

Emails in opposition to HB 99 – April 8th

Includes emails from:

Carol Sheridan

George L. Stewart – Anchorage

Ron Bowers – Dillingham

Heather J. Austin – Anchorage

John Tappel

Felicity Young

David Stevens – Tennessee

James McIntosh

Sherri Gould – Eagle River

Tamera Smith

Peter and Rory Schneeberger – Hoonah

Katie Novcaski

Gail Randall

Jeanette Burdell

Robert Kendall

Joan Watson – Anchorage

Larry Roberts

Heather Parker

Ken Rosentrater – Anchorage

Lynette Phillips – Anchorage

Rosalyn Singleton – Eagle River

Jan Syzdek – Eagle River

Dave and Florie Wilcoxson

Ruth Peters

From: [REDACTED]

Sent: Wednesday, April 08, 2015 1:37 PM

To: Rep. Paul Seaton

Subject: HB 99

Please vote NO on physician-assisted suicide. Carol Sheridan

Dear Representative Seaton,

I implore you to vote against House Bill 99 which would legalize physician-assisted suicide. Legalizing a cheap suicide prescription would prove dangerous for the poor, elderly and disabled.

For example, in Oregon, where assisted suicide is legal, the Oregon health services denied medical treatment to Barbara Wagner who had lung cancer, while instead offering to pay for physician-assisted suicide. Insurance companies see dying as a cost-saving measure. Do we want California to send such a tragic message to individuals facing serious or chronic disease and disability?

Physicians cannot always accurately predict when people will only live six months. Another Oregon resident Jeanette Hall, diagnosed with cancer and told that she had six months to live, stated in a 2012 affidavit, *"I wanted to do our law and I wanted my doctor to help me. Instead, he encouraged me to not give up and ultimately I decided to fight. I had both chemotherapy and radiation. I am so happy to be alive! This year, it was 12 years since my diagnosis. If my doctor had believed in assisted suicide, I would be dead."*

This bill is a recipe for elder abuse. Kate Cheney, an 85-year-old woman, saw two physicians. Her daughter thought the first doctor was "dismissive" and requested another opinion. 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 then 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.

This legislation is not about the right to die. The mortality rate in the United States is still 100 percent. Doctors are not keeping patients alive against their will. Everyone has the right to refuse treatment. The real argument is about giving doctors the RIGHT TO KILL. If that right is given, doctors will be under intense pressure by insurance companies and the government to encourage patients to do the right thing to lower healthcare costs. Those that pay for healthcare know that 50 percent of healthcare costs occur in the last six months of life.

Please reject House Bill 99. Laws such as these pressure people into an early death. Don't let "death with dignity" come to our state of Alaska.

Thank you,

George L Stewart, MD

[REDACTED]
4431 Edinburgh Dr, Anchorage, AK 99502

Sent: Wednesday, April 08, 2015 2:00 PM

To: Rep. Paul Seaton

Subject: HB 99 Assisted Suicide

Rep. Seaton, Please vote NO on HB 99 promoting assisted suicide, sponsored by Rep. Drummond. I have been a Medic/Firefighter for about 40 years and have watched many folks battle incurable illnesses. I have also seen many loved ones over the years battle courageously before breathing their last breaths and leaving this world into the presence of Jesus.

I wholeheartedly believe that our mission in the medical world is to comfort those who are dying and prepare them for meeting their maker. Assisted suicide can lead to a slippery slope of cheapening life, especially those who are old or sickly.

Please vote NO on HB 99 when this bill comes before your H&SS committee tomorrow.

Thank You,

Ron Bowers EMT-III/Firefighter/Medevac Escort/EMS Instructor---Dillingham 1(907) 842-4186/Cell 528-3711

From: Stanley and Heather Austin [REDACTED]

Sent: Wednesday, April 08, 2015 2:07 PM

To: Rep. Paul Seaton; Rep. Liz Vazquez; presentative.Dave.Talerico@akleg.gov; Rep. Geran Tarr; Rep. Adam Wool; Rep. Louise Stutes; Rep. Neal Foster

Subject: Please vote NO on HB 99, Physician-Assisted Suicide

Dear Representative:

What more can I say but that you can cast a deciding vote to protect lives which are vulnerable, lives that are being coerced into dying, and, often, lives which are depressed with no one to help find a way through the despair. These are among the many who have sought assisted suicide as their solution to life's pain, whether physical or emotional. What does that say about our willingness to reach out to help and to provide viable solutions to those in extreme need?

Even if laypeople are uninformed, medical doctors and their associates are not. There has been palliative medication to alleviate and even stop physical pain for hundreds of generations. There are excellent psycho-tropic drugs to provide for the dark suffering of the many who endure depression.

Mitigation of intractable physical pain was the original idea of the Hospice movement which was regenerated in England, after World War II, by Cecily Saunders, M.D. Dame Cecily was successful with her "Brompton Cocktail" and other medications for relief of pain. It is well documented that, because of her work, people were able to "die with dignity and without pain."

Incidentally, the patients in Dr. Saunders' hospice were not doped; they were walking, talking, and responsive up to the end. There have been innumerable papers, reports, studies, theses, etc., about folks who have been provided palliative medication at the end of life. It's fallacious to state that to mitigate pain the patient must always be rendered unconscious. I'm afraid that's what many want us to believe. With critical observation at the onset of pain, it is possible to plateau the patient. Hospice was made for end of life care. But doctors were not made to kill, and all whom I know who practice medicine remain faithful to the oath which they took to do no harm.

There IS another solution for pain; people need to be told, and it needs to be provided.

Medicate patients up to a level where they are relieved. Further, forget the concern about becoming "habituated." Of course they will be; however this is to *alleviate* end of life pain.

Western society has become comfortable with the simplest course. Holland (the Netherlands) and Switzerland regret that they passed assisted suicide laws. The age to request assisted suicide in Holland is now fourteen! And the request can be for any reason. In February 2014 Belgium passed an assisted suicide law for young CHILDREN.

How any society which kills its vulnerable sick (of any age) can call themselves civilized is beyond me. The act is barbaric. It is a throw back to the days of the Spartans, when parents left their children on rocks to die, or threw their ailing aged out into the street for the same purpose. Respect for the value of all human life appears to have altered drastically throughout the Western world over the past four decades. But when we do not remember history we are doomed to repeat it.

Read: Alfred Hoche and Karl Binder, (one a Medical Doctor, the other a Jurist), "The Release of Life Devoid of Value." (Translation from German .) The authors refer to those who should be killed as "absolutely worthless human beings" and "useless eaters." In their booklet, you will find the 1920s blueprint for everything that Euthanasists believe, along with the most specious arguments and "heartfelt" rationalizations for their acts. That little book was THE text for those in the 1930s who sought to rid Europe of the feeble and sick, including children. It was the beginning of the end for upwards of one quarter million Aryans who were euthanized by Medical Doctors of Germany's National Socialist Party because of incurable disease, physical handicaps, and mental health issues (for which Down Syndrome was one of the categories). It was the blueprint for the methods of destruction of most of the the Jewish population of Europe.

I don't think that we should be deluded. Assisted suicide isn't for the suffering. It has as much to do with the economy as it did in the 1930s.

Please vote NO on HB 99. Alaska, which has four times the suicide rate as the rest of the country, doesn't need to increase the statistic. Please vote NO, and let's work on helping all suffering pain from sickness to mitigate their pain in order to enjoy the time left in their life.

Heather J. Austin

Parish Health Minister, Anchorage, AK

From: John and Kathleen Tappel [<mailto:jktappel@gmail.com>]

Sent: Wednesday, April 08, 2015 2:07 PM

To: Rep. Paul Seaton

Subject: AK assisted suicide bill

Dear Rep. Seaton,

I strongly oppose the current bill to legalize assisted suicide in AK.

Sincerely,

John Tappel, MD

LaTouche Pediatrics.

From: Felicity Young [REDACTED]
Sent: Wednesday, April 08, 2015 2:21 PM
To: Rep. Paul Seaton
Subject: HB99

Please oppose HB 99. Society should not encourage suicide and especially shouldn't ask medical professionals to participate in it.

Felicity Young

Testimony of **David Stevens, MD, MA (Ethics)**
Statement to the Alaska House Health & Social Services Committee
In **OPPOSITION** to HB99/Voluntary Termination of Life – Thursday, April 8, 2015

I am writing to OPPOSE HB99. My name is Dr. David Stevens. I am the Executive Director for the American Academy of Medical Ethics. I am concerned about decreasing suffering at the end of life and protecting healthcare. My own father died of cerebral malaria at the age of 65 after he and my mom visited us in Kenya where I practiced for a number of years. My father-in-law lived with us for seven years as he went through the final stages of Alzheimer's disease. I led a medical relief team in Somalia for 10 months during the "Black Hawk Down" days. I also led a relief team in Sudan for 11 months during their country's civil war during which we successfully wiped out an epidemic of relapsing fever during that same time. And I was in charge of a team that worked in Rwanda during the genocide. I've seen more suffering than I ever wanted to. I've stood at patients' beds and prayed that God would go ahead and take them.

But allowing doctors to give lethal prescriptions to their terminally ill patients is dangerous.

It is dangerous for physicians. It wrongly assumes all physicians are ideal moral agents. As you know, there are doctors you would send your family members to and those you would not. Physicians are under increasing stress, workloads and costs pressures as well. It takes no great skill and very little time to write a lethal prescription. It takes consummate skill and lots of effort to provide good end-of-life care. Allowing lethal prescriptions also gives the physician too much power as they literally would be judge, jury and assistant executioner in end-of-life cases. We don't allow a single judge that kind of power in trials of mass murderers. The power is not in the patient's hands despite signing a form and giving oral consent. By carefully choosing how I describe their disease and prognosis, I could convince someone that taking a lethal prescription was a good idea without ever saying the words "physician-assisted suicide." Remember, suicide is not illegal in Alaska and can be accomplished painlessly with a running car parked in your garage. This is not about giving patients the so-called "right to die" but about giving physicians the right to kill.

It is dangerous for families. Could you imagine going to visit your parent or other loved one in the nursing home and finding their bed empty? When you ask, you find that their physician had given them a lethal prescription and they have taken their life without saying anything to you. I know I would feel guilt—didn't I visit them often enough? I would feel anger—how could their doctor do this without bringing me into the discussion? And I would feel sadness. Allowing this will also cause enormous dissension in many families, as has been documented in Europe where this has been allowed much longer. It also opens the door to worsened elder abuse. One elderly woman was quoted in a newspaper to say, "...when I started losing my hearing about three years ago, it irritated my daughter...She began to question me about my financial matters and apparently feels I won't leave much of an

estate for her... She became very rude...Then suddenly, one evening, my daughter said she thought it was okay for old people to commit suicide...So here I sit, day after day, knowing what I'm expected to do."

It is dangerous for patients. The so-called "right to die" will become the duty to die. My mom is 86 and a few years ago as she began to have some problems living alone I encouraged her to move from Kentucky to Tennessee and live with us. She said to me, "Son, I don't want to be a ____." Yes, you can fill in the word "BURDEN." Many of the elderly will feel a duty to not be a financial burden, time burden or even an inconvenience. Did you know some bioethicists are already teaching there is a duty to die? Dr. John Hartwig teaches students at East Tennessee State University's medical school which is a few miles from our office. Some of the students brought it to my attention and gave me his handout where he tells students that people have a duty to die to not be a burden to the next generation. I went to his lecture where he said the same thing and I asked when that duty kicked in. Without hesitation, he said at age 75. Ezekiel Emmanuel, credited as an architect of the Affordable Care Act wrote an article for *The Atlantic* saying he wasn't promoting physician-assisted suicide legalization, but he does personally believe that people are no longer very productive at age 75 and should end their lives.

The most common reason the elderly take their lives is depression. Studies show that doctors recognize it poorly, especially in the terminally ill even though they respond well to antidepressant drugs. Though 95 percent of the elderly who commit suicide are depressed, the safeguards proposed in legalization laws don't require a consultation by a psychologist or psychiatrist. It happens less than 5 percent of the time in Oregon and Washington. In fact, a survey of mental health specialists in Oregon showed that over half of them said they couldn't diagnose depression reliably in just one visit.

It is dangerous for patients because mental or physical suffering precludes rational decision-making. The definition of being suicidal states that the person has "impaired cognition and distorted judgment." Now proponents are stating there is such a thing as a "rational suicide." That is an oxymoron like saying you can drink a glass of "dry water." We need to deal with the physical and mental suffering and the suicidal ideation will be resolved. We don't have to let the patient kill themselves to kill the suffering.

It is dangerous for patients because the cheapest form of treatment for a terminally ill patient is a handful of lethal pills costing less than \$100. The biggest problem in healthcare is it costs too much. People don't have insurance because it costs too much. Half of the lifetime costs of healthcare happen in the last year of life. We could easily solve our cost dilemma by allowing physician-assisted suicide to be legal and promoted. Oregon's Medicaid program will not pay for any treatment that studies show does not give a greater than 5 percent survival rate. When a woman petitioned for a new drug that could prolong her life two or three years, the state program responded that they wouldn't pay for it under the guidelines, but they would be happy to cover the cost of her suicide if she wanted to take that step. Chilling!

Allowing doctors to give lethal prescriptions is dangerous for society. There is no logical place to draw the line if you allow it. If it is "right," how can you deny it to anyone who is suffering? All it takes is a lawsuit after it becomes law to expand it. Doesn't the patient who is terminal but can't swallow have a right to death? After physician-assisted suicide was legalized in The Netherlands in the mid-1970s, they found that patients who took the pills had complications 25 percent of the time. They vomited the pills up or woke up the next day not dead. They decided patients had a right to die well from their suicide, so they allowed doctors to be in attendance and give a lethal injection so it was "done right." They then realized if the justification was "suffering," they couldn't deny it to the chronically ill who would suffer for years, or to the newborns who would suffer from a congenital defect for a lifetime or to the psychiatric patients. How could you say mental suffering was any less than physical suffering?

Now they are working on a protocol in The Netherlands to euthanize patients who desire it on the operating table so they can donate their organs and at least “something good will come out of this.”

It is dangerous for society because the so-called “safeguards” won’t work. Predicting patients only have six months left to live is impossible. A study in the journal *Cancer* revealed that 40 percent of patients with cancer (that is two out of five) lived longer than the six months predicted by their doctor. A study out of Australia looking at The Netherlands’ doctors revealed they worked together as “consulting pairs” and the initial doctor almost always referred to a physician who would rubber stamp his assessment about the patient. The laws in Oregon and Washington make the doctor almost immune from malpractice charges. They can miss the diagnosis, botch the suicide or whatever and they only have to meet the legal standard of “good intent.” In other words, “I didn’t mean for that to happen.” We don’t allow those kind of standards for anything else in healthcare.

My greatest concern is that the laws being passed are putting a cloak of secrecy around the process. There is no way to study and find out if the process is working well. All the records submitted by physicians assisting with the suicide are destroyed. Only a statistical summary is published. By law, doctors have to lie on the death certificate they sign to say the patient died of their disease. We don’t do that in any other areas of healthcare, and that makes it impossible to realize that any of the concerns I’ve expressed are actually happening. The only thing we know is that the doctors filled out the forms correctly.

I had a friend who went to live in Ethiopia with his wife and young child. They rented a house but found out after they moved in that there were rats in the house. He was unsuccessful in catching them with traps and feared his child would be bitten at night. He complained to his landlord who assured him he would resolve the problem. The next day he showed up with a basket containing two cobras to put in the attic and assured the man again that he would have no rats within a week. What do you think my friend said? He refused. The solution would work, but it was more dangerous than the rats.

That is what legalizing physician-assisted suicide is. It will eliminate suffering in terminally ill patients who choose this option, but it will destroy the literal foundation of the doctor-patient relationship and healthcare as a whole. It will destroy trust and cause much more harm than good. It is not a new idea; doctors before Hippocrates both cured and killed their patients. The trouble was you didn’t know which one they would do to you. If someone paid them more, the doctor would kill you and no one would be the wiser. Hippocrates realized medicine could not thrive like that, and so he made it so that doctors had to take an oath before their future colleagues and the community to swear how they would use the powerful knowledge they were being given before their teachers would teach them. Over the next few hundred years, patients voted with their feet and Hippocratic medicine became the standard, the foundation on which Western healthcare grew and prospered.

We need to put our efforts into eliminating the suffering—not eliminating the patient—through research, better end-of-life care, more physicians with palliative training, good drug laws and coming alongside patients to emotionally, spiritually and physically support them in their final days. A handful of lethal pills is not compassion; it is an escape from the duty of compassion.

H.L. Mencken summed it up well, “There is always an easy solution to every problem—neat, plausible and wrong.” Let’s not go down the path of physician-assisted suicide. It is not only wrong, it is too dangerous.

David Stevens, MD, MA (Ethics)

Bristol, Tennessee
United States of America

From: James McIntosh [REDACTED]
Sent: Wednesday, April 08, 2015 4:51 PM
To: Rep. Paul Seaton
Subject: Assisted suicide

Please do not pass a bill to cause doctors to assist in patient suicide. It is morally wrong and the AMA is against it because doctors are supposed to heal, not kill.

From: Gould, Sherri L [REDACTED]
Sent: Wednesday, April 08, 2015 11:17 AM
To: Rep. Paul Seaton; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Adam Wool; Rep. Geran Tarr; Rep. Liz Vazquez
Subject: Please OPPOSE HB99

Dear members of the House Health & Social Services Committee,

I respectfully urge you to OPPOSE HB 99 and keep Alaska free of doctor-assisted suicide.

I agree with the statement made by the American Medical Association in opposition to doctor-assisted suicide:

“...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**, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible.” (*AMA Code of Medical Ethics, Opinion 2.211, emphasis added*).

Thank you for your consideration of this important issue.

Sincerely,

Sherri Gould

18700 Upper Skyline Drive

Eagle River, AK 99577

From: TAMERA SMITH [REDACTED]
Sent: Wednesday, April 08, 2015 11:14 AM
To: TAMERA SMITH
Subject: Please vote NO on HB 99

Dear House Health & Social Services Committee Representatives:

As a citizen of the great state of Alaska I am appalled at the legislation you will consider tomorrow, House Bill 99 deceptively titled "Voluntary Termination of Life" that proposes to bring assisted suicide to Alaska.

Alaska has a terrible problem with suicide, and now you want to make it legal and have the medical profession "assist" in its implementation! Truly shameful!

To me, even the entertainment of this bill is in opposition to the Alaska Constitution's Article 1 inherent right that "...all persons have a natural right to life..."

It is my hope that you will honor your pledge to uphold the Alaska Constitution and quickly vote down and permanently discard HB 99 and put your valuable time and effort into legislation that will benefit the people of Alaska, not kill them.

Tammie Smith

From: P-R Schneeberger [REDACTED]
Sent: Wednesday, April 08, 2015 11:54 AM
To: Rep. Paul Seaton
Subject: Please OPPOSE HB 99
Importance: High

THANK YOU.
Peter and Rory Schneeberger
Hoonah, 99829-0232

From: Richard Novcaski [REDACTED]

Sent: Wednesday, April 08, 2015 12:59 PM

To: Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Geran Tarr; Rep. Adam Wool

Subject: HB99

Dear Representatives of the people of the State of Alaska,

I would like to write in my own words why I am against assisted suicide, but the following quotes spell it out so succinctly.

“...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, would be difficult or impossible to control, and would pose serious societal risks. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible.” (*AMA Code of Medical Ethics, Opinion 2.211*).

I will submit to you that two of the main arguments for assisted suicide are rebutted in the quotes below from Marilyn Golden who is a senior policy analyst with the Disability Rights Education and Defense Fund.

"Available data suggests that pain is rarely the reason why people choose assisted suicide. Instead, most people do so because they fear burdening their families or becoming disabled or dependent. (*I have seen the stats from Oregon, and this proves out*)

Anyone dying in discomfort that is not otherwise relievable, may legally today, in all 50 states, receive palliative sedation, wherein the patient is sedated to the point at which the discomfort is relieved while the dying process takes place peacefully. This means that today there is a legal solution to painful and uncomfortable deaths, one that does not raise the very serious problems of legalizing assisted suicide."

In fact, I know of 2 elderly people who were in the hospital for a basic, simple procedure and each had a nurse go in there room, when the patient was by themselves, and encouraged them to consider ending their lives as they were older and it was time to go. I am just one person and so if I know of 2 incidents that happened in 2 different states, it must be happening ALL the time. This was not even in an assisted suicide states, so obviously if our state becomes an assisted suicide state, there will be LOTS of people putting pressure on vulnerable patients to end their lives.

Please vote as an advocate for the patient in pain, not as an advocate for ridding society of people who are in vulnerable life states and need our support.

Thank you,

Katie Novcaski

From: Gail Randall [REDACTED]

Sent: Wednesday, April 08, 2015 1:01 PM

To: Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Adam Wool; representativeGeran.Tarr@akleg.gov

Subject: HB99

Please oppose HB99 and keep Alaska free of doctor-assisted suicide.

Mrs. Gail Randall

From: Jeanette Burdell [REDACTED]

Sent: Wednesday, April 08, 2015 5:54 PM

To: Rep. Paul Seaton

Subject: Oppose HB 99

As the AMA states, physicians are only meant to heal, not abandon, their patients. Please vote against assisted suicide--wrong for Alaska, America, and the world.

Jeanette Burdell

From: Rob Kendall [REDACTED]

Sent: Wednesday, April 08, 2015 10:03 PM

To: Rep. Paul Seaton

Subject: Please vote against the Doctor Assisted Suicide bill (HB99)

To the Honorable Representative Paul Seaton:

I've learned that the Assisted Suicide bill (HB99) will be heard tomorrow by members of the Alaska House Health and Social Services Committee. Please vote against this legislation.

Sincerely,

Robert Kendall

From: Joan Watson [REDACTED]
Sent: Thursday, April 09, 2015 12:37 AM
To: Rep. Paul Seaton
Subject: House Bill 99

Dear Mr. Chairman

I am writing in regards to House bill 99 –“Voluntary Termination of Life.” I ask you to vote against this bill. There are so many reasons to reject this bill, but I would like to suggest a few. It endangers the weak, those who are disabled , or elderly. As Paul Longmore, who was a Professor of History at San Francisco State University and a foremost disability advocate on this subject, has stated, "Poor people, people of color, elderly people, people with chronic or progressive conditions or disabilities, and anyone who is, in fact, terminally ill will find themselves at serious risk" (Longmore, 1999). http://dredf.org/assisted_suicide/assistedsuicide.html

Because of the devaluation of life which an assisted suicide culture will engender, family members may be tempted to see their elderly, or sick parents, disabled children or relatives as burdens, and wish to hasten their death. The elderly and disabled may also be tempted to view themselves as burdens. The compassion and care that should exist in families will be eroded.

Doctors who are healers will become killers. The trust that should exist between doctor and patient will be greatly weakened.

People who are sick, old or disabled are human beings and should be treated as such no matter their condition.

My husband and I are in our sixties. Thankfully we are in good health, but as we age sickness can happen. If our culture accepts assisted suicide and it becomes widespread, what is now presented as a choice to die, will I believe become a duty to die.

A good article to read: <http://www.heritage.org/research/reports/2015/03/always-care-never-kill-how-physician-assisted-suicide-endangers-the-weak-corrupts-medicine-compromises-the-family-and-violates-human-dignity-and-equality>

Thank you.

Joan Watson

Anchorage Ak

From: Larry Roberts [REDACTED]
Sent: Thursday, April 09, 2015 1:54 AM
To: Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Geran Tarr;
Rep. Adam Wool
Subject: HB 99

Hi,

I encourage you to vote no on this bill. I believe life is precious and shouldn't be discarded. I've heard of many cases where someone is told they have a terminal illness and yet live for many years.

Thank you for your consideration of my view on this bill, Larry Roberts

From: Steve Parker [REDACTED]
Sent: Thursday, April 09, 2015 7:16 AM
To: Rep. Paul Seaton
Subject: HB99

Dear Legislature,

I urge you to vote no on this proposed bill. Ending one's life causes great pain in many others. Our current healthcare system is to help comfort and heal people. Asking doctors to judge the end of life for others is against their oath of practice. Please vote no.

Heather Parker

From: Ken Rosentrater [REDACTED]
Sent: Thursday, April 09, 2015 7:31 AM
To: Rep. Paul Seaton
Subject: Assisted Suicide bill (HB99)

Honorable Representative Seaton,

Please vote against the Assisted Suicide and Bill (HB 99). It is not in the best interest of the people of Alaska to exacerbate and add to the culture of death that already exists here.

Thank you.

Sincerely,

Ken Rosentrater

1120 Huffman Road
Suite 24-517
Anchorage AK 99515

From: Lynette Phillips [REDACTED]

Sent: Wednesday, April 08, 2015 7:00 PM

To: Rep. Paul Seaton

Subject: HB 99

Dear Representative Seaton,

I'm writing to ask that you appose HB 99 "Voluntary Termination of Life. " I am a Registered Nurse working with people who experience disabilities. Physician assisted suicide leads to situation where people who want to live, such as those experiencing disabilities, are encouraged to pursue PAS, because some would deem them a burden on society. In other instances, cancer patients who have a good chance with remission, may pursue PAS when they actually need the encouragement of friends, family, and the medical team to continue seeking treatment. Let's provide a culture where our medical team is striving for healing and life, not death. Please appose HB 99.

Lynette Phillips

Anchorage, AK

From: Rosalyn Singleton [REDACTED]

Sent: Wednesday, April 08, 2015 7:02 PM

To: Rep. Paul Seaton

Subject: HB99

Dear Representative Seaton,

I would like to express my opposition to HB99 Voluntary Termination of Life which would legalize physician assisted suicide in Alaska. This bill would change the foundational trust and healing relationship between a physician and patient. Unfortunately, this is an easy option for a busy stressed physician and undermines the responsibility to provide excellent pain and symptom control at the end of life.

Rosalyn Singleton MD

Eagle River, AK

From: Jen Syzdek [REDACTED]

Sent: Wednesday, April 08, 2015 9:42 PM

To: Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Geran Tarr; Rep. Adam Wool

Subject: House Bill 99 - please vote "no"

Please vote for House Bill 99. Physician-assisted suicide is fundamentally incompatible with the physician's role as a healer.

Thank you,

Jen Syzdek
16911 Vanover Circle
Eagle River, AK 99577

From: David Wilcoxson [REDACTED]

Sent: Wednesday, April 08, 2015 9:50 PM

To: Rep. Paul Seaton; Rep. Liz Vazquez; Rep. Neal Foster; Rep. Louise Stutes; Rep. David Talerico; Rep. Adam Wool

Subject: HB 99 Voluntary Termination of Life

Thank you for your time to serve our state in the House of Representatives. As you consider HB 99 Voluntary Termination of Life, please know that this is not what we want for Alaska. Doctors should be healers, not taking the lives of their patients. There are too many potential problems with doctor-assisted suicide. PLEASE keep this out of Alaska.

Thank you.

Dave and Florie Wilcoxson

From: RUTH PETERS [REDACTED]

Sent: Wednesday, April 08, 2015 7:22 PM

To: Rep. Paul Seaton

Subject: HB 99

Good Afternoon ,

As an Alaska Citizen, I was alarmed to hear of a bill making it legal for doctors to prescribe lethal medication! This can only be harmful to Alaska! Please, as our representatives, oppose this house Bill 99!

Thank you,

Ruth Peters