was further reminded of my responsibility to speak up. 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 of you 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.

HB-2739-HD-1
Submitted on: 3/21/2018 9:52:21 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
	Individual	Oppose	No

Comments:

Medical care includes only promoting health and/or 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 which subsequently causes risk to others.

In Hawaii, we take care of 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 Washington, DC to enact PAS.

The legislative findings in support of this bill - purporting that 20 years is long enough to work on PAS legislation - miss 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.

HB-2739-HD-1
Submitted on: 3/21/2018 10:04:17 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Peter J Barcia, MD	Individual	Oppose	No

Comments:

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT. I **STRONGLY OPPOSE** HB2739. I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT OR TO THE DOCTOR-PATIENT RELATIONSHIP.

I WAS TRAINED TO CARE FOR PATIENTS, NOT KILL THEM. I CONSIDER THIS MEASURE ABHORRENT, AND DANGEROUS FOR THE SICK PATIENTS AND THEIR FAMILIES.

PETER J BARCIA, MD, FACS

(Practicing surgeon for 50 years)

TESTIMONY OF

DIANE COLEMAN, JD, PRESIDENT/CEO OF NOT DEAD YET

OPPOSING HAWAII HB 2739

Senate Committee on Judiciary

Submitted Mach 21, 2018

I am a severely disabled woman, and head up the national disability group, Not Dead Yet, which has members in Hawaii. I've spent a lifetime advocating for the rights of disabled people, young and old, to control our own lives and not have our choices dictated by doctors and other professionals. So you might wonder why we oppose a bill that is widely portrayed as giving people choice and control over their own death.

But who actually has choice and control under assisted suicide laws? Anyone could ask their doctor for assisted suicide, but the law gives the authority to doctors to determine who is eligible. More importantly, the purported "safeguards" to prevent mistake, coercion and abuse are empty window dressing, with little substance or effect.

One of the most frequently repeated claims by proponents of assisted suicide laws is that there is "no evidence or data" to support any claim that these laws are subject to abuse, and that there has not been "a single documented case of abuse or misuse" in Oregon during the 18 reported years. These claims are demonstrably false.

Regarding documented cases, please refer to a compilation of individual cases and source materials pulled together by the Disability Rights Education and Defense Fund entitled Oregon and Washington State Abuses and Complications.[1] For an in-depth analysis of several cases by Dr. Herbert Hendin and Dr. Kathleen Foley, please read Physician-Assisted Suicide in Oregon: A Medical Perspective.[2] More recent cases of insurers denying coverage of prescribed healthcare while offering coverage for assisted suicide are described by Stephanie Packer[3] and Dr. Brian Callister.[4]

Moreover, revisions to last year's bill in the 2018 bill do nothing to address the fundamental deficiencies identified below.

The focus of the discussion below is the Oregon Health Division data.[5] These reports are based on forms filed with the state by the physicians who prescribe lethal doses and the pharmacies that dispense the drugs. As the early state reports admitted:

"As best we could determine, all participating physicians complied with the provisions of the Act. . . . Under reporting and noncompliance is thus difficult to assess because of possible repercussions for noncompliant physicians reporting to the division."

Further emphasizing the serious limits on state oversight under the assisted suicide law, Oregon authorities also issued a release in 2005 clarifying that they have No authority to investigate Death with Dignity case.[6]

Nevertheless, contrary to popular belief and despite these extreme limitations, the Oregon state reports substantiate some of the problems and concerns raised by opponents of assisted suicide bills.

Non-Terminal Disabled Individuals Are Receiving Lethal Prescriptions In Oregon

The Oregon Health Division assisted suicide reports show that non-terminal people receive lethal prescriptions every year except the first.

The prescribing physicians' reports to the state include the time between the request for assisted suicide and death for each person. However, the online state reports do not reveal how *many* people outlived the 180-day prediction. Instead, the reports give that year's median and range of the number of days between the request for a lethal prescription and death. This is on page 11 of the 2017 annual report.[7] In 2017, at least one person lived 603 days; across all years, the longest reported duration between the request for assisted suicide and death was 1009 days. In every year except the first year, the reported upper range is significantly longer than 180 days.

The definition of "terminal" in the Oregon statute only requires that the doctor predict that the person will die within six months, and the same is true of the Hawaii bill. There is no requirement that the doctor consider the likely impact of medical treatment in terms of survival, since people have the right to refuse treatment. Unfortunately, while terminal predictions of some conditions, such as some cancers, are fairly well established, this is far less true six months out, as the bill provides, rather than one or two months before death, and is even less true for other diseases. Add the fact that many conditions will or may become terminal if certain medications or routine treatments are discontinued – e.g. insulin, blood thinners, pacemaker, CPAP – and "terminal" becomes a very murky concept.

Recent published emails from the Oregon Public Health Department have confirmed that a person who becomes terminal because they do not receive treatment for any reason, including lack of insurance coverage, would qualify for assisted suicide under the Oregon law.[8]

The state reports that non-cancer conditions found eligible for assisted suicide has grown over the years, to include: neurological disease, respiratory disease, heart/circulatory disease, infectious disease, gastrointestinal disease, endocrine/metabolic disease and, in the category labeled "other", arthritis, arteritis, sclerosis, stenosis, kidney failure, and musculoskeletal systems disorders (pages 10-11).

In addition, it should be noted that the attending physician who determines terminal status and prescribes lethal drugs is not required to be an expert in the disease condition involved, nor is there any information about physician specialties in the state reports.

The Only Certifiers of Non-Coercion And Capability Need Not Know the Person

In Oregon, four people are required to certify that the person is not being coerced to sign the assisted suicide request form, and appears capable: the prescribing doctor, second-opinion doctor, and two witnesses. Hawaii adds a fifth, who could be a psychiatrist, psychologist or clinical social worker.

In most cases over the years in Oregon, the prescribing doctor is a doctor referred by assisted suicide proponent organizations. (See, M. Golden, Why Assisted Suicide Must Not Be Legalized,[9] section on "Doctor Shopping" and related citations). The Oregon state reports say that the median duration of the physician patient relationship was 10 weeks in 2017, and 13 weeks over all years (page 11). Thus, lack of coercion is not usually determined by a physician with a longstanding relationship with the patient. This is significant in light of well-documented elder abuse-identification and reporting problems among professionals in a society where an estimated one in ten elders is abused, mostly by family and caregivers. (Lachs, et al., New England Journal of Medicine, Elder Abuse.[10]) Without knowing the person and family over a significant period of time, it is questionable whether any professional would detect coercion or even outright abuse, which is widely considered under-identified by a factor of over 20 cases for every one reported case.[11]

The witnesses on the request form[12] need not know the person either. One of them may be an heir (which would not be acceptable for witnessing a property will), but neither of them need actually know the person (both the Oregon and Hawaii forms say that if the person is not known to the witness, then the witness can confirm identity by checking the person's ID).

So neither doctors, social worker nor witnesses need know the person well enough to certify that they are not being coerced.

No Evidence of Consent or Self-Administration At Time of Death

In about half the reported cases, the Oregon Health Division reports also state that no health care provider was present at the time of ingestion of the lethal drugs or at the time of death. Footnote six clarifies:

"A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of death and circumstances surrounding death only when the physician or another health care provider is present at the time of death. This resulted in a larger number of unknowns beginning in 2010."

While the only specific example mentioned is the "time of death," other "circumstances surrounding death" include whether the lethal dose was self-administered and consensual at the time of death. Therefore, although "self administration" is touted as one of the key "safeguards", in about half the cases, there is no evidence of consent or self-administration at the time of ingestion of the lethal drugs. If the drugs were, in some cases, administered by others without consent, no one would know. The request form constitutes a virtual blanket of legal immunity covering all participants in the process.

Moreover, the addition of a form that is supposed to be signed by the patient, with no witness, within 48 hours of the administration of the lethal drugs does not add meaningful protection from involuntary administration by another person in the absence of an independent witness to the act. This form is just another bit of window dressing.

Pain Is Not the Issue, Unaddressed Disability Concerns Are

The top five reasons doctors give for their patients' assisted suicide requests are not pain or fear of future pain, but psychological issues that are all-too-familiar to the disability community: "loss of autonomy" (91%), "less able to engage in activities" (90%), "loss of dignity" (76%), "losing control of bodily functions" (46%), and "burden on others" (44%) (page 10).

These reasons for requesting assisted suicide pertain to disability and indicate that over 90% of the reported individuals, possibly as many as 100%, are disabled.

Three of these reasons (loss of autonomy, loss of dignity, feelings of being a burden) could be addressed by consumer-directed in-home long-term care services, but no disclosures about or provision of such services is required. Some of the reported reasons are clearly psycho-social and could be addressed by disability-competent professional and peer counselors, but this is not required either. Moreover, only 4.9% of patients who request assisted suicide were referred for a psychiatric or psychological evaluation, despite studies showing the prevalence of depression in such patients.

Basically, the law operates as though the reasons don't matter, and nothing need be done to address them.

Conclusion

The Oregon assisted suicide data demonstrates that people who were not actually terminal received lethal prescriptions in all 20 reported years except the first, and that there is little or no substantive protection against coercion and abuse. Moreover, reasons for requesting assisted suicide that sound like a "cry for help" with disability-related concerns are apparently ignored. Thus, the data substantiates problems with the implementation of assisted suicide laws and validates the concern that the risks of mistake, coercion and abuse are too great. Well-informed legislators on both sides of the aisle should vote against assisted suicide bill.

Please vote NO on HB 2739.

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[1] https://dredf.org/wp-content/uploads/2015/04/Revised-OR-WA-Abuses.pdf

[2] https://dredf.org/wp-content/uploads/2012/08/Hendin-Foley-Michigan-Law-Review.pdf

[3] https://www.youtube.com/watch?v=hwLs3D062Vk&feature=youtu.be

[4] https://www.youtube.com/watch?time_continue=6&v=CWrpr_5e4RY

[5] http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf

[6] https://dredf.org/wp-content/uploads/2012/08/Oregon-DHS.pdf

[7] http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf

[8] https://www.washingtontimes.com/news/2018/jan/11/diabetics-eligible-physician-assisted-suicide-oreg/

[9] https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/

[10] http://www.nejm.org/doi/full/10.1056/NEJMra1404688

[11] https://ocfs.ny.gov/main/reports/Under%20the%20Radar%2005%2012%2011%20final%20report.pdf

[12] http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/pt-req.pdf

HB-2739-HD-1
Submitted on: 3/21/2018 11:21:29 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Towler	Individual	Support	No

Comments:

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018
9:00 a.m.
Conference Room 016
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB 2739HD1
RELATING TO HEALTH

Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members

My name is Kimberly Towler, and I am testifying in support of HB 2739HD1 with no amendments.

I am an attorney on Oahu, where I have lived for the last 33 years.

My father passed away a year ago on February 22, 2017 from Parkinson’s. He was 95.

My father was a strongly religious man who attended Sunday School and Church every week of his life, even when he became confined to a wheelchair, except when physically unable to do so.

My father was a very brave man, who struggled powerfully to overcome the symptoms of Parkinson’s to stay as active and socially and emotionally connected as he could. Over the last few years of his life, my father became less and less able to communicate verbally. That was very frustrating and difficult for him. It was frustrating for me, as well, since my primary communication with him was by phone, as he lived on the mainland.

I don't know if my father would have wanted the kind of relief HB 2739HD1 provides.

What I can tell you is at his funeral, one of his old friends told me when they visited over the Christmas holidays, my father confided in him that he didn't want to live this way.

At the end, my father faced the fear of choking to death because the muscles in his throat became weaker as his Parkinson's progressed. He was in pain. He couldn't bathe or bathroom himself. Finally, he could no longer eat solid foods because of the difficulty swallowing. My father was a very dignified man, but he faced these difficulties calmly and with remarkable personal grace.

My sisters and brother and I and my nieces and nephews also suffered, worrying about him being afraid of what was happening to him. I was afraid for him, as choking to death is a terrible way to die.

Blessedly, my father went to sleep February 21, 2017 and didn't wake up. His struggle was over.

I support this bill because I strongly believe people here in my ohana should have the right to choose how they leave this world in circumstances HB 2739HD1 addresses. I want that ability, too.

If my father had chosen aid in dying, he could have chosen his moment when we were all able to be there. As it was, I arrived only a couple of hours after he passed. My brother and his wife couldn't get there until later that day. The sadness of not being able to say goodbye will remain with us forever.

Thank you for the opportunity to provide my support for HB 2739HD1. Please pass this important, humane legislation.

Very truly yours,

Kimberly Towler

HB-2739-HD-1
Submitted on: 3/21/2018 11:47:01 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Kimball	Individual	Support	No

Comments:

I am Deborah Kimball, a “retired” (meaning unpaid) public policy M.A. and advocate. I strongly support HB2739, offering under defined conditions a voluntary choice in dying. I will die, and I will be very relieved and grateful if this year this legislature increases my chance of a peaceful and humane death.

My father died a slow death he would never have chosen. My mother had a feeding tube she did not want and pulled out, only to have another one that we couldn’t stop forced on her; she died after ten helpless years in nursing homes. Of course we desire control over our life-and-death conditions at the end!

Seeking some serenity about dying, in my mid-seventies I convened a group. We read extensively, ending with the best-selling Being Mortal—Medicine and What Matters in the End by a neurosurgeon who suddenly had questioned whether yet another surgery would be the choice of a patient with very little time left. His research transformed his thinking--and mine.

On “God’s will,” without brand new penicillin I would have died at age seven, and also at age nine, and probably a few decades ago without meds for high cholesterol. So many people in Hawai’i nei—and millions of others elsewhere—would be dead today without modern medicine. If we welcome medicine to stop suffering throughout our lives, why prohibit it at the very end of them?

Death doesn’t frighten us, I think, nearly as much as how miserably we might do our dying. Some people with terminal illness are exhausted from medical procedures trying hopelessly to fend off death. Others abhor their total dependency on people and machines. To assist in peaceful death, and personal choice in when and how to depart our bodies, the State can ensure excellent safeguards and approve this bill.

This most personal, final life process Is a difficult topic, and I commend you all for taking it up with reason and care. Now that you’ve seen several polls and read the Democratic Party of Hawai’i resolution “On Death with Dignity,” and see that this bill forces no patient or person to do anything whatsoever, we the great majority will cheer as you move HB2739 forward.

Mahalo for your good attention.

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 JUDICIARY

DATE: Friday, March 16, 2018, at 9:00 a.m.
Conference Room 016, State Capitol

Chair Taniguchi and Members of the Senate Committee on Judiciary

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 seven years ago. 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 the 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.

Testimony for HB2739 – Relating to Health

I am very much in favor of HB2739, having watched my sister die from ovarian cancer. After fighting that dreadful disease bravely for two years, she begged her doctor to help her die as she knew the end was coming. He was only able to increase her morphine dosage and she lingered for several more weeks fading away and vomiting until she took her last breath. No one should have to end their life in this way. She had had a great life, if only she had been able to die peacefully as she wished. I still have nightmares about her death.

None of us would wish to suffer as she did. Please vote to pass this bill.

Marian Turney

2356 Aha Maka Way

Honolulu, HI 96821

HB-2739-HD-1
Submitted on: 3/21/2018 12:42:06 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Gillette-Wenner	Individual	Support	No

Comments:

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members I am testifying in support of HB2739HD1 with no amendments. A large majority of Hawaii residents are in favor of our State allowing it's citizens to have this choice of Death With Dignity.

Thank you for hearing and passing this important legislation,

Cynthia Gillette-Wenner

HB-2739-HD-1
Submitted on: 3/21/2018 12:36:04 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shawn Bauer	Individual	Oppose	No

Comments:

I am opposed to this bill for the following reasons:

As a Registered Nurse, having worked in Hospice care, I've had to care for people, dying from a terminal illness such as cancer or end-stage disease. First, I am confident that the person dying is kept comfortable with every measure medicine and alternative medicine can offer. As nurses, we were actually concerned that we didn't accidentally overdose people on the doses of narcotics we were authorized to give. In short, we did ALL WE COULD DO to keep dying people completely comfortable.Their condition was watched very carefully to ensure this. Second, the person dying wasn't our only concern. The loved ones, watching, were also going through their own processes. Grief isn't something that happens quickly, but rather goes through many stages. The "good-byes" have ususally been said when the dying person was coherent and intelligable. This is before the dying process and treatment move them to the incoherent stage. But, the loved ones, are still grieving. Letting them BE PRESENT during the final stages of death, allows them to move towards acceptance, the final stage of grief. If we interrupt these stages of grief, we only do more harm than good for the loved ones involved. Remember, we CAN keep the dying person comfortable, relieving their suffering, but we CANNOT move people through the stages of grief any faster than they are ready to move. We always involved the loved ones in anyway they wanted to be involved, whether that be through reading, playing music, or just talking to the dying person. This brought comfort to them, and I believe in some ways, to the dying person, as we sometimes observed body language that confirmed this. It is said for a dying person, the last sense to stop, is their hearing, so how do we know what important things need to be said, by the loved ones, or heard by the dying person!

HB-2739-HD-1
Submitted on: 3/21/2018 12:18:09 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Timothy Jahraus	Individual	Oppose	No

Comments:

I am a practicing physician and Hawaii state resident. I strongly oppose HB2739. As a practicing physician I find it appalling that we would be asked to abdicate our roles as healers and advocates for life to be involved in ending the lives of our patients. This issue will likely not end with having the choice of PAS but will become an obligation of patients to choose PAS. The Canadians performed a study at the University of Calgary in which they calculated that the savings to the province would be $139 million annually if patients chose PAS over traditional care. The inference is that now it becomes not just a choice but an obligation based on saving money. How about the disabled or those without an advocate or voice? Our legislators don’t need to worry about this. They have status and power but what about the poor and disenfranchised in our community? This will never happen? Time will tell but history doesn’t predict a good outcome. We used to be known as the “Health State”. Passage of this legislation would put the lie to that moniker.

HB-2739-HD-1
Submitted on: 3/21/2018 2:41:07 PM
Testimony for JDC on 3/23/2018 9:00:00 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 approve this bill .

HB-2739-HD-1
Submitted on: 3/21/2018 2:47:07 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Strong Support

HB-2739-HD-1
Submitted on: 3/21/2018 2:59:37 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

An overwhelming percent of your constituents support this 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: 3/21/2018 3:00:25 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Personaly, I feel this is a very important bill which I support wholeheartedly!

I support this bill as it is currently written.

To: Honorable Senator Brian Taniguichi and Senator Karl Rhoads

From: Phyllis Ida, M.Ed., HSTA-Retired
45-284 Pahikaua Street
Kaneohe, HI 96744, 265-3584

RE: Support of **HB2739HD1** “Relating to Health"

I am a retiree and am testifying in support of HB 2739HD1. This bill will establish 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. Thank you.

HB-2739-HD-1
Submitted on: 3/21/2018 3:13:50 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

HB-2739-HD-1
Submitted on: 3/21/2018 4:01:21 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rene Umberger	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/21/2018 3:51:43 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Ware	Individual	Support	No

Comments:

Thanks for your support for the terminally ill!!!

HB-2739-HD-1
Submitted on: 3/21/2018 3:55:13 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

Dear Sirs,

I support HB 2739, a patients choice in choosing the right to die. I have a career in the medical field and have been witness to the slow suffering and inevitable death of many patients. I believe that the quality of ones life and not merely the quantity is what is important.

Terminal painful suffering, both physical and mental and waiting to die is a fate some people may choose to avoid. I for one would choose it.

The fact is that even with a law like this, very few will choose the option, but at least it is an option. And this is a choice only that person has a right to make. Give the doctors the tools to ease suffering if they can.

Please make a choice to support this bill, before it is too late.

Sncerely,

Pat Sasaki

Juliet A. F. Begley
3931 Gail Street
Honolulu, Hawai'i 96815

March 21, 2018

Senator Brian Taniguchi, Chair
Senator Karl Rhodes, Vice Chair
Committee on Judiciary

STRONGLY SUPPORT
HB 2739 – Our Care Our Choice, Death with Dignity bill

Dear Senate Members of the Committee on Judiciary:

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 in this bill, will address needless suffering at the end of life, and grant some peace of mind to others approaching their end time.

It has been sixteen years since people in Hawaii have been so close to getting 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, we should have done this YEARS ago.

Sincerely,

Juliet Begley

HB-2739-HD-1
Submitted on: 3/21/2018 3:49:59 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Dye	Individual	Support	No

Comments:

Aloha Chair Taniguchi and Members of the Senate Committee on Judiciary,

My name is Dr. Thomas S. Dye and I am testifying in strong support of HB2739 HD1.

My mother chose to die with dignity in Washington State. Knowing that she had the choice to die with dignity gave her much solace through a long and difficult illness. Exercising the choice to die with dignity spared her months of suffering.

Please vote in favor of HB2379 HD1 so the people of Hawai`i have the option to spare themselves suffering at the end of life.

HB-2739-HD-1
Submitted on: 3/21/2018 6:11:11 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	Testifying for Oahu County Committee on Legislative Priorities of the Democratic Party of Hawai'i	Support	No

Comments:

To the Honorable Brian T. Taniguchi, Chair; the Honorable Karl Rhoads, Vice Chair; and Members of the Senate Committee on Judiciary:

Good morning, my name is Melodie Aduja. I serve as Chair of the Oahu County Committee ("OCC") on Legislative Priorities 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"), ***infra***, 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.

DPH Resolution No. HHS 2016-02 entitled "Support for Death With Dignity" provides as follows:

Whereas, Hawaiʻi 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 Hawaiʻi urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawaiʻi 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 Hawaiʻi State Legislature, and the members of the Hawaiʻi Congressional delegation. (DPH Resolution HHS 2016-02).

DPH Resolution No. HHS 2012-02 entitled "Support for Patient Choice and Quality of Life" provides as follows:

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, Hawaiʻi has never criminalized the rational, end-of-life decisions of mentally competent, terminally ill Hawaiʻi residents; and

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

Whereas, Hawaiʻi 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 Hawaiʻi 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 Hawaiʻi urge the Hawaiʻi 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 Hawaiʻi and the elected or appointed Democratic Party members of the Hawaiʻi 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

HB-2739-HD-1
Submitted on: 3/21/2018 7:24:02 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	Testifying for American Nurses Association	Oppose	Yes

Comments:

The largest professional nursing organization in the USA is positioned in opposition to physician assisted suicide. We also have many Hawaii members in opposition. I was not able to attach the ANA position statement so will fax it-please attach to this testimony in STRONG opposition. It is impossible to safeguard against abuse as noted by the US Supreme Court when they ruled against a 'right to die'. Most States remain in opposition at this time and there is no compelling reason for us to open our doors to the unintended consequences of changing law in this area. Too many of our fragile patients would be at risk. Consider the poor woman in Canada who went to a rehab facillity after breaking her hip. In the weeks of receiving therapy and walking again at least 6 different staff members explained her option of 'legal' assisted suicide. She begged her family as she went home in tears never to take her back where it seemed everyone was assuming she would want to and encouraging her to take her own life. What starts off as a 'choice' becomes an obligation.

HB-2739-HD-1
Submitted on: 3/21/2018 5:06:38 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Russell F. Jones	Individual	Support	No

Comments:

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.

HB-2739-HD-1
Submitted on: 3/21/2018 6:20:07 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ellen sofio	Individual	Oppose	Yes

Comments:

Date of Hearing March 23, 2018; Individual testimony of Ellen Sofio M.D in opposition to HB 2739 HD1 before Senate Judiciary Committee, Chair Senator Brian Taniguchi and members

Dear Senators Taniguchi and members of the Senate Judiciary 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 jeapordise 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 English 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: "counseling" 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 "counseling" far from their homes. This is inherently prejudicial to this population and any other population which might be deprived of one on one "counseling" 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. homicide). 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 barbiturate toxicity and the underlying should be the terminal illness.

P. 20 line 16; This bill has no provisions for prevention of diversion of the lethal prescription drug either prior to or after the death of the intended recipient creating a huge public health risk for increased suicides and homicides.

P. 28 line 17; Prohibits a "person" from using "force, threat, fraud or intimidation" 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, denial of services etc.In other words there is no legal language in this bill to protect vulnerable patients from their insurance companies.

Falsification of the death certificate to reflect a natural cause of death rather than the actual lethal ingestion seems to me a setup for undetectable crimes.

"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. For example at one time “failure to thrive” was an accepted diagnosis for admission to hospice even though FTT can result from neglect and or abuse or depression or many other conditions which would only be terminal if the actual causes were not addressed. Fortunately it was removed from the eligible diagnosis list by Medicare I believe several years ago. Doctors have very inaccurate crystal balls for predicting life expectancy in any individual case and this can lead to gross underestimation of a patient’s time left to live. This can also occur if the doctor is trying to assist the family in getting certain kinds of supportive care paid for. So there are many potential inaccuracies affecting predictions about prognosis which are inherent but which could under this bill make an individual vulnerable for all the reasons addressed above.

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 deficits 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. Criminal activity affecting the vulnerable will only be enabled by this type of legislation no matter how many efforts are made to make it water tight. As importantly it will have the effect of devaluing life when our era cries out for efforts to move the world instead towards greater reverence for life.

Mahalo for your kind attention,

Ellen Sofio M.D.

HB-2739-HD-1
Submitted on: 3/21/2018 5:12:14 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Miller	Individual	Oppose	No

Comments:

As a pastor and registered voter in Hawaii District 46, I oppose this bill. We have around 70 churches in this district and many of its pastors and members oppose this bill for religious reasons. Please consider that when you vote for this bill.

I don't think we want to send the message to the people of Hawaii that suicide is an option for mental, emotional or physical pain. I have been informed that there is a high rate of suicide on our military bases. We don't want our youth to see suicide an option for their physical, emotional or mental pain.

Are there no other choices for those who have been diagnosed with a life ending illness within six months?

I can see from reading the Bill that a lot of work has been put into crafting it in such a way as to take into consideration many of the concerns that have already been raised and for that, I applaud those who have taken part in this process.

Please know that I am praying for all those who have been elected and given decision making power in this process. I am sure it cant be an easy decision knowing that so many people oppose this Bill and so many approve it.

Respectfully submitted,

Rev. John E. Miller

Pastor Wahiawa Community

Church of the Nazarene

HB-2739-HD-1
Submitted on: 3/21/2018 6:13:38 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MALCOLM SLAKTER	Individual	Support	No

Comments:

A. I AM ASKING YOU TO SUPPORT 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 DETERMINE THE FORM OF THE NEW MUTATION.

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,**

SINCERELY,

MALCOLM J. SLAKTER, PHD

PROFESSOR EMERITUS

UNIVERSITY AT BUFALO

HB-2739-HD-1
Submitted on: 3/21/2018 6:04:06 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Hong	Individual	Support	No

Comments:

I am testifying in favor of HB 2379, HD 1 and urge the Senate Judiciary Committee to report this out as soon as reasonably possible.

As an aging individual and one who has seen her parents die slowly and uncomfortably when each suffered terminal conditions, this bill raises painful memories.

My sister has been a resident of Washington State for many years. While she came down to visit with my late father before his death from lung cancer, and had another trip planned so as to see him at Christmas, he died on December 10th some ten days before she had planned to return to Honolulu. I don't think she has ever been able to get over the loss she felt because she was unable to be with our father when he died. Indeed, I was the only one present at the time, since I was unable to get in touch with my brother until after death. And I was there only by accident since I had stopped by to drop off fruit that I had just purchased at the Farmer's Market.

By permitting patients with terminal conditions to plan an orderly exit from life, you would be giving us all the possibility of being surrounded by loved ones when we pass, and not leave us to die in the presence of hired caregivers and strangers.

WOMEN'S CAUCUS
DEMOCRATIC PARTY OF HAWAI‘I

March 23, 2018

To: Senator Brian Taniguchi, Chair
Senator Karl Rhoads, Vice Chair and
Members of the Committee on Judiciary

From: Jeanne Y. Ohta, Co-Chair

RE: HB 2739 HD1 Relating to Health
Hearing: Friday, March 23, 2018, 9:00 a.m., Room 016

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

HARA **Voice of Hawaii's Seniors**

Hawaii Alliance for Retired Americans, An Affiliate of the Alliance for Retired Americans
1953 South Beretania Street , Suite 5C, Honolulu, Hawaii 96826

Testimony in support of HB 2739, HD1, Our Care, Our Choice
Hearing on Friday, March 23, 2018, 9 a.m. Room 016
Senate Committee on Judiciary

Aloha Chair Taniguchi, Vice Chair Rhoads and members of the Committee.

HARA urges your Committee and the State Legislature to approve HB 2739, HD1. Now is the time to adopt this Bill, which provides an opportunity for people with sound mind with a medically confirmed terminal disease and less than six months to live, to obtain a prescription to end his or her life.

HARA with 21,000 members statewide has supported this kind of compassionate legislation for many years. According to public polls this kind of legislation also has the support of a great majority of our citizens. Also this Bill provides sufficient safeguards to minimize the abuse of this opportunity.

Your favorable action to approve HB 2739, HD 1 will be very much appreciated. Mahalo.

Justin Wong, President, HARA

HARA Affiliates: HGEA Retirees, HSTA-Retired, ILWU Retirees, UPW Retirees, AFT Retirees, Kokua Council, Hawaii Family Caregivers Coalition, Machinist Retirees

HB-2739-HD-1
Submitted on: 3/21/2018 10:46:37 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rose Davis	Testifying for Concerned Women For America Of Hawaii	Oppose	No

Comments:

Thank you for allowing me to express my feelings on Bill 2739. I beleive Hawaii Legislature should funtion with the good of all of our states residence in mind.

Medical care includes only promoting health and/or treating disease - NOT killing the patient.

Please do not push forward a bill that has too many loop holes for misuse and may create problems.

This is so serious that we should not be willing to pass Bill 2739 that is capable of taking someones life from them and their comminity.

May God bless you.

Thank you,

Rose Davis

HB-2739-HD-1
Submitted on: 3/22/2018 8:48:31 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tracy Tobias	Testifying for 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.

HB-2739-HD-1
Submitted on: 3/21/2018 10:43:12 PM
Testimony for JDC on 3/23/2018 9:00:00 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 STRONGLY SUPPORT this bill. Mahalo.

TESTIMONY to Senate Committee on the Judiciary

Regarding: HB 2739 HD1 Relating to Health

Friday, March 23, 2018

9:00 AM -- State Capitol Conference room 016

Submitted In **STRONG OPPOSITION** by

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

Chair Taniguchi, Vice Chair Rhoads and Committee Members:

1. This bill is unnecessary. During both the House and Senate hearings, there were testimonies from individuals who have been prescribed medication that would kill them if they took it all at once. There is no need to involve a physician in ending life.

2. The provisions of HB 2739 HD1 do NOT offer sufficient safeguards to protect the general public based on my own research, the understanding of the Hawaii Federation of Republican Women members, and also the findings of many local physicians who took out a half-page announcement in the Honolulu Star Advertiser dated 3/21/18. In that pronouncement, the doctors pleaded to have more discussions. Even though many years have passed since the concept of doctors intentionally prescribing death-inducing medications, in these doctors' opinion, there are many issues that still need to be resolved. I hope you will listen to these medical professionals who will be directly affected by the passage of this or a similar bill.

3. People in opposition have based their concerns on what has happened in other countries and states that have instituted similar legislation. Even before Hawai'i's House passed HB 2739, Oregon – the "poster state" for this legislation – approved a bill (HB 4135) to starve/dehydrate mentally ill patients to death. It was signed into law on March 16, 2018. We also know that other countries that were pioneers in this type of legislation are euthanizing children and thousands who have not asked to be put to death.

4. Once the legalization of killing another person becomes legal, the protections cannot be assured. We have seen this modus operandi of expanding the provisions once the initial door is opened. Even David Shapiro who writes the Volcanic Ash article for the Honolulu Star Advertiser admits in his recent column on so-called "aid in dying" that he expects the safeguards to be diluted in the future per the statement: "…Death should never be taken lightly and it makes good sense to start conservatively with safeguards; the law can be refined in future years, as happened with medical marijuana…." As far back as 2011, the US national Library of Medicine, National Institutes of Health, had and article by J. Pereira that confirmed that laws and safeguards are ignored and those who commit those transgressions are not prosecuted. It stated at that time, 900 people annually were administered lethal substances without having given consent.

5. The ill, elderly, and those with disabilities are fearful of this bill and how it will be used to shorten their natural life span. Their concerns are joined by those who have moral and ethical objections to this measure.

6. This bill advances the godless Humanist ideology. The Courts have found that Humanism is a religion in regard to the Establishment Clause in American Humanist Association and Jason Michael Holden, v United States of America; Federal Bureau of Prisons; Federal Correctional Institution, Sheridan, etc. in Oregon dated 10/30/14. There is nothing compassionate about authorizing one person to kill another. This is not about "choice" or self-autonomy – since two (and more) individuals are involved.

7. This bill must be amended to protect the community.

a. A large percentage of the pills distributed are never used to commit the suicide. This leaves dangerous drugs in the community. Switzerland has Dignitas Centers for those who choose to end their lives. Having designated centers for this life-ending act would limit the number of unused pills that are in the community and eliminate the requirement to return unused pills. It is no more inconvenient than the marijuana dispensary concept. This will also prevent individuals from using the deadly pills in an area frequented by the public such as beaches and parks. Distributing at pills only at the time and location of death will ensure children don't accidently take the pills, and only those individuals who condone the practice will be involved in the activity. The Center staff will also be able to determine if the patient is being coerced to end their lives.

b. Most people don't want their doctor authorized to legally end their lives. Only allow medical providers who register to participate in the "aid in dying"/assisted suicide program to be authorized to distribute the pills. This will ensure that those involved will be trained to prescribe the proper doses and will assist those who have no interest in dying to avoid doctors who are willing to terminate the lives of their patients. Notification of a medical provider's participation should be accessible on-line.

c. Raise the participation age to at least 21. Children have many difficulties in adolescence. We already have a teen suicide problem. Those teens with medical issues struggle even more than the norm. We need to give them time to work through the normal challenges of growing up. Where these types of medical interventions exist, the suicide rate increases.

d. Record the pills as the true cause of death on the death certificate. Those participating in this practice and those voting to make "aid in dying/assisted suicide" legal, consider it morally and ethically acceptable, therefore, fraudulent death certificates are unnecessary. The medical condition isn't any less private than the taking of lethal medications. The falsified death certificates will alter the true survival statistics for the underlying illness.

e. Delete Section 19 (2) of the proposed statute. 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. Inducing death care is not health care.

f. Change Section 19 a (4) 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.

g. Change Sections 19 b. and c to protect organizations and associations from having a medical provider on staff who participates in the provisions of this statute, if that medical provider deems the activity of this statute immoral or unethical. 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. 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: …"

h. Add the requirement that those with a terminal illness and a prognosis of 6 months or less should be enrolled in Hospice or scheduled for palliative care for a 3 month waiting period before becoming eligible for the provisions of this statute. This will assist patients to get over the initial shock of their medical condition before making a life-ending decision. The bill acknowledges that other acceptable options exist for those with terminal illnesses. Not only does page 1 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 advance the dying Process", but on page 35, Section 4, it references Section 327H-2, noting 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…"

8. This bill serves the purposes of a very few residents and introduces services that many of us consider dangerous and 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.

9. **Vote NO on the current version of HB 2739 HD1**.

Death with Dignity
NATIONAL CENTER
www.deathwithdignity.org

Testimony in Support of HB2739 HD1, Our Care Our Choice Act

Before the Committee on Judiciary of the Hawai'i Senate
March 23, 2018

I am the executive director of the Death with Dignity National Center, an organization dedicated to improving and expanding the medical options available to terminally ill patients. In addition, I am a social worker, an instructor at the Portland State University School of Social Work, and the surviving widow of a terminally ill individual who wanted desperately to control the timing and manner of his death. As an advocate and a family member profoundly impacted by an avoidable and horrible dying experience, I strongly commend the sponsors of this legislation for their leadership in bringing this important issue forward.

The Hawai'i Legislature started on this journey nearly two decades ago. Today, we commend you for finally reaching the final stages of this effort to approve patient control of their lives in the end stages of their journey of life.

Advances in medical technology have led to improvements in the care of dying patients that were unimaginable even a generation ago. But these same breakthroughs have allowed some terminally ill patients to be kept "alive" far beyond any point of natural death, leading to extensive suffering and a diminished quality of life. To address this social problem, in 1997 Oregon voters enacted a carefully crafted Death with Dignity law that allows a terminally ill person to receive a prescription to hasten death safely and humanely, and requires that the medication be self-administered.

Death with Dignity: The Oregon Experience

Now in its 21st year of successful implementation, the Oregon Death with Dignity Act sets forth precisely delineated conditions under which a patient may qualify for the medication. The bill under consideration in Hawai'i draws upon this model and the comprehensive peer-reviewed medical literature examining Oregon's experience with it.

These provisions act as safeguards to prevent abuse and medical mistakes, and they have worked exceedingly well. The requirements include a minimum age (18), maximum prognosis (6 months), waiting periods, repeated requests, second doctor's opinion, and a finding of mental capability, as well as mandatory discussion of hospice and all other feasible alternatives.

Annually, the State of Oregon issues a report on usage patterns related to Death with Dignity, and I would like to share some of findings from the most recent report. In the 20 years the law has been successfully implemented only 1,275 Oregonians have hastened their deaths under the auspices of the law.

The Death with Dignity Act in Oregon is rarely used; in 2017, 3.00 out of 1,000 deaths in the state were attributable to physician-prescribed aid in dying. In those same 20 years, 1,967 individuals have received prescriptions to hasten their death. Over time, about 30 percent of individuals who went through all the steps to qualify chose not to hasten their death, but rather died from their underlying terminal illness. For them, the Death with Dignity Act provided peace of mind and a modicum of control during their final days.

The data tell us that most participants had cancer (77.9 percent) or ALS (7.8 percent), died at home (93.1 percent) and were receiving comprehensive end-of-life care through participation and enrollment with hospice (90.2 percent). Most, 52.7 percent, had private insurance, and 47.1 percent had a government-funded form of medical insurance like Medicaid or Medicare. Individuals who take advantage of Death with Dignity in Oregon are not individuals without other health care options. They are insured, they are cared for by hospice, and they tend to die at home surrounded by their loved ones.

The law has not been amended in Oregon. Since then, the states of Washington, Vermont, California, Colorado as well as Washington, D.C. have all adopted laws modeled after Oregon's law.

Death with Dignity Provides Comfort to Patients and Families

Oregon has proven that the existence of the legal option of Death with Dignity, though it is sparingly used, is of enormous comfort to terminally ill patients and their families. Moreover, it has had a positive psychological effect upon countless others as they think about what kind of end-of-life care they would want if they were to experience terminal illness.

Despite the cataclysmic predictions of its opponents, the Oregon experience has also shown that such a legal alternative can be a catalyst for medical progress, prompting other improvements that enhance the overall medical care of terminally ill patients in the state. A robust process of public education and legislative debate can be expected to spawn new and creative proposals to advance end-of-life care in Hawai'i.

The process in which you are engaged is of the utmost importance to the people of Hawai'i who want and deserve the highest quality, most humane end-of-life care possible. I applaud your efforts, urge you to pass HB2739 HD1, and offer my personal and professional assistance as you grapple with this profound subject.

Thank you,

Peg Sandeen
Executive Director
Death with Dignity National Center

HB-2739-HD-1
Submitted on: 3/21/2018 6:21:03 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

I am in storng support of HB2739 that would allow a dying person to request a medication to end her or his life.

Now in my late 70s, I am aware that there aren't too many years left to me. As I think ahead, I realize that if I am alert to the end, I would want to have a final choice about whether to live or die--especially since at that point, there would be few if any other choices left to me. Would I take a medication to end my life? I don't know, and I don't think anyone really knows until they are in that situation. But to me, the ability to make that choice myself is important, whichever way I would make it.

I urge you to pass HB2739. This isn't a new idea, it's been considered and refined for years based on decades of experiences elsewhere. It's time to pass this bill!

HB-2739-HD-1
Submitted on: 3/21/2018 6:26:04 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Renie Lindley	Individual	Support	No

Comments:

To the Honorable Senator Brian T. Taniguchi, Chair of the Committee on Judiciary,

I know first-hand how my loved-one wished to stop the extra treatments that only caused more pain. Please pass this bill so that future terminally ill people can have their choices respected.

I hope HB2739 will become law.

Sincerely, Renie Lindley

RE: State of Hawaii HB 2739, HD1

Testimony Statement by Dr. Edward Fleming, MD
March 23, 2018

Dear Members of the Hawaii Senate Committee on Judiciary, and Other Members of the State of Hawaii Legislature:

My name is Edward Fleming, MD, a board-certified family medicine physician practicing in Clinton, New Jersey. I thank you for the opportunity to give this brief testimony regarding HB 2739, HD1 – the Our Care, Our Choice Act. I am strongly not in favor of this bill.

Suicide Contagion:

Let me to start by addressing the phenomenon of Suicide Contagion.
Suicide Contagion simply means that suicide rates in the general public have been demonstrated to increase in states that legalize physicians prescribing drugs for patients to take their own lives.
This practice is tantamount to physician-assisted suicide, regardless of what name is assigned to it, such as in recent attempts to change the lexicon.

Proponents of legalized physician prescribing for patients to take their own lives, aka: Physician Assisted Suicide (PAS), make the argument that PAS will be associated with a decrease of general, or unassisted suicide by offering a legal option. However, this is factually incorrect.

One important study regarding this precise issue involving physician-prescribed drugs for patients to take their own lives, published in the Southern Medical Journal (South Med J. 2015;108(10):599-604.) demonstrated that legalizing assisted suicide in other states has led to a rise in overall suicide rates — assisted and unassisted — in those states.

**Of note, the study categorizes physician-prescribed meds for patients to take their own lives to be PAS – the older term for the same action that HB 2739, HD1 is seeking.

The results of the study demonstrate that once controlling for various socioeconomic factors and other state-specific issues, physician-assisted suicide states have a 6.3 percent increase in total suicide rates. Of note, the increased suicide rate for individuals over age 65 was found to be 14.5 percent

The research article’s conclusion section follows, which so clearly illustrates that PAS does not decrease overall suicide rates:

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. - South Med J. 2015;108(10):599-604.

[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. - South Med J. 2015;108(10):599-604.]

**Oregon specifically is an example of this. In Oregon, which has legalized Physician Prescribing of Medications for Patients to take their own lives, has suicide rates in the general public that are 41% higher than the national average. This data originates from the document *Suicides in Oregon: Trends and Risk Factors—2012 Report,* Oregon Health Authority, Public Health Division, November 2012, p. 1.
[Specifically, it reads, "In 2010, the age-adjusted suicide rate among Oregonians of 17.1 per 100,000 was 41 percent higher than the national average."]

Of note, this above observation is clearly irrespective and separate from any safeguard differences found between the Hawaii and Oregon bill/law, because it does **not** involve qualified patients (or any patients), but rather the public at large.

Lastly, as pointed out by Dr. Aaron Kheriaty, MD, a noted Psychiatrist and Ethicist from U.C. Irvine:

> It is widely acknowledged that the law is a teacher: Laws shape the ethos of a culture by affecting cultural attitudes toward certain behaviors and influencing moral norms. Laws permitting physician-assisted suicide send a message that, under especially difficult circumstances, some lives are not worth living — and that suicide is a reasonable or appropriate way out. This is a message that will be heard not just by those with a terminal illness but also by anyone tempted to think he or she cannot go on any longer.
>
> Suicide is already a public health crisis. Do we want to legalize a practice that will worsen this crisis?

The answer is certainly no.

Elder Abuse:

Elder abuse is considered a major health problem in the United States. There are federal estimates that one in ten elder persons are abused.

As consistently recognized in the medical field, with regard to elder abuse, the spouse or the adult children are the two groups that are the most likely abusers. These are also the most likely caregivers.
*HB 2739, HD 1 permits suicide drugs to be delivered to the patient by a 3rd party. Placing lethal drugs into the hands of potential abusers creates an additional major risk to elder persons.

Separately, as per common consensus and as specifically stated in a 2016 article from the NEJM (N Engl J Med 2015; 373:1947-1956 DOI: 10.1056/NEJMra1404688):

> Because victims of elder abuse tend to be isolated, their interactions with physicians, which may be intermittent or rare, present critically important opportunities to recognize elder abuse and to intervene or refer the victims to appropriate providers.

However under this potential law, no such opportunity would be safeguarded. As, nothing in HB 2739, HD 1 requires that any of the patient's requests for an assisted-suicide prescription be made in person. Just as with Oregon's assisted-suicide law, HB 2739, HD 1 requires that a patient make 2 oral requests and a written request to the physician before receiving the prescription for doctor-prescribed suicide. Since nothing in the proposal requires that any of those requests be made in person, the oral requests could be made by telephone and the written request could be mailed or sent by electronic means to the physician.

Patients not dying meet criteria to undergo Physician-Assisted Suicide:

Next, under HB 2739, HD 1, patients who are not dying meet the criteria for Physician Assisted Suicide. The list of persons who underwent PAS in Oregon included a list of patients with conditions that although serious, such as diabetes, benign tumors, and MS, have effective treatments.

[List as it appears in the Oregon Death with Dignity Act Data summary 2016: Oregon Death with Dignity Act | Table 1
Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, viral hepatitis, diabetes mellitus, cerebrovascular disease, and alcoholic liver disease.]

Under HB 2739, HD 1, physicians would be allowed to prescribe assisted suicide-drugs to patients deemed terminally ill, defined as being in the "terminal state of an irreversibly fatal illness, disease or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less."

**However, that definition does not require that the patient is expected to die within six months *even if being treated*, nor does it require the patient to have an uncontrollable condition.

As such, it is possible that a patient could be considered "terminal" for the purpose of qualifying for assisted suicide even if, with medical treatment, the patient could live much longer.

**For example, under HB 2739, HD 1, diabetics could be eligible for doctor-prescribed suicide even though they could live virtually normal lives with insulin. This is because diabetes can be both incurable and irreversible, even though it is controllable.

**As absurd as that sounds, there is documentation that this has occurred under Oregon's assisted-suicide law. In official reports from Oregon, diabetes is noted as the underlying terminal condition that made a patient eligible for the lethal prescription.

*****Perhaps even more dramatic is the account given by Dr. Charles Blanke, an oncologist and professor of medicine at Oregon Health and Science University. He described the case of a young woman with Hodgkin lymphoma who had a 90 percent chance of living for decades with recommended treatment. The woman, however, refused the treatment. "That was a very challenging situation," he said. "You have to ask yourself, 'Why doesn't that patient want to take relatively non-toxic treatment and live for another seven decades?'" However, Blanke ended up prescribing the deadly overdose for the woman anyway. (Patients Rights Council 2018)*

Let me conclude by mentioning the statement of the American College of Physicians Position Statement on Physician Assisted Suicide, as it appears in the **ACP Position Paper** this past **17TH OF OCTOBER, 2017**:

> Some have advocated strongly, on the basis of autonomy, that physician-assisted suicide should be a legal option at the end of life. As a proponent of patient-centered care, the American College of Physicians (ACP) is attentive to all voices, including those who speak of the desire to control when and how life will end. However, **the ACP believes that the ethical arguments against legalizing physician-assisted suicide remain the most compelling. On the basis of substantive ethics, clinical practice, policy, and other concerns articulated in this position paper, the ACP does not support legalization of physician-assisted suicide. It is problematic given the nature of the patient–physician relationship, affects trust in the relationship and in the profession, and fundamentally alters the medical profession's role in society.** Furthermore, the principles at stake in this debate also underlie medicine's responsibilities regarding other issues and the physician's duties to provide care based on clinical judgment, evidence, and ethics. Society's focus at the end of life should be on efforts to address suffering and the needs of patients and families, including improving access to effective hospice and palliative care. The ACP remains committed to improving care for patients throughout and at the end of life.

The final summarized Position Statement reads:

> **The ACP affirms a professional responsibility to improve the care of dying patients and their families.**
> **The ACP does not support the legalization of physician-assisted suicide, the practice of which raises ethical, clinical, and other concerns.**
> The ACP and its members, including those who might lawfully participate in the practice, should ensure that all patients can rely on high-quality care through to the end of life, with prevention or relief of suffering insofar as possible, a commitment to human dignity and management of pain and other symptoms, and support for families. Physicians and patients must continue to search together for answers to the challenges posed by living with serious illness before death.

Therefore the American College of Physicians (ACP) firmly rejects the concept and practice of legalizing Physician Prescribing of Medications for Qualified Patients to take their own lives, as should this State of Hawaii law-making body.

Thank you most kindly for your attention and time.

Most Sincerely,
Edward J. Fleming, MD

HB-2739-HD-1
Submitted on: 3/21/2018 6:42:10 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Oppie	Individual	Support	No

Comments:

March 23, 2018

To: Senate Judiciary Committee of Hawaii

From: Susan Oppie RN

816 Birch St #305

Honolulu, HI 96814

Re: **HB2739- Our Care, Our Choice Act**

Written testimony in **strong support** of this bill (HB2739)

I have been a registered nurse for almost twenty years. Eight of those 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. Oftentimes, terminally ill patients become guinea pigs when it comes to getting symptoms under control. Side effects of the medications can add to the already long list of problems the individual and caregiver are dealing with. 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 several individuals with liver diseases who had become very confused due to the rise of ammonia in their blood. 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. When a person is unable to eat or drink due to disease processes, unmanageable symptoms, or side effects of medications, additional complications such as dehydration and fecal impactions can occur. I have visited those experiencing frightening hallucinations caused by pain medications. I have also dressed countless bed sores that had no real chance of healing due to the ill individual's poor nutrition and if they are incontinent of urine or bowel that causes even greater challenges when dealing with wounds. I have witnessed agitation in individuals who are unable to let the family or nursing staff know what is causing their unrest. Finally, 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 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 soul of the deceased. This is covered in the concept of separation of church and state. I ask you to vote accordingly.

Thank you for the opportunity to submit testimony.

HB-2739-HD-1
Submitted on: 3/21/2018 7:02:24 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eloise M. Yano	Individual	Oppose	No

Comments:

Simply ....RESPECT LIFE instead of promoting suicide.

The people of Hawaii deserve a bill to EDUCATE them of the EXISTING compassionate methods of CARE...not a bill of KILLING SELF.

We already have ways for individuals to "control" their LIFE...HOSPICE CARE, PALLIATIVE CARE and ADVANCED HEALTH CARE DIRECTIVES.

Vote NO, please. Make a stand for LIFE WITH DIGNITY....and work in a positive step for a BILL ON EDUCATION so the public will learn of these already available care.

TESTIMONY ADDRESSING

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018
9:00 a.m.
Conference Room 016
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB2739HD1
RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Jacqueline Wright and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

Jacqueline Wright

HB-2739-HD-1
Submitted on: 3/21/2018 7:41:34 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen M Gawrys	Individual	Support	Yes

Comments:

aloha. i am a survivor of non-hodgkin's lymphoma. My father, mother, brother and nephew all died at home in the care of hospice. I am also a nurse and have borne witness to unnecessary suffering in dying. please allow those who face near-mortality to do so with dignity within a multidisciplinary framework and of their own choosing.

HB-2739-HD-1
Submitted on: 3/21/2018 7:50:36 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Williams	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/21/2018 7:51:36 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Williams	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/21/2018 8:28:52 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michelle Smith	Individual	Oppose	No

Comments:

- *Medical care includes only promoting health and/or 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 which subsequently causes risk to others.*
- *In Hawaii, we take care of 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 Washington, DC to enact PAS.*
- *The legislative findings in support of this bill - purporting that 20 years is long enough to work on PAS legislation - miss 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.*

HB-2739-HD-1
Submitted on: 3/21/2018 8:28:04 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

I am writing to suppor HB2739 HD1. I believe in choice, even at the end of life.

HB-2739-HD-1
Submitted on: 3/21/2018 8:50:51 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Chee	Individual	Support	No

Comments:

People who are in terminally ill and diagnosed with less than 6 months to live should be able to get medical assistance to allow them to die without causing legal problems for those who help them do so. Many terminally ill people are in such pain and suffering that a reasonable and humane death is the most merciful way for a person to go.

I urge you to pass this bill.

HB-2739-HD-1
Submitted on: 3/21/2018 9:36:52 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura DeVilbiss	Individual	Oppose	No

Comments:

Laura DeVilbiss MD MPH

2230 Kaola Way #7

Honolulu, HI 96813

devilbissjl@aol.com

(808) 595-7011

March 21, 2018

RE: HB 2739 to be heard on Friday March 23, 2018

Dear Hawaii Senate Judiciary Committee,

I am a Family Physician and have been practicing medicine in Honolulu for the last 20 years. I strongly oppose HB2739. My objections fall in line with both the position statements of the American Medical Association and the American Geriatric Society.

The American Medical Association position statement is “Allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician’s role as healer and would be difficult or impossible to control, and would pose serious societal risks.”

The American Geriatrics Society position statement is:

1. “The fundamental goal of the doctor/patient relationship has been to comfort and to cure. To change the physician’s role to one in which comfort includes the intentional termination of life is to alter this alliance and could undermine the trust between physician and patient.
2. Allowing Physician Assisted Suicide opens the door to abuse of the frail, disabled, and economically disadvantaged of society, by encouraging them to accept death prematurely.
3. A thorough search for the underlying reason for the request for death may uncover several areas amenable to potential interventions (undertreated physical symptoms, psychosocial or spiritual crisis, clinical depression, etc.).
4. Legalization of physician assisted suicide might thwart society’s resolve to expand services and resources aimed at caring for the seriously ill, eventually dying patient.”

My thoughts on these statements are:

- I went into medicine to help my patients live a healthier life, and when this is not possible, help them to have comfort and peace in their remaining days on this earth. Changing the role of physician from healer/comforter to someone who aids in the suicide of a patient is a dangerous road to go down which threatens the doctor-patient relationship and the trust that is built up over years.
- The protections outlined in HB2739 would be hard to control and could be abused by those close to the patient who have ulterior motives besides the well being of the patient. Once a patient gets a prescription for a life ending drug there is no protection for that patient if someone were to coerce them to take it against their will if they changed their mind. There is no mandate for a witness to observe the death and so someone could force the patient to take the medications against their will and no one would know.
- Elders don’t want to be a burden on their families. When medical and hospital bills are mounting up there would be too much pressure on a frail elderly person with limited financial resources to take the life ending medication so that they won’t burden their loved ones anymore. Allowing the law to change so that a vulnerable patient would feel pressure to commit suicide against their true will (duty to die) is elder abuse.
- I have spent the last 20 years taking care of poor immigrants, many with language barriers and medical literacy issues. My patients often get confused when health care providers explain things in English, even when they use an

interpreter. Patients with poor medical literacy have difficulty fully understanding medical decision making and it is very difficult to get true informed consent. I fear for my patients if HB2739 were to pass that they may not fully understand the ramifications of decisions that may be forced upon them. There are also no provisions in the current bill for use of an interpreter when a person who does not speak English signs the consent. If the bill were to pass despite my concerns, at least this need for interpretation/translation of consents should be addressed.

- Instead of going down the road of physician assisted suicide, I would spend our resources on continued access to pain control, counseling for adjustment to terminal diagnosis, and time spent celebrating life rather than forcing a premature death.

I urge the committee to consider these arguments and choose not to pass HB2739.

Thank you for giving me the chance to share my testimony. I am unable to be there in person to testify so I ask you to consider my written testimony.

Sincerely,

Laura DeVilbiss MD MPH

Laura DeVilbiss MD MPH

Family Physician

Honolulu, Hawaii

HB-2739-HD-1
Submitted on: 3/21/2018 10:10:13 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malachy Grange	Individual	Support	Yes

Comments:

Dear Committee Members:

Please pass this most important Bill. It is time for Hawaii citizens to have the choice of when and where to die when their condition is incurable and are at the end of their life. 20 years of records in Oregon prove there is no abuse and the Hawaii Medical Aid-in-Dying Bill provides even more safeguards, assuring that vulnerable populations will be protected. Only a tiny minority of people will choose Medical Aid-in-Dying, but to them and their families it will ease the needless suffering that some patients suffer at the end of their life. Mahalo, Malachy Grange

HB-2739-HD-1
Submitted on: 3/21/2018 10:14:45 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lora Burbage	Individual	Oppose	No

Comments:

Aloha Senate Judiciary Committee,

I am opposed to this bill. This would create a slippery slope in our society. It is not an example to our young people in perseverance even in pain. Pain exists in life! Some feel more of it then others but it is a reality. This bill sends a message that you can check out of life.

I agree wholeheartedly with the 132 doctors who took out a half page ad in the StarAdvertiser today, March 21, that this is not right. Instead, make it mandatory for physicians to learn about palliative care.

Sincerely,

Lora Burbage

HB-2739-HD-1
Submitted on: 3/21/2018 10:42:35 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Individual	Support	Yes

Comments:

I STRONGLY SUPPORT THIS BILL.

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

NOTICE OF DECISION MAKING

DATE: Friday, March 23, 2018
TIME: 9:00 a.m.
PLACE: Conference Room 016

Re: HB 2739 Our Care Our Choice

Personal Testimony of Dennis B Miller

I support this Bill.

As you consider how to vote on this bill, please imagine that you are the one who has a cancer which has left you bed ridden, and in constant agony, 24 hours a day, every day. You are in an agony which pain medicine cannot manage. You friends and family are there with you, and they are unable to do anything for you, because this bill did not pass.

And as you lie there in incurable pain, a member of a church who opposed this bill for religious reasons enters the room, and at that moment, explains his religious rationale for why you should just endure that pain, just suffer until you finally die.

Are you content to be that person, and to agree with that argument?

Not everyone will wait it out. Some will receive illegal assistance from a loved one. Assistance which makes their loved one a murderer. Does that make sense?

Please remember that religion does not have a place in law making. Compassion and deeply thought out reasoning should guide your judgement.

Sincerely,

Dennis B Miller

226 Lewers Street Ste L209
Honolulu, HI 96815
singlepayerhawaii@gmail.com

Senate Judiciary Committee
Conference Room 016
Friday, March 23 2018; 9:00 AM.

HB2739-HD1 - Related to Health; (Medical Aid in Dying)

VERY STRONG SUPPORT (with **NO AMENDMENTS)**

Honorable Committee Chairs, Vice Chair, and Members:

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-HB1 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-HD1 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 my girlfriend. 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-HD1 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-HD1 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., Private citizen
P.O. Box 10236, Hilo, Hawaii 96721
808-961-3608

HB-2739-HD-1
Submitted on: 3/21/2018 11:31:03 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Onderko	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/21/2018 11:53:24 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lee McIntosh	Individual	Oppose	No

Comments:

Aloha, my name is Lee McIntosh and I live on the Big Island. Please don't pass HB2739 HD1. This will open the door for insurance companies to refuse services and encourage their patients to die rather than prolong their life in Hawaii. It's already happening in Oregan. The State's priority should be saving life, not ending it. I thank you for considering my comments regarding HB2739 HD1.

HB-2739-HD-1
Submitted on: 3/22/2018 3:09:32 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
tia pearson	Individual	Support	No

Comments:

I believe that people have the right to how they want to end their life when their life cannot get better.

HB-2739-HD-1
Submitted on: 3/22/2018 3:01:21 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark White	Individual	Oppose	No

Comments:

Aloha Chairman Taniguchi, Vice Chair Rhoads, and JDC Committee Members.

I strongly oppose physician assisted suicide as proposed in HB2739 and I ask you to defer this legislation from any further consideration. I oppose this measure for two reasons:

1) It is fraught with unintended consequences. The potential denial of care, limitation of insurance coverage, refusal of treatment, and unsafe administration and disposal of lethal medications has not been adequately addressed. This form of suicide will become the standard treatment for economically disadvantaged people. On this basis alone, this measure should be denied a vote.

2) It is morally wrong. If as a society we say we value life, that we want 'aloha' for all, we can not condone the killing of another human being. Here we are trying to reduce the rate of incidents of suicide ideation, suicide attempts, as well as completed acts of self-homicide, yet we are considering passage of a measure to legalize just that: the killing of a human being.

My father passed away of heart failure in his sleep before becoming terminally ill as he suffered from several life-threatening cancers and other maladies. Selfishly he was a proponent of this practice provided his family agreed with his decision. I cant imaging the horror I would have faced if my siblings and I were to be faced with the decision to agree to the killing of our parent. I would not be able to live with myself or my Creator were I to be faced with that dilemma.

Don't allow this legislation to put Hawaii's people in that type of moral turpitude. Vote against any furtherance of this measure.

Mark White

94-217 Olua Place

Waiphau Hi, 96797

HB-2739-HD-1
Submitted on: 3/22/2018 5:43:34 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Vincent Nguyen	Individual	Oppose	No

Comments:

Dear Madame and Sir who are the decision maker for the protection of health & welfare for the people of the Great State of Hawaii,

I applaud your commitment in finding solutions to ease the pain, anxiety and burden of the dying and their family through the pending passage of a bill on “aid in dying” that we have here in California. May I ask that before jumping in and making hasty decision that at surface may sound like a very good decision to help people end their life through medications that a physician prescribes to intentionally end their life that you relook at this very complicated issue at hand.

My name is Dr. Vincent Nguyen, a Full-time practicing palliative physician in California for nearly 24 years. I care for the serious ill and their family and have attended to the needs of those living in the last years of their life. It is not unusual for us to daily encounter people suffering physically, emotionally, psychologically and even spiritually in their illness. However, through the compassion of service and using our medical knowledge and technology to serve, we are able to bring hope, meaning and healing to those we serve.

I truly believe that we are wrong as a society to utilize Physician Assisted Suicide as a way of solving a health crisis in our country. People are dying badly while receiving medical treatments they don’t want, treatments that don’t work while prolonging their suffering. We should focus our energy on improving the care and the experience people receive at the end of life. We should provide the best care possible to ensure that not only the patients are being attended to, but also their loved ones who are caring for them. Dying people need to know their options, however the option of intentionally killing themselves with the help of the physician, whose Oath is not intentionally take a life, tarnishes the medical profession. In a profit-driven healthcare system, allowing this to happen will only lead to further detriment and trust in the health profession.

Physician assisted suicide is not just a political, legal, or religious issue, it is a human issue. We owe it to ourselves, as a Nation, as a State to provide proper for the dying and not as assisting them in suicide. We should rather asking why are people dying badly? How do we respond? Who is responsible? How do we improve?

Thank you for allowing me the opportunity to air out my concerns and pray that you will take this issue very seriously and reevaluate your decision before signing this fatal Bill to becoming the Law. What is Legal is not necessarily Ethical and Moral.

Sincerely yours,

Dr. Vincent Nguyen

HB-2739-HD-1
Submitted on: 3/22/2018 5:36:42 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Lynch	Individual	Support	No

Comments:

HB-2739-HD-1
Submitted on: 3/22/2018 5:52:14 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gayle Early	Individual	Oppose	No

Comments:

March 22, 2018

Hawaii State Legislature: **Senate Judiciary Committee**

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. It undermines the trust of the patient-physician relationship. How can I trust a doctor to take the required action to save my life if they are also willing to participate in taking my life? Assisted suicide is a proposal based on fear, in fact the fear of losing functional ability is cited much more often than pain as the reason for assisted suicide. The real solution for those with terminal illness is good palliative care. We can do better to support the terminally ill rather than prematurely disposing of them because they fear being a burden on others.

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 Richard 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 conclusion disagrees 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."* Mr. Doerflinger also points out the serious flaws in the proposed Hawaii legislation, https://lozierinstitute.org/open-letter-to-the-hawaii-legislature-on-assisted-suicide/.

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 recent 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 sometime in the future society will reflect on this trend and realize that this type of legislation has been a grave error.

Gayle Early PhD, APRN, FNP-BC

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gayleearly@yahoo.com

Statement of T. Brian Callister, MD, FACP, SFHM on Assisted Suicide ("Aid In Dying")

As a practicing physician in Northern Nevada with 30 years of experience, I enjoy working with a diverse collection of patients and their families from a wide variety of backgrounds. Since assisted suicide became legal in California and Oregon, I believe that the practice of medicine in the West has been sadly and inappropriately altered for some seriously ill patients who desire ongoing treatment to both prolong and improve their quality of life. **Instead of just considering the best possible treatment options requested, they are now being offered, upfront, the cheaper option of a quick death through lethal medications.**

Because of our proximity to California and Oregon, some of our patients must go out of state for treatment that is either not available in Northern Nevada or is closer to their homes geographically. Both California and Oregon now permit legal assisted suicide.

I recently cared for two different patients who were seeking life saving treatments as the best chance for a cure for their life threatening illnesses. Without these particular treatment options, both of these patients would likely die from their diseases. We do not perform these particular treatments in Northern Nevada although they are routine standard treatment options (and not "experimental"). Accordingly, these patients had requested insurance approval to go to a hospital in Northern California and Oregon that performs the procedures. I was requested to speak with each of the patient's insurance medical directors to review the requests.

When I spoke with the insurance medical directors of the patients' insurance companies by telephone on separate occasions, ***both of the insurance medical directors told me that they would approve coverage for hospice care and assisted suicide but would not approve the life saving treatment option.***

Neither the patients nor I had requested approval for assisted suicide, yet it was readily offered. Over the course of my medical practice, I have worked with thousands of patients that have serious and terminal illnesses. I have a deep appreciation and understanding of the emotions, stresses, and challenges faced by them and their families during a life threatening illness. The unsolicited offer of coverage for assisted suicide not only adds to the stress and confusion for patients and families, but I believe it is simply unethical.

As a physician who works daily with terminal patients, I can say that **Hawaii's <u>HB 2739 HD 1</u> is bad policy for many reasons. Here are five:**

First, contrary to what proponents say, legalizing assisted suicide actually **limits your choices and access to healthcare.** As my example above proves, **patents that would NOT be terminal with treatment are being offered assisted suicide instead – this does not expand choice – it reduces it.** Once assisted suicide becomes a medical option, **it is the cheapest option and provides an incentive for insurers to save money by denying treatment**. My two patients from Oregon and California, states that have legalized assisted suicide, were denied treatment and offered the lethal pills instead. Neither they, nor I, had requested the lethal drugs. **Assisted suicide is *not* about freedom, autonomy, or choice – it limits choice and reduces your healthcare options.**

Compassion and Choices, the group pushing assisted suicide across the country, was originally known as "The Hemlock Society" (they changed their name – probably because "hemlock" is a poison). The founder of the "Hemlock Society", Derek Humphrey, said in his book, ***"In the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice."*** (Derek Humphry and Mary Clement, Freedom to Die, St. Martin's Press (New York, 1998), page 313).

Second, the underlying premise that everyone will suffer horrible pain at the end of life is simply not true in 2018. *No one* has to die in pain in this day and age. If someone is suffering needlessly, frankly they need to change doctors. In fact, **"pain" is not even in the top five reasons for requesting assisted suicide, according to data in Oregon**. **The top three reasons listed in 20 years of Oregon data for assisted suicide are "loss of enjoyment in usual activities," "burden to family," and "loss of autonomy."** These are important social issues indeed, but are they adequate rational to kill yourself?

Third, a physician's ability to predict life expectancy in terminal illness is often not accurate – the medical literature shows the average margin of error is 50-70 percent.
Assisted suicide, like hospice, requires a physician to "certify" six months or less to live. Physicians are frequently wrong – I put people on hospice all the time, and I take them off all the time - after they have outlived their prognosis! Patients often live months and even years longer than we thought with a good quality of life. In Oregon, only 40% of the people that requested the assisted suicide pills and did not take them died within a year (40% died of natural causes within a year – not even six months – which means 60% were still living after a year!).

Fourth, assisted suicide puts too much power in a doctor's hands and corrupts the medical profession. **Having two doctors certify that the patient is terminal with six months or less to live is NOT a safeguard! We all know that doctors refer to like-minded doctors,** and they do the same with Assisted Suicide. The Compassion and Choices group will even refer you to a doctor who routinely prescribes the deadly concoction. In Oregon, 88 percent of the cases of doctor assisted suicides were "helped" in finding a doctor who would prescribe lethal drugs by the pro-assisted suicide group Compassion and Choices.

Doctors exercise a lot of influence with their patients, especially when important health decisions are being made. Consider Jeanette Hall, who was considering doctor prescribed suicide in Oregon, but her doctor said no and encouraged treatment. Some **17 years later** she is an oft-cited opponent of assisted suicide. "If my doctor had believed in assisted suicide, I would be dead," she said.

Finally, doctor shopping is a real danger if assisted suicide becomes law. The Oregon experience has proven that it is easy to find a doctor who is happy to comply with an assisted suicide request with a like-minded colleague available to “certify” the request. Elder abuse is rampant in America. Nothing in the proposed assisted suicide law will prevent an interested party from looking for a doctor who will prescribe death if another doctor says “no,” and no healthcare professional or witness is required to be present at the death. Such a situation is ripe for abuse.

I believe that the real story here is the confirmation of that “slippery slope” of the risks surrounding legalization of doctor-assisted suicide. The loss of dignity and worth these patients and families suffer is not just limited to the residents of the states where assisted suicide is legal but is crossing state borders and permeating the attitude of the decision makers that determine the allocation of our health care resources. I hope this story raises concern for millions of patients and their families across the country that will have to fight their health care insurers for coverage of life saving treatments. State legislators considering the issue of assisted suicide as public policy should take notice of these real world experiences and pay attention to the very real and negative impact it can have on patients and their families. Assisted suicide is an affront to human dignity on every level and should be vigorously opposed by the people of Hawaii and their elected representatives.

T. Brian Callister, MD, FACP, SFHM is a board certified internal medicine specialist and hospitalist who is nationally recognized as an expert in both care transitions across the continuum and end of life care. He is the Governor-elect of Nevada for the American College of Physicians and is an Associate Professor of Medicine and Academic Hospitalist at the University of Nevada, Reno School of Medicine. Views expressed are those of Dr. Callister as an individual.

HB-2739-HD-1
Submitted on: 3/22/2018 6:04:49 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
GracyAnn Malaki	Individual	Oppose	No

Comments:

I strongly oppose this bill for many reasons. But my main reason has got to be that no individual knows the appointed time of ones death. We surely live on borrowed time. It should be the decision of each individual as too how they would like to live out the remaining time they have here on earth not you senators nor doctors. And furthermore I dont think that by allowing a pshychiayrist examine a terminally ill patients, state of mind to see whether or not they are compotent is insane. The person is already dying. Please think strongly on this matter. It will also effect our future generations (our keikis). Mahalo nui loa Gracy

HB-2739-HD-1
Submitted on: 3/22/2018 6:59:06 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melvin Ah Ching	Individual	Oppose	No

Comments:

DATE: March 23, 2018

TO: Members of the Hawaii State Senate Judiciary Committee

FROM: Melvin Ah Ching - Concerned Citizen

SUBJECT: **Opposition to HB 2739 Physician Assisted Suicide**

Dear Committee Members,

I stand in opposition to HB 2739.

I am not going to state the reasons why I oppose HB 2739 because it would only echo the sentiment of all the other people who oppose this measure. Just for the record, this bill essentially legalises murder and offers no respect for the sanctity of human life. Secondly it would violate the “Hippocratic Oath” and other similar declarations physicians make to preserve life upon completion of their medical studies and awarding of degrees.

The lives of our sick and elderly should not be subjected to such a law.

The only thing that needs to be killed is this bill.

Thank you for taking this testimony. I trust that you will listen to the voices of the public who oppose this on legal and moral grounds and take action to stop this bill from moving forward.

MELVIN AH CHING

HB-2739-HD-1
Submitted on: 3/22/2018 7:11:54 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Hannah Tooke	Individual	Support	No

Comments:

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 I cannot stress strongly enough that the bill is still with significant gaps. It can be made much better, stronger, and safer by two simple amendments:

- Delaying the effective date of the law by six months so the medical community can receive appropriate training
    - Have that training developed and carried out by palliative medicine specialists or those with significant experience providing palliative and end of life care.
- Setting up a DOH advisory group, guided by palliative care specialists, who can oversee the training and organize the operationalization/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: 3/22/2018 7:20:39 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Camille Adams	Individual	Oppose	No

Comments:

Please do not make murder via suicide legal in Hawaii. It is not necessary. It only condones murder. Hawaii is a land of family and love. Family will take care of those in need -- there is no need to take the easy/evil path to legally kill our loved ones who are ill. This bill just legalizes murder. Please do NOT approve it!

Here are 6 top reasons not to legalize this uncessary, evil bill.

Physician-Assisted Suicide Should Not Be Legal

Because it provides a financial incentive for premature deaths.

Since it's always cheaper to give a patient a suicide pill than to provide real care, imagine the financial incentives prescribed suicide offers to HMOs, government payers, insurance companies and heirs.

Because it invites pressure and coercion.

While measures require paper forms and stipulate that suicide requests be "made voluntarily," subtle pressure and even outright coercion at the bedside of vulnerable patients are extremely difficult, if not impossible, to detect and prosecute. Pressure-producing statements whispered at beside may cause Grandma to feel guilty about "burdening loved ones." Grandpa may take suicide cues from a physician's comment about healthcare costs. The "right to die" quickly morphs into the "duty to die."

Because it covers up abuse.

The only statistical indicators of Oregon's assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "the information collected shall not be a public record and may not be made available for inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records.

Because doctor-prescribed suicide is not needed.

Under existing law, every patient and/ or his designated decision-maker has the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments.

Because it would destroy the doctor-patient relationship.

The most fundamental part of a doctor-patient relationship is trust. If doctor-prescribed suicide were legal, patients wouldn't know if the doctor's ultimate motive was to heal them or end their life. The doctor's duty is to kill the pain - not the patient.

Because of the vulnerability of socially marginalized groups.

No matter how carefully any guidelines for doctor-prescribed suicide 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, including health care. The practices will pose the greatest risks to those socially marginalized groups.

https://www.cmda.org/resources/publication/top-6-reasons-physician-assisted-suicide-should-not-be-legal

KIrk & Camille Adams & ohana

HB-2739-HD-1
Submitted on: 3/22/2018 7:26:40 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Traci Sylva	Individual	Oppose	No

Comments:

Dear Honorable Senators,

I have strong concerns with the wording and implementation of HB2739 HD1. Although I understand the compassionate motives behind introducing this bill, I have worked closely with many state agencies, and have been in the decision making seat for my father's health before he passed away. These decisions are not easy and especially for someone who is dealing with their own mortality soon, the presence of clear thinking is very much clouded by emotion. In addition, leaving the monitoring of the legal procedures up to the employees of a state agency worries me the most. As you hopefully know, there are many SERIOUS deficiencies in the actions the state agencies who have the responsibility of the health and welfare of the public, like the departments of health and the human services. I am truly fearful that if you, our entrusted lawmakers, can't fix these deficiencies, it would be truly unwise to add more responsibilities to these state employees. Please reconsider this bill for now, and focus on how you can fix the problems with the state agencies that oversee the implementation of your laws.

Thank you,

Traci Sylva

HB-2739-HD-1
Submitted on: 3/22/2018 7:27:11 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robin McDonald	Individual	Support	No

Comments:

I support HB2739 because this bill affords individuals with assurances that they have autonomy for their choices with regard to their health and life. It has been my experience with a number of friends and family that a bill such as this is respectful of a person's integrity as they experience an debilitating illness, affecting not only how long they have to live, but the quality of life. I will be contacting my representitives to let them know of my support. Passing HB2739 is recognition of a individual's choices.

Robin McDonald

85-702 Kaupuni Pl. Waianae 9792

Date: February 26, 2018

To: Chair Mizuno, Chair Nishimoto and the Members of the Joint House Health & Human Services and Judiciary Committees:

From: Joy Yadao,
Strong Opposition to HB2739 Relating to Health

As a registered nurse in Hawaii, I stand in strong opposition to this bill and ask that you hold it in committee. There are so many inherent dangers in allowing physicians and nurses to prescribe lethal doses of drugs to those who may have a terminal diagnosis.

No matter what “safeguards” you try to include there will always be the danger of coercion, diversion and errors in prognostication.

I am deeply concerned about those who are deemed terminally ill while in hospitals, nursing homes or other care settings. The role of the physician and/or nurse will be forever changed by this bill. The conversations cannot be controlled or scripted. You will be permitting healthcare professionals to bring about someone’s death.

In Hawaii, we have a large senior population. They need your protection! Please do not allow this bill to pass your committees. This is your opportunity to show that life is valued and respected, no matter what age, beliefs or health status. Let our youth know that ending one’s own life is not encouraged by our Aloha State!

Thank you for this opportunity to testify and express my **strong opposition to HB2739**

Joy Yadao, RN
Hawaii Resident,
Member of the Democratic Party of Hawaii

HB-2739-HD-1
Submitted on: 3/22/2018 7:31:57 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
FAITH NICKELSEN	Individual	Oppose	No

Comments:

STRONG TESTIMONY IN OPPOSITION TO HB 2739 HD1

TO: Members of the Senate Committee on Judiciary
HEARING: 3/23/18 @ 9:00 Conference Room 016

FROM: Wilma Youtz
P.O. Box 10232
Honolulu, HI 96816-0232
DATE: 3/22/18

Dear Senators:

Your compassion for those suffering from a terminal disease is totally understandable and 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 HD1 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 HD1 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) Securing the choice of suicide will lead to the loss of choice for life-extending treatment. Legalizing suicide devalues life and ushers in the denial of life-supporting treatment in favor of the life-ending option of suicide. It is happening now:

Oregon Legislature Passes Bill to Allow Starving Mentally Ill Patients to Death

State Steven Ertelt Feb 27, 2018

When Oregon became the first state in the nation to legalize the practice of assisted suicide, pro-life advocates argued this would be a slippery slope that would lead to euthanasia.

Apparently assisted suicide is not enough for the death peddlers in this Pacific Northwest State. ↔ Now they are pushing legislation in the Oregon State Legislature that would allow starving mentally ill patients to death.

And the legislature just signed off on it. Today House Bill 4135 passed the Oregon Senate 17-12. While the stated intent of the bill's authors was to update the advance directive, it also paves the way for healthcare representatives to remove access to food and water for vulnerable Oregonians with dementia and Alzheimer's.

http://www.lifenews.com/2018/02/27/oregon-legislature-passes-bill-to-allow-starving-mentally-ill-patients-to-death/

Government Will Pay for Disabled Man's Assisted Suicide, But Not for Independent Living Services

Wesley Smith   Mar 19, 2018

Will euthanasia be about money? Does CNN hate Donald Trump?

In 2008, two Oregon terminally ill patients on rationed Medicaid were denied coverage for life-extending chemotherapy, but received letters from administrators offering to pay for their assisted suicides.

Now, a Canadian man with serious disabilities has been refused coverage for independent living services — but offered payment by Canadian Medicare for the costs of obtaining a lethal jab. From the CTVNews story:

4) 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.**

5) 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**.

6) HB2739 HD1 "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 HD1**. Thank you for your thoughtful consideration.

Respectfully,
Wilma Youtz

Senator Brian T. Taniguchi, Chair, Senator Karl Rhoads, Vice Chair, And Members of the Senate Committee on Judiciary

From: Leslie Jones, Mental Health professional, kamaaina and Constituent friend
To: Hearing of Senate Judiciary Committee
Hearing Date: Friday, March 23, 2018 Hearing Time: 9:00 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:

- **Insufficient protections for our kupuna and disabled citizens**
- **Sends the wrong message to our youth who are increasingly suicidal that suicide is acceptable**
- **Is opposed by Hawaii's physicians who have testified that our state is not prepared for such legislation**

Therefore the following amendments are proposed:

- **<u>Require a 6-month expiration date on all life-ending prescriptions issued. Also require that all unused medications issued pursuant to such prescriptions be returned to the issuing pharmacy or physician within the prescription expiration period</u>.** Since the patient has been diagnosed as terminal within 6 months, this timeframe should be sufficient for self-administration by the patient and if the medication goes unused will help guard against the deadly medication being misused by others for whom it was not intended.

- **<u>Require a minimum of 2 witnesses to the patient's self-administration of life-ending medication, one of which must be a physician or other medical professional</u>.** This requirement will protect against a) unsuccessful self-administration or complications resulting therefrom, b) coercion of patients, particularly the elderly and/or disabled who may be taking multiple medications or have other conditions interfering with self-administration**.**

- **<u>Require that all State records related to the patient's death be discoverable</u>.** This requirement will protect families who are not required to be notified of the patient's death and will assist with wrongful death claims.

Recently, 29 states have introduced assisted suicide legislation, and 28 of those states have rejected such legislation. And just to reiterate, 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: 3/22/2018 8:59:19 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaliko Amona	Individual	Support	No

Comments:

Aloha,

I am writing in strong support of HB2738 HD1.

Please let those with terminal illness have a CHOICE in how they die.

Thank you,

Kaliko Amona, Haleʻiwa

HB-2739-HD-1
Submitted on: 3/22/2018 8:57:31 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynne Beckstrom	Individual	Support	No

Comments:

Please approve HB2739HD1 for a full Senate vote. At 75 years old, I would like to know that my right to self-determination in end-of-life issues is protected by law. I have experienced excruciating pain in my life and was able to endure it because I had no doubt that it would eventually pass and I would go on living. I cannot imagine what it would have been like with no hope for recovery, as in a terminal diagnosis. Please don't allow someone else's religious beliefs to dictate my behavior.

Thank you for your consideration,

Lynne Beckstrom

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 will cause a catastrophic effect because the way the language is written under the aid and dying law.

Please look over the California testimony regarding the need to clarify the language.

READ! DO NOT reject the AG TESTIMONY - but I am reminding you legislators, in a rhetorical fashion, or Socratic manner of - why The HOUSE and SENATE rejected the AG's recommendations.

The Point is that the senators just two weeks ago confirmed the Attorney General because of his legal ability to make sound legal arguments and give sound legal advice. So, doesn't it seem odd that these same senators now eject the attorney general's counsel and advice?

It's all or nothing for us. The legislators HAVE already rejected the attorney general's recommendations and demonstrated the legislative history by doing so. If want you to know this but I also want the voters, news people and readers to KNOW that as well.

I am pleasing with you all – PLEASE TAKE DO NOT REJECT THIS REQUEST.
This is our Hawaii NOT THE MAINLAND's HAWAII!

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:

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.

To: Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Committee on Judiciary

Hearing: Friday, March 23, 2018

Aloha and mahalo Senators for the opportunity to submit written testimony regarding HB 2739. I oppose this bill.

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.

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.

Submitted with Much Aloha,

Esther McDaniel
Wahiawa, Hawaii

HB-2739-HD-1
Submitted on: 3/22/2018 8:56:14 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Seena Clowser	Individual	Support	No

Comments:

Aloha Judiciary Commitee Chair, Vice Chair and Commitee Members,

Thank you for hearing this bill. I am in strong support of it.

Mahalo for your Care,

Seena Clowser

Makiki

HB-2739-HD-1
Submitted on: 3/22/2018 8:56:09 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

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

Comments:

I stand in very strong support of HB 2739. It is the essence of compassion. Anything less is heartless and selfish. Please pass this piece of legislation. Thank you.

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

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,

Tracey Clay-Whitehurst

HB-2739-HD-1
Submitted on: 3/22/2018 8:00:36 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MARGARET M. JOHNSON	Individual	Oppose	No

Comments:

HB-2739-HD-1
Submitted on: 3/22/2018 7:37:37 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cary Belmear	Individual	Oppose	No

Comments:

Physician-assisted suicide (PAS) is wrong, plain and simple. I realize suffering humans may seek death, but aren't the really seeking relief from the pain? In my opinion, only God has the authority to take life, since he creates life. Terminally ill patients have been miraculously (or unexpectantly, if you prefer) healed time and again. Conversely, many times they are not healed and do pass away. But either way, it's all in God's timing.

Regardless of how long this bill or any derivation that supports PAS has been circulating through the years, many bills get submitted and are shot down year after year (Hawaiian Independence, for example). So, using the duration of this bill as a factor for passing it this time is nonsense.

What message does PAS send to our youth and young adults? It says that suicide is a viable option for ending pain and that's a very slippery slope. Like it or not, our youth are our future and they need to be raised to view all life as a precious gift from God. We don't get to know the exact time and day of our death--that knowledge is reserved for the creator, not the created.

Please, for the sake of Hawaii's future, do not pass this bill. PAS is wrong.

Thank you for your consideration.

Sincerely,

Cary Belmear

HB-2739-HD-1
Submitted on: 3/22/2018 8:09:15 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	Individual	Support	No

Comments:

Dear Chair Taniguchi, Vice Chair Rhoads, and Members of House Committee on Judiciary,

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

My mom was bedridden with illness for five years, last three of five years with a terminal lung cancer. She passed seven years ago. Toward the end of her life, the pain has reached a point where she begged for help to die; she at times refused food and water in hope that starvation will kill her; she was depressed and often sobbed. Not only was this period difficult for my mom, it was difficult for my dad who wanted to help but couldn’t; who found himself force-feeding my mom but wished he could just let her go. My dad was glad that he was able to take care of my mom daily last five years of her life but still regrets not being able to do anything for her when she just wanted to die in peace. I too regret not being able to help my mom.

I support the H.B. 2739 because I believe we should give a terminally ill person an option to end their pain and suffering when the time comes. This option would give peace of mind to the families which my family never had. I realize that my story is one of similar stories of thousands of citizens of Hawaii. So thank you for taking time to read my testimony.

HB-2739-HD-1
Submitted on: 3/22/2018 7:38:33 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
eric nickelsen	Individual	Oppose	No

Comments:

I am in **opposition** of this bill and would like for all of you to render a vote of **NO**.

HB-2739-HD-1
Submitted on: 3/22/2018 8:15:03 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sonia Berrios	Individual	Oppose	No

Comments:

1. Medical care includes promoting health or treating disease, not killing the patient.

2. Troubled teens are told suicide is a means to fix their problems.

3. Unused lethal medication is not controlled and can be a risk it it gets into the hands of someone else.

4. It Hawaii, we love our Kapuna we won't abandon them to suicide.

5. Hawaii would be joining only 5 states and DC to join PAS.

6. The legislative findings in support of this bill miss the entire point.

7. 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.

March 22, 2018

TESTIMONY TO THE SENATE COMMITTEE ON JUDICIARY

For Hearing on Friday, March 23, 2018
9:00am, Conference Room 016

Re: HB 2739, HD1 Relating to Health

Dear CHAIRPERSON BRIAN T. TANIGUCHI, VICE CHAIR KARL RHOADS AND MEMBERS OF THE COMMITTEE ON JUDICIARY:

I write in STRONG <u>OPPOSITION</u> to HB 2739, HD1.

First off, I do not understand the need for this bill. If someone wants to end their life, there is nothing stopping them now. All this legislation does is bring others into the process and allow them to assist in killing human life.

It also opens up more possible abuse of those who need caregivers. In a recent report, it was shown that elder abuse on Oahu had increased 300%, (http://khon2.com/2017/10/26/joint-campaign-raises-awareness-about-kupuna-neglect-financial-abuse/).

> From the article, “Spallina says between 2008 to 2014, his office saw a 300-percent increase in elder abuse cases on Oahu and adds that they receive an average of 45 calls a month from the public.”
>
> “In 2016, the Hawaii’s Adult Protective and Community Services Branch investigated 1,048 abuse allegations. Of those involving a victim 60 years and older, about 33 percent of them involved caregiver neglect, 21 percent financial exploitation, 25 percent self-neglect, 12 percent psychological abuse, 8 percent physical abuse and 1 percent sexual abuse.”

33% of the reported abuse in the article are from CAREGIVER neglect. These are the very people by definition that society assumes will be caring for the elderly not abusing them in any way. Placing lethal drugs into the hands of abusers generates an additional risk to our elderly.

The definition of “terminal illness” in the bill is an issue. From the bill, “terminal disease means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.” There are many diseases that can be managed but not cured past 6 months with a good quality of life. Doctors really do not know how long someone has left to live. They are giving an educated guess but that guess is often wrong. My father-in-law lived beyond the doctors expectations when given a terminal diagnosis. He had many happy experiences with family and friends in that time. Years that we are glad we had with him and I know he would not have traded for anything - even with the discomfort he lived with.

I think there are some issues with the reporting requirements as well. Knowing that abuse is a concern, why would the law not allow the information “disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.” This only helps abusers to take advantage of this law and kill off someone for their personal benefit and have the State of Hawaii assist in covering up evidence against them. There would be no way for the public or loved ones to know if there was abuse under the law if records cannot be called up.

Disposal of unused medication is also a big issue. There is no real oversight here. There is no guarantee that the medication will not enter the black market or the hands/mouth of a child.

There are more compassionate medical alternatives then death. It is my strong belief that all human life is sacred and created by God in His image. Human life is of immeasurable worth in all its forms, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. HB 2739, HD1 takes away the value of human life.

These types of laws are a slippery slope. Any time the government allows the killing of innocent human life at any stage, the definitions over time get looser. It gets easier and easier to move the bar as to when it is OK to kill human life.

The governments job is to protect its citizens, not figure out ways to end their lives.

Thank you for your time and I urge you to OPPOSE HB2739, HD1.

Sincerely,

Stacey Jimenez

March 22, 2018

TO: Honorable Chair and Members of Senate Judiciary Committee

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

Kerrie Villers
Lumiaina St.
Waipahu, HI 96797

HB 2739 HD 1
RELATING TO HEALTH
Senate Committee on Judiciary
Hearing Friday, March 23, 2018
9:00 AM, State Capitol, Conference Room 016

I oppose the passing of HB 2739 HD1

The bill fails to fulfill its own stated purpose as it is not providing any advancement opportunities in medical care to patients. The bill fails to adequately track and provide for appropriate disposal of unused drugs. The bill possibly allows persons who are not truly Hawaii residents to come to our islands to use the law to terminate their lives, which poses greater risk for coercion and abuse as those persons are further removed from communities which know them and have connection with them. This bill fails to protect patients from abuse and coercion as it gives full criminal and civil protection to parties involved in assisting in death, which completely takes the teeth out of the claim that coercion under this bill is considered a felony. Furthermore, this bill puts our most vulnerable at a higher risk, our youth, by promoting the killing of oneself under certain circumstances.

The stated purpose of this bill is to provide certain terminally ill patients the ability to determine their own medical care at the end of their lives. Patients in Hawaii are already able to do just that. Medical care is the maintenance and restoration of health and in light of that concept, this bill fails to further that agenda. Providing drugs with the sole intent of hastening death is not medical care.

There is already a significant problem with prescription drugs being misused and taken by persons other than the intended patient. Certain drugs should only be administered under direct supervision by medical personnel because of the danger they pose to society should they get into the hands of anyone other than the patient. Drugs which expedite death should be supervised so that we don’t have situations where unused lethal drugs fail to be properly disposed of and are possibly intentionally taken by others, sold on the black market, or accidentally taken by children. We should not be deliberately creating situations where we have more dangerous drugs easily accessible.

Because this bill sets such low standards for residency, virtually anyone with a “terminal illness” could begin renting an apartment in our state and initiate the process of obtaining these drugs. With no real requirements that persons with an intimate connections to the patient have knowledge or be involved, in particular a physician who has a relationship of significant length with said patient, there is greater risk of coercion occurring.

Additionally, because this bill gives full legal protection, both civil and criminal, to persons involved with aiding someone in dying, the claim that coercion is a Class A Felony is without merit. Under this bill, there will never be investigations into misconduct or possible coercion, there will certainly never be prosecution, and those who would seek justice for the wrongful death of their loved ones will never see it.

Furthermore, almost every individual knows or has known someone — family member or friend — who has died or is dying from a long and drawn out illness. Some cling to life till the end and see their lives as having purpose and meaning, if only to inspire other family members or to pass on a final bit of knowledge. Others long for the end to come quickly, and agonize and grieve throughout their suffering till the very end, wishing that something more could be done. But this legislative body is not making laws for individuals. It is making laws for our entire community and as such has to consider the effects of doing so on the community as a whole, regardless of the perceived benefit to the individual.

We have youth and young adults throughout our islands who are suffering hopelessness because of terminal illnesses, chronic health conditions, broken family bonds and relationships, physical and sexual abuse, and the list goes on. Similar to the terminally ill adult, these youth also believe that the lives that they have left only hold pain and extreme emotional anguish. So will the message that we as a society send to those young souls be one of life, change, and hope in the midst of despair, or will it be one that confirms that “should you find yourself in … circumstances” it is better to not live?

We as a community cannot look at the young who are suffering physically, mentally, emotionally, and possibly with terminal illnesses and tell them to hope and have faith and to try to believe that things will get better and that they have a future that can be good, while also telling them that when they turn 18, if they found themselves suffering physically and possibly emotionally due to terminal illness, we would allow them to end their lives.

In Hawaii we say that everything we do is for the keiki, but if it is, then it’s everything we do till the end, because we know that the decisions we make, and the values we affirm will be understood as values that apply throughout all of life. If we don’t want people to kill themselves, then we don’t want them to do it when they are children, even if they are suffering, and we don’t want them to do it when they are adults, even if they are suffering. As adults, we want to inspire them — to provide examples of hope and strength, compassion and love in the midst of a hopeless situation, because we want them to value their lives and the lives of the generations after them.

From looking at other states, we know that there is a correlation between legalizing medical aid in dying and increased suicide rates. We know that children feel emotions very strongly and often lack the foresight to see that circumstances may change and that their despair may not have to be endured for the rest of their lives, though it seems as though it may at the moment. So for the protection of our youth, while considering those who are dying and how to best serve them, you must make decisions that will benefit all in our community, and this measure does not. This bill provides for a small percentage of our population and puts the rest at higher risk in multiple ways.

For these reasons, I urge you to not pass this bill.

Sincerely,

Kerrie Villers
Lumiaina St.
Waipahu, HI 96797

We are standing on the threshold of evil once again. It is difficult to believe that in a society that works so hard to live longer, healthier, and happier, there is a tiny but well funded minority, that is seeking state approval for the right to die. The Declaration of Independence lays out our rights: "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**." No right to die laid out in the Declaration of Independence.

Twelve percent of the 50 states have legalized Physician Assisted Suicide laws.
Do not let Hawaii be a state that increases this disturbing percentage. Do not lend your vote to go against the values of the majority of the people in this state. Do not let history look at our state and say how foolish they were to set this precedent. Once this threshold is crossed, we will descend into the pit. Maybe slowly, maybe subtly, but we will descend, taking the next step in the culture of death.

This is but one example - found in minutes on an internet search from the Washington Times, May 31, 2017:

"A Nevada physician says insurance companies in states where assisted suicide is legal have refused to cover expensive, life-saving treatments for his patients but have offered to help them end their lives instead.

Brian Callister, associate professor of internal medicine at the University of Nevada, said he tried to transfer two patients to California and Oregon for procedures not performed at his hospital. Representatives from two different insurance companies denied those transfer requests by phone, he said.

The patients were not terminal, but "would have become terminal without the procedures." "It was estimated that their chance for cure — ***cure, not just adding time***

*— of about **50 percent in one case and 70 percent in the other case**,” Dr. Callister said.”*

Does anyone believe that once the state grants the right to die by Physician Assisted Suicide there will be no unforeseen consequences - physical, emotional, mental, and social?

Our family had a suicide several years ago. A young man, without hope, hung himself. It was and still is a devastating event for our family. Suicide, whether physician assisted or by the person's own hand has a detrimental effect on the family structure.

There are so many reasons not to pass this bill:

* The length of time and the effects of the poison to kill the person. The same article stated a range from two minutes to 4.5 days.
* The American Medical Association is against Physician Assisted Suicide.
* It does not reflect the views of the cultures of Hawaii - Native Hawaiian, Japanese, Filipino, Portuguese, Pacific Islanders, Asian, European, etc.
* It steals the precious time for closure with the family.
* It tells us that life is not precious. If we say that this suicide bill is okay, then we should consider capital punishment to be consistent.
* The pressure for the sick or elderly to “check out” so they will not be a burden to the family or state will be immense.
* From Physician Assisted Suicide we move to Euthanasia and beyond.

Our state has the beautiful example of Father Damien, Mother Marianne Cope, and many others literally giving their lives to minister the lepers of Kalaupapa. The people sent to die, **by the state**, experienced true compassion from those who cared for them. **I urge you to stand for what is right and just, I ask you to search your hearts and**

see what true compassion is, I implore you to do the will of the majority of the people in this state.

Thank you for your thoughtful consideration. Do what is right - do not let history reflect the pressure of a minority influencing your decision not to respect life.

Respectfully Submitted,

Thomas Adams

Thomas Adams
Box 1048
Kapaau, HI 96755
808-960-8470

HB-2739-HD-1
Submitted on: 3/22/2018 8:38:09 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William J M. Evans	Individual	Support	No

Comments:

TO: The Honorable Chair, and Members of the Senate Judiciary Committee (JDC)

RE: House Bill 2739 (HB2739) Our Care, Our Choice

DATE: 3/22/2018

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 choices regarding their health care and in requesting or rejecting medical assistance. 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

Guy Yatsushiro, M.D.
405 North Kuakini St.
Suite 1109
Honolulu, HI 96817

March 23, 2018

Good Morning Chair Taniguchi, Vice Chair Rhoads and Senate Judiciary 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.

If morality, professional ethics and statistics don't persuade you to vote against HB2739, how about the facts and reality of Hawaii's present healthcare crisis? Several bills moving through this year's legislative session point to the doctor shortage in Hawaii as HR123 announces:

WHEREAS, Hawaii is in the midst of a physician shortage, with the latest estimates by the Hawaii/Pacific Basin Area Health Education Center finding that Hawaii is approximately seven hundred physicians short when compared to similarly sized communities across the country, a number expected to grow to one-thousand five-hundred physicians over the next decade; and

WHEREAS, the physician shortage affects all areas of the State, including Oahu's rural areas that are struggling with maintaining adequate numbers of primary care providers and other physicians, and other islands that are experiencing even greater loss in the number of physicians practicing in those areas; and

WHEREAS, the County of Hawaii is experiencing a large and growing physician shortage with a 39 percent shortfall of physicians and 49 percent shortfall for primary care physicians, and Hilo has seven fewer physicians in 2017 than it did in 2016; and

WHEREAS, Hawaii's demand for physicians increases by approximately 50 while the number of physicians practicing in the State decreases by approximately 50 each year; and

WHEREAS, adding to the growing physician shortage in Hawaii is the imminent retirement of a large number of currently practicing physicians, with over half of all physicians currently practicing in Hawaii reaching the retirement age of 65 over the next ten years; and

WHEREAS, even if every slot for a medical student at the John A. Burns School of Medicine were filled with medical students willing to practice in Hawaii upon completion of their medical education, the physician shortage would still exist and would not be resolved in the near future, particularly in the area of primary care, since there is a shortage of approximately three hundred physicians, a number expected to rise as Hawaii's ever growing and aging population increases the need for primary care providers;

I work 6 days a week and 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. The last thing I need is another rule, policy, regulation, law or directive being *imposed upon me* as a physician. 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?**

I am telling you, Hawaii has a doctor shortage as it is, this will only make that worse. This physician assisted suicide 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

The Twenty-Ninth Legislature
Regular Session of 2018

THE SENATE
Committee on Judiciary
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
State Capitol Conference Room 016
Friday, March 23, 2018; 9:00 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.

March 23, 2018

Good Morning Chair Taniguchi, Vice Chair Rhoads & JDC Committee members, and thank you for this opportunity to provide testimony in **STRONG OPPOSITION** to HB2739.

PLEASE CONSIDER deferring to allow for a TASK FORCE or a Legislative Working Group to further examine this life and death issue before signing off on this in haste - **PHYSICIANS ARE AGAINST this legislation!!!**

In absence of further evaluation through a Task Force or Working Group, HB2739 needs to be completely 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 even if oral testimony would've been permitted today, 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 are the iron-clad legal protections for the doctors*? The patient in Hawaii might agree and consent but what about the adult child on the east coast with an attorney who doesn't?

Those who want to kill themselves are already free to do so so WHY are doctors being dragged into 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 of this travesty. God bless ~

Respectfully,

Dara Carlin, M.A.

HB-2739-HD-1
Submitted on: 3/22/2018 12:17:17 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
william metzger	Individual	Support	No

Comments:

I strongly support this bill HB2739. It has all the important and necessary safeguards.

Thank you for passing this very important legislation.....death with dignity.

William Metzger

3102 Beaumont Woods Place

Honolulu 96822

A past memo from the Hawaii Democratic party indicated that it would be part of their platform to “support the right of people to choose death with dignity under appropriate safeguards.” Since 2001 the Hawaii State Legislature has introduced a bill yearly to legalize physician assisted suicide. This effort was largely funded by the Hemlock Society and lately by the Compassion and Choices group; Mainlanders supplying their money and plan; telling us what we want around end of life care. This year, through their continued efforts and massive Mainland fundraising-along with the determination of the legislature to pass this legislation--the decision has been made to give the people of Hawaii their ‘choice’ to undergo physician assisted suicide. Several warnings should be noted for the years ahead.

1. Physician assisted suicide became an issue because patients wanted a choice to select how they would die if they were diagnosed to have a terminal illness. The main reason given was pain and suffering. However, surveys have shown that the majority of majority of those patients who requested PAS were suffering from mental disorders, mainly depression, feeling of “being a burden,” financial difficulties, fear of the process of dying, loss of control, and lack of support. Only a small percentage of patients actually experienced significant pain when dying of a terminal illness. Pain management has improved significantly over the years. The psychological, spiritual, and social support provided by the physician, the family of the patient, and Hospice diminishes the request for PAS.

2. Once the legislature fully authorizes PAS for competent terminally ill patients experiencing unrelieved suffering it will be difficult, if not impossible to contain the option to such a limited group. This is what is called the “slippery slope.” There have been suggestions to treat patients with “hopeless conditions” that would include other than terminal illnesses, such as “severe physical and /or psychological pain (due to orthopedic or neurologic) or mentally debilitating and/or deteriorating conditions or quality of life no longer acceptable to the individual. Since there needs to be confidentiality of the proceedings between the doctor and the patient there will not be adequate oversight of the record keeping. I suspect there will be malpractice that will not be detected. Since the legislation is all about choice of the patient oversight will likely not be a significant issue. There may be issues with families who were never informed of their loved one’s decision. Doctors prescribing the medication to end one’s life may be faced with liability.

3. 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 ‘acceptable’alternatives they can obtain.

4. Physicians typically make recommendations about treatment options, and patients generally, do what physicians recommend. Young physicians today are so overwhelmed by EMR and complying with quality measures and government mandates that they often have less time to manage the cancer patient with severe

pain-- with empathy, patience, compassion, and adequate management of pain depression. It would be easier to refer the patient to a physician that would perform PAS. Such physicians need not have to develop a physician patient relationship.

5. On reviewing the literature, a survey showed that a majority of the physicians would withhold or withdraw treatment in accordance with request of a terminally ill Patient-- and physicians are willing to administer narcotics for pain relief, even in doses that might 'seemingly' hasten death. Only a small percentage of physicians would be willing to perform PAS (15%). Regarding a survey of the population 52% said yes to PAS, mostly Caucasians and Japanese, while the Hawaiians and Filipinos objected.
   There was little support for PAS for depression, and I'm certain that there are not adequate safeguards in this bill. If the patient is depressed he or she will be determined to have someone to prescribe medication to end his or her life, and there will be a few doctors willing to acquiesce.
   As indicated in #2 I am sure that there will be little oversight since the main tenet of the legislation is patient choice.
   Licensed social workers are definitely not medically educated to diagnose and treat depression. Even medical social workers are not the ideal choice for this discussion as their education is medicine itself is limited.

6. There is still an ongoing debate about who a PAS physician should be-- despite passage of this legislation, and there needs to be continued efforts by caregivers to discuss end of life options with their patients, initiate discussions about advance planning, and establish an ongoing physician patient relationship before the patient, if possible, becomes terminally ill. If the patient is suffering from significant pain consideration should be made to utilize a pain management consultant. There should be conversations about palliative care options, such a hospice, as soon as all options for treatment of the disease have been considered. The populations also need to be educated about the possible risks of the implementation of physician assisted suicide. None of this is accounted for in this bill.

I remain against physician assisted suicide because it will change the doctor patient relationship...forever. Despite the so-called safeguards that have been written into the bill there will be a slippery slope.

The legislature has acquiesced to the people about 'choice' and left the fragile and underserved population at risk in a broken health care system. Beware of what you have wished for and always remember the law of unintended consequences.

Open Letter to Massachusetts Physicians

The Massachusetts Medical Society recently sent a survey to member physicians in order to ascertain their beliefs regarding physician assisted suicide. Unfortunately, the survey is partially entitled, "Medical Aid in Dying" and therefore adopts the euphemistic language of assisted suicide proponents.

The fact is that Massachusetts already has **true** medical aid in dying which consists of our wonderful hospice organizations. These professionals ease the suffering of patients and allow them to die a **natural** death while families can be present to give support and say goodbye. Physician Assisted Suicide is very different. This involves giving patients pills to kill themselves without family members necessarily even being aware. This is not medical aid in dying; rather it is medical abandonment and a corruption of the practice of medicine.

Physician Assisted Suicide is being promulgated by the organization, "Compassion and Choices." Their name is another euphemistic deception. Their original name was the "Hemlock Society," a name that more clearly portrays their true intentions which is to prescribe poison to patients. Yes, "Compassion and Choices" wants doctors to push poison on their patients and euphemistically call it "aid in dying" or "death with dignity." But there is NOTHING dignified about suicide and there is NOTHING compassionate about a doctor killing his patient. Hippocrates understood this 2500 years ago when he wrote the Hippocratic Oath which stated in part, "I will neither give a deadly drug to anybody who asks for it nor will I make a suggestion to this effect." Hippocrates realized what "Compassion and Choices" does not realize: the fact that a patient will not trust a doctor who can both heal and kill him. All of us have the right to refuse treatment. **Physician Assisted Suicide is NOT refusal or withdrawal of treatment. It is the active participation in killing.**

As physicians, we must promote a culture where **all** people receive appropriate care. However, studies show that it is the white, wealthy and well insured individuals who desire Physician Assisted Suicide to be legal because THEIR rights will be expanded. But it is the poor, people of color and those with disabilities who will be steered toward suicide. Once Physician Assisted Suicide becomes legal it becomes a medical procedure and a cheap one at that. Profit minded insurance companies and cash strapped governments will inevitably take advantage of this. This has already occurred in states where Physician Assisted Suicide is legal. Barbara Wagner of Oregon received a letter from the state Medicaid office indicating that her expensive chemotherapy for lung cancer would not be covered but her suicide pills would be! This is just one of many examples of abuse and abandonment of patients.

In 2012 the Massachusetts Medical Society voted overwhelmingly to oppose the ballot measure which would have legalized Physician Assisted Suicide. I urge all of my colleagues to once again come to the aid of **ALL** our patients and vow, as did Hippocrates: "I will keep my patients from harm and injustice . . . In purity and holiness I will guard my life and my art."

Mark J Rollo, MD, 456 Pearl Hill Rd, Fitchburg, MA

HP 978-342-8243; CP 508-265-8930

From:	Kenneth Stevens <kennethstevensjr@gmail.com>
Sent:	Wednesday, March 21, 2018 4:10 AM
To:	JDCTestimony; Kenneth Stevens
Subject:	HB2739 -Assisted Suicide No

To Members of the Hawaii State Legislature Judiciary Committee.

Keep assisted suicide out of Hawaii.

The proposal for assisted suicide in Hawaii is based on Oregon's assisted suicide law.

I have been a cancer doctor in Oregon for 51 years, caring for many thousands of patients.

Don't be seduced by the false information from assisted suicide proponents. There are problems with Oregon's assisted suicide law:

False terms are used, rather than correctly calling it assisted suicide.

The death certificate is falsified. The death certificate for those dying from assisted suicide states they died of natural causes. It makes no mention that the cause of death was from a drug overdose, which was the truthful and specific cause of death.

Oregon's law is not necessarily for those who are dying, it is for those whom a doctor determines has a 6 month or less life expectancy. And this includes patients who refuse potentially curative treatment. Assisted suicide encourages patients to throw away their lives.
In the year 2000, I cared for a patient, Jeanette Hall, who had an inoperable cancer. She requested assisted suicide, for which she qualified because she was refusing cancer treatment. I counseled with her and convinced her that she had reason to live. She accepted cancer treatment and is now alive almost 18 years later. She is grateful to be alive. She says, "It's great to be alive!" She has told me that if I had been in favor of assisted suicide, that she would be dead.

Pain is not the issue; pain can be controlled.

There are financial incentives for assisted suicide. Barbara Wagner in Oregon was refused cancer treatment, and but was told by Oregon Medicaid that she was eligible for assisted suicide. She said, "They will pay for me to die, but won't pay for me to live!"

Depression is the leading cause of suicide, yet very few of those dying from assisted suicide have a psychiatric evaluation.

Oregon has a high rate of regular suicides, which has increased since the legalization of assisted suicide. The Oregon Health Authority does not fund or support adult suicide prevention.

The information from Oregon is inaccurate and incomplete. As documented by Dr. William Toffler and myself in the Journal of the American Medical Association. ("Euthanasia and Physician-Assisted Suicide, October 18, 2016, 316:1599), there is failure in Oregon and Washington state to track data regarding abuses and complications. The prescribing doctor is rarely present when the drugs were taken, so how can complications be determined. There are many published reports documenting abuses and complications of assisted suicide in Oregon and Washington. Some are documented on the websites of the Disability Rights Education & Defense Fund. https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/ Among these abuses are "doctor shopping" to get around safeguards, depression and absence of psychiatric consultation, economic pressures, not following the law's guidelines, deaths by nurses, and doctors promoting assisted suicide without patient's request..

Keep assisted suicide out of Hawaii.

It is too dangerous to give the power to kill to the medical profession.
It destroys the inherent trust between patient and physician.
It is dangerous because of insurance company and government financial incentives.

Sincerely,
Dr. Kenneth R. Stevens, Jr., MD
Professor Emeritus and former Chair, Dept of Radiation Oncology, Oregon Health & Science University, Portand, OR
President, Physicians for Compassionate Care Education Foundation, www.pccef.org
13680 SW Morgan Rd., Sherwood, OR 97140, 503-625-5044

March 19, 2018

Dear Chair Taniguchi, Vice Chair Rhoads, and Honorable Committee Members:

My name is Jocelyn Fujii, and I strongly support, and testify on behalf of, HB2739HD1 with no amendments.

Many thanks for hearing and passing this very important legislation, which we welcome with gratitude.

Respectfully,
Jocelyn Fujii
Makiki
Private citizen

From: Graham Chelius <grahamchelius@gmail.com>
Sent: Monday, March 19, 2018 8:40 PM
To: JDCTestimony
Subject: TESTIMONY IN SUPPORT OF HB2739HD1 RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

I am testifying in support of HB2739HD1 with no amendments.

I have every intention of controlling my death. I believe that I, and everyone else, has the right to die on their own terms. I have practiced medicine in a lot of places and experienced many things, and I have seen the physical, emotional and financial consequences of an uncontrolled end of life.
I currently spend most of my time assisting families with a controlled and healthy beginning of life, and I hope that each of these beautiful new people, who's birth I witness, will be empowered to have a controlled and healthy end of life.
I do agree that doctors should devote themselves to helping people live the best lives possible however living a little longer is often not living better.
Graham Chelius MD
8086397892
Kekaha Kauai

March 19, 2018

Aloha Members of the 29th Senate Judiciary Committee,

Re: Testimony in support of HB2739HD1 with no amendments

I am Larraine Koike and I am in full support of HB2739HD1 as it stands in its present form. Surviving on a state pension and social security, I am a widow who was married for 38 years to the same man whom I loved dearly. Years ago he died of lung cancer and I was his primary caregiver during this heartbreaking time. At the end, he had such difficulty breathing and no amount of medication could relieve this torture. My husband was a vibrant, active, and energetic person all of his life. No one should have to go through this process of helplessly watching their loved one slowly wither away. Had there been any type of "death with dignity" legislation at that time, I would have had options on how to lovingly, painlessly, and legally end his life which he would have wanted as his mind was as sharp as ever. It would also have been a dignified process that allowed him a say in how he wanted to live his last days on earth.

HB2739HD1 should become law as it is the decent humane thing to do for those who are terminally ill and their families who tend and care for them.

Thank you for allowing me to offer this testimony which reflects my personal journey and how HB2739HD1 is related to it.

Larraine Koike, Nuuanu

3176 Kaohinani Drive

Honolulu, HI 96817

Ph: 808-5954158

Email: larrainekoike@gmail.com

From: Marisa Chelius <mkchelius@gmail.com>
Sent: Monday, March 19, 2018 8:15 PM
To: JDCTestimony
Subject: Death with dignity

Senator Taniguchi, Senator Rhoads, and Honorable Committee Members,

My Name is Marisa Chelius and I'm testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

Marisa Chelius
PO Box 414
Waimea, HI 96796

Mailing: 4491 Kikiaola Place
Kehaha, HI 96752

From: Carla <cbm@hawaii.rr.com>
Sent: Monday, March 19, 2018 7:48 PM
To: JDCTestimony
Subject: Support of HB2739HD1 With No Amendments

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Carla Allison and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,
Carla S. Allison
1062 Oilipuu Place
Honolulu, HI 96825
808-396-1488

From: Marion Poirier <mpoirier808@gmail.com>
Sent: Tuesday, March 20, 2018 2:16 PM
To: JDCTestimony
Subject: SUPPORT HB 2739

Dear Senator Taniguchi, Senator Roads, and other Judiciary Committee Members:

In SUPPORT of HB 2739 HD 1

My name is Marion Poirier, and I am a registered nurse with a graduate degree in healthcare administration. After carefully studying both this bill and its overall context and implications, I strongly support this bill as is, without amendments.

Thank you very much for the opportunity to testify.

Marion Poirier
From my iPad

Testimony regarding HB 2739 HD1, legalizing physician assisted suicide.

Daniel P. Sulmasy, MD, PhD, MACP

Georgetown University, Washington, DC

March 20, 2018

Address inquiries to:

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My name is Dr. Daniel Sulmasy. I am a general internist and a philosopher and I am the André Hellegers Professor of Biomedical Ethics at Georgetown University's Kennedy Institute of Ethics. I have served on New York State Task Force on Life and the Law under Governor Pataki and on the Presidential Commission for the Study of Bioethical Issues under President Obama. I am here today to express my strong opposition to HB 2739 HD1. This law represents bad medicine, bad ethics, and bad public policy and should not be permitted to obtain the force of law.

First, a word on language. This bill legalizes a form of suicide with the assistance of a physician. Proponents call it "aid in dying," but that is merely a euphemism concocted to gain support. I aid lots of dying patients. It is my job to accompany them, care for them, treat their symptoms, and ease their dying. This bill does something different. In plain speech, it would enable patients to kill themselves by overdosing on medication prescribed by a physician. In more honest language, that means it legalizes physician assisted suicide. This dishonesty is compounded when the bill forces physicians to lie on death certificates, as other states have done, making them state the cause of death as the underlying illness, not an intentional overdose.

Physician assisted suicide (PAS) is bad medicine. It subverts the meaning of healing to which medicine is dedicated. No patient is healed by being made dead. PAS runs roughshod over the Hippocratic Oath which states, with good reason, "I will not give a deadly drug to any patient, even if asked, nor will I make such a suggestion." It has been recognized since ancient times that profound trust is required to enable vulnerable patients to bare their bodies and their secrets to doctors. Everyone in this room is a potential patient, and no one should ever fear that the doctor secretly wants to do her in.

PAS is also bad medicine since it should not be necessary. We can do more than has ever been possible in the history of humankind to heal the physical suffering of patients—drugs, electrical stimulation, complementary therapies. Studies from Oregon and Europe bear this out. The chief reason patients opt for PAS and euthanasia is not pain (which can be treated) but loss of control. They say they feel like burdens. Should we say yes, you are a burden? They say they are tired of life or lonely. Is the answer enlisting doctors to help them kill themselves? DO NOT be deceived into believing the false dilemma that patients have a choice of either being strapped to machines, poked with needles, and racked with pain, or they can seek assisted suicide. Hospice and palliative care can treat physical symptoms, even, if necessary, to the point of rendering a patient unconscious through invoking the rule of double effect and the careful practice of palliative sedation. Even shortness of breath can be treated (with lower doses of morphine than it takes to treat pain). This whole movement is about something else—a very small but vocal, forceful, and powerful group of people who want to have the freedom to kill themselves rather than depend upon other people to help them. They often enroll in hospice, but refuse its routine services, demanding that they be given the drugs with which to end their lives. Most patients, however, when they learn what palliative are and hospice are about, want these services and take advantage of them.

And if the health care system is not delivering such good, state of the art hospice and palliative care to the citizens of Hawai'i, then fix your health care system, don't legalize medical aid in suicide.

PAS is bad ethics. Not only does it undermine the trust that ought to undergird the patient-physician relationship, it gives state sanction (and medical sanction) to the notion that being dependent upon others is so awful a state that it makes life no longer worth living. That is why the disabled are so fearful of these laws. They do not expect to have their wheelchairs lined up so that they can be forcibly injected (at least not yet). What sends shivers down their spines is that the state has said that lives like theirs are so bad that they are not worth living. They know that once it is permissible for an individual to declare his *own* life is not worth living, it is a very short step to third party determinations that the lives of *others* are not worth living—the physically disabled, the cognitively and intellectually challenged, and so many other vulnerable groups that we physicians treat. The state has an interest in cultivating a medical profession that sees the sick and disabled as worthy of service.

You see, PAS flips the default switch. At present, patients are presumed to want to live until treatments become more burdensome than beneficial, and then we stop. Once PAS is on the table, however, the question becomes, "Why haven't you done it yet? Why are you still burdening yourself and us by continuing? Here's your prescription, just in case you want to use it." That poisons medical ethics.

Personal autonomy is not absolute, and there is a difference between the negative right to be free of unwanted therapy and the positive right to receive whatever treatment one wishes, including suicidal medication. As Wittgenstein once observed, if suicide is allowed, anything is allowed. If we are to have ethics and the rule of law it must be based on the idea that all lives are worthy of respect and that no one, not the state, not the doctor, not the patient, should have the power to end lives deemed unworthy of living.

PAS is also bad public policy. PAS cannot be controlled by regulations. Allegedly "robust" safeguards will not control the phenomenon. Hawai'i should not let this genie out of the bottle. Abuse happens, and will happen. But the regulatory structures in this bill, modeled on Oregon, make it nearly impossible to detect abuse. The data collected are really bare bones. Everything depends on self reporting by physicians, who are really smart. They know how to say what will keep them out of trouble, and they don't want a lot of bureaucratic hassle. Only state officials have access to the data, and we can't know what we don't observe. We do know, however, that while, on average, about 40% of terminally ill patients can be expected to be depressed, in Oregon less than 5% of PAS patients (in some years no one) is referred for psychiatric assessment. There are disturbing anecdotes. Demented patients have used the law, even though patients are supposed to have decisional capacity. Family members have assisted patients who are too weak to self-administer, even though that constitutes euthanasia which is not permitted by the law.

Moreover, suicide of any form has a social contagion effect. We have an epidemic of suicide in this country, and data suggest that legalized PAS leads to more suicide in the general population. That's misguided policy.

The cost-constrained environment of contemporary medical care is a really unsuitable atmosphere into which to release PAS. There are a number of anecdotes describing patients who have been offered PAS by insurers who simultaneously denied overage for life-extending therapies. My colleagues and I have shown that there is a strong correlation between a cost-saving attitude and a pro-PAS attitude among physicians. And the Canadians have been bold enough to publish a recent cost-effectiveness analysis on how much their law will save for the health care budget.

Most importantly, assisted suicide is just the beginning. You see, once PAS is legalized, logic and law lead inexorably to euthanasia. It will be declared discriminatory to prevent patients who are paralyzed from equal access, and that requires active euthanasia for a person can't take the pills. And what about the demented? Can't one claim that grandma would have wanted to go if she knew she had become demented? That will require euthanasia by third party consent. In Belgium, 5% of all deaths are by euthanasia. The indications for euthanasia in Belgium and the Netherlands include psychiatric illness since psychiatric suffering is as great as physical suffering. Euthanasia is prescribed for children and for infants born with genetic disorders. Pass this bill and you'll end up in Brussels, not Portland.

Why has this not happened in yet in the US? Proponents have been very disciplined in not expanding their campaigns beyond asking for PAS until they have enough states on board. Hawai'i could be their tipping point. With a large northeast state legalizing PAS, proponents will be able to claim enough momentum to carry a few more states and then the calls will start. Actually, a few such bills have already been discussed and/or introduced in Oregon and California. Defeated for now. But you know the real zealots don't quit. How many PAS bills have already been introduced in Hawai'i? They will not stop with PAS.

So be courageous leaders for Hawai'i, and be careful. Bear in mind that a recent well-intentioned venture in bad medicine, bad ethics, and bad public policy led us to the present opioid epidemic.

I care deeply about compassionate care for the dying and have worked hard over my whole career to make that care better. Physicians and legislators can work together to do improve the care of the dying through expanding access to hospice and palliative care, expanding social work and chaplaincy services, and educating physicians to do a better job in care at the end of life. That's what the vast majority of patients want and deserve. Assisted suicide plays no role in that care.

Don't pass this bill, which will do far more harm than good.

References:

Opposition of major national medical organizations:

American Medical Association. *Code of Ethics*, Opinion 5.7, Physician-assisted suicide. Chicago: American Medical Association, 2017: 84.

Snyder Sulmasy L, Mueller PS; Ethics, Professionalism and Human Rights Committee of the American College of Physicians. Ethics and the legalization of physician-assisted suicide: an American College of Physicians position paper. *Ann Intern Med* 2017;167):576-578.

Abuse:

Bartlett G. Mother says doctor brought up assisted suicide option as sick daughter was in earshot. *CBC News*. July 24, 2017. http://www.cbc.ca/news/canada/newfoundland-labrador/doctor-suggested-assisted-suicide-daughter-mother-elson-1.4218669 Last accessed March 5, 2018.

Richardson B. Insurance companies denied treatment to patients, offered to pay for assisted suicide, doctor claims. *Washington Times* May 17, 2017. https://www.washingtontimes.com/news/2017/may/31/insurance-companies-denied-treatment-to-patients-o/ Last accessed March 5, 2018.

Barnett EH. Physician-assisted suicide: A family struggles with the question of whether mom is capable of choosing to die. *The Oregonian* Feb. 4, 2015. http://www.oregonlive.com/health/index.ssf/2015/02/physician-assisted_suicide_a_f.html Last accessed March 5, 2018.

Hanson JJ. Assisted suicide laws will pressure poor, elderly, depressed to die. *The Hill* Sept. 27, 2017. http://thehill.com/opinion/civil-rights/352757-assisted-suicide-laws-will-pressure-poor-elderly-depressed-to-die Last accessed March 5, 2018.

Psychiatric aspects:

Sulmasy DP. Ethics and the psychiatric dimensions of physician assisted suicide: a view from the United States. In: Jones D, Gastmans C, MacKellar C. eds. Euthanasia and Assisted Suicide: Lessons from Belgium. New York: Cambridge University Press, 2017: 49-64.

Marzuk PM, Tardiff K, Hirsch CS, Leon AC, Stajic M, Hartwell N, Portera L. Increase in suicide by asphyxiation in New York City after the publication of Final Exit. *N Engl J Med* 1993;329: 1508-10.

Jones DA, Paton D. How does legalization of physician-assisted suicide affect rates of suicide? *South Med J* 2015;108: 599-604.

Miller FG, Appelbaum PS. Physician-Assisted Death for Psychiatric Patients - Misguided Public Policy. N Engl J Med. 2018 Mar 8;378(10):883-885.

Economic aspects:

Sulmasy DP, Linas BP, Gold K, Schulman K. Physician resource use and willingness to participate in assisted suicide. Arch Intern Med 1998;158:974-978.

Trachtenberg AJ, Manns B. Cost analysis of medical assistance in dying in Canada. CMAJ. 2017 Jan 23;189(3):E101-E105.

Inevitable expansion:

Chambaere K, Vander Stichele R, Mortier F, Cohen J, Deliens L. Recent trends in euthanasia and other end-of-life practices in Belgium. *N Engl J Med* 2015;372:1179-81.

Richer J. Quebec opens door to expanding end-of-life law to Alzheimer's disease. *Montreal Gazette* Feb. 23, 2017. http://montrealgazette.com/news/quebec-opens-door-to-expanding-end-of-life-law-to-alzheimers-disease Last accessed March 5, 2018.

Oregon Senate Bill 893, 2017. https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/SB893/Introduced Last accessed March 5, 2018.

Harbarger M. Legislator's promise to a dying friend. *The Oregonian* April 30, 2015. http://www.oregonlive.com/politics/index.ssf/2015/04/legislators_promise_to_a_dying.html Last accessed March 5, 2018.

From: Marilyn Golden <mgolden@dredf.org>
Sent: Tuesday, March 20, 2018 12:45 PM
To: JDCTestimony
Subject: OPPOSE HB 2739 HD1 "Our Care, Our Choice Act"

OPPOSED - HB 5417, An Act Concerning End-of-Life Care

Dear legislators,

The Disability Rights Education & Defense Fund (DREDF), a leading national law and policy center on disability civil rights, has opposed the legalization of assisted suicide (AKA doctor-prescribed suicide) since 1999 because of the significant risks and dangers it poses to people with disabilities, people of lesser economic means, people with long-term chronic illnesses, and even people with terminal illness, along with the general public.

As our testimony, please consider the documented abuses and other serious problems listed below, which have occurred in Oregon and Washington State under very similar systems. The Hawaii bill is based on the so-called model in Oregon, as is Washington State. The proponents insist that no problems have ever arisen. However, the following groups of problems are well-documented. (All citations are found in the endnotes from authoritative and/or prestigious sources.)

If supporters of assisted suicide dismiss these documented problems and say they have been debunked, please ask for specifics, and let those of us familiar with these cases respond.

Thank you for the opportunity to submit testimony. We appreciate your consideration!

Yours truly,

Marilyn Golden

Marilyn Golden
Senior Policy Analyst
Disability Rights Education & Defense Fund (DREDF)
mgolden@dredf.org
Phone (510) 549-9339

DREDF: Doing Disability Justice

Some Oregon and Washington State

Assisted Suicide Abuses and Complications

"We are not given the resources to investigate [assisted suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves."[1] Dr. Katrina Hedberg, Oregon Department of Human Services

Under Oregon and Washington State's lax oversight, these are some of the documented abuses and complications that have come to light. This list includes abuses and medical complications, as well as other incidents showing some of the harms and dangers that accompany assisted suicide laws.

Doctor Shopping Gets Around Any "Safeguards"

☐ **Kate Cheney,**[1] 85, died by assisted suicide under Oregon's law even though she had early dementia. Her physician had declined to provide the lethal prescription. Her managed care provider then found another physician to prescribe the lethal dose. The second physician ordered a psychiatric evaluation, which found that Cheney lacked "the very high level of capacity required to weigh options about assisted suicide." Cheney's request was denied, and her daughter "became angry." Another evaluation took place, this time with a psychologist who insisted on meeting Cheney alone. Disturbingly, the psychologist deemed Cheney competent while still noting that her "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive." Cheney soon took the drugs and died, but only after spending a week in a nursing home.

☐ **The first known assisted suicide death**[2] under the Oregon law was that of a woman in her mid-eighties who had been battling breast cancer for twenty-two years. Initially, two doctors, including her own physician who believed that her request was due to depression, refused to prescribe lethal drugs. Compassion & Choices—then operating under the name Compassion in Dying, although originally called The Hemlock Society—became involved in the case and referred the woman to a doctor willing to write the prescription.

Dr. Peter Goodwin, the group's former Medical Director, said that about 75 percent of those who died using Oregon's assisted suicide law through the end of 2002 did so with the organization's assistance.[3] In one example year, during 2003, the organization was involved in 79 percent of reported assisted suicide deaths.[4] According to Dr. Elizabeth Goy of Oregon Health and Science University, Compassion in Dying sees "almost 90 percent of requesting Oregonians..."[5] "In 2008 the proportion of reported C&C PAS deaths significantly increased to 88 percent (53/60) of all reported deaths."[6] And in 2009, 57 of the 59 reported assisted suicide deaths were Compassion & Choices clients. But then they ceased to provide further information.[7]

Depression and Psychiatric Disability

☐ **Michael Freeland,**[8] age 64, had a 43-year medical history of acute depression and suicide attempts. Yet when Freeland saw a doctor about arranging an assisted suicide, the physician said he didn't think that a psychiatric consultation was "necessary." But the law's supporters frequently insist that as a key safeguard, depressed people are ineligible. When Freeland chanced to find improved medical and suicide prevention services, he was able to reconcile with his estranged daughter and lived two years post-diagnosis. Oregon's statistics for the years 2011 - 2014 show that each year, only 3% of patients (or fewer) were referred for psychological evaluation or counseling before receiving their prescriptions for lethal drugs.[9] N. Gregory Hamilton, M.D., Distinguished Fellow of the American Psychiatric Association, demonstrated how Oregon's flimsy safeguards do not protect people with psychiatric and other mental health disabilities.[10] Moreover, a majority of clinical and forensic psychiatrists believe "that the presence of major depressive disorder should result in an automatic finding of incompetence" to make decisions about assisted suicide.[11] And only six percent of Oregon psychiatrists are confident they can diagnose depression after one visit,[12] yet the Oregon and Washington State definitions of a psychiatric consultation permit one visit only.[13]

☐ **Absence of psychiatric consultation:** This case is about what can happen when competent psychiatric consultation is not provided. "[A] woman in her mid-fifties with severe heart disease . . . requested assisted suicide from her cardiologist, despite having little discomfort and good mobility. She was referred to another doctor, who in turn referred her to a physician willing to provide assisted suicide. That doctor determined that the woman had more than six months to live, according to his best estimate. She was eventually dismissed as ineligible. Rather than inquire further into possible causes of [her] suicidal despair [or refer her for psychiatric treatment], the physician apparently considered ... his responsibility ended. ... [H]e told her to go back and make yet another appointment with her original physician and dismissed her. She killed her self the next day."[14]

Economic Pressures and Coercion

☐ **Linda Fleming**, the first to use the WA state law, was divorced, had had financial problems, had been unable to work due to a disability, and was forced to declare bankruptcy. Yet the Director of Compassion & Choices of Washington said that her situation presented "none of the red flags" that might have given his group pause in supporting her request for death.[15] But we are told by proponents that financial pressures have never played a role.

☐ **Thomas Middleton** was diagnosed with Lou Gehrig's disease, moved into the home of Tami Sawyer in July 2008, and died by assisted suicide later that very month. Middleton had named Sawyer his estate trustee and put his home in her trust. Two days after Thomas Middleton died, Sawyer listed the property for sale and deposited $90,000 into her own account.[16] It took a federal investigation into real estate fraud to expose this abuse. Sawyer was indicted for first- degree criminal mistreatment and first-degree aggravated theft, partly over criminal mistreatment of Thomas Middleton. But the Oregon state agency responsible for the assisted suicide law never even noticed.

Self-Administration

☐ **Patrick Matheny**[17] received his assisted suicide prescription by Federal Express. He couldn't take the drugs by himself so his brother-in-law helped. Commenting on the Matheny case, Dr. Hedberg of Oregon Department of Human Services said that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted ..." The state's official annual report on assisted suicide deaths did not take note of this violation of the Oregon law. Proponents regularly insist that the law's self-administration requirement is a key safeguard against abuse that is scrupulously followed, and that Oregon's reports have thoroughly reflected all key circumstances as the law has unfolded.

☐ **Another anonymous patient:** Dr. David Jeffrey wrote, "The question of administration is a delicate one, a patient even had a PEG feeding tube inserted solely to allow him to have PAS [physician assisted suicide]."[18] Concern about the fate of unused lethal barbiturates is compounded by the fact that the Oregon law does not necessarily require that the drugs be ingested by mouth. Barbara Glidewell, Patient Advocate at Oregon Health & Science University, said that patients who cannot swallow would "need to have an NG tube or G tube placement ... [Then, they could] express the medication through a large bore syringe that would go into their G tube."[19] Kenneth R. Stevens, Jr. MD, former Chairman of Radiation Oncology at Oregon Health & Science University, observed that since the lethal agent can be administered to a willing person through a feeding tube, it is equally possible to administer it to an unwilling person by the same means. Moreover, once injectable pentobarbital leaves the pharmacy, there is nothing to prevent it from being used through an intravenous (IV) line, or as a lethal injection. If a patient or someone assisting appears to have used a feeding tube or an injection, abuse is far more difficult to detect and prove.[20] Yet, supporters of the Oregon law allege that assisted suicide is totally voluntary by virtue of the fact that the individual alone must actually swallow the lethal agents.

Deadly Mix Between Our Broken Health Care System & Assisted Suicide

☐ **Barbara Wagner** & **Randy Stroup:** What happened to these patients underscores the danger of legalizing assisted suicide in the context of our broken U.S. health care system. **Wagner**, a 64-year-old great-grandmother, had recurring lung cancer. Her physician prescribed Tarceva to extend her life. Studies show the drug provides a 30 percent increased survival rate for patients with advanced lung cancer, and patients' one-year survival rate increased by more than 45 percent. But the Oregon Health Plan sent Wagner a letter saying the Plan would not cover the beneficial chemotherapy treatment "but ... it would cover ... [among other things,] physician- assisted suicide." **Stroup** was prescribed Mitoxantrone as chemotherapy for his prostate cancer. His oncologist said the medication's benefit has been shown to be "not huge, but measurable"; while the drug may not extend a patient's life by very long, it helps make those last months more bearable by decreasing pain.[21] Yet Stroup also received a letter saying that the state would not cover his treatment, but would pay for the cost of, among other things, his physician-assisted suicide.[22]

These treatment denials were based on an Oregon Medicaid rule that denies surgery, radiotherapy, and chemotherapy for patients with a less than a five-percent expectation of five- year survival. H. Rex Greene, M.D., retired, former Medical Director of the Dorothy E. Schneider Cancer Center at Mills Health Center in San Mateo, CA and formerly a member of the AMA Ethics Council, called this rule "an extreme measure that would exclude most treatments for cancers such as lung, stomach, esophagus, and pancreas. Many important non-curative treatments would fail the five-percent/five-year criteria."[23] Though called free choice, when insurers won't pay, assisted suicide is a phony form of freedom.

Breakdown in Rules Attendant to Changing the Law

The following cases were caused be **legal erosion and the breakdown in rules and codes of conduct** associated with assisted suicide laws, rules and codes that elsewhere protect health care patients.

- **Wendy Melcher**[24] died in August 2005 after two Oregon nurses, Rebecca Cain and Diana Corson, gave her overdoses of morphine and phenobarbital. They claimed Melcher had requested an assisted suicide, but they administered the drugs without her doctor's knowledge, in clear violation of Oregon's law. No criminal charges have been filed against the two nurses. The case prompted one newspaper to write, "If nurses—or anyone else—are willing to go outside the law, then all the protections built into [Oregon's] Death with Dignity Act are for naught."[25]

- **Annie O. Jones, John Avery, and three other patients** were killed by illegal overdoses of medication given to them by a nurse, and none of these cases have been prosecuted in Oregon.[26]

    - **Medical Complications**
      Assisted suicide proponents and medical personnel alike have established that taking lethal drugs by mouth is often ineffective in causing a quick and simple death. The body sometimes expels the drugs through vomiting, or the person falls into a lengthy state of unconsciousness rather than dying promptly, as assisted suicide advocates wish. Such ineffective suicide attempts happen in a substantial percentage of cases—estimates range from 15 percent to 25 percent.[27]

- **Peaceful death?** Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett[28] described one botched assisted suicide. "The man was at home. There was no doctor there" ... . "After he took it [the lethal dose], he began to have ... physical symptoms ... that were hard for his wife to handle. Well, she called 911." He was taken to a local Portland hospital and revived, then to a local nursing facility. "I don't know if he went back home. He died shortly – some ... period of time after that ... ."
  Commenting on this botched assisted suicide case, The Oregonian editorial columnist David Reinhard observed, "The Health Division knows nothing [about this case], ... through no fault of its own. Why? Because the doctor who wrote the prescription, the emergency medical technicians and the hospital reported nothing. Why? Because [the assisted-suicide law] reporting requirements are a sham."

- **David Prueitt[29]** took his prescribed lethal overdose in the presence of his family and members of the assisted-suicide advocacy group Compassion & Choices. After being unconscious for 65 hours, he awoke. His family leaked the failed assisted suicide to the media. Oregon DHS issued a release saying it "has no authority to investigate individual Death with Dignity cases."[30]

Impacts by Doctors and Their Quality of Care

- **Kathryn Judson** wrote of bringing her seriously ill husband to the doctor in Oregon. "I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought)," she wrote. "To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher."[31] According to prescribing doctors, 40% of people who died by assisted suicide reported feeling like a burden on family and caregivers as a reason for requesting lethal drugs.[32]

- **By contrast: Jeanette Hall** of Oregon was diagnosed with cancer in 2000 and told she had six months to a year to live. She knew about the assisted suicide law, and asked her doctor about it, because she didn't want to suffer. Her doctor encouraged her not to give up, and she decided to fight the disease. She underwent chemotherapy and radiation. Eleven years later, she wrote, "I am so happy to be alive! If my doctor had believed in assisted suicide, I would be dead. ... Assisted suicide should not be legal."[33] Unfortunately, not all doctors are like Jeanette Hall's.

Citations:

[1] DHS news release, "No authority to investigate Death with Dignity case, DHS says," March 4, 2005.
[1] Erin Barnett, *A family struggle: Is Mom capable of choosing to die? Oregonian*, Oct. 17, 1999.

[2] Erin Hoover and Gail Hill, *Two die using suicide law; Woman on tape says she looks forward to relief, Oregonian*, March 26, 1998; Kim Murphy, *Death Called 1st under Oregon's New Suicide Law, Los Angeles Times*, March 26, 1998; and Diane Gianelli, *Praise, criticism follow Oregon's first reported assisted suicides, American Medical News*, Apr. 13, 1998.

[3] Transcript of tape of Peter Goodwin, *Oregon*, January 11, 2003, Presentation at 13th National Hemlock Society Biennial Conference, "Charting a New Course, Building on a Solid Foundation, Imagining a Brighter Future for America's Terminally Ill," January 9 – 12, 2003, Bahia Resort Hotel, San Diego, California.

[4] Compassion in Dying of Oregon, *Summary of Hastened Deaths*, data attached to Compassion in Dying (now called Compassion and Choices) of Oregon's IRS Form 990 for 2003.

[5] Dr. Elizabeth Goy of Oregon Health and Science University (OHSU) is an Assistant Professor in the Department of Psychiatry, School of Medicine, OHSU and has worked with Dr. Linda Ganzini in surveys dealing with Oregon's law. In 2004, members of the British House of Lords traveled to Oregon seeking information regarding Oregon's assisted-suicide law for use in their deliberations about a similar proposal that was under consideration in Parliament. They held closed-door hearings on December 9 and 10, 2004 and published the proceedings on April 4, 2005. House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL]* Vol. II: Evidence (London: The Stationery Office Limited, 2005), p. 291, Question 768, available at: http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86ii.pdf (accessed March 10, 2015).

[6] Kenneth R. Stevens, Jr. MD, former Chairman of Radiation Oncology at Oregon Health & Science University, *The Proportion of Oregon Assisted Suicides by Compassion & Choices Organization.*

[7] Stevens, *Concentration of Oregon's Assisted Suicide Prescriptions & Deaths from a Small Number of Prescribing Physicians.*

[8] N. Gregory Hamilton, M.D. and Catherine Hamilton, M.A., *Competing Paradigms of Responding to Assisted-Suicide Requests in Oregon: Case Report,* presented at the American Psychiatric Association Annual Meeting, New York, New York, May 6, 2004. http://www.pccef.org/articles/art28.htm and N. Gregory Hamilton, M.D., *Testimony to the Select Committee on the Assisted Dying for the Terminally Ill Bill*, House of Lords, Portland, Oregon, December 10, 2004, www.pccef.org/articles/art32HouseOfLords.htm.

[9] Oregon Death with Dignity Act Annual Reports, Oregon Health Authority Public Health Division, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx.

[10] Hamilton, *op. cit.*

[11] Linda Ganzini, M.D., Gregory B. Leong, M.D., Darien S. Fenn, Ph.D., J. Arturo Silva, M.D., and Robert Weinstock, M.D., "Evaluation of Competence to Consent to Assisted Suicide: Views of Forensic Psychiatrists," *American Journal of Psychiatry*, Vol. 157, April 2000, pp. 595 and 598.

[12] L. Ganzini, et al., "Attitudes of Oregon Psychiatrists Towards Assisted Suicide," *American Journal of Psychiatry*, Vol. 153, 1996, pp. 1469 – 75.

[13] Revised Code of Washington 70.245.010; Oregon Legislative Statue 127.800 §1.01.

[14] N. Gregory Hamilton, *Oregon's Culture of Silence*, in The Case against Assisted Suicide: For the Right to End-of-Life Care, *supra* note 2, at 175, 188.

[15] First Death for Washington Assisted-Suicide Law, New York Times, 5/23/2009, http://www.nytimes.com/2009/05/23/us/23suicide.html?_r=0 (accessed March 10, 2015).

[16] Sawyer Arraigned on State Fraud Charges, KTVZ.com, Sept. 7, 2011. http://www.ktvz.com/news/Sawyer-Arraigned-on-State-Fraud-Charges/619440

[17] Erin Hoover, *Dilemma of assisted suicide: When? Oregonian*, Jan. 17,1999 and Erin Hoover, *Man with ALS makes up his mind to die, Oregonian*, March 11, 1999.

[18] Dr. David Jeffrey, Winston Churchill Fellow, 2006, "Physician-assisted suicide v Palliative Care: a Tale of Two Cities," available at http://www.pccef.org/articles/PCCEF_June07_posting.pdf (accessed July 13, 2009).

[19] Letter from Barbara Glidewell, included in testimony transcript, House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL]* Vol. II, p. 268, number 3; p. 270, question 623; p. 275, question 653.

[20] Kenneth R. Stevens, Jr., M.D., personal communication to Marilyn Golden, Disability Rights Education & Defense Fund, July 8, 2009; information on lethal drugs based on data taken from Oregon Public Health Division, Death with Dignity Act Annual Reports.

[21] Kenneth R. Stevens, Jr., M.D., *Oregon Rationing Cancer Treatment But Offering Assisted Suicide to Cancer Patients—Paying to Die But Not to Live*, Physicians for Compassionate Care Educational Foundation, June 6, 2008, available at http://www.pccef.org/articles/art67.htm (accessed July 9, 2009). Stevens is Professor Emeritus and former Chairman of Radiation Oncology at Oregon Health & Science University.

[22] Dan Springer, "Oregon Offers Terminal Patients Doctor-Assisted Suicide Instead of Medical Care," *Fox News*, July 28, 2009, available at http://www.foxnews.com/story/0,2933,392962,00.html (accessed July 9, 2009).

[23] H. Rex Greene, M.D., personal communication to Marilyn Golden, Disability Rights Education & Defense Fund, July 5, 2009.

[24] *Pressure Increases on Suspected Nurses – Alleged Players in Assisted Suicide May Be Prosecuted; Others, Too,* Portland Tribune, September 7, 2007.

[25] *Another case for nursing reform,* Editorial, Portland Tribune, July 10, 2007, accessed March 15, 2015, http://portlandtribune.com/component/content/article?id=89126.

[26] *Nursing Chaos – Is Oregon State Board of Nursing Protecting Nurses at the Expense of Public Safety,* Portland Tribune, May 7, 2006.

[27] Ezekiel J. Emanuel, Elisabeth R. Daniels, Diane L. Fairclough, et. al, "The Practice of Euthanasia and Physician-Assisted Suicide in the United States: Adherence to Proposed Safeguards and Effects on Physicians," *Journal of the American Medical Association*, Vol. 280, No. 6, August 12,1998, p. 512; and Derek Humphrey, Letter to the Editor, *New York Times*, December 3, 1994.

[28] Barrett made her remarks during a *Physician-Assisted Suicide: Counseling Patients/Clients* presentation at Portland Community College in December 1999. Audiotape on file with author. Also David Reinhard, *The pills don't kill: The case, First of two parts, Oregonian*, March 23, 2000 and David Reinhard, *The pills don't kill: The cover-up, Second of two parts, Oregonian*, March 26, 2000.

[29] Associated Press, *Assisted suicide attempt fails,* March 4, 2005.

[30] Oregon Dept. of Human Services, Press Release, March 4, 2005.

[31] Kathryn Judson, *Assisted Suicide? "I was afraid to leave my husband alone again with doctors and nurses,"* Letter to the Editor, Hawai'I Free Press, February 15, 2011, accessed March 15, 2015, http://hawaiifreepress.com/main/ArticlesDailyNews/tabid/65/articleType/ArticleView/articleId/3647/February-2011-Letters-to-the-Editor.aspx.

[32] Oregon Death with Dignity Act Annual Reports, Oregon Health Authority Public Health Division, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx.

[33] Jeanette Hall letter to the editor, Boston Globe, October 4, 2011, accessed June 1, 2012, http://articles.boston.com/2011-10-04/bostonglobe/30243525_1_suicide-doctor-ballot-initiative.

From: ananrob5 <ananrob5@yahoo.com>
Sent: Tuesday, March 20, 2018 12:30 PM
To: JDCTestimony
Subject: Please Vote No on HB2739 HD1 Assisted Suicide

Judiciary,
Much of what is written in HB 2739 HD1 impractical and impossible to enforce. In an attempt to make the bill more robust, it raises more questions and concerns.

For example, regarding the disposal of unused lethal drugs, the bill proposes "the person who has custody or control of any unused medication after the death of a qualified patient shall personally deliver the unused medication for disposal to the nearest qualified facility that properly disposes of controlled substances, and if none is available to dispose of it by lawful means."

If a patient chooses not to disclose to others in the same household that he has lethal drugs, how will others know they are legally responsible for properly disposing of these drugs?

♣ What is the definition of a qualified facility?

♣ Is there a map of the all the qualified facilities to know which one is the nearest?

♣ And what are the lawful means of disposing of these lethal drugs if no qualified facility is available?

Also, I worry that insurance companies will use this option as the only choice of treatment for many, leaving them with death or suffering.

I respectfully urge the committee members to take this bill back to the drawing board.

Vote no on HB2739 HD1!

Anna M. Deverell
Resident 10 years Ewa Beach

Sent from my Sprint Samsung Galaxy S8+.

From: Punahele Travel <vtravel@hawaiiantel.net>
Sent: Tuesday, March 20, 2018 10:51 AM
To: JDCTestimony
Subject: SUPPORT FOR HB2739HD1

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Victoria Kibler and I am testifying in support of HB2739HD1 with no amendments. Having my own family members go through painful and excruciating illnesses and then death. 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.

Thank you for hearing and passing this important legislation.

With warm aloha,
Victoria Kibler
Kailua Kona, Hawaii

From:	Paul Freeman <freemanp001@gmail.com>
Sent:	Tuesday, March 20, 2018 9:22 AM
To:	JDCTestimony
Subject:	TESTIMONY IN SUPPORT OF HB2739HD1

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018
9:00 a.m.
Conference Room 016
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB2739HD1
RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members,

My name is Paul Freeman, I live in zip code 96785. I am testifying in support of HB2739HD1. I fully support HB2739HD1 with no amendments because I think that anyone dying of terminal illness has the right to be released from unbearable suffering.

Mahalo, Paul Freeman

From: Bernard Lum <brookside100@aol.com>
Sent: Monday, March 19, 2018 9:37 PM
To: JDCTestimony
Subject: Testimony in Support of HB2739 HD1 Relating to Health

My name is Bernard Lum and I am strongly in 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 HD1 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. 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

Sent from my iPad

From: John Heidel <jheidel808@icloud.com>
Sent: Monday, March 19, 2018 9:07 PM
To: JDCTestimony
Subject: Testimony for HB 2739 HD 1

Senate Committee on Judiciary

Hawaii State Capitol, Conference Room 016

RE: HB 2739 Relating to Health

Friday, March 23, 2018

9:00 am

Aloha Chair Taniguchi, Vice-Chair Rhoads and Members of the Committee,

My name is John Heidel. I am an ordained Christian minister of the United Church of Christ (UCC) and a resident of Hawaii for over 50 years. I strongly support HB 2739.

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 committees to provide for Hawaii residents the same level of compassionate relief of suffering by passing HB 2739.

Mahalo for considering this Bill. Please give the full Senate an opportunity to vote on this important legislation.

JAMES HOCHBERG
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March 19, 2018

TESTIMONY IN STRONG **OPPOSITION** TO HB 2739 HD1
Decision-Making Only Hearing:
Friday, March 23, 2018; 9:00 a.m. Conference Room 016

SENATE COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Mike Gabbard
Laura H. Thielen
Donna Mercado Kim

Dear Chairman, Vice Chairman and Committee Members,

My name is Jim Hochberg and I am a civil rights attorney allied with Alliance Defending Freedom to protect constitutional rights in the federal and state courts in the Hawaii. I have practiced law in Hawaii since 1984 (34 years). As an attorney I have studied all 39 pages of this bill and trust that you will be open to reading the testimony that follows. Some of the specific legal problems that I see with the bill are addressed below. Other citizens who take the time to submit testimony to you will no doubt have other, more social opinions of the bill.

I testify in **strong opposition to HB 2739 HD1**. When did a tragic drug overdose become trendy? If you doubt the horror of finding a loved one dead from a drug overdose, please contact Dave Benson or the Bobby Benson Center: http://bobbybenson.org HB2739 HD1 will surely result in this scenario playing out over and over again in Hawaii. The statute defining the practice of medicine does not include any act by a physician that is not a treatment to improve the health of the patient. Turning drug overdoses into medical treatment mocks the Hippocratic Oath.

Aside from the tragedy that this bill seeks to rock our island with, there are 5 legal issue I find in this bill. I will address each one below.

A. For some reason, the bill turns its back on the demands for transparency that are currently being required all over the nation in numerous different policies. In section 4, the bill REQUIRES ("shall") the death certificate to list the terminal disease as the immediate cause of death. Why should the death certificate NOT indicate that the cause of death was the intentional taking of the patient's own life? Everyone knows that a prognosis of terminal illness giving six months to live is not a disease driven enforceable deadline on the life of the patient. Often the prognosis turns out to be erroneous and the patient outlives the prognosis. Please speak to John Ratliff on this matter. You should also know, as the rest of society does, that should the patient consume the fatal mixture of prescribed medication which results in death, it is in fact the fatal medication, not the underlying disease that in fact terminates the life of the patient.

Furthermore, transparency is completely shrouded by the non-disclosure provisions of section 14, which is the section that sets forth the reporting requirements by the doctors involved in this suicide. After setting forth all the information required to be reported, section 14 actually states: "Information collected pursuant to this section shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative or other proceeding." Why is this exactly? Who is being protected here? Not the deceased. Not the family of the deceased. Only the people that assist with the patient's suicide. Why is that again?

This bill also shrouds the truth by claiming without a shred of evidence, that the bill is necessary based on the finding by the legislature that physicians and other health care providers often do not offers the available end of life options (palliative care, hospice cares, VSED, stopping artificial ventilation or other life-sustaining therapy to allow a comfortable natural death). What is the evidence of this medical malpractice? Where are the discipline records for such terrible physicians and other health care providers. When the legislature creates out of whole cloth the finding which forms the basis for the legislation, transparency is badly injured, perhaps fatally.

Finally, transparency is injured by a claim that compassion drives the legislation to permit physicians to intentionally cause another person to commit suicide.[1] Were compassion

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[1] §707-702 Manslaughter.

(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.

(2) In a prosecution for murder or attempted murder in the first and second degrees it is an affirmative defense, which reduces the offense to manslaughter or attempted manslaughter, that the defendant was, at the time the defendant caused the death of the other person, under the influence of extreme mental or emotional disturbance for which there is a reasonable explanation. The reasonableness of the explanation shall be determined from the viewpoint of a reasonable person in the circumstances as the defendant believed them to be.

(3) Manslaughter is a class A felony. [L 1972, c 9, pt of §1; am L 1987, c 181, §8; am L 1996, c 197, §2; am L 2003, c 64, §1; am L 2006, c 230, §28]

truly the driving force behind this medication facilitated suicide pact between patients and physicians ending in an intentional drug overdose, the reach of the bill would NOT TAKE INTO CONSIDERATION those whom, for a variety of reasons, are not able to consume the 10 grams of phenobarbital (which of course is 100 capsules of seconol). Perhaps these patients are allergic to the medication needed to kill them, or perhaps swallowing is a barrier for them; to name a few. But no, unless a patient is capable of committing suicide by prescription drugs, the compassion for that patient is lacking. Should such a patient seek another means of ending his life, the vendor of the means of death, knowing the intended use, would be violating the manslaughter statute to provide the non-prescription death process.

B. No real enforcement provision. Notwithstanding the statements in the bill that seem like the legislature intends to craft a bill that offers protection from abuse, the actual language of the bill demonstrates there is no protection. The bill fails to protect the patient or the family of the patient. In addition, the bill protects the suppliers of the fatal prescription and those that work with the provider in the protocol called for in the bill. By adding exceptions to criminal statutes, the bill reveals the true intent which is to make sure the actions permitted under this bill are not enforceable.

Of course, as noted above, the non-disclosure provisions of section 14 must be deleted as well to permit enforcement.

The requirement in section 15 that someone in possession properly dispose of unused medication will never be enforceable unless by some miracle after the death of the patient the family/friends recognize the medication as prescribed for the purpose of suicide. Based on the wide spread reporting of youth pill parties, this provision puts at risk all the young people who may come in contact with the medication. What about the obligation under the bill to properly dispose of unused medication? The bill fails to identify anyone responsible. Perhaps the witnesses to the request forms should be asked to take a more supportive role. Also, no instruction on what is actually required to properly dispose of the unused medication other than to deliver it to some unidentified facility or do some other undefined lawful act to dispose of the medication. What? The bill offers no penalty for failure to properly dispose of unused medication. The witnesses who sign the patient's request form should be more than simply strangers available to witness the signing of a document and unscientifically evaluate the patient's state of mind. Perhaps the witnesses should be required to supervise the obtaining of the prescription, retrieval of the medication, preparation and consuming of the death mixture, or disposal of the unused medication. A stiff penalty should be attended to the failure to perform those obligations.

We must more fully protect our kupuna and their family members from the myriad of undesired consequences that will flow from this policy. In order to protect the family members' rights when their loved one turns up dead by suicide as a result of the actions taken under this bill, all of the following language should be added to section -20:

> Enforcement; private right of action.
> (a) Any person who is aggrieved by any act done in violation of this chapter may bring a civil action in state court in the circuit in which the qualified patient resided at the time the prescription was written pursuant to this section; the action may be brought to enjoin further violations and to recover actual damages sustained together with the costs of the suit including reasonable attorneys' fees. The court may, in its discretion, increase the award of damages to an amount not to exceed three times the actual damages sustained. If damages are awarded pursuant to this subsection, the court may, in its discretion, impose on a liable party a civil fine of not more than $10,000 to be paid to the plaintiff. A party seeking civil damages under this subsection may recover upon proof of a violation by a preponderance of the evidence. For the purposes of this subsection, "person" includes a natural or legal person.
>
> (b) The enforcement procedure and remedies provided by this section shall be in addition to any other procedure or remedy that may be available to the State or a person aggrieved by a violation of this chapter.

In addition to adding the foregoing, the following language should be deleted from sections -4, -5, -6 and -7 of the bill:

> "; provided that this subsection shall not apply to actions taken under chapter _____."

With respect to section -14(b), permitting the reporting to be done after the body is no longer available for examination and use as evidence fails to protect the patient. The reporting must be done and the details available to family before the body is no longer available. With respect to section 14© the reported and collected data MUST be available for use in court proceedings. Shielding the data from use as evidence belies the intent of this bill to make sure there is no effective enforcement.

In addition, the following language should be deleted from Section -18:

Actions taken in accordance with this chapter shall not, for any purpose,

> constitute suicide, assisted suicide, mercy killing, murder, manslaughter, negligent homicide, or any other criminal conduct under the law.
>
> In addition, the following language should be deleted from Section -19(a):
>
> (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 being present when a qualified patient takes the prescribed medication to end the qualified patient's life pursuant to this chapter.
>
> (5) No health care facility shall be subject to civil or criminal liability for acting in good faith compliance with this chapter.

C. No real informed consent required. The definitions in the bill do not conform to long standing definitions with respect to mental capacity, informed consent and similar aspects of the law. Why move away from the standard legal language we have used for hundreds of years? Is it a tacit recognition that this bill legalizes conduct that is not medically appropriate? Specifically, in the definitions, the word "capable" is used but the legal test is capacity. An "Informed Decision" is not the same as informed consent. Because of those definitional issues, "Qualified Patient" also fails to uphold the standard used in the medical community. In addition, the "Qualified Patient" is still not provided full accurate medical disclosures by the language of this bill. Death by seconol suicide is often quite easily *not* a peaceful and dignified death. While there is some disclosure it is not sufficient.

Also, the very process is not adequately described. This is how the process will actually play out if physician assisted suicide becomes law. The physician writes a prescription for anti-nausea pills and 100 capsules of seconol, or other sedative drug. After giving the patient the prescription, <u>that is the end of the doctor's assistance in the suicide</u> process. The patient must empty the 100 capsules to accumulate nine grams of pure, bitter-tasting seconol. To mask the bitterness of the suicide medicine, it is mixed with something to make it hopefully somewhat easier to swallow. Before the patient actually consumes the suicide mixture, she must ingest the anti-nausea medication, to avoid rejection of the suicide mixture which would result in failed suicide. The doctor is not present to help with any complications: suffocation or multiple organ failure. On the other hand, in places in Europe when the doctor is present for the suicide, he fixes a failed suicide by lethal injection - which is the ultimate goal of this legislation, euthanasia.

D. HB 2739 HD1 is contrary to historical practice of medicine. The elimination of the Patient through the death of the patient is still not what is meant by the practice of medicine. The name of the new law, "Our Care, Our Choice" is simply the latest attempt to market this bad idea. The legislature should not change the definition of the practice of medicine (the treatment of disease and maintenance of health) to include now the elimination of the patient by suicide. That is simply not the definition of the practice of medicine and you should not change the definition to include it. The law of unintended consequences should advise you against passing this bill out of your committee. In 1896, the Hawaii Territorial Legislature enacted the statutory definition of the practice of medicine to be the treatment of disease in humans. That concept has been the definition of the practice of medicine since Hippocrates of Kos offered it in the late 5th century BC. For the last roughly 2,500 years, that understanding has led to the trust between medical professionals and their patients that continues to today. The Hawaii definition has only been changed a couple of times since 1896, and all of those changes increased the type of treatment permitted, and permitted those new treatments **only** for maintaining health and treating disease.

Without an accepted medical protocol for suicide by seconol, doctors are guessing on the proposed protocol for medical suicide. In the places that have legalized physician assisted suicide, the suicide medicine often comes with dangers of unintended survival of the patient with new health issues, or organ failure, coma and the like. **MORE IMPORTANTLY**, should the patient not consume the prescribed 100 capsules of the deadly medicine those pills will be left somewhere in the home without doctor supervision. This is **TOO DANGEROUS**!

Recognize that intentionally taking the life of the patient to alleviate health symptoms is not the treatment of disease or the maintenance of health so not the practice of medicine understood for 2,500 years. Don't radically alter the practice of medicine to include the intentional elimination of the patient.

For the foregoing reasons I oppose the bill and ask that you do not pass it out of the committee. If you have any questions please feel free to call me.

Sincerely,

JAMES HOCHBERG

JH

From: Carla <cbm@hawaii.rr.com>
Sent: Monday, March 19, 2018 7:48 PM
To: JDCTestimony
Subject: Support of HB2739HD1 With No Amendments

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Carla Allison and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,
Carla S. Allison
1062 Oilipuu Place
Honolulu, HI 96825
808-396-1488

From: Cheyenne Kuanoni <cheyennebrockkuanoni@yahoo.com>
Sent: Wednesday, March 21, 2018 8:17 AM
To: JDCTestimony
Subject: Senate Bill 2790

Aloha, my name is Cheyenne Brock-Kuanoni. I am writing today to encourage Representative Nishimoto to pass Senate Bill 2790. This is a no-cost bill to ensure that foster youth are provided rights in foster care that will keep them safe, informed, empowered and thriving. Thank you for considering this request and thank you for supporting Hawaii's foster children and youth.

From:	Paul Grable <pgrable@lbchlaw.com>
Sent:	Wednesday, March 21, 2018 8:32 AM
To:	JDCTestimony
Subject:	Senate Judiciary Committee - Testimony in Support of Kevin T. Morikone

Dear Senate Judicial Committee:

This email is being sent to you to provide testimony in support of Kevin T. Morikone for judgeship in the District Court of the First Circuit.

I practice in the area of construction law and have had the pleasure of working with and against Kevin in several construction related cases over the past 5 or 6 years. I have found Kevin to be a well-respected, competent attorney and a strong advocate for his clients. He is civil, smart and nice and I like him. I think he would be a very god judge.

Let me know if you have any questions about my knowledge of or opinions regarding Kevin Morikone.

Paul Grable JD# 4232

Paul R. Grable
Lyons, Brandt, Cook & Hiramatsu
841 Bishop Street, Suite 1800
Honolulu, Hawaii 96813
Tel.: (808) 524-7030
Fax: (808) 533-3011

Honorable Chair and Members of Senate Judiciary for Jud Hearing Friday 3/23/18 on HB2739 HD 1

I am a palliative medicine physician in Hawaii. I oppose this legislation.

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 publicly 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. Emese Somogyi

Committee On Judiciary Friday March 23, 2018 9:00 AM #016 808 586 6461

Senate Judiciary Committee Chair and Members,

Opposition to HB2739 HD1

Rhodora Segunda Rojas, MS, CRC 2308 Farm Bridge Ave., North Las Vegas, NV 89081 (702) 629-5353; (808)647-0141 rhodorar@cox.net Kauai

To Whom It May Concern:

I, Rhodora Rojas, a previous resident of Lihue Kauai would like to object the House bill in the Senate HD2739 HD 1 bill regarding the PASSAGE OF EUTHANASIA. On April 5, 1990, I met a vehicular accident, which caused me to incur traumatic brain injury and caused me to be in a comatose state for 3 months. Additionally, my circle of friends and family had to manually pump an ambo bag continuously for 7 days in order for me to breathe. Worst of all, all the surgeons who performed craniotomy on me told my entire family that I would either die or be a vegetable. I am very glad that my entire family did not give up on me and performed euthanasia. They still gave me an opportunity to live and to enjoy life. Currently, I am working as a Telephonic interpreter and has earned a Master's degree in Vocational Rehabilitation Counseling; I object this bill because of my personal experiences. I know that if my family had practiced euthanasia on me before, I would not be here in front of you testifying against this bill anymore. Additionally, if they cut my life that time, I would not be able to enjoy what life has to bring me. The most important thing is that if they practiced euthanasia on me on that time, I will not be able to provide services to my fellowmen. I object this bill for the State of Hawaii because I know the entire state is composed of closely related people, who belong to a cultural minority. Most of the residents might have some issues in communicating or relaying their death wishes, therefore by just ending their lives because they are unable to speak for themselves is very much immature and illegal. I personally think this is a form of immaturely killing a terminally ill individual. Therefore, I asked your office to disregard and prevent the Senate Bill from passing into law. This is for the sake of all and most of the Hawaiian people. Additionally, this is also to protect the sanctity of our island. **I don't want to find our island in the future as a sanctuary of killing people immaturely**. I believe the Hawaiian island is sacred and its citizens should be protected from all this immature killing due to terminal illness. I do believe that anybody should be given an opportunity to live and enjoy life as what I was given. Should you have any inquiries regarding this testimony, please don't hesitate to contact me at the above contact information.

Sincerely, Rhodora Rojas

To the Senate Judiciary Committee

Hearing dated Friday March 23 2018 9:00 AM

Regarding **HB2739** assisted suicide bill so called "Our Care, Our Choice"

I am an experienced physician who VEHEMENTLY **opposes** this legislation.

My name is Don W Hill, M.D., F.A.C.P. email address is dhill@hhsc.org.

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.

As past Medical Director for the Hematology/Medical Oncology Department for MMMC, I am writing you this letter to express my concern regarding 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 caused spiraled into a broad policy of genocide.

Sincerely,
Don W Hill, M.D., F.A.C.P

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1.

MY NAME IS GREGORY PARK MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Senate Judiciary Hearing Friday 3/23/18

California perspective for the Hawaii deliberations: problems never addressed

The Perils of Assisted Suicide

Aaron Kheriaty, MD
Associate Professor of Psychiatry
Director, Program in Medical Ethics
UC Irvine School of Medicine

The public is clearly not *sold* on the idea of assisted suicide: this bill follows failed attempts to legalize assisted suicide in 12 other states last year. The idea that 80% of Hawaii population supports assisted suicide is not correct. All you must do is personally count the testimonies in every hearing. Opponents outnumber supporters every time. If 80% supported you would see the same number % in those hearings.

AMA Policy states that, "physician-assisted suicide is fundamentally incompatible with the physician's role as a healer, would be difficult or impossible to control, and would pose serious societal risks."[i]

In my brief remarks, I want to sketch 7 reasons why.

As a psychiatrist, I see patients routinely who demonstrate suicidal thinking and behavior, people whose life stories are every bit as heartbreaking as Brittany Maynard's, and whose reasons for wanting to diemight seem just as compelling. But suicide is nearly always a cry for help, not a wish to die. And so as a medical professional, I have a duty to intervene, to try and prevent suicidal persons from taking their own lives. Such interventions are grounded in the foundational principles of medical ethics: our profession exists to heal the sick and to support whatever life the patient has. To directly take life is to violate the principle to*first do no harm.*

1. Physician assisted suicide runs directly contrary to the foundational principles of medical ethics and contradicts our role as healers.

A law allowing assisted suicide for some individuals creates two cohorts of patients, who no longer enjoy equal protection under the law or equal medical care. Assisted suicide is discriminatory, and the basis for discrimination is the patient's health status. Robin Williams walks into my office saying his life has become unbearable and so he wants to take his life; and I intervene to protect him and get him through the crisis. Then Brittany Maynard walks into my office saying her life has become (or will soon become) unbearable and so she wants to take her life; and not only do I not intervene to prevent her, but I actively engage in helping her to kill herself? These two incompatible approaches to suicide cannot co-exist side-by-side within medicine or mental health care. Something will have to give.

2. The legalization of physician-assisted suicide for some patients introduces discriminatory practices into medicine, undermines equal protection under the law for all patients, and weakens necessary efforts aimed at suicide prevention.

If there exists a "right" to assisted suicide, why would it be restricted only to those in the throes of terminal illness? What about the elderly person suffering a slow but non-terminal decline? What about the adolescent or young adult in the throes of depression, demoralization, or despair? Once we adopt the principle that suicide is acceptable, then the fences that legislators might try to erect around it—having six months to live, or having mental capacity, for example—are inevitably arbitrary.

These restrictions will eventually be abandoned, as the situation with assisted suicide in Belgium and the Netherlands demonstrates. To cite just a few examples, in Belgium assisted suicide has been granted to a man with "untreatable depression" and to a prisoner suffering "psychological anguish" due to his imprisonment; in the Netherlands, assisted suicide has been granted to a woman because she did not want to live in a nursing home.

We see evidence here not only of a *practical* slippery slope—that restrictions willbe difficult to enforce or monitor; more than this,we see a relentlessly *logical*slippery slope—because once we accept the principle,the restrictions are arbitrary. The expansion of assisted suicide thus moves inexorably from a cancer patient with six months to live toindividuals who are merely dejected,depressed, or desperate.

3. The legalization of assisted suicide will lead to a *relentlessly logical* slippery slope: restrictions will inevitably fall away in the face of legal challenges, and the range of patients and circumstances in which assisted suicide is applied will expand.

Suicide is now a public health crisis: according to the CDC suicide is currently the3rd leading cause of death among adolescents and young adults, and the 10th leading cause of death overall for individuals over the age of 10.

We need to examinewhat the research demonstrates about suicide—what motivates suicidal behavior, who is at risk, and how suicide risk can be lowered. We know that suicide is typically an *impulsive* and *ambivalent* act. A journalist tracked down the few dozen individuals who survived jumping from the Golden Gate Bridge (the #1 suicide spot in the world); he asked them what was going through their minds in the four seconds between jumping off the bridge and hitting the water. Every one of them responded that they regretted the decision to jump, with one saying, "I realized that all the problems in my life that I thought were unsolvable were actually solvable—except for having just jumped."

This small sample is consistent with larger studies of suicide survivors: in the months or years following attempted suicide, the vast majority no longer wish to die but are happy to be alive. And they are grateful that physicians intervened to protect them, and even when suicide prevention efforts included involuntary hospitalization. A study from UC Berkeley tracked 515 individuals who were stopped from jumping off the Golden Gate Bridge:twenty-five years later, 94% of them were still alive or had died by means other than suicide; less than 6% went on to kill themselves.[ii]To abandon suicidal individuals in the midst of a crisis—under the guise of respecting their autonomy—is socially irresponsible.

Suicidal individuals typically do not want to die; they merely want to escape what they perceive as intolerable suffering. Those who work in palliative care will tell you: nearly every time a terminally ill person professes that they want to die, it is a cry for help. When comfort or relief is offered, in the form of more adequate treatment for depression, better pain management, or more comprehensive palliative care, the desire for suicide vanishes. The vast majority of suicides are associated with clinical depression or other treatable mental disorders, including for individuals at the end-of-life. Yet alarmingly, less than 6% of the individuals who have died by assisted suicide under Oregon's law were referred for psychiatric evaluation. Like the Oregon law, HB2739 does *not* require physicians to refer for psychiatric consultation to rule-out common mental disorders that contribute to suicidal thinking.Considering what we know about suicide risk factors, this constitutes gross medical negligence.

Suicide completion generally requires not just *intent* (which typically waxes and wanes over time) but also *easy access* to means. Suicidal individualstend to fixate on one specific suicide plan. If that particular means isn't readily available, they typically don't choose an alternativemethod; they choose to live.[iii] I had this experience recently with a 79-year-old patient who requested physician assisted suicide: he gave up on his suicidal plan entirely when he discovered that neither I nor my colleagues at UC Irvine would provide this for him. Increasing access to suicidal means by allowing doctors to prescribe deadly drugs will worsen the current public health crisis of suicide.

4. Assisted suicide will lead to medical abandonment of vulnerable individuals, especially those suffering from treatable mental illnesses like depression or anxiety, and those who are socially or economically marginalized. This is why disability rights groups so strongly oppose assisted suicide.

We cannot ignore the economic forces at work in medicine. We cannot ignoresubtle pressures that may be placed on individuals at the end-of-life, such as suggestions by family members or by our healthcare systemthat a person is too burdensome or costly to care for.

Consider the cases of Barbara Wagner and Randy Stroup from Oregon: both received letters from their health insurance plansdenyingcoverage for cancer treatments that their physicians had recommended. In both cases, the Oregon Health Plan offered instead to pay for an assisted suicide prescription.[iv]

Assisted suicide advocatesclaim we need this option to deal with situations of intolerable pain and suffering. But in the data from Oregon, most patients who requested assisted suicide did *not* cite concerns about pain and suffering as their motivating reason (only 23%). Much more common reasons included loss of autonomy (91%) and the fear of becoming a burden on others (40%).[v]Our medical profession must communicate to each and every patient: you are not a burden, and we will continue to care for you, even when cure is no longer possible.

5. Assisted suicide will reduce, not expand, the range of end-of-life options, especially for those who do not have the means to pay for or access more expensive palliative care or medical treatments.

The social consequences of suicide are significant. Studies have repeatedly demonstrated a "social contagion" aspect to suicide, which leads to copycat suicides.This phenomenon is known as the Werther Effect, after Goethe's 19th Century novel, *The Sorrows of Young Werther*, which triggered a rash of copycat deathsamong young men who emulatedthe protagonist's method of suicide by pistol.Since then, social science research has replicated this finding many times over.

Assisted suicide advocates insist that this is apurely private decision or anexercise in personal autonomy. But we can anticipate that such decisions will have social effects that adversely influence other vulnerable individuals.

While a clear causal relationship is difficult to definitively establish with the available data, 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. Suicide rates are now 35% higher in Oregon than the national average.[vi]

6. The legalization of physician-assisted suicidesends a message that some lives are not worth living. The law is a teacher: if assisted suicide is legalized,

this message will be heard by everyone who is tempted by suicidal thoughts or tendencies.

We should be troubled by recent efforts on the part of advocates to redefine suicide.The euphemistically renamed "Compassion and Choices" (formerly known as the Hemlock Society)claims that "physician aid in dying" is *not really suicide*, simply because the means employed—taking a deadly drug—are "nonviolent" and "peaceful." This attempt to manipulate language, and do to an end-run around hard realities, is irresponsible and deceptive. The definition of suicide is clear, and it does not depend on the particular means employed.

We need to call this by its name: the most precise and accurate language to describe HB2739 is actually "physician prescribed suicide".

7. Assisted suicide advocates must resort to language that is deceptive and glosses over the reality of what is being proposed, just in order to make it palatable to the public.

The proponents of assisted suicide would also have us erase the key ethical distinction between allowing a disease to take its natural course, or providing adequate palliative care to manage symptoms, and directly intervening to deliberately cause death. But there is a vast gulf between the ethical act of allowing natural death, and the unethical act of intentionallyinflicting death.

HB2739 HD 1is *not* a modest proposal. It is *not* one small step in expanding end-of-life medical options. It is *not* an extension of already existing palliative care practices.

No. It is a radical departure from sound medical practice. The AMA's Principles of Medical Ethics clearly state that as physicians we use our knowledge and skills only for the purposes of healing and supporting life. The moment we stop doing this—the moment we use our knowledge and skills for any other purpose—we risk squandering the trust of our patients and of society.

To maintain the public's trust, and to maintain our professional integrity, our mandate must remain this: **When possible to cure. Always to care. But never to kill.**

I am confident physicians did not become physicians so that we could be granted the power to kill our patients. In closing, we physicians vigorously oppose this bill, for the integrity of our profession, and most importantly, for the good of the patients we have promised to serve through our work as healers.

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[i] AMA Policy/CEJA Opinion E-2.211.

[ii] http://articles.latimes.com/2013/sep/29/opinion/la-oe-bateson-golden-gate-bridge-suicides-20130929

[iii] http://articles.latimes.com/2013/sep/29/opinion/la-oe-bateson-golden-gate-bridge-suicides-20130929

[iv] http://abcnews.go.com/Health/story?id=5517492
http://www.foxnews.com/story/2008/07/28/oregon-offers-terminal-patients-doctor-assisted-suicide-instead-medical-care/

[v] http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year16.pdf

[vi] http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf

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Senate Judiciary hearing Room 016

Re: HB2739 Hearing on Friday 3/23/18

Dear Chair Taniguchi and members of the committee,

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

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 Senate Committee on the Judiciary, 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

Joseph Tau Tet Hew Jr MD
1852 Loke Street
Wailuku, Hawaii 96793

For Senate Judiciary Hearing Friday March 23 2019 at 9:00 AM

Physician opposition to HB 2739

The recent Justice of 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.

Timothy Jahraus MD
drj@hilogastro.com

HB 2739 Senate Judiciary Hearing 3/23/18 at 9:00 AM

Venerable Chair Brian Taniguchi,

I want to indicate my strong opposition to the assisted suicide legislation making its way through the legislature-HB2739 especially- redefining medical treatment, allowing doctors to monitor their own performance, etc. Allowing euthanasia and nurses to write the prescriptions.

I personally am opposed to assisted suicide and believe that most of my colleagues are opposed as well. I see this as a terrible betrayal of our role as healers and promoting longer and better life.

Do you remember when Hawaii wanted to be known as the health state?

I hope that in your deliberations that you will strongly consider the physician community's voice in whether or not to enact this bill.

This certainly seems to be a hot button issue with lots of money and influence coming in from out of state. **Let's make sure that the Hawaii physician voices and patient voices are the ones being heard and heeded.**

Mahalo for your time and kokua.

Timothy Jahrus MD

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1.

MY NAME IS GREGORY PARK MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS IVICA ZALUD MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ROBERT WOTRING MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS FREDERICK L YOST MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MIHAE YU MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS VIVIAN WONG MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS SY TAN MD JD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MARIA TERMULO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS DAVID THOMA DO

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS BENJAMIN THOMPSON MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NAOKY TSAI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KIMBERLY VANENTINE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CARLSON B WONG MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NEIL SHIMODA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS BENJAMIN SHURTLEFF MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MONA N SUZUKI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS LAURIE M TAM MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ROSALO PAESTE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ESTELLE PARIS MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS BRIAN PIEN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS FRANCES D PIEN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ANTONIO RAMOS MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ALPHA RIVERAL MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS HEAJUNG RUESING MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JORGE C SAMANIEGO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JOANN SARUBBI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS WERNER SCHROFFNER MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CECILIA SHIKUMA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CELIA MERCADO ONA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS GABRIELLA ORTIZ-OMPHROY MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KENNETH KEPLER MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS TIMOTHY D S KIM MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KEVIN G KIMATA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KEVIN KUROHARA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MARGARET LAI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JOHN LEE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KENNETH LEE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS FRANCIS LIM MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS KENNETH LINDELL MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JOSEPH MANLOLO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS LORRAINE MANLOLO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS DON MATSUURA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS PETER MATSUURA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS RUTH MATSUURA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MICHELLE MIYASHIRO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CONSTANTIN NOVOSELSKY MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS J JUN OH DO,

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ANDREW OISHI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS MANAMI OKADO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS RYAN FUSATO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS PETER GALPIN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS LESLIE HARTLEY GISE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY GRABER CANUBIDA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY CELINA SISON GUERRERO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY REUBEN C GUERRERO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY BRAD HALL MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY CAROLINE HO HAMASAKI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS GREGORY H CHOW MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JEREMY R CHUN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CAROLINA DAVIDE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JONATHAN CHO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS GARY M CABOT MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NANCY CANUBIDA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS STEPHEN K CHAN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS SELENA CHEN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS HERBERT K W CHINN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CLIFF ARRINGTON MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS SHARON S AYABE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS NORBERTO BAYSA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS DOUGLAS K BIRCH MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS RAYDEEN BUSSE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ALFRED ARENSDORF MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS ELIZABETH ABINSAY MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS HAZEL ABINSAY MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS JED ALAIMALO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CHRISTOPHER A AOKI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

Testimony for Senate Hearing on Judiciary Friday 3/23/18 HB2739 HD 1 0900

MY NAME IS CAROL VENTURA

I AM A MAUI RESIDENT AND VOTER.

I **STRONGLY OPPOSE** HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT RELATIONSHIP.

From:	Rita Marker <rmarker@patientsrightscouncil.org>
Sent:	Wednesday, March 21, 2018 9:20 AM
To:	JDCTestimony
Subject:	HB 2739 HD 1 testimony

Written Testimony on HB 2739 HD 1, the "Our Care, Our Choice Act"
Before the Judiciary Committee
Submitted March 21, 2018

Introduction

I am the executive director of the Patients Rights Council, an organization that works nationally to help patients get the care and treatment that they need and want. As an attorney, admitted to practice in California, the District of Columbia and before the US Supreme Court, I have studied and provided education regarding laws and proposed laws in various states, including Hawaii. I hope that the following brief comments will be helpful to those considering HB 2739 HD 1.

Concerns

Proponents of HB 2739 HD 1 claim that it includes adequate safeguards to protect patients. However, there are many significant problems in the proposed law that would put patients in jeopardy. At this time, I am asking that those who will be making the decision about passage of this bill consider the following as just one major problem.

Problem

Patients would have no protection once the prescription is filled.

A patient may request and receive a prescription to end his or her life, then, put it in the medicine cabinet to have it on hand "just in case." Although the request must be made knowingly and willingly, there is nothing in the bill to require that the drugs must be taken knowingly and willingly.

The patient's attending provider is not required to be present when the patient takes the drugs. Providers are urged to tell patients that it is important to have another person present when the drugs are taken.[i] But there is no way to know who, if anyone, is present or what actually takes place leading up to the patient's death. The patient could be tricked or forced into taking the drugs. **And no one would ever know.**

Although the attending provider need not be present when the patient takes the lethal dose, that provider may sign the patient's death certificate and must list the terminal disease, not the drug overdose, as the immediate cause of death.[ii]

Why isn't there any protection at the most important part of the process – at the time the drugs are taken?

I do hope you will consider the peril in which patients are placed by this lack of protection.

Thank you for taking the time to consider this important matter.

Rita L. Marker, JD
Executive Director, Patients Rights Council
800-958-5678 or 740-282-3810
rmarker@patientsrightscouncil.org

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[i] HB 2739 HD 1, § -4 (a) (7).
[ii] HB 2739 HD 1, § -4 (b).

From: Kenneth Martyn <kmhawhome-cca@yahoo.com>
Sent: Wednesday, March 21, 2018 1:08 PM
To: JDCTestimony
Subject: Support for HB 2739 HD1

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members:

I, Kenneth A. Martyn, am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Very truly yours,
Kenneth A. Martyn

Kenneth A. Martyn, Attorney at Law
1585 Kapiolani Blvd., Suite 1604
Honolulu, Hawaii 96814

From:	Patricia Blair <patriciablair@msn.com>
Sent:	Wednesday, March 21, 2018 2:59 PM
To:	JDCTestimony
Subject:	RE: HB 2739 March 23, 2018 at 9 am

I support HB 2379 , please pass. Thank you. Patricia Blair, Kailua

Sent from my iPad

From: jolourosof@hawaiiantel.net
Sent: Wednesday, March 21, 2018 3:03 PM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am

Please approve this bill. I watched my wife of 60 years endure the pain and humiliation of hospice care, whose nurses are wonderful, before passing on. I find no cogent argument against allowing a terminally ill person to choose his or her ending. Those in opposition of course have the right to do so; however, their views can never weigh on this most personal of all choices.

Again, Dear Senators, do the right thing and pass this bill into law.

Thank you from Louis Rosof, 3044 Kalakaua Avenue, Honolulu 96815 (telephone 923-5415)

From: Carol Fahy <cf802060@hotmail.com>
Sent: Wednesday, March 21, 2018 3:17 PM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am

Please pass the Death with Dignity law.
It is essential to give a choice for those suffering in the last months of their lives, to choose NOT to continue the extreme suffering that some diseases force upon the patient. The family suffers greatly as well, often exhausted by the process. It is humane to give the patient a choice.
This bill does not force anyone to use the choice. Those who have religious opposition are free to ignore this option. This bill gives freedom.
As a psychologist, I can say that this bill will help Hawaiian citizens to feel that they can remain in their state should they be stricken with a life ending disease. Many go to Oregon and other states that allow Death with Dignity.

I hope that you will grant this freedom of choice to your citizens.

Carol Fahy PhD PsyD
1840 Bishop St.
#3005
Honolulu, HI. 96744
808-838-9541
Website: carolfahy.com

From: Judy Barrett <judyb@judybarrett.com>
Sent: Wednesday, March 21, 2018 3:24 PM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am

I strongly support Our Care, Our Choice Act, HB 2379) and encourage you to support it, too.

My greatest fear, as a single woman with no children, is ending up as a sick old woman in intractable pain. It is absurd that I should even have to think about relocating late in life to a state that allows death with dignity, medical assistance in checking out on my own terms, in my own time. The notion of keeping me dosed up with morphine or fentanyl to dull that pain and prolong a miserable existence is neither ethical or humane.

I know the pet analogy is frequently drawn, but nonetheless valid. I have made the sad choice to put down beloved senior pets when it became clear that there was no escape from intractable pain or loss of cognition. I would devoutly hope for the same gentle release for myself if and when the time came.

I fully understand that there are religious objections, but I do not share them and I don't believe anyone else's religion should prevent me from practicing my own beliefs. I also understand that there is a fear that this will encourage suicide. I encourage you to consider the statistics from Oregon and other states which have enacted death with dignity laws. Far fewer people actually take the medical exit than arrange for it. Just knowing that the exit is available relieves many individuals' pain and anxiety.

PLEASE bring this HB 2379 to the floor and encourage its immediate approval.

Thank you,
Judy Barrett
527 Paopua Place
Kailua, HI 96734

From: Stewart Ring <ring@hawaii.rr.com>
Sent: Wednesday, March 21, 2018 4:10 PM
To: JDCTestimony
Cc: Michael Golojuch, Jr.
Subject: Our Care, Our Choice Act

Aloha Senate Judiciary Committee.

I am a strong supporter of HB 2379. My dad took eight years to die and towards the end he was in great pain and unable to walk, talk, feed himself, etc.

If I find myself in a similar situation, I feel strongly that I would value the legal opportunity to end my life before it got too bad.

Please support HB 2379. RADM Stewart Ring, USN (Retired)

From: Rick P <mauirkp7@gmail.com>
Sent: Wednesday, March 21, 2018 4:12 PM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am

Aloha, My wife and I are hoping that the human and compassionate choice of ending a terminal illness with a physicians aid will finally pass into law here in Hawaii. We have both lost parents to cancer and have both worked in health care for 30+ years. I really don't know what to say to ensure that this passes but I would not want to be a person standing in the way of it's passing knowing that my obstruction will cause incredible misery and horror for so many people. PLEASE find it in your hearts to allow your fellow human beings to have this option in the face of a dire situation. PLEASE PLEASE! PASS THIS LEGISLATION. Mahalos in advance for your caring and compassion.
Rick And Karen Princenthal
Kihei, HI

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: 7
with attachments (9 pages)

DATE: March 15, 2018

TO: Senator Brian Taniguchi, Chair
Room 219, State Senate

RE: HB2739 HD1 Relating to Health (Our Care, Our Choice Act)
Date & Time of Hearing
March 23, 2018, @ 9:00 a.m.
Room #016
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.

Many doctors in Hawaii have urged the legislature to mandate education on hospice and palliative care for all physicians. However, their pleas have not been taken seriously. See the list of doctors listed in the Honolulu Star Advertiser advertisement of March 21, 2018, a copy of which is attached hereto.

5. Miscellaneous.

It is not true that the current bill as written contains “rigorous safeguards” and “will be the strongest of any state in the nation and will protect patients and their loved ones from any potential abuse.”

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.

Moreover, as shown herein above, the legislature in the State of Oregon is attempting to "bypass" judicial oversight at least with regard to health directives, which will certainly occur in Hawaii in less than a generation.

Also, I predict there will be a constitutional legal challenge to the current bill, if passed, say by someone who may be physically incapable but who is supposedly mentally competent to take any of the prescribed lethal medication and who will be seeking the assistance of a physician to take that medication, something which is not allowed in the proposed bill. A person suffering from ALS (Lou Gehrig's disease) would be one class of candidates. There may be others.

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 accept 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.

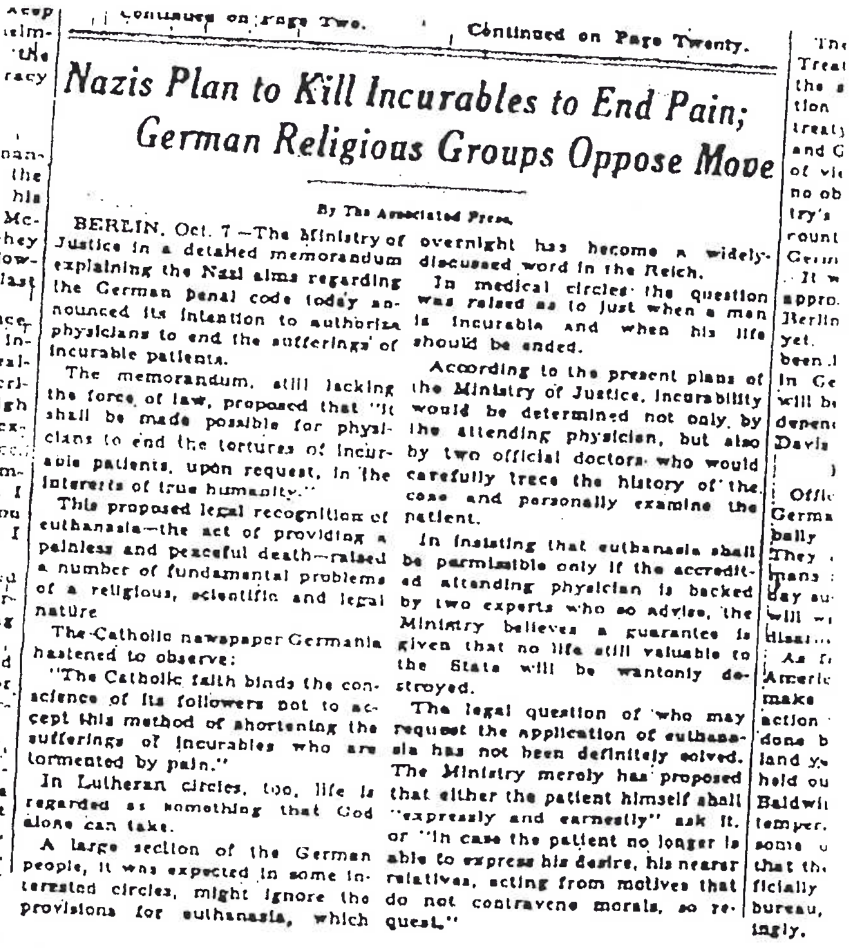
In medical circles the question was raised as to just when a man is incurable and when his life should be ended.

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."

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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[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).]

Depression

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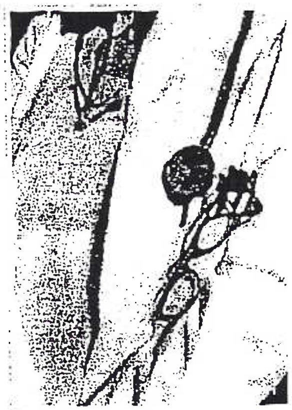
For Anxiety Disorders, CBT May Restore

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, base 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" too effect on April 1, 2002. It legalizes euthanasia and physician-assisted suicide under ver specific circumstances. Several stringent conditions must be fulfilled including that "th 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 ongoin debate about the conditions on which EAS can be approved."

They evaluated a range of definitions of suffering and studies on suffering, but "found definition of unbearable suffering in the context of a request for EAS." They also repor that they "found no studies that brought together the views of the patients, relatives, an 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 2C 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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More And More MDs Showing Signs of Burnout

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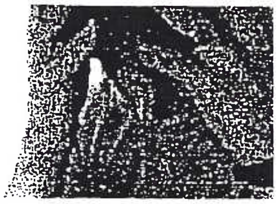

Most Suicidal Teens Don't Professional Help

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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 it 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 thoug 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."

Euthanasia Home Page > Source Biographies > New York State Task Force on Life and the Law

Last updated on: 7/27/2009 9:19:00 AM PST

1. Should Euthanasia or Physician-Assisted Suicide Be Legal?
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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?

Shouldn't Doctors Have A Say?

Our Professional Obligation

As doctors, we tend to shy away from politics. However, when elected officials dictate how we should practice medicine, we feel compelled to respond.

And when the lives of our patients are at stake, it is our professional obligation and ethical responsibility to interject.

Rigorous Safeguards?

Legislators have told our patients the current physician-assisted suicide and its "rigorous safeguards will be the strongest of any state in the nation and will protect patients and their loved ones from any potential abuse." Based on our combined years of clinical and professional experience, we respectfully disagree.

More Discussion Needed

Respected physicians pleaded with legislators last session to mandate education on hospice and palliative care for all physicians. Sadly, that request was not taken seriously. As licensed practicing physicians, we believe this matter requires more thoughtful discussion as well as a thorough legal analysis by attorneys.

Elizabeth Abinsay MD
Hazel Abinsay MD
Tariq Al-Mutawa MD
Jed Alaimalo MD
Brenda Andrieu PhD
Christopher A. Aoki MD
Alfred M. Arensdorf MD
Cliff Arrington MD
Emma B. Avilla MD
Sharon S. Ayabe MD
Richard Banner MD
Peter Barcia MD
Norberto Baysa MD
Charles Bentz MD
Douglas K. Birch DPM
Patricia Blanchette MD
Reginald Buesa MD
Zora Bulatovic MD
Ricardo Burgos MD
Raydeen Busse MD
Gary M. Cabot MD
Nancy Canubida MD
Stephen K. Chan MD
Selena Chen MD
Herbert K. W. Chinn MD
Jonathan Cho MD
Gregory H. Chow MD
Jeremy R. Chun MD
Carolina Davide MD
Paul DeMare MD
Laura DeVilbiss MD
Joe DiCostanzo MD
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Donald E. Fancher MD
Daniel Fischberg MD

Bill Fong MD
Ryan Fusato MD
Peter Galpin MD
Leslie Hartley Gise MD
Nancy Graber-Canubida PhD
Celina Sison Guerrero MD
Reuben C. Guerrero MD
Brad Hall MD
Caroline Ho Hamasaki MD
Anandem Hariharan MD
Loma Hassel MD
Hugh Hazenfield MD
Phillip Hellreich MD
Donald Hill MD
Reginald C. S. Ho MD
Kim Hoeldtke MD
Nathan Hoeldtke MD
Len Howard MD
Brian F. Issell MD
Timothy Jahraus MD
Melody Jayne MD
Lloyd Jones MD
Andrew Kayes MD
Darryl M. Kan MD
Kenneth Kepler MD
Timothy D. S. Kim MD
Kevin G. Kimata MD
Kevin Kurohara MD
Margaret Lai MD
John Lee MD
Kenneth Lee MD
Francis Lim MD
Kenneth Lindell MD
Nancy Long MD
Joseph Manlolo MD
Lorraine Manlolo MD

Benjamin Massenburg MD
Don Matsuura MD
Peter Matsuura MD
Ruth Matsuura MD
Luz Medina MD
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Scott Moon MD
Peter Muthard MD
Craig Nakatsuka MD
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Andrew Oishi MD
Manami Okado MD
Judy Okimura MD
Celia Mercado Ona MD
Fernando Ona MD
Gabriella Ortiz-Omphroy MD
Nancy Pace MD
Derek Pang MD
Glenn Pang MD
Rosalo Paeste MD
Estelle Paris MD
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Frances D. Pien MD
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Heajung Ruesing MD
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Cecilia Shikuma MD
Neil Shimoda MD
Benjamin Shurtleff MD
Lorene Siaw MD
Emese Somogyi MD
David Stevens MD
Mona N. Suzuki MD
Laurie M. Tam MD
S.Y. Tan MD JD
Maria Termulo MD
Noel Termulo MD
David Thoma DO
Benjamin Thompson MD
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William Won MD
Carlson B. Wong MD
Vivian Wong MD
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Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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

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Kaneohe, Hawaii 96744
808 235-1562
e-mail: boland@lava.net

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

New Hope Christian Fellowship

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

I was the past director of the Queens Medical Center, Obstetric Anesthesia. HB2739 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.

JACKIE MISHLER RN BSN PCCN

SENATE JUDICIARY
FRIDAY 0800 HEARING
HB2739 HD1
ONLINE WOULD NOT
ACCEPT - PLEASE ATTACH

ANA
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.

References

American Academy of Hospice and Palliative Medicine. (2007). Physician-assisted death. Retrieved from http://www.aahpm.org/positions/default/suicide.html

American Medical Association. (1996). Opinion 2.211: Physician-Assisted Suicide. (June.) Retrieved from http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page

American Nurses Association. (2001). *Code of Ethics for Nurses with interpretive statements*. Silver Spring, MD: American Nurses Publishing.

American Nurses Association. (2010a). *Nursing: Scope and standards of practice*. (2nd ed.) Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010b). *Nursing's social policy statement: The essence of the profession*. Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010c). Registered nurse's role and responsibilities in providing expert care and counseling at end-of-life. Silver Spring, MD: Author.

American Nurses Association and Hospice and Palliative Nurses Association. (2007). *Hospice and palliative nursing: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.com.

American Psychological Association. (2009). APA policies on end of life issues and care: APA resolution on assisted suicide. (January). Retrieved from http://www.apa.org/about/policy/assisted-suicide.aspx

American Public Health Association. (2008). Patients' rights to self-determination at the end of life. (October 28. Policy # 20086). Retrieved from http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1372

Asch, D.A. (1996). The role of critical care nurses in euthanasia and assisted suicide. *New England Journal of Medicine, 334*, 1374–1379.

Asch, D.A. (1997). Euthanasia among U.S. critical care nurses: Practices, attitudes, and social and professional correlates. *Medical Care, 35*, 890–900.

Carroll, J. (2007). Public divided over moral acceptability of doctor-assisted suicide Retrieved from http://www.gallup.com/poll/27727/public-divided-over-moral-acceptability-doctorassisted-suicide.aspx

Compassion & Choices. (2012). Nurses' talking points. Retrieved from http://www.compassionandchoices.org/what-you-can-do/get-involved/nurses-talking-points/

Ersek, M. (2004) The continuing challenge of assisted death. *Journal of Hospice and Palliative Nursing, 6*(1). Retrieved from http://www.medscape.com/viewarticle/468566_5

Ersek, M. (2005). Assisted suicide: Unraveling a complex issue. *Nursing 2005*, 35(4) 48–52.

Ferrell, B, Virani, R., Grant, M., Coyne, P., & Uman, G. (2000). Beyond the Supreme Court decision: Nursing perspectives on end-of-life care. *Oncology Nursing Forum, 27*, 445–455.

Fontana, J. (2002). Rational of the terminally ill. *Journal of Nursing Scholarship, 34*(2), 147–151.

Ganzini, L., Harvath, T.A., Jackson, A., Goy, E.R., Miller, L.L., & Delorit, M.A. (2002). Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide. *New England Journal of Medicine, 347*, 582–588.

Hermann, C.P., & Looney, S.W. (2011). Determinants of quality of life in patients near the end of life: A longitudinal perspective. *Oncology Nursing Forum*, 38(1), 23-31. doi:10.1188/11.ONF.23-31

Hospice and Palliative Nurses Association. (2011). Palliative sedation. Pittsburg, PA: Author. Retrieved from http://www.hpna.org/DisplayPage.aspx?Title1=Position%20Statements

Lachman, V.D. (2010). Physician-assisted suicide: Compassionate liberation or murder? *MedSurg Journal*, 19(2), 121–125.

Matzo, M.L. & Emanuel, E.J. (1997). Oncology nurses' practices of assisted suicide and patient-requested euthanasia. *Oncology Nursing Forum, 24*, 1725-1732.

National Consensus Project for Quality Palliative Care. (2009). *Clinical practice guidelines for quality palliative care*, (2nd ed.). Pittsburgh, PA: Author.

Oregon Nurses Association. (1997). Assisted suicide: The debate continues. *The Oregon Nurse, 62*(2). Retrieved from http://www.oregonrn.org/associations/10509/files/Assisted%20Suicide%20Adjusted.pdf

Quill, T.E., Lee, B.C., & Nunn, S. (2000). Palliative treatments of last resort: Choosing the least harmful alternative. University of Pennsylvania Center for Bioethics Assisted Suicide Consensus Panel. *Archives of Internal Medicine*, 132, 29–37.

Sherman, D.W., & Cheon, J. (2012). Palliative care: A paradigm of care responsive to the demands for health care reform in America. *Nursing Economics, 30*(3), 153–162, 166.

Smith, K.A., Goy, E.R., Harvath, T.A., & Ganzini, L. (2011). Quality of death and dying in patients who request physician-assisted suicide. *Journal of Palliative Medicine*, 14(4), 445–450.

Task Force to Improve the Care of Terminally-Ill Oregonians. (2008). *The Oregon Death with Dignity Act: A guidebook for health care professionals*. (Convened by the Center for Ethics in Health Care, Oregon Health and Science University.) Retrieved from http://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf

Volker, D.L. (2003). Assisted dying and end-of-life symptom management. *Cancer Nursing, 26*(5), 392–399.

Harriet H. Pien MD
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Physician opposition to assisted suicide bill before you.

Senate Judiciary Committee 3/28/18 0900
HB2739

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.

Senate Judiciary Committee 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee 3/28/18 0900 HB2739

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 Hawaii.

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

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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

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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.

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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

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

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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
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Honolulu, Hawaii 96813
808 524-7333

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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

Lorene Siaw M.D.
Hospitalist
Wailuku, Hawaii 96793

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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

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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 HD1is 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 MD

Michael R. Savona M. D.

Senate Judiciary Committee 3/28/18 0900 HB2739

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.

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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
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TELEPHONE (808) 969-3814

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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 HD1harms 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.

HB2739 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.

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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

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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

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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

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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.

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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.

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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.

The New York State
Task Force on Life
and the Law

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

Zora Bulatovic MD
zbulatovic@mauimedical.com

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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

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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
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From Dr. Reginald Buesa
Regarding HB2739 HD1
I am opposed to this bill, please do not move it forward.

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

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808-781-2023
Aina Haina, Hawaii

TO: Commerce, Consumer Protection, and Health Committee

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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

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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

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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.

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. <u>That simplistic script ignores inconvenient truths that are all too familiar to disability advocates, such as</u>:

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

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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 or 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.

APRIL
Association of Programs for Rural Independent Living

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee 3/28/18 0900
HB2739

TASH

From Hawaii Representatives Ann Graham Chung, Brent Graham, and Jill Graham
Kailua and Kaneohe Hawaii 96744 email: papiochamp@yahoo.com

Resolution Opposing the Legalization of Physician Assisted Suicide and SB 1129 SD2

Association for Persons with Severe Handicaps (TASH)

In their 1997 resolution opposing the legalization of physician assisted suicide, the Association for Persons with Severe Handicaps (TASH) provides a long list of reasons for their opposition to physician assisted suicide, including the negative aspects of allowing physicians to have such power, the insufficiency of proposed safeguards, and dissatisfaction with the implementation of safeguards in conjunction with euthanasia in the Netherlands. Internet publication URL: www.independentliving.org/docs6/tash199712.html

WHEREAS, the U.S. Supreme Court has determined that assisted suicide is not a constitutional right, but is an issue to be decided by the states; and

WHEREAS, bills to legalize physician-assisted suicide are currently pending before state legislatures; and

WHEREAS, no bill to legalize physician-assisted suicide applies to all citizens equally, but singles out individuals based on their health status in violation of the Americans with Disabilities Act; and

WHEREAS the legalization of physician-assisted suicide give physicians the power to decide who will be given suicide prevention and who will receive suicide assistance and is, therefore, not based on individual choice and autonomy; and

WHEREAS current trends in managed care and health care rationing threaten to diminish the availability of health care and related services needed by people with disabilities; and

WHEREAS people with disabilities and chronic illnesses may be driven to despair as a result of fear of being forced into a nursing home or institution, fear of being a physical or financial burden on their families, lack of information, about independent living option, and weariness from the daily struggle to get their legal needs met; and

WHEREAS, any proposed legal "safeguard" requiring that physician-assisted suicide only be available to terminally ill individuals who voluntarily request it will not protect people with disabilities from abuse; and

WHEREAS, numerous courts have ruled that people with non-terminal disabilities are the same as terminally ill patients in that the usual state interest in preserving life does not apply to them; and

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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, Hawaii
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Andrew Kayes MD
andrewkayes@yahoo.com.

For Senate Judiciary Hearing Friday 3/23/2018 9:00 AM
Physician opposition to HB2739

You state in your bill...HB2739.

The Legislature concludes that terminally ill residents have the right to determine their own medical treatment at the end of their lives.

Definitions of treatment include
a. The use of an agent, procedure, or regimen, such as a drug, surgery, or exercise, in an attempt to cure or mitigate a disease, condition, or injury.
b. The agent, procedure, or regimen so used
Medical treatments are meant to treat an illness or dysfunction of the body. There is no medical treatment for death. We will all die. This bill seeks to define suicide as a medical treatment, leaving it under the purview of the medical community to decide how to use it.

First of all the medical community doesn't want that 'right'. As a matter of fact one of the JACHO (Joint Commission) National Safety Goals for 2017 is to ensure that suicidal patients are identified properly. **Secondly**, we make a big issue and spend a lot of money ensuring that prisoners set for capital punishment get all the chances they could possibly get so we avoid putting an innocent person to death. Now we are just going to let doctors decide who should live and who should die. Obviously this needs much more careful consideration.

This is only one simple reason to object to this bill. It has a lot more far reaching effects and unintended consequences that you realize a number of which we have seen played out in Countries and states that have allowed euthanasia and physician assisted suicide. As constitutionally defined, Government has the responsibility to protect the lives of the governed. This bill would only protect a doctor, not the patient, the patient's family, the pharmacist who may not want to dispense it, the doctor who feels it is inappropriate, or the friends who are left bereft.

Thank you for this opportunity to comment on this very flawed proposal.

Andrew Kayes MD
andrewkayes@yahoo.com.

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Thank you for this opportunity to comment on this very flawed proposal.

JACKIE MISHLER RN BSN PCCN

SENATE JUDICIARY
FRIDAY 0800 HEARING
HB2739 HD1
ONLINE WOULD NOT
ACCEPT - PLEASE ATTACH

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.

References

American Academy of Hospice and Palliative Medicine. (2007). Physician-assisted death. Retrieved from http://www.aahpm.org/positions/default/suicide.html

American Medical Association. (1996). Opinion 2.211: Physician-Assisted Suicide. (June.) Retrieved from http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page

American Nurses Association. (2001). *Code of Ethics for Nurses with interpretive statements.* Silver Spring, MD: American Nurses Publishing.

American Nurses Association. (2010a). *Nursing: Scope and standards of practice.* (2nd ed.) Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010b). *Nursing's social policy statement: The essence of the profession.* Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010c). Registered nurse's role and responsibilities in providing expert care and counseling at end-of-life. Silver Spring, MD: Author.

American Nurses Association and Hospice and Palliative Nurses Association. (2007). *Hospice and palliative nursing: Scope and standards of practice.* Silver Spring, MD: Nursesbooks.com.

American Psychological Association. (2009). APA policies on end of life issues and care: APA resolution on assisted suicide. (January). Retrieved from http://www.apa.org/about/policy/assisted-suicide.aspx

American Public Health Association. (2008). Patients' rights to self-determination at the end of life. (October 28. Policy # 20086). Retrieved from http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1372

Asch, D.A. (1996). The role of critical care nurses in euthanasia and assisted suicide. *New England Journal of Medicine, 334,* 1374–1379.

Asch, D.A. (1997). Euthanasia among U.S. critical care nurses: Practices, attitudes, and social and professional correlates. *Medical Care, 35,* 890–900.

Carroll, J. (2007). Public divided over moral acceptability of doctor-assisted suicide Retrieved from http://www.gallup.com/poll/27727/public-divided-over-moral-acceptability-doctorassisted-suicide.aspx

Compassion & Choices. (2012). Nurses' talking points. Retrieved from http://www.compassionandchoices.org/what-you-can-do/get-involved/nurses-talking-points/

Ersek, M. (2004) The continuing challenge of assisted death. *Journal of Hospice and Palliative Nursing,* 6(1). Retrieved from http://www.medscape.com/viewarticle/468566_5

Ersek, M. (2005). Assisted suicide: Unraveling a complex issue. *Nursing 2005,* 35(4) 48–52.

Ferrell, B, Virani, R., Grant, M., Coyne, P., & Uman, G. (2000). Beyond the Supreme Court decision: Nursing perspectives on end-of-life care. *Oncology Nursing Forum, 27*, 445–455.

Fontana, J. (2002). Rational of the terminally ill. *Journal of Nursing Scholarship, 34*(2), 147–151.

Ganzini, L., Harvath, T.A., Jackson, A., Goy, E.R., Miller, L.L., & Delorit, M.A. (2002). Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide. *New England Journal of Medicine, 347*, 582–588.

Hermann, C.P., & Looney, S.W. (2011). Determinants of quality of life in patients near the end of life: A longitudinal perspective. *Oncology Nursing Forum*, 38(1), 23-31. doi:10.1188/11.ONF.23-31

Hospice and Palliative Nurses Association. (2011). Palliative sedation. Pittsburg, PA: Author. Retrieved from http://www.hpna.org/DisplayPage.aspx?Title1=Position%20Statements

Lachman, V.D. (2010). Physician-assisted suicide: Compassionate liberation or murder? *MedSurg Journal*, 19(2), 121–125.

Matzo, M.L. & Emanuel, E.J. (1997). Oncology nurses' practices of assisted suicide and patient-requested euthanasia. *Oncology Nursing Forum, 24*, 1725-1732.

National Consensus Project for Quality Palliative Care. (2009). *Clinical practice guidelines for quality palliative care*, (2nd ed.). Pittsburgh, PA: Author.

Oregon Nurses Association. (1997). Assisted suicide: The debate continues. *The Oregon Nurse, 62*(2). Retrieved from http://www.oregonrn.org/associations/10509/files/Assisted%20Suicide%20Adjusted.pdf

Quill, T.E., Lee, B.C., & Nunn, S. (2000). Palliative treatments of last resort: Choosing the least harmful alternative. University of Pennsylvania Center for Bioethics Assisted Suicide Consensus Panel. *Archives of Internal Medicine, 132*, 29–37.

Sherman, D.W., & Cheon, J. (2012). Palliative care: A paradigm of care responsive to the demands for health care reform in America. *Nursing Economics, 30*(3), 153–162, 166.

Smith, K.A., Goy, E.R., Harvath, T.A., & Ganzini, L. (2011). Quality of death and dying in patients who request physician-assisted suicide. *Journal of Palliative Medicine, 14*(4), 445–450.

Task Force to Improve the Care of Terminally-Ill Oregonians. (2008). *The Oregon Death with Dignity Act: A guidebook for health care professionals.* (Convened by the Center for Ethics in Health Care, Oregon Health and Science University.) Retrieved from http://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf

Volker, D.L. (2003). Assisted dying and end-of-life symptom management. *Cancer Nursing, 26*(5), 392–399.

Peter J Barcia MD

Opposition to SB1129 SD2

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

House Health Committee Chair Della AuBellatti, and members of the committee,

My wife and I have lived in Hawaii since 1965 where we have raised 10 children and 20 grandchildren, the majority of which still reside here. I retired in November of 2016 as general surgeon at Tripler Army Medical Center where I was on active duty until my military retirement in 1997.

While I believe that assisted suicide is morally repugnant, and will undermine the credibility of all physicians, I also believe it is unnecessary. I will tell you a story which will illustrate my point.

Years ago, Carol, a neighbor in her 50s came to our house with serious health concerns; this led over the next week to a tissue diagnosis of far advanced pancreatic cancer with proven spread to her liver. Currently there is no cure for her problem. Her health care team consisted of a general surgeon, a medical oncologist, and home health care nurses, who enabled her to be cared for at home with an IV central venous access: this provided for painless blood draws, IV fluid administration, and medication administration. Carol managed her pain with a device she controlled to deliver morphine as needed. The nurses trained her husband a adult children to care for her needs; these family members are competent, and obviously pleased to be helping. I visited her almost daily and though frequently somnolent, she easily awakened and joined in conversation. I asked her about her pain which was either none, or that it is under control. Clearly, she was ablating and managing her pain with the narcotic.

This is not an uncommon story and my point in telling it is that modern end-of-life care is now able to give patients and their families control over the old nemesis pain, allowing these patients to be humanely and compassionately cared for at home by those that love them.

Instead of killing them with assisted suicide!

If we offer a cheap and simple solution to a complex but manageable problem we will stop wrestling with how we can keep improving care.

Peter J. Barcia, MD, FACS
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JDCtestimony@capitol.hawaii.gov

Senate Judiciary Chair Brian Taniguchi
Friday 3/23/18 Opposition to HB2739 HD 1
Legislation that would imperil the disability community in Hawaii and has already done so in other states.
No documented cases of abuse -- ludicrous by any standards.
In Oregon, treatment for over 80 illnesses is no longer covered by insurance; the option of assisted suicide is promoted.
That is discriminatory and unnoticed because they have willingly accepted that some lives are not worth living.
Just what normal, healthy people with a fear of disability contend.... "Better dead than disabled"

To Honorable Members of the Legislature,

I am writing in opposition to bills including HB2739 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
Counselor and Assistant Professor
Work 808-235-7448 Cell 808-232-4040

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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
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Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

New Hope Christian Fellowship

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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
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Leslie Williams
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283-1887

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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.

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900 HB2739

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.
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Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

I was the past director of the Queens Medical Center, Obstetric Anesthesia. HB2739 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.

Harriet H. Pien MD
1609 Laukahi Street
Honolulu, Hawaii 96821

Physician opposition to assisted suicide bill before you.

Senate Judiciary Committee 3/28/18 0900
HB2739

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

AAPD
American Association of People with Disabilities

Senate Judiciary Hearing 3/23/18 on HB 2739 HD 1 at 9:00 AM We oppose this bill.
Chair Taniguchi and members of the Judiciary....

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:
Ann Lemke, Ph.D., Counselor and Assistant Professor
Work 808-235-7448 Cell 808-232-4040

Testimony of Benjamin B. Massenburg MD

Post Office Box 1565
Kahului, HI 96733

March 23, 2018
HB2739 HD1

Senate Judiciary Hearing on March 23, 2018

Chair Taniguchi and members Gabbard, Ihara, Thielen, and Donna Mercado Kim,

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 House Bill.

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.

Senate Judiciary Hearing on HB2739 HD 1 Friday March 23,2018 0900 From Joseph Palma MD A physician who has opposed assisted suicide for 50+years as a physician and a Hawaii resident who opposes HB2739 in any draft form.

Five Oregonians to Remember

Recently, the Oregon group most actively promoting assisted suicide, "Compassion & Choices", made the claim that everything in Oregon's Death with Dignity Law is going "great" and has been a wonderful "success."

Physicians for Compassionate Care Education Foundation (PCCEF), an organization representing hundreds of active practicing physicians in Oregon, begs to differ. Many others around the world are considering similar legislation and the real record needs to be revealed. In an effort to be transparent, it is important to remember Five Oregonians for whom the tragedy of doctor-assisted suicide was all too real.

Patients with dementia are being killed: The case of Kate Cheney

Mrs. Kate Cheney was an elderly Oregon woman with growing dementia and a diagnosis of a potentially terminal cancer. Her daughter, Erika, asked her primary physician for assisted suicide, but found the patient incompetent and denied this initial request. A second opinion was obtained by a psychiatrist who found that Mrs. Cheney had short-term memory deficits and dementia, and that the assisted suicide request appeared to be the daughter's "agenda." The daughter, who also accompanied Mrs. Cheney to this appointment, "coached her" in her answers, even when the psychiatrist asked her not to do so. Concerning the patient, the psychiatrist observed, "She does not seem to be explicitly pushing for this." Thus, the psychiatrist concluded that the patient lacked sufficient capacity to weigh options about assisted suicide; thus, she was ineligible for doctor-assisted suicide. The daughter would not take no for an answer, and sought a second mental health evaluation where the patient could not even remember when she was diagnosed with terminal cancer, although it had only been within the last three months. It was also noted by this second mental health opinion that the patient's "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive". The pressure directed at Ms. Cheney from her family was so great that her own motivations could not clearly be distinguished from those of her daughter's. Clearly, psychiatric evaluation served no protective function for her. Despite these facts, this Kaiser patient had a home visit by her "managed care" administrator who decided she was a good candidate for assisted suicide and sought out a physician who could write for a lethal prescription. Fifteen days later she died from this lethal barbiturate overdose.

Depressed patients are given the means to commit suicide: The case of Michael Freeland

Michael Freeland, a 63-year-old cancer patient, had been haunted by thoughts of suicide since his early 20's when he made his first suicide attempt. In March 2000, his doctor diagnosed him with lung cancer and the following year he sought out, and was given a lethal dose of medication by a 'Compassion & Choices' physician. Subsequently, Mr. Freeland was hospitalized with depression and because of both suicidal and homicidal thoughts, the attending psychiatrist, who pronounced Mr. Freeland as incompetent, said, "The guns are now out of the house, which resolves the major safety issue." Yet, the same report claimed, "He keeps this [the lethal barbiturate overdose] safely at home." Two weeks before his death PCCEF members found Freeland alone, in pain, dehydrated, suffering from painful constipation, confused, and afraid to take his pain medication. He said he was about to take the overdose because of pain. He had called his suicide doctor and this "Compassion & Choices' physician offered to sit with him while he took the overdose. The PCCEF members, on the other hand, encouraged him to take his pain medication and arranged for 24-hour attendant care and receive an infusion pump for better pain care. Several weeks later, Mr. Freeland died comfortably, just having reconciled with his daughter and without taking the lethal drugs.

Patients are euthanized in the name of 'assisted-suicide': The case of Clarietta Day.

Dr. Gallant saw an unconscious patient in the Corvallis Emergency Department who had suffered a stroke. The patient's daughter decided that her mother would be better off dead and asked Dr. Gallant to remove life support. He did so but the patient kept breathing. He then gave serial doses of valium and morphine to this unconscious patient (in no pain) trying to stop her breathing. This didn't work. Then he placed a magnet over her pacemaker in a deliberate effort to stop her heart. This, too, did not cause her to die. He then gave her a massive dose of a drug that paralyzes all of the body's muscles. A drug that should never be given to a patient who is not having her breathing supported artificially because it will paralyze all of the body's breathing muscles. Indeed it did. The patient died within minutes of being deliberately and completely paralyzed by Dr. Gallant. The Oregon Board of Medical Examiners chose to reprimand Dr. James Gallant for unprofessional and dishonorable conduct and suspend his license for 60 days for engaging in active euthanasia with respect to his patient, Clarietta Day, who died as a result of a lethal injection administered by a nurse. No criminal charges were ever filed in connection with the patient's death and this doctor continues to practice. The Oregonian, in reporting on this act of active involuntary euthanasia, called Dr. Gallant's action a "case of assisted suicide".

Nurses are now getting into the act: The case of Wayne Melcher

Two nurses gave an overdose to a patient, Wayne (Wendy) Melcher, who had throat cancer. One nurse admitted that she was following the "plan" that had been developed by the patient for his own suicide. The nurses acted independently without following hospice protocol or even asking for any physician directive or order in giving overdoses of two different drugs . This assisted suicide effort was never reported to the Oregon Health Division as is required by the assisted suicide law. As one of the nurses is reported to been having a relationship with Melcher's significant other, there is a clear conflict of interest. After this action of direct and intentional medical killing, these two nurses continue to practice in the State of Oregon.

Attempts at assisted suicide are failing: The case of David Pruitt

David Pruitt, a man from Oregon with lung cancer, obtained from a physician the standard lethal overdose by prescription, and when he felt it was time, he took the entire amount. He went to sleep for 65 hours and woke up saying "What the hell happened? Why am I not dead?" He was so unnerved by the experience that he didn't want to go through it again. He died naturally nearly two weeks later.

Why remember these 5 Oregonians?

These five cases have been previously documented and their stories are all now part of the public record. Clearly, all is not well in Oregon and the recent statements by the pro-assisted suicide organization (Compassion & Choices) are patently false and deliberately deceptive. Their deception is part of a desperate effort to seduce other states to follow this so-called "model legislation." In all likelihood, these tragically flawed cases likely represent only the tip of the iceberg of those who have been directly or indirectly harmed by this misguided law. The annual reports from Oregon need to be interpreted cautiously because reporting is voluntary and only pro-assisted suicide enthusiasts report. State officials have acknowledged that all of the reported information may be "cock and bull" for all they know. Further, we may never fully understand what has gone on with other cases as state officials have acknowledged in writing that they have actually destroyed identifying information in the name of "privacy" and in what PCCEF has called a "shroud of secrecy."

In summary, PCCEF members recognize the importance of reporting the full story of these five patients and how their lives were adversely affected by the assisted suicide law here in Oregon. This law has created an environment where demented and depressed patients are medically killed, nurses are taking matters into their own hands, and involuntary euthanasia is being practiced in the name of assisted suicide. PCCEF is committed to transparency and providing the facts that "Compassion and Choices" does not want the rest of the world to know. We are committed to the whole truth about doctor assisted suicide and stand in opposition to this practice because of the inherent conflict of interest for the medical profession and for society.

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.

George Powell, MD
Neurology
2180 Main Street
Wailuku, HI 96793 (808) 242-6464.

Senate Judiciary Committee 3/28/18 0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee 3/28/18 0900 HB2739

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 Hawaii.

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

Senate Judiciary Committee 3/28/18 0900
HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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.

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Senate Judiciary Committee 3/28/18 0900 HB2739

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

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

Senate Judiciary Committee 3/28/18 0900 HB2739

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

Senate Judiciary Committee 3/28/18 0900
HB2739

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

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. <u>That simplistic script ignores inconvenient truths that are all too familiar to disability advocates, such as</u>:

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

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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 or 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.

APRIL
Association of Programs for Rural Independent Living

Senate Judiciary Committee Hearing 3/28/18 0900
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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

Senate Judiciary Committee Hearing 3/28/18 0900
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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
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- Phone (510) 549-9339

- Chris Niemczyk Phone (808) 744-6561 niemczyk@hawaii.edu

Senate Judiciary Committee 3/28/18 0900
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TASH

From Hawaii Representatives Ann Graham Chung, Brent Graham, and Jill Graham
Kailua and Kaneohe Hawaii 96744 email: papiochamp@yahoo.com

Resolution Opposing the Legalization of Physician Assisted Suicide and SB 1129 SD2

Association for Persons with Severe Handicaps (TASH)

In their 1997 resolution opposing the legalization of physician assisted suicide, the Association for Persons with Severe Handicaps (TASH) provides a long list of reasons for their opposition to physician assisted suicide, including the negative aspects of allowing physicians to have such power, the insufficiency of proposed safeguards, and dissatisfaction with the implementation of safeguards in conjunction with euthanasia in the Netherlands. Internet publication URL: www.independentliving.org/docs6/tash199712.html

WHEREAS, the U.S. Supreme Court has determined that assisted suicide is not a constitutional right, but is an issue to be decided by the states; and

WHEREAS, bills to legalize physician-assisted suicide are currently pending before state legislatures; and

WHEREAS, no bill to legalize physician-assisted suicide applies to all citizens equally, but singles out individuals based on their health status in violation of the Americans with Disabilities Act; and

WHEREAS the legalization of physician-assisted suicide give physicians the power to decide who will be given suicide prevention and who will receive suicide assistance and is, therefore, not based on individual choice and autonomy; and

WHEREAS current trends in managed care and health care rationing threaten to diminish the availability of health care and related services needed by people with disabilities; and

WHEREAS people with disabilities and chronic illnesses may be driven to despair as a result of fear of being forced into a nursing home or institution, fear of being a physical or financial burden on their families, lack of information, about independent living option, and weariness from the daily struggle to get their legal needs met; and

WHEREAS, any proposed legal "safeguard" requiring that physician-assisted suicide only be available to terminally ill individuals who voluntarily request it will not protect people with disabilities from abuse; and

WHEREAS, numerous courts have ruled that people with non-terminal disabilities are the same as terminally ill patients in that the usual state interest in preserving life does not apply to them; and

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

Senate Judiciary Committee Hearing 3/28/18 0900
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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, Hawaii
Email: Lindatomsbarker@gmail.com

Jeffrey Michael Drood MD
Clinical cardiac electrophysiology
1962 E Vineyard St, Wailuku, HI 96793
(808) 244 - 3278

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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.

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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.

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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.

The New York State
Task Force on Life
and the Law

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

Zora Bulatovic MD
zbulatovic@mauimedical.com

Senate Judiciary Committee 3/28/18 0900 HB2739

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

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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
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From Dr. Reginald Buesa
Regarding HB2739 HD1
I am opposed to this bill, please do not move it forward.

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

Senate Judiciary Committee Hearing 3/28/18 0900
HB2739

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

Senate Judiciary Committee Hearing 3/28/18
0900 HB2739

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

Senate Judiciary Committee Hearing 3/28/18 0900
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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.

Senate Judiciary Hearing on HB2739 Friday 3/23/18 9 AM

Honorable members of the Committee,

Please consider some of these examples of what can happen when you listen to those who blatantly state:

No documented cases of abuse

I am a physician, Werner G. Schroffner MD and I oppose HB2739

Breakdown in Rules Attendant to Changing the Law

The following cases were caused be **legal erosion and the breakdown in rules and codes of conduct** associated with assisted suicide laws, rules and codes that elsewhere protect health care patients.

- **Wendy Melcher**[illegible] died in August 2005 after two Oregon nurses, Rebecca Cain and Diana Corson, gave her overdoses of morphine and phenobarbital. They claimed Melcher had requested an assisted suicide, but they administered the drugs without her doctor's knowledge, in clear violation of Oregon's law. No criminal charges have been filed against the two nurses. The case prompted one newspaper to write, "If nurses—or anyone else—are willing to go outside the law, then all the protections built into [Oregon's] Death with Dignity Act are for naught."[illegible]
- **Annie O. Jones, John Avery, and three other patients** were killed by illegal overdoses of medication given to them by a nurse, and none of these cases have been prosecuted in Oregon.[illegible]

Medical Complications

Assisted suicide proponents and medical personnel alike have established that taking lethal drugs by mouth is often ineffective in causing a quick and simple death. The body sometimes expels the drugs through vomiting, or the person falls into a lengthy state of unconsciousness rather than dying promptly, as assisted suicide advocates wish. Such ineffective suicide attempts happen in a substantial percentage of cases—estimates range from 15 percent to 25 percent.[illegible]

- **Peaceful death?** Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett[illegible] described one botched assisted suicide. "The man was at home. There was no doctor there" … . "After he took it [the lethal dose], he began to have … physical symptoms … that were hard for his wife to handle. Well, she called 911." He was taken to a local Portland hospital and revived, then to a local nursing facility. "I don't know if he went back home. He died shortly – some … period of time after that … ."

Commenting on this botched assisted suicide case, The Oregonian editorial columnist David Reinhard observed, "The Health Division knows nothing [about this case], … through no fault of its own. Why? Because the doctor who wrote the prescription, the emergency medical technicians and the hospital reported nothing. Why? Because [the assisted-suicide law]reporting requirements are a sham."

- **David Prueitt**[illegible] took his prescribed lethal overdose in the presence of his family and members of the assisted-suicide advocacy group Compassion & Choices. After being unconscious for 65 hours, he awoke. His family leaked the failed assisted suicide to the media. Oregon DHS issued a release saying it "has no authority to investigate individual Death with Dignity cases."[illegible]

Impacts by Doctors and Their Quality of Care

- **Kathryn Judson** wrote of bringing her seriously ill husband to the doctor in Oregon. "I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought)," she wrote. "To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher."[illegible] According to prescribing doctors, 40% of people who died by assisted suicide reported feeling like a burden on family and caregivers as a reason for requesting lethal drugs.[illegible]
- **By contrast: Jeanette Hall** of Oregon was diagnosed with cancer in 2000 and told she had six months to a year to live. She knew about the assisted suicide law, and asked her doctor about it, because she didn't want to suffer. Her doctor encouraged her not to give up, and she decided to fight the disease. She underwent chemotherapy and radiation. Eleven years later, she wrote, "I am so happy to be alive! If my doctor had believed in assisted suicide, I would be dead. … Assisted suicide should not be legal."[illegible] Unfortunately, not all doctors are like Jeanette Hall's.

Michael R Savona M.D.
Internal Medicine, Oncology

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Senate Judiciary Committee 3/28/18 0900
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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 HD1is 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 MD

Michael R. Savona M. D.

Senate Judiciary Committee 3/28/18 0900 HB2739

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.

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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

Senate Judiciary Committee Hearing 3/28/18 0900
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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

As Ruthie Poole, an advocate for people with psychiatric disabilities, wrote, "As people many of whom have suffered from major depression in the past, we can relate to the desire for 'an easy way out.' Depression is treatable and reversible. Suicide is not."[illegible]

> Burden

Nothing in assisted suicide laws protects patients when pressures, whether financial or emotional, sometimes from family, distort the person's choice.

There is a significant danger that many people would choose assisted suicide due to external pressure. Elderly individuals who don't want to be a financial or caretaking burden on their families can take this escape, and no provision in the law can stop it. For example, according to prescribing doctors in Oregon, 40% of people who died by assisted suicide reported feeling like a burden on family and caregivers as a reason for requesting lethal drugs.[illegible]

> Good Faith

Assisted suicide proposals drawing on the Oregon model protect anyone from any civil and criminal liability if they act in "good faith."[illegible] It is virtually impossible to disprove an allegation of someone's good faith, making all other safeguards effectively unenforceable.
Even more alarming, for all other medical procedures, practitioners are liable under a much stronger standard, that of negligence. But, even if negligent, practitioners of assisted suicide will not be found violating the law, as long as they practice in good faith.[illegible]

2. Fatally Flawed Oversight and Minimal Data

Oregon's annual reports on their assisted suicide statistics, highly praised by proponents as informative, actually tell us very little. Available data is quite minimal and there is no real oversight, investigation of abuse, enforcement, penalties for non-compliance, nor monitoring,[illegible] despite the fact that the results can be deadly. In reality, we don't know what is happening under the Oregon law. Doctor-prescribed suicide is practiced in Oregon in secret and without oversight. In this lax context we must assume that any abuses that come to light are the tip of the iceberg.

> Reporting requirement lacks teeth.

Doctors who fail to report to the State that they prescribed lethal drugs, face no penalty. Though reporting is required on paper, no investigations take place to ensure the reports are made.

> Non-compliance is not monitored.

The State of Oregon does not monitor underreporting, noncompliance, or violations. Many of Oregon's reports clearly acknowledge that the State cannot confirm compliance with the law.

> Important questions go unasked.

For example, the State does not talk to doctors who denied requests to prescribe lethal drugs for patients. These doctors who first said "no" may have viewed their patients as not meeting legal requirements, important information if one wishes to evaluate the law's outcomes. Nor does the State talk to families.

> No investigation of abuse.

The State has no resources nor even authority to investigate violations. All the abuses (Michael Freeland, Kate Cheney, Wendy Melcher, [1] etc.) are discovered by the media—not an oversight body whose job it should be—and they are not investigated. Not only is abuse not investigated; there isn't even a way to report it. Thus, it's not what the Oregon data shows – it's what it fails to show. The data shows no abuse because the system is set up not to find it.

> No autopsies.

Autopsies are not required, opening the door to another Dr. Kevorkian, most of whose victims were not terminally ill.

> Underlying data is destroyed annually.

The State of Oregon has acknowledged that after each annual report is published, the underlying data is destroyed, so no outside party can conduct objective research.[2]

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[1] Erin Barnett, *A family struggle: Is Mom capable of choosing to die?* Oregonian, Oct. 17, 1999.
[2] Transcript of tape of PeterGoodwin, *Oregon*, January 11, 2003, Presentation at 13th National Hemlock Society Biennial Conference, "Charting a New Course, Building on a Solid Foundation, Imagining a Brighter Future for America's Terminally Ill," January
9 – 12, 2003, Bahia Resort Hotel, San Diego, California.
Compassion in Dying of Oregon, *Summary of Hastened Deaths*, data attached to Compassion in Dying (now called Compassion and Choices) of Oregon's IRS Form 990 for 2003.
Dr. Elizabeth Goy of Oregon Health and Science University (OHSU) is an Assistant Professor in the Department of Psychiatry, School of Medicine, OHSU and has worked with Dr. Linda Ganzini in surveys dealing with Oregon's law. In 2004, members of the British House of Lords traveled to Oregon seeking information regarding Oregon's assisted-suicide law for use in their deliberations about a similar proposal that was under consideration in Parliament. They held closed-door hearings on December 9 and 10, 2004 and published the proceedings on April 4, 2005. House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL]* Vol. II: Evidence (London: The Stationery Office Limited, 2005), p. 291, Question 768, available at:
http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86ii.pdf(accessed March 10, 2015).

Kenneth R. Stevens, Jr. MD, former Chairman of Radiation Oncology at Oregon Health & Science University, *The Proportion of Oregon Assisted Suicides by Compassion & Choices Organization*.
Stevens, *Concentration of Oregon's Assisted Suicide Prescriptions & Deaths from a Small Number of Prescribing Physicians*.

[3] Jeanette Hall letter to the editor – **http://articles.boston.com/2011-10-04/bostonglobe/30243525_1_suicide-doctor-ballot-initiative**.

[4] "A Case Against Physician Assisted Suicide," Richard Radtke, Ph.D., then President and CEO, Sea of Dreams Foundation, Journal of Disability Policy Studies, Summer, 2005, accessed April 24, 2015, **http://dps.sagepub.com/content/16/1/58.full.pdf+html**.

[5] N. Gregory Hamilton, M.D. and Catherine Hamilton, M.A., *Competing Paradigms of Responding to Assisted-Suicide Requests in Oregon: Case Report*, presented at the American Psychiatric Association Annual Meeting, New York, New York, May 6, 2004. **http://www.pccef.org/articles/art28.htm** and N. Gregory Hamilton, M.D., *Testimony to the Select Committee on the Assisted Dying for the Terminally Ill Bill*, House of Lords, Portland, Oregon, December 10, 2004, **http://www.pccef.org/articles/art32HouseOfLords.htm**.

[6] Oregon Death with Dignity Act Annual Reports, Oregon Health Authority Public Health Division, **https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx**.

[7] N. Gregory Hamilton, M.D., Physicians for Compassionate Care Educational Foundation, *Testimony to the Select Committee on the Assisted Dying for the Terminally Ill Bill*, House of Lords, Portland, Oregon, December 10, 2004, available at **http://www.pccef.org/articles/art32HouseOfLords.htm**.

[8] Ruthie Poole, President, MPOWER Board of Directors [MPOWER: Massachusetts People/Patients Organized for Wellness, Empowerment, and Rights].

[9] Oregon Death with Dignity Act Annual Reports, Oregon Health Authority Public Health Division, **https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx**.

[10] Or. Rev. Stat. § 127.885(1)–(3).

[11] Hendin and Foley, "Physician Assisted Suicide: A Medical Perspective," *Michigan Law Review*, pp.1626-1627.

[12] Oregon Death with Dignity Act Annual Reports, Oregon Health Authority Public Health Division, **https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx**.

[13] *Pressure Increases on Suspected Nurses – Alleged Players in Assisted Suicide May Be Prosecuted; Others, Too*, Portland Tribune, September 7, 2007.

[14] Testimony of Dr. Katrina Hedberg, December 9, 2004, in House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL]*, Vol. II, p. 262, question 592.

Dr Navjot Singh MD asks Judiciary Committee to read this report and to oppose HB 2739 at the hearing on Friday 3/23/18 at 9:00 AM. Do we want this to happen here? It will.

Belgian GPs "killing patients who have not asked to die"

Daily Mail.com

By Steve Doughty, Social Affairs Correspondent
11 June 2015

Report says thousands have been killed despite not asking their doctor

- **Thousands killed under GP care despite not asking to die, report says**
- **One in 60 deaths involves someone 'who has not requested euthanasia'**
- **Half of patients killed without giving their consent were over the age of 80**

Thousands of elderly people have been killed by their own GPs without ever asking to die under Belgium's euthanasia laws, an academic report said yesterday.

Around one in every 60 deaths of a patient under GP care in Belgium involves someone who has not requested euthanasia, according to a new report published by the Journal of Medical Ethics

It said that around one in every 60 deaths of a patient under GP care involves someone who has not requested euthanasia.

Half of the patients killed without giving their consent were over the age of 80, the study found, and two thirds of them were in hospital and were not suffering from a terminal disease such as cancer.

In about four out of five of the cases, the death was not discussed with patients subjected to 'involuntary euthanasia' because they were either in a coma, they were diagnosed with dementia, or because doctors decided it would not be in their best interests to discuss the matter with them.

Very often doctors would not inform the families of plans to lethally inject a relation because they considered it a medical decision to be made by themselves alone, the report published by the Journal of Medical Ethics said.

The report raised new questions over Belgium's increasingly controversial 13-year-old euthanasia law, which has won wide acceptance from the medical establishment, and which now allows even children to be killed by doctors.

Report author Professor Raphael Cohen-Almagor of Hull University said: 'The decision as to which life is no longer worth living is not in the hands of the patient but in the hands of the doctor.'

'It should also be noted that deliberately ending the lives of patients without their request is taking place in Belgium more than in all other countries that document such practices, including the Netherlands.

'It is worrying that some physicians take upon themselves the responsibility to deliberately shorten patients' lives without a clear indication from the patients that this is what they would want.'

The Israeli-born politics and philosophy professor added: 'The Belgian population should be aware of the present situation and know that if their lives may come to the point where physicians think they are not worth living, in the absence of specific living wills advising physicians what to do then, they might be put to death.'

Belgium's Euthanasia Act restricts the practice of mercy killing to adults and 'emancipated children' who are suffering unbearably and who are able to consent. It remains officially illegal for doctors to kill patients who have not given their consent to death.

The study found, however, that many GPs are killing their patients without consent and that lack of consent may be more common than officially-approved deaths.

'Given that ending patients' lives without request is more common than euthanasia, it is suggested to urge the Belgian medical profession to put this issue high on its agenda,' Professor Cohen-Almagor said.

Half of the patients killed without giving their consent were over the age of 80, the study found

The study was published after Rob Marris, Labour MP for Wolverhampton South West, announced that in September he will introduce a Private Member's Bill into the House of Commons to legalise assisted suicide.

There have been a series of attempts in the courts and in Parliament to overthrow the assisted suicide laws which in Britain mean anyone who helps someone else to die faces a maximum 14 years in jail.

Former Director of Public Prosecutions Keir Starmer, now a Labour MP, brought in prosecutions rules which mean no-one is likely to be charged with assisting a suicide unless they acted out of greed or malice, and Tony Blair's former Lord Chancellor Lord Falconer introduced an assisted suicide bill into the Lords. This would have allowed two doctors to kill a terminally ill patient who asked to die.

Supreme Court judges have held back from legalising assisted suicide but their rulings have piled pressure on Parliament to consider a new law.

The situation in Belgium is a stark warning that in this country we should not go down the road of legalising assisted suicide

— Fiona Bruce, Tory MP for Congleton

Opponents of assisted suicide said that the Belgian use of euthanasia showed that an assisted suicide law would be a slippery slope towards medical killing.

Lord Carlile of Berriew, the Liberal Democrat peer who sat on the parliamentary committee that advised against the legalisation of euthanasia in the UK a decade ago, said: 'I am horrified by it.

'What it demonstrates, if the facts underlying it are correct, is that in Belgium, and elsewhere, so-called euthanasia is being carried out without controls and it underlines why I am opposed to the Bill which Rob Marris is going to put to the House of Commons,' he said.

'The safeguards which are being provided under his Bill are completely inadequate.'

Fiona Bruce, Tory MP for Congleton and the chairman of the Parliamentary Pro-Life Group, said: 'The situation in Belgium is a stark warning that in this country we should not go down the road of legalising assisted suicide.

'Where does that road end? Whatever safeguards those proposing this suggest can never be enough to protect our frail, elderly, vulnerable or disabled from the risk of feeling an unwanted burden or, worse still, from abuse.

'Doctors enter the medical profession to be protectors not destroyers of life. This Bill could utterly change the doctor-patient relationship, with vulnerable patients living in fear of a lethal injection from their doctor.'

Judiciary Hearing on Friday 3/28/18 at 9 AM regarding HB2739 HD 1

Hawaii resident and physician would appreciate your review of this point of view before decision making on Friday.

'ASSISTED DYING: DON'T GO THERE': DUTCH ETHICIST THEO BOER'S THOUGHTS ON EUTHANASIA IN FULL

In 2001 The Netherlands was the first country in the world to legalize euthanasia and, along with it, assisted suicide. Various 'safeguards' were put in place to show who should qualify and doctors acting in accordance with these 'safeguards' would not be prosecuted. Because each case is unique, five regional review committees were installed to assess every case and to decide whether it complied with the law. For five years after the law became effective, such physician-induced deaths remained level - and even fell in some years.

In 2007 I wrote that 'there doesn't need to be a slippery slope when it comes to euthanasia. A good euthanasia law, in combination with the euthanasia review procedure, provides the warrants for a stable and relatively low number of euthanasia.' Most of my colleagues drew the same conclusion.

But we were wrong - terribly wrong, in fact. In hindsight, the stabilization in the numbers was just a temporary pause.

Beginning in 2008, the numbers of these deaths show an increase of 15% annually, year after year. The annual report of the committees for 2012 recorded 4,188 cases (compared with 1,882 in 2002). 2013 saw a continuation of this trend and I expect the 6,000 line to be crossed this year or the next.

Euthanasia is on the way to become a 'default' mode of dying for cancer patients. Alongside this escalation other developments have taken place. Under the name 'End of Life Clinic,' the Dutch Right to Die Society NVVE founded a network of travelling euthanizing doctors. Whereas the law presupposes (but does not require) an established doctor-patient relationship, in which death might be the end of a period of treatment and interaction, doctors of the End of Life Clinic have only two options: administer life-ending drugs or send the patient away. On average, these physicians see a patient three times before administering drugs to end their life. Hundreds of cases were conducted by the End of Life Clinic. The NVVE shows no signs of being satisfied even with these developments. They will not rest until a lethal pill is made available to anyone over 70 years who wishes to die. Some slopes truly are slippery.

Other developments include a shift in the type of patients who receive these 'treatments'. Whereas in the first years after 2002 hardly any patients with psychiatric illnesses or dementia appear in reports, these numbers are now sharply on the rise. Cases have been reported in which a large part of the suffering of those given euthanasia or assisted suicide consisted in being aged, lonely or bereaved. Some of these patients could have lived for years or decades.

Whereas the law sees assisted suicide and euthanasia as an exception, public opinion is shifting towards considering them rights, with corresponding duties on doctors to act. A law that is now in the making obliges doctors who refuse to administer euthanasia to refer their patients to a 'willing' colleague. Pressure on doctors to conform to patients' (or in some cases relatives') wishes can be intense. Pressure from relatives, in combination with a patient's concern for their wellbeing, is in some cases an important factor behind a euthanasia request. Not even the Review Committees, despite hard and conscientious work, have been able to halt these developments.

I used to be a supporter of the Dutch law. But now, with twelve years of experience, I take a very different view. At the very least, wait for an honest and intellectually satisfying analysis of the reasons behind the explosive increase in the numbers. Is it because the law should have had better safeguards? Or is it because the mere existence of such a law is an invitation to see assisted suicide and euthanasia as a normality instead of a last resort? Before those questions are answered, don't go there. Once the genie is out of the bottle, it is not likely to ever go back in again.

Theo Boer has been a Member of a Regional Review Committee since 2005. For the Dutch Government, five such committees assess whether a euthanasia case was conducted in accordance with the Law. In the past nine years, Prof. Boer has reviewed almost 4,000 euthanasia cases. The views expressed here represent his views as a professional ethicist, not of any institution

Kenneth Thourson MD, Hawaii Physician opposing assisted suicide

To the Judiciary Committee for Friday's hearing on HB2739 HD 1 at 9:00 AM.

MY NAME IS Robert M Santry MD.

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT OR TO THE DOCTOR-PATIENT RELATIONSHIP

To the Judiciary Committee for Friday's hearing on HB2739 HD 1 at 9:00 AM.

MY NAME IS CELIA DOMINGUEZ MD.

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I **STRONGLY OPPOSE** HB2739.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL FUNDAMENTALLY LESS HARMFUL TO THE PATIENT OR TO THE DOCTOR-PATIENT RELATIONSHIP

From:	Liz Lum <lizlum151@gmail.com>
Sent:	Thursday, March 22, 2018 9:37 AM
To:	JDCTestimony
Subject:	NO vote for Assisted Suicide

Good Morning, Senators of Judiciary Committee of Hawaii:

Please Vote NO on HB2739 HD1.
My reasons:

1. **Why allow killing of oneself,**
2. **Why put thoughts of devaluing life's worthiness.**
3. **Why encourage LIGHTNESS of one's life.**
4. **Why encourage or plant thoughts in people's thinking that if the law says okay to take one's life, they can go out to kill anyone...Heck. Go out to KILL ! Opens a can of worms: "That guy bother or trouble me: I kill him. I assist him and kill him."**
   Emotions plays guide to kill anyone. Killing game.
   Focus on self and creates more selfishness in the community, state or nation. Life becomes meaningless.
5. **Why permit one's life created and given by God as a gift to be terminated through superficial / artificial methods.**
6. **How can anyone be so heartless and be a killer assistant.**
7. **Would there be psychological consequences of the individual or team assisting with the suicide? or family members?**
8. **There is no turning back once initiated...death with assitance.**
7. **Let the patient/person do it through other procedures than a human killing another.**
   a. **LET THE PATIENT(S) DECIDE...BY THEMSELVES ;AND LET NATURE TAKE ITS OWN COURSE: PATIENTS KNOW...NO DECISIONS FOR THEM. NO BILL NEEDS TO BE HAD. ONLY A NO VOTE CAN GIVE RIGHT TO PATIENTS TO LIVE THEIR LIVES BETWEEN THEM AND OUR LORD GOD ALMIGHTY..**
   B. **THE PATIENTS CAN TAKE IN LESS FOOD AND WATER...THEY DO IT THEMSELVES. NO PSYCHOLOGICAL EFFECTS, NO AFTERMATH. NO FOUL PLAY, ALL FREE OF GUILT OR REGRET CONSCIENCES.**
   C. **PEACE PRESIDES AMONG ALL.**
8. **LET THERE BE PEACE ON EARTH AND LET IT BEGIN WITH THE SENATE JUDICIARY COMMITTEE.**

NO ONE NEEDS TO MAKE THEMSELVES KNOWN BEFORE THEY EXPIRE.
In reference to John Radcliffe, he lives on as God wants him to. It is NOT his time. He has touched lives of people he has come in contact with as a union leader.. He should NOT want to make himself known in regard to this bill to be in Hawaii's history. It is not a God given thought, but much of the human flesh and creative intelligence.
Where is God? I BEG YOU ALL TO VOTE NO.

Thank you for your sincere consideration and pray you will see and know it is wrong to allow assisted suicide and consequences. Think of saving people rather than killing to relieve pain, discomfort, or uselessness of patients. I pray for your wisdom to make a heartfelt and sane decision by VOTING NO ON BILL HB2739 HD1.

God be with you as you caucus and see the light to VOTE NO ON THIS ASSISTED SUICIDE BILL. NO TAMPERING IS NEEDED AND MUST NOT BE. JUST LET NATURE AND GOD TAKE ITS COURSE FOR ONE AND ALL.

Respectfully submitted,

Elizabeth Lum
(Former DOE teacher)

From: Valrie Griffith <valriegriffith@yahoo.com>
Sent: Thursday, March 22, 2018 9:22 AM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am

Aloha
I strongly support HB 2739.
My mom suffered for years with terminal cancer, there was no cure and she was in such pain and so very depressed. It was a terrible situation and a bill such as this one would have been a blessing to her and our entire family.
I feel this bill has adequate safeguards and hope very much that it becomes law.
Mahalo
Valrie Griffith
Honolulu, Hi

From: Barbara Mathews <bpmathews@gmail.com>
Sent: Thursday, March 22, 2018 8:53 AM
To: JDCTestimony
Subject: HB2739-March 23, 9:00 am

Thank you for the opportunity to provide testimony in strong support of HB 2739 which allows medical aid in dying for those individuals who want this option at the end of their lives. The bill is well written with multiple safeguards and levels of protection.

This bill provides a compassionate choice for those who endure unrelieved suffering and allows individuals to choose a legal and an ethical way to control their own process of dying.

Much of the opposition centers around those with strong religious faith and beliefs who, indeed, have every right to those beliefs and the choices that ensue. However, they do not have a right to dictate my beliefs nor my life choices.

Another aspect of the opposition is fear that this will allow euthanasia against the will of an individual. This would clearly be illegal as this bill is written.

Thank you for the opportunity to provide testimony.

Mahalo,

Barbara Mathews
44 White Sands Place
Kailua, Hawai'i
808 261-8420

From: Leo Thiner-Brickey <leojosephjohn@gmail.com>
Sent: Thursday, March 22, 2018 7:37 AM
To: JDCTestimony
Subject: HB 2739 Hawaii Medical Assisted Suicide

Aloha, Members of the Hawaii State Senate

As the world watches the Hawaiian Islands State Government in Social Media in question. Why would such a place so rich in it's culture, and beauty of a people; ever consider such a Bill? Hawaii Medical Assisted Suicide HB 2739 is just that. Each of us need to ask some very hard questions of ourselves. Would you as a human being consider yourself as a candidate of Hawaii Medical Assisted Suicide? Taking away your own HOPES in medicine, family and of your maker at what one would tell you is the end of your life here. In bedding this culture deeper into the people of Hawaii. Wrong diagnoses. Credibility to the attending Health Care provider. Reputations.

Kind regards,

Leo Thiner Brickey
Honokowai - Maui

Leo Thiner - Brickey
Aloha State of Hawaii
Advocate for the National Endowment for the Art's and Humanity's
Jane Chu - National Chair - National Endowment for the Art's
US Congresswoman Tulsi Gabbard
US Senator Brain Schatz
US Senator Mazie Hirono
Washington, District of Columbia

Where The Art's are the foundation of Community...

--

Leo Thiner - Brickey
Aloha State of Hawaii
Advocate for the National Endowment for the Art's and Humanity's
Jane Chu - National Chair - National Endowment for the Art's
US Congresswoman Tulsi Gabbard
US Senator Brain Schatz
US Senator Mazie Hirono
Washington, District of Columbia

Where The Art's are the foundation of Community...

JDCTestimony

From: Michael Wiesner <mwiesner@midpac.edu>
Sent: Thursday, March 22, 2018 5:56 AM
To: JDCTestimony
Subject: HB 2739 - March 23, 2018 at 9:00 am

I have studied in detail the various palliative care procedures that can relieve suffering for the terminally ill, including the writings of Dr. Ira Byock. I know hospice care can make the final days painless and bearable, and refer to this as "dying well." These palliative care methods include not eating or drinking to hasten death, and sometimes being placed in a medically induced coma, to die a natural death.

For the terminally ill who wish to live to the final moment, whether for religious, moral, or personal reasons, this is a wonderful choice. I have spoken with the dedicated hospice workers in Hawaii, and know these compassionate caregivers encourage this, and believe deeply we should all live out our final days. This is a choice everyone has the right to make, but it is a choice that should not be forced on everyone!

The terminally ill who wish to choose the time and place of their death should have the right to do so. I deeply believe that if an individual, with no realistic hope of recovery, and only months to live, makes the conscious and rational choice to die using medical procedures, it is their right. No matter how painless, and even pleasant, the final days can be, it is the right of every individual not to live out these final months.

Twenty-nine year-old Brittany Maynard (terminally ill with an inoperable brain tumor) is a wonderful example of being able to choose the time and place of her passing. Brittany was allowed to take control of her own destiny and, surrounded by family and friends, end her life painlessly due to Washington state's Death With Dignity law.

Every state should have this law, and that is why I support passing HB 2739.

Michael Wiesner

From:	Lauray Walsh <laurayw@yahoo.com>
Sent:	Wednesday, March 21, 2018 11:01 PM
To:	JDCTestimony
Subject:	TESTIMONY

TESTIMONY ADDRESSING

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON JUDICIARY
Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair

Friday, March 23, 2018
9:00 a.m.
Conference Room 016
State Capitol
415 South Beretania Street

TESTIMONY IN SUPPORT OF HB2739HD1
RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Lauray Walsh and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,
Lauray Walsh

From:	mari kae <divinedancen@yahoo.com>
Sent:	Wednesday, March 21, 2018 7:31 PM
To:	JDCTestimony
Subject:	RE: HB 2739 March 23, 2018 at 9 am

I would like to share my comments in support of death with dignity. I watched my father die slowly and emotionally painfully from emphysema - his mind was crystal clear, all his organs were in perfect health, as well as his bones, blood and everything else in his body was in perfect health. But he was basically in a vegetative state because any slight exertion caused him to gasp for air to breathe. I have copd and I know I do not want to die the way he did. I want to be able to plan my own death if I come to that space. I do not want to be kept alive just to be kept alive. I live alone, I have no children or grandchildren, I am 70 and I do think about how I want to die. This is a right all people should have. It is a right I want in the state I live in. Please pass this law. Aloha. Mari Kae, Hilo, Hawaii. Mahalo for your consideration

Sent from my iPad

From: Libby Tao <libbytao@hawaii.rr.com>
Sent: Wednesday, March 21, 2018 5:51 PM
To: JDCTestimony
Subject: RE: HB 2739 March 23, 2018 at 9 am "Our Care Our Choice" Act

Aloha Hawai'i Senate Judiciary Committee:
I am in support of and respectfully urge you to pass HB 2379, the *Our Care, Our Choice Act.* It supports death with dignity. The benefits far outweigh the concerns expressed about passing this bill. For people faced with a long, painful, dying process and horrendous existence in the meanwhile, this is heaven-sent. A loving, compassionate departure. Having received bounteous information, you are in a better position than I to have the statistics of the numbers of people in this position who will be relieved that there is a softer, easier way out, as well as a relief to their families standing by, watching them suffer so.

I hope this following example can shed a realistic light on the reasons for my position and one that I hope will be yours. It was discovered that my nearly 21 year old kitty had a tumor at the base of her heart. She already had stopped eating and was experiencing sharp pains coming on and then receding. The veterinarian came to my home and in a very easy, loving and gentle ambiance, my cat was given the sedative cocktail and then after, the mercy drug and drifted off peacefully and without any struggle.

If we can offer this merciful and peaceful death to our loving animal companions, what in the world are we thinking in denying this to our human families? I understand that death has always had a great taboo placed around it, keeping it in the shadows with a great accompanying fear of it. Death is part of life and should be honored as such and brought out into the light and treated with dignity and love. Let's make a vote for compassion and let death be lived as well as we all aspire to live life.

Mahalo for your consideration.

With Loving Aloha
Rev Libby Tao Kelson-Fulcher, D.D.

weddingsalaheart@hawaii.rr.com
P.O. Box 4965
Kailua-Kona Hawaii USA 96745
(808) 322-3322
(808) 938-8565 Cell

JDCTestimony

From: gary Nosacek <nosacek@msn.com>
Sent: Wednesday, March 21, 2018 5:04 PM
To: JDCTestimony
Subject: Testimony HB 2739

Cynthia Jones-Nosacek

President, Milwaukee Guild of the Catholic Medical Association

2735 N Hackett Ave

Milwaukee, WI 53211

nosacek@msn.com

Hawaiian Committee on the Judiciary

Senator Brian T. Taniguchi, Chair

JDCtestimony@capitol.hawaii.gov

March 21, 2018

As president of the Milwaukee Guild of the Catholic Medical Association and, more personally, as a family physician who has practiced medicine for 35 years including nursing home and hospice care, I urge the Hawaiian Committee on the Judiciary to oppose HB 2739 for the following reasons:

1. Physician assisted suicide is medicine that neither cures nor cares. It is at best an empathetic response to a patient's suffering where the physician concurs that "I could never live like that."

2. It devalues the patient. Patients are more than their interests. Their value is based not on what they can do, but solely on the fact that they are persons.

3. It endangers the weak and vulnerable. After all, if one's value is based on one's interests, those who do less/who have less become less valuable and therefore, expendable.

4. In a culture that idolizes youth and health, it reminds those that are ill, especially those who are terminally ill, that they are a burden--emotionally, physically, and yes, financially. An article in the Annals of Internal

Medicine was titled: "The Burden of Health Care Costs for Patient With Dementia in the Last 5 Years of Life" (Kelly, A, et al, Vol 163:10, 11/17/2015, 729-736)

5. It turns a somebody (living) into a nobody (dead). And as Martin Luther King, Jr's grandmother once told him: "Martin, don't let anybody tell you you're not Somebody" (Baker-Fletcher, G, "Somebodyness: Martin Luther King, Jr and the Theory of Dignity", Fortress Press, 1993, Minneapolis, Mn, p. 23)

6. "Terminal" diagnosis include such diseases as diabetes mellitus, a condition that the late Mary Tyler Moore had for 47 years and my daughter has had for 33. It also includes diseases where patients may live longer but cannot afford treatment, giving insurance companies an incentive to decrease reimbursement to save money. Even in the normal progression of a disease process, physicians are very poor at predicting death. Patients can live longer than their prognosis or die quicker. Our estimates are based on population studies and cannot predict how the individual will do.

7. The physician is given the power over life and death. It is the physician who decides that the patient's life is not worth living. How many would agree to prescribe a lethal drug to a 20 year old with diabetes who has just broken up with his/her boyfriend/girlfriend and "just wants to die."

8. It decreases the patient's trust in the physician. Patients now know that physicians are now allowed to harm them. We no longer have an undivided commitment to life and health.

9. If a patient is depressed, the bill does not assure that the patient making the decision does not have impaired judgment, only that the condition not be undertreated or nontreated. While a depressed patient not being treated is easily identified, who will determine if a patient is undertreated?

10. While it is true, that the individual determines whether or not to make the request for physician assisted suicide, it has an effect on the culture and society as well. We live in relationships and the decision of one to take one's life devalues all of us. According to the CDC, Oregon now has the highest rate of suicide in the nation in 2016.

11. The so-called "success" of physician assisted suicide in states where it is performed has never been independently verified. The results are all self reported with no oversight and we are told that we must just trust the accuracy of the statistics. But self reporting can be unreliable. In something as simple as self reporting for conflict of interest, a study found 1 in 5 physicians not reporting direct and half not reporting indirect income (Okike,K, Kocher,M, Wei, E, et al, "Accuracy of Conflict-of-Interest Disclosure Reported by Physicians," New England Journal of Medicine 2009; 361:14, 1466-1474, 10/8/2009). A review of studies of patient self reported behaviors concluded that there were "serious doubts on the wisdom of relying exclusively on self reported health information" (Newell, S, Girgis, A, Sanson-Fisher, RW, et al, "The Accuracy of Self-reported Behaviors and Risk Factors Relating to Cancer and Cardiovascular Disease in General Population1: A Critical Review", Am J of Prev Med, 17:3, p. 211-229, 10/1999) And what is the likelihood that someone will voluntarily say that they purposely did not comply? And Oregon itself has stated that they have no way of knowing whether or not what has been submitted to them is true or not.

12. There is no protection against coercion at the time the medications are ingested and increase the possibility by allowing as witnesses those who will benefit. And since the definition of self administer is to "take into the individual's body", this further opens the doors to the possibility of the medication being forcibly or surreptitiously being given by another.

13. Lastly, all involved are exempt from prosecution as long as what they did was in "good faith". Even if the behavior was reckless or intentionally caused the death. Even if the physician merely believed that what he or she was doing was permitted, but didn't bother to find out. It is the lowest standard possible. And again, who

will voluntarily state otherwise? And it will be very hard to prove by outside parties that it was not done "in good faith."

For all these reasons, please vote against HB2739.

JACKIE MISHLER RN BSN MCCN

SENATE JUDICIARY
FRIDAY 0800 HEARING
HB2739 HD1
ONLINE WOULD NOT
ACCEPT - PLEASE ATTACH

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).

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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.

References

American Academy of Hospice and Palliative Medicine. (2007). Physician-assisted death. Retrieved from http://www.aahpm.org/positions/default/suicide.html

American Medical Association. (1996). Opinion 2.211: Physician-Assisted Suicide. (June.) Retrieved from http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page

American Nurses Association. (2001). *Code of Ethics for Nurses with interpretive statements*. Silver Spring, MD: American Nurses Publishing.

American Nurses Association. (2010a). *Nursing: Scope and standards of practice*. (2nd ed.) Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010b). *Nursing's social policy statement: The essence of the profession*. Silver Spring, MD: Nursesbooks.com.

American Nurses Association. (2010c). Registered nurse's role and responsibilities in providing expert care and counseling at end-of-life. Silver Spring, MD: Author.

American Nurses Association and Hospice and Palliative Nurses Association. (2007). *Hospice and palliative nursing: Scope and standards of practice*. Silver Spring, MD: Nursesbooks.com.

American Psychological Association. (2009). APA policies on end of life issues and care: APA resolution on assisted suicide. (January). Retrieved from http://www.apa.org/about/policy/assisted-suicide.aspx

American Public Health Association. (2008). Patients' rights to self-determination at the end of life. (October 28. Policy # 20086). Retrieved from http://www.apha.org/advocacy/policy/policysearch/default.htm?id=1372

Asch, D.A. (1996). The role of critical care nurses in euthanasia and assisted suicide. *New England Journal of Medicine, 334*, 1374–1379.

Asch, D.A. (1997). Euthanasia among U.S. critical care nurses: Practices, attitudes, and social and professional correlates. *Medical Care, 35*, 890–900.

Carroll, J. (2007). Public divided over moral acceptability of doctor-assisted suicide Retrieved from http://www.gallup.com/poll/27727/public-divided-over-moral-acceptability-doctorassisted-suicide.aspx

Compassion & Choices. (2012). Nurses' talking points. Retrieved from http://www.compassionandchoices.org/what-you-can-do/get-involved/nurses-talking-points/

Ersek, M. (2004) The continuing challenge of assisted death. *Journal of Hospice and Palliative Nursing*, 6(1). Retrieved from http://www.medscape.com/viewarticle/468566_5

Ersek, M. (2005). Assisted suicide: Unraveling a complex issue. *Nursing 2005*, 35(4) 48–52.

Ferrell, B, Virani, R., Grant, M., Coyne, P., & Uman, G. (2000). Beyond the Supreme Court decision: Nursing perspectives on end-of-life care. *Oncology Nursing Forum, 27,* 445–455.

Fontana, J. (2002). Rational of the terminally ill. *Journal of Nursing Scholarship, 34*(2), 147–151.

Ganzini, L., Harvath, T.A., Jackson, A., Goy, E.R., Miller, L.L., & Delorit, M.A. (2002). Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide. *New England Journal of Medicine, 347,* 582–588.

Hermann, C.P., & Looney, S.W. (2011). Determinants of quality of life in patients near the end of life: A longitudinal perspective. *Oncology Nursing Forum,* 38(1), 23-31. doi:10.1188/11.ONF.23-31

Hospice and Palliative Nurses Association. (2011). Palliative sedation. Pittsburg, PA: Author. Retrieved from http://www.hpna.org/DisplayPage.aspx?Title1=Position%20Statements

Lachman, V.D. (2010). Physician-assisted suicide: Compassionate liberation or murder? *MedSurg Journal,* 19(2), 121–125.

Matzo, M.L. & Emanuel, E.J. (1997). Oncology nurses' practices of assisted suicide and patient-requested euthanasia. *Oncology Nursing Forum, 24,* 1725-1732.

National Consensus Project for Quality Palliative Care. (2009). *Clinical practice guidelines for quality palliative care,* (2nd ed.). Pittsburgh, PA: Author.

Oregon Nurses Association. (1997). Assisted suicide: The debate continues. *The Oregon Nurse, 62*(2). Retrieved from http://www.oregonrn.org/associations/10509/files/Assisted%20Suicide%20Adjusted.pdf

Quill, T.E., Lee, B.C., & Nunn, S. (2000). Palliative treatments of last resort: Choosing the least harmful alternative. University of Pennsylvania Center for Bioethics Assisted Suicide Consensus Panel. *Archives of Internal Medicine,* 132, 29–37.

Sherman, D.W., & Cheon, J. (2012). Palliative care: A paradigm of care responsive to the demands for health care reform in America. *Nursing Economics, 30*(3), 153–162, 166.

Smith, K.A., Goy, E.R., Harvath, T.A., & Ganzini, L. (2011). Quality of death and dying in patients who request physician-assisted suicide. *Journal of Palliative Medicine,* 14(4), 445–450.

Task Force to Improve the Care of Terminally-Ill Oregonians. (2008). *The Oregon Death with Dignity Act: A guidebook for health care professionals.* (Convened by the Center for Ethics in Health Care, Oregon Health and Science University.) Retrieved from http://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf

Volker, D.L. (2003). Assisted dying and end-of-life symptom management. *Cancer Nursing, 26*(5), 392–399.

March 22, 2018

TO:

Senator Taniguchi, 1-808-586-6461

Senator Thielen, 1-808-587-7240

Senator Rhoades, 1-808-586-6131

Senator Kim, 1-808-587-7205

Senator Gabbard, 1-808-586-6679

Senators:

I urge you to vote AGAINST Assisted Suicide in Hawaii. You have been placed by history to be in a position to vote on what I believe to be the most important issue of our time. Vote for life. Vote **AGAINST** Assisted Suicide.

Thank you,

Ana Silva, R.N.

Ana Silva, RN

78-6515 Mamalahoa Highway

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1-808-896-0073

Testimony for the Senate Judiciary Hearing on HB 2739 HD1 on Friday 03/23/18

March 22, 2018

Honorable Senators:

My name is Artemio C. Baxa, a U.S. citizen and a resident of Maui County. I strongly oppose HB 2739 HD1.

I am totally committed to the protection and preservation of human life. To me, there is no question that HB 2739 HD1 is an assisted suicide proposed legislation. I believe that it is awfully wrong to assist someone to commit suicide. As such, assisted suicide should not to legalized in the State of Hawaii, the Land of Aloha.

Respectfully submitted,

Artemio C. Baxa

Artemio C. Baxa

Faxed to: 808-586-6461

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March 22, 2018

Testimony for the Senate Judiciary Hearing on HB 2739 HD1 on Friday 03/23/18

Honorable Senators:

My name is Luz Patricia Medina, M.D. I am a practicing physician, Hawaii resident, and voter. I strongly oppose HB 2739 HD1.

Our United States Constitution does not give us a right to physician assisted suicide. The State of New York also ruled last year that terminally ill people do not have a state constitutional right to physician assisted suicide.

Our government's responsibility emphasized by our then Supreme Court Justice William Rehnquist, WASHINGTON VS. GLUCKSBERG, 521 U.S. 702 (1997), is to:

1) Preserve life
2) Protect the interest of innocent third parties
3) Prevent suicide
4) Maintain ethical integrity of the Medical Profession

Let us learn from the mistakes of the States that have legalized physician assisted suicide. There are documented medical complications and abuses.

Also, the first country to legalize assisted suicide, the Netherlands, is now practicing voluntary euthanasia on children.

I strongly urge you to read the case cited above plus MYERS VS. SCHNEIDERMAN, NY Slip Op 06412 (2017), and VACCO VS. QUILL, 521 U.S. 793 (1997).

Respectfully Yours,

Luz P. Medina

Luz P. Medina, M.D.
OB/GYN and General Practice

Faxed to: 808-586-6461

HB-2739-HD-1
Submitted on: 3/22/2018 3:19:07 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles F Miller	Individual	Support	No

Comments:

I have been an oncology physician treating cancer patients for over 40 Years, most of whom die of their disease– many with much suffering and pain. It was clear early in my career that patients reach a point where treatment does more harm than good - so early on I became an advocate for giving cancer patients a choice of how they would like their lives to end. Palliative care and hospice provide excellent EOL care and for many individuals that is sufficient. But sometimes they are not enough. If they were we would not find over 80% of Hawaii voters supporting legislation to approve Medical Aid In Dying.

To critics who claim that every person’s suffering at EOL can be completely managed by hospice and palliative care - then my response is they have not taken care of enough cancer patients. Critics also ask what about a doctor’s duty – “Primum non nocere” – “First do no harm”. Many physicians, myself included, believe that mandate means that it is our duty to respect and honor our patients wishes as to how, when and where they want to end their lives and help them escape needless and unbearable suffering. Who else but a physician should do this – a doctor who has followed and cared for the patient sometimes for years. This really means giving the individual control over his own life and death and recognizing it should be a fundamental right of any human being who is undergoing an agonizing end of life experience to decide how he or she will die. It should be the individual’s choice when to end their life because only the individual knows when their quality of life becomes so poor that life is no longer worth living.

Another criticism of Aid In Dying is that a doctor is abandoning his patient if they provide the means for that patient to end their life. I respectfully disagree with this premise. My view is exactly the opposite. With AID, a physician doesn’t abandon a patient; rather we are providing the ultimate support to our patients at the time of their greatest need. We are helping the patient to choose how, when, where and who will be present at time of death. AID is by definition an act of respecting and honoring the patient’s choice - the patient’s right to decide.

I would also like to address what I consider a double standard – “terminal sedation” (TS) is the process of continuous administration of medication, usually morphine, to relieve severe, intractable symptoms that cannot be controlled while the person is conscious. This is an accepted method of controlling end of life suffering and is legal in all 50 states. Every oncologist I know has used it many times to ease their patients pain &

suffering at the end of life. But this process is not patient choice; this is the doctor's choice of deciding where and when the patients' life ends. This is what I consider the double standard – Terminal Sedation is acceptable but Aid In Dying is not? My belief is that when I am providing terminal sedation to my patient I am providing medical aid in dying. Critics use the principle of "double effect" to say that terminal sedation is different than AID because there is no intent to have the patient die with this procedure, thus it is not AID. I believe this is semantic hypocrisy. It attempts to distinguish between intended and unintended consequences when the ultimate outcome of both TS and AID is the patient's death. What TS does is take away patient choice as to when, where and how they will end their life.

Families experiencing AID with a loved one universally report less trauma and a sense of calm and relief, happy to know it was patient's choice to end their life. Over many years of caring for dying patients, I have come to strongly believe that all persons should have the right to decide how and when to end their lives when their suffering becomes unbearable. AID should be a choice available to all the people of Hawaii and now is the time!

Thank you for the opportunity to testify!

Charles F. Miller, MD, FACP

TO: Senator Brian T. Taniguchi, Chair
Senator Karl Rhoads, Vice Chair
Committee on Juciciary

FROM: Kalawai'a Goo, BSW
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DATE OF HEARING: March 23, 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**

My social worker associates and I sat through the five-hour marathon hearing on February 27, 2018 and the Senate hearing on March 16, 2018. We listened intensely 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 listening and reading the previous testimonies certain themes were reoccurring. One, of course is the religious testimonies, which has no constitutional relevance. If it did have constitutional relevance, 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.

The second reoccurring theme was the "What if...?" and "worst-case scenario" arguments that have been definitively laid to rest by collective decades of national and international data.

Third is the false equivalence of suicide because someone is having a bad day, normalizing, or same sex marriages, which I could make no connection to the presenting issue.

Fourth, there were numerous cherry-picked non-generalizable events testifiers equated to the masses' experiences.

In short, as an evidence-based practitioner, I feel with confidence that the foundations for opposition are easily discredited and/or are legally irrelevant.

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: 3/22/2018 6:23:10 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beverly Gotelli	Testifying for Hawaii State Teachers Association -Retired	Support	No

Comments:

Sent testimony but did not include organizations name.

Beverly Gotelli

HB-2739-HD-1
Submitted on: 3/22/2018 4:45:39 PM
Testimony for JDC on 3/23/2018 9:00:00 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 or their health proxy might choose.

Thank you for this opportunity to testify in support of this important measure.

HB-2739-HD-1
Submitted on: 3/22/2018 5:59:27 PM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
gary burbage	Individual	Oppose	No

Comments:

I am in opposition to this bill. I have been and still am a volunteer at Hospice Hawaii and this organization already meets the needs of terminally ill patients and provides pain relief. All physicians need to be educated on hospice an palliative care. Additionally, a need to have this proposal go through a legal analysis by attorneys is required too.

March 22, 2018
To: Judiciary Committee

RE: HB2739 HD1

I am opposed to HB2739HD1 due to four issues that are of concern:

1. This bill will change the entire mission of the health care system from nurturing and preserving life to at times induce death. This can be problematic for old, physically handicapped, or mentally challenged people who cost a lot of money to keep alive rather than be terminated. This I can say from personal experience. Several times I accompanied loved ones to the hospital emergency room who were either old or had a life threatening condition. The emergency rooms in both occasions were packed with patients and we had to wait for accommodations. The doctors on both occasions were making comments about they had a good life already, perhaps it is time to let them die so they don't have to go through various treatments which would only prolong their life. I can see how passing this bill will accelerate the complete make over of the attitudes of the health care providers who would be making value judgments about whether or not it is worth keeping a person alive. I find it alarming, especially when the baby boomer generation hits the age where medical services demand increases dramatically.
2. The bill also allows young kids, at age 18, to make decisions on life or death given their life threatening condition. With the rapid advances in medicine, including incredible progress in such therapies as gene replacement, growth of new organs, immunotherapy, and other medical advances, a young kid without sufficient knowledge might choose to die without the parents' permission.
3. Depression of a patient might lead them to choose death. I accompanied someone to visit a doctor about their cancer condition. The doctor said the person was going to die within a few months and that no treatment was available. The person lived more than a year after that session, most of the time with relative control over the pain with appropriate pain medication. If this bill was existing, the doctor would have counseled taking pills to avoid the pain since there are only a few months to live.
4. Another cancer relative had a similar short time to live, and is still alive several years later. In fact, the current doctor indicated that there are several new miracle drugs being tested that may reverse the cancer. The doctor advocating the patient to fight to keep alive as long as possible to be able to participate in trials for these miracle drugs (like immuno therapy).

In summary, this bill will change the attitude and direction of the medical profession from life to death . Please vote no on this bill. Thank you.
Carl Nagasako

March 22, 2018

Honorable Chair Brian T. Taniguchi, Vice-chair Karl Rhoads and Committee Members,

My name is Carm Akim, I am an acute care nurse serving the people of Hawai'i. I am submitting my testimony in strong opposition to HB 2739 HD1 due to the following reasons:

- According to article written F. Stokes (2017), nursing organizations expressly prohibit a nurse's involvement in hastening a patient's death because it is against "the ethical traditions and goals of the profession, and its covenant with society."
    1. The American Nurses Association position statement on assisted death specifically prohibits nurses from participating in any action that contributes to the means to an end of a patient life such as providing or administering medication, with knowledge of the patient's intent. Such actions are in direct violation of the Code of Ethics for Nurses Interpretive Statement 1.4, which states, "The nurse should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life."
    2. The Oncology Nursing Society does not support "procedures or actions whose direct and immediate purpose is to cause a person's death."
    3. The Hospice and Palliative Nurses Association does not support legislation of assisted death. However, the Hospice and Palliative Nurses Association position statement does allow for the individual nurse to "decide whether their own moral and ethical value system does or does not allow them to be involved in providing care to a patient who has made the choice to end his or her life through assisted death."

- This bill only provides right to make a conscientious objection and does NOT protect ALL healthcare providers (only doctors) from any civil or criminal liability. It is important to include in the language of the bill to protect health care providers who may still be subject to a lawsuit and who also must be aware of the potential for any costs associated in defending their actions.

- As the House 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)

As the Judiciary Committee I urge you to seek what is just, fair and equitable for all people involved. This bill should not only solely be about terminal patient's request to hasten death but what that request entails. It will affect not only the doctor who will prescribe the medication but also US nurses who are bound to our code of ethics and other healthcare providers such as the pharmacists, pharmacy techs, first responders and caregivers.

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.

Stokes, F. (2017). The Emerging Role of Nurse Practitioners in Physician-assisted Death. The Journal for Nurse Practitioners, 13(2), 150-155. doi:10.1016/j.nurpra.2016.08.029

HB 2739, Hawai‘i Our Care Our Choice Act,

March 23, 2018

Dear Honorable Senators of the Senate Judiciary Committee:

Chair, Sen. Brian Taniguchi, Vice Chair, Sen. Karl Rhoads, Sen. Mike Gabbard,
Sen. Donna Mercado Kim, Sen. Laura Thielen,

I appeal to your experience, wisdom and integrity as legislators. Please take the time to read this testimony. I know many politicians and their constituents want HB 2739 to pass quickly, but caution, further thinking and an openness to issues which have not been considered and discussed at all (to my knowledge) should take precedence over consensus of agreement among legislators regarding this bill.

One issue that should be addressed is the fact that complications do occur during assisted suicide. Has this been brought up in any testimony?

- *Patrick Matheny received his lethal prescription from Oregon Health Science University via Federal Express. He had difficulty when he tried to take the drugs four months later. His brother-in-law, Joe Hayes, said he had to "help" Matheny die. According to Hayes, "It doesn't go smoothly for everyone. For Pat it was a huge problem. It would have not worked without help." +(13) Referring to the Matheny case, Dr. Hedberg said that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted..."+(14) The annual report did not take note of this situation.**

- *Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett described a botched assisted suicide. "The man was at home. There was no doctor there," she said. "After he took it [the lethal dose], he began to have some physical symptoms. The symptoms were hard for his wife to handle. Well, she called 911. The guy ended up being taken by 911 to a local Portland hospital. Revived.*

+(13) Erin Hoover, "Dilemma of assisted suicide: When?" *Oregonian*, Jan. 17,1999 and Erin Hoover, "Man with ALS makes up his mind to die," *Oregonian*, March 11, 1999.

*On March 5, 2005 a select committee from the House of Lords of Britain's Parliament presented their investigative report regarding the Oregon assisted suicide law. Britain, too, had grappled with end-of-life issues. While the report was published 13 years ago and the number of patients who had died through assisted suicide are small, safeguards will notdiminish dangers to disabled, elderly, poor and terminally ill people. Britain's Parliament **still has not legalized** Physician Assisted Suicide.

+(14) Testimony of Dr. Katrina Hedberg, http://www.publications.parliament.uk/pa/ld200405/ldselect/ldasdy/86/86ii.pdf*HL*, p. 267, question 621.

*In the middle of it. And taken to a local nursing facility. I don't know if he went back home. He died shortly – some....period of time after that..." +(15) Overdoses of barbiturates are known to cause vomiting as a person begins to lose consciousness. The patient then inhales the vomit. In other cases, panic, feelings of terror and assaultive behavior can occur from the drug-induced confusion. +(16) But Barrett wouldn't say exactly which symptoms had taken place in this instance. She has refused any further discussion of the case. Annual reports do not reflect this case.**

- ***Another report:*** *"...an excerpt from the Oregon Death With Dignity 2017 annual report: "Data on time from ingestion to death are available for only 40 DWDA (Death with Dignity Act) deaths during 2017. Among those 40 patients, time from ingestion until death ranged from ten minutes to 21 hours."*

Our Care? Our Choice? Would anyone choose to die inhaling their vomit, experiencing panic and feelings of terror, waiting to die as long as 21 hours? Would legislators then, as a safeguard, amend HB 2739 by requiring doctors to be present in an assisted suicide? And if the suicide is "botched," would the doctor then be required to give the patient a lethal injection? This predicament leads to a slippery slope--from indirect euthanasia to blatant euthanasia:

> *In the Netherlands, assisted-suicide complications and problems are not uncommon. One Dutch study found that, because of problems or complications, doctors in the Netherlands felt compelled to intervene (by giving a lethal injection) in 18% of cases.5 This led Dr. Sherin Nuland of Yale University of Medicine to question the credibility of Oregon's lack of reported complications.* ***Nuland, who favors physician-assisted suicide, noted that the Dutch have had years of practice to learn ways to overcome complications, yet complications are still reported.*** *"The Dutch findings seem more credible [than the Oregon reports]," he wrote.+(22)*

In the *Current Oncology* journal dated June 2012, J. Pereira, MBChB MSc wrote in his abstract entitled: **Legalizing euthanasia or assisted suicide: the illusion of safeguard and controls:**

+(15) Audio tape on file with author. Also see: David Reinhard, "The pills don't kill: The case, First of two parts," *Oregonian*, March 23, 2000 and David Reinhard, "The pills don't kill: The cover-up, Second of two parts," *Oregonian*, March 26, 2000.

+(16) Johanna H. Groenewoud *et al*, "Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands," 342 *New England Journal of Medicine* (Feb. 24, 2000), pp. 553-555.

*On March 5, 2005 a select committee from the House of Lords of Britain's Parliament presented their investigative report regarding the Oregon assisted suicide law. Britain, too, had grappled with end-of-life issues. While the report was published 13 years ago and the number of patients who had died through assisted suicide are small, safeguards will not diminish dangers to disabled, elderly, poor and terminally ill people. Britain's Parliament **still has not legalized** Physician Assisted Suicide.

+(22) Sherwin Nuland, "Physician-Assisted Suicide and Euthanasia in Practice," 342 *New England Journal of*

Medicine (Feb. 24, 2000), pp. 583-584.

> *In all jurisdictions, the request for euthanasia or PAS (Physician Assisted Suicide) has to be voluntary, well-considered, informed, and persistent over time. The requesting person must provide explicit written consent and must be competent at the time the request is made. Despite those safeguards, more than 500 people in the Netherlands are euthanized involuntarily every year. In 2005, a total of 2410 deaths by euthanasia or PAS were reported, representing 1.7% of all deaths in the Netherlands. More than 560 people (0.4% of all deaths) were administered lethal substances without having given explicit consent.* ***For every 5 people euthanized, 1 is euthanized without having given explicit consent. Attempts at bringing those cases to trial have failed, providing evidence that the judicial system has become more tolerant over time of such transgressions [5].***

Another serious concern I have regarding the slippery slope predicament is the impact it will have on elderly and poor people. The following is taken from the March 2005 report made by the select committee of Britain's Parliament:

> **Assisted-suicide requests based on financial concerns**
> Official Reports: 9
> **Actual number: Unknown**
>
> Data about reasons for requests is based on prescribing doctors' understanding of patients' motivations. It is possible that financial concerns were much greater than reported. According to official reports, 36.2% of patients whose deaths were reported were on Medicare (for senior citizens) or Medicaid (for the poor) and an additional 0.9% had no insurance.(33) However, after the second annual report, the reports have not differentiated between Medicare and Medicaid patients dying from assisted suicide. **Oregon's Medicaid program pays for assisted suicide (34) but not for many other medical interventions that patients need and want.**
>
> **According to a December 2006 report, Oregon's Medicaid program has eliminated much of its available treatments.** Fewer people are covered and enrollment has drooped by 17 percent. (35) When the program began, 745 possible treatments were listed in order of priority. Based on budgetary constraints, the state makes a determination of a cut-off line on the priority list. Treatments below the the cut-off line are not provided. As of January 2008, the state covers the first 503 of the current 680 listed treatments. (36) Wish assisted suicide remaining a covered service, it could be the only "treatment" some people can afford.

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5. Smets T, Bilsen J, Cohen J, Rurup ML, De Keyser E, Deliens L. The medical practice of euthanasia in Belgium and the Netherlands: legal notification, control and evaluation procedures. Health Policy. 2009;90:181–7. doi: 10.1016/j.healthpol.2008.10.003. [PubMed] [Cross Ref]

(32) *Supra* note 8.

(33) Ibid.

(34) Oregon Health Services Commission, http://www.oregon.gov/OHPPR/HSC/docs/Jan08Plist_B.pdf"Current Prioritized List of Health Services," Jan. 1, 2008, p. 30 of 114 and p. 87 of 114.(35) Jonathon Oberlander, "Health Reform Interrupted: The Unraveling of the Oregon Health Plan," *Health Affairs*, Dec. 19, 2006.

(36) Oregon Health Services Commission, http://www.oregon.gov/OHPPR/HSC/current_prior.shtml"Current Prioritized List," January 1, 2008.

Another glaring example of the slippery slope is the Texas Advance Directives Act, better known as the **Texas Futile Care Law**, enacted in 1999. To my knowledge this law has never been brought up by proponents or opponents to the HB 2739 bill. The Texas Futile Care Law empowers doctors to discontinue medical treatment to patients when they decide that continued care is futile. The patients are given ten days notice before treatment is discontinued. Even if the patient or the patient's family protest discontinued care and appeal for continued care, the doctors and medical facility can override their wishes and discontinue care with impunity. The doctors and medical facilities in Texas have the right to determine whether a patient lives or dies.

I hope my concerns will provoke you to pause for thought and consider the consequences of HB 2739 regarding the future of Hawaii's people. Should the people of Hawaii be made vulnerable to a law whose safeguards do not guarantee their future safety? Should "Pandora's Box" be opened? And what of our teenagers? Most of us know that Hawaii has the highest percentage in the nation of teenagers who attempt suicide. Humans naturally want to avoid pain and teenagers, as we all know, experience emotional pain intensely and will try to avoid it. The message conveyed to teenagers (and anyone experiencing physical pain) by HB 2739 should it become law is: "Our Care--the solution to overcoming pain is to end our lives; Our Choice--we have the right to choose how we end our lives." How do you think teenagers will respond to this message?

As a "Baby Boomer" on Medicaid, I already am experiencing minor medical treatment limitations. I foresee that health policies, in the future, would be framed to discontinue necessary medical treatments to elderly, poor and disabled people, as well. It is a solution government and other health insurance programs would be inclined to take with the rising costs of medical care and the lengthened life span of elderly people. Most tragic of all would be the diminishing of our Ohana values for the preciousness and respect for life.

Your decision will determine the medical/health climate for the people of Hawaii and the generations to come. Please vote against HB 2739; please vote **no.** Mahalo for your time.

Aloha and Sincerely yours,

Daryl-Lynn Davalos
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HB-2739-HD-1
Submitted on: 3/23/2018 6:55:37 AM
Testimony for JDC on 3/23/2018 9:00:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rob anderson	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF HB2739HD1

RELATING TO HEALTH.

Aloha Senator Taniguchi, Chair, Senator Rhoads, Vice Chair, and Honorable Committee Members.

My Name is Rob Anderson and I am testifying in support of HB2739HD1 with no amendments.

Thank you for hearing and passing this important legislation.

Sincerely,

Rob Anderson