


MEMORANDUM

TO:  Alaska House Health & Social Services Committee
FROM: Margaret Dore, Esq., MBA
RE: Vote "No" on HB 99. (No Assisted Suicide/Euthanasia)
HEARING: April 9, 2015, 3:00 p.m.

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APPENDIX

I. INTRODUCTION

I am an attorney in Washington State where assisted suicide is legal.¹ Our law is modeled on Oregon's law. Both laws are similar to the proposed bill, HB 99.²

HB 99 seeks to legalize assisted suicide and euthanasia in Alaska. The sponsor says that the bill applies to terminally ill patients with an "inevitable and certain death."³ Eligible persons, however, may have years, even decades, to live. The bill is, regardless, a recipe for elder abuse, especially for people with money.

Other problems if the bill passes, include: steerage to suicide by health care providers; trauma to patients; trauma to family members; and the risk of suicide contagion. I urge you to vote "NO" on HB 99. Do not make Washington's mistake.

II. FACTUAL AND LEGAL BACKGROUND

A. Financial Exploitation is a Large and Uncontrolled Problem.

The Alaska Office of Public Advocacy defines financial

¹ I have been licensed to practice law in Washington state since 1986. I am a former Law Clerk to the Washington State Supreme Court. I am a former Chair of the Elder Law Committee of the American Bar Association Family Law Section. I am also President of Choice is an Illusion, a nonprofit corporation opposed to assisted suicide. For more information, please see www.margarettdore.com, www.choiceillusion.org and www.margarettdore.org.

² A copy of HB 99 is attached hereto at A-1 through A-15.

³ Sponsor Statement, House Bill 99.

exploitation as the "illegal or improper use of an elder's funds, property or assets."⁴ Moreover, perpetrators are often the adult children of the victim.⁵ In 2009, the MetLife Mature Market Institute released a study, which estimated the financial loss by victims in the United States at \$2.6 billion per year.⁶

Consider also, *People v. Stuart*, which states:

Financial considerations [are] an all too common motivation for killing someone.⁷

In *Stuart*, a defendant who had killed her mother argued for leniency because the homicide had been prompted by care and concern.⁸ *Stuart* disagreed, stating:

[T]o do so would potentially expose some of the most vulnerable in our society to the grave danger of being killed by "loved ones," however compassionate they may be, who are unable to resist a temptation that dovetails with their financial self-interest, as the record suggests may have been the case here.⁹

B. Physician-assisted Suicide, Assisted Suicide and Euthanasia.

The American Medical Association defines "physician-assisted suicide" as occurring when "a physician facilitates a patient's

⁴ <http://doa.alaska.gov/opa/oefa/fin.html>

⁵ *Id.*

⁶ <https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>, page 4.

⁷ *People v. Stuart*, 67 Cal.Rptr.3d 129, 143 (2007), excerpt at A-53.

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death by providing the necessary means and/or information to enable the patient to perform the life-ending act."¹⁰ "Assisted suicide" is a general term in which the aiding person is not necessarily a physician. "Euthanasia," by contrast, is the direct administration of a lethal agent with the intent to cause another person's death.¹¹

The American Medical Association rejects physician-assisted suicide and euthanasia, stating they are:

fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.¹²

C. Withholding or Withdrawing Treatment.

Withholding or withdrawing treatment ("pulling the plug") is not assisted suicide or euthanasia. This is because the intent is to remove treatment, not to kill the patient. More importantly, the patient does not necessarily die. Consider this quote from an article in Washington state regarding a man removed from a ventilator:

[I]nstead of dying as expected, [he] slowly began to get better.¹³

¹⁰ The AMA Code of Medical Ethics, Opinion 2.211 - Physician-Assisted Suicide. (Attached at A-17).

¹¹ Cf. AMA Code of Ethics, Opinion 2.21 - Euthanasia. (Attached at A-18).

¹² AMA Code of Ethics, Opinions 2.211 and 2.21, *supra* at footnotes 9 & 10.

¹³ Nina Shapiro, *Terminal Uncertainty - Washington's new 'Death with Dignity' law allows doctors to help people commit suicide - once they've determined that the patient has only six months to live. But what if they're*

D. Most States Have Rejected Assisted Suicide and Euthanasia.

The vast majority of states to consider legalizing assisted suicide and/or euthanasia have rejected it.¹⁴ Just two months ago, a bill similar to HB 99 was summarily defeated in Colorado.¹⁵

In the last four years, four states have strengthened their laws against assisted suicide. These states are: Arizona, Idaho, Georgia and Louisiana.¹⁶

III. THE BILL

A. "Eligible" Patients May Have Years, Even Decades, to Live.

HB 99 applies to "terminal" patients, meaning those predicted to have less than six months to live.¹⁷ Such persons may, however, actually have years, even decades, to live, *i.e.*, unless the bill passes and they commit suicide or are euthanized thereunder. This is true for at least three reasons:

wrong?, Seattle Weekly, January 14, 2009. (Attached at A-19, quote at A-21).

¹⁴ See tabulation at http://epcdocuments.files.wordpress.com/2011/10/attempts_to_legalize_001.pdf

¹⁵ See article at A-25.

¹⁶ See materials at A-26 to A-29.

¹⁷ HB 99, §§ 13.55.010(a)(4) & 13.55.900(16). (Attached at A-2 & A-14).

1. If Alaska follows Oregon's interpretation of "terminal disease," assisted suicide and euthanasia will be legalized for persons with chronic conditions such as diabetes.

HB 99 states:

"Terminal disease" means an incurable and irreversible illness that has been medically confirmed and that will, within reasonable medical judgment, produce death within six months.¹⁸

Oregon's law has a nearly identical definition, as follows:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.¹⁹

In Oregon, this nearly identical definition is interpreted to include chronic conditions such as insulin dependent diabetes.²⁰ Oregon doctor, William Toffler, explains:

Our law applies to "terminal" patients who are predicted to have less than six months to live. In practice, this idea of terminal has recently become stretched to include people with chronic conditions Persons with these conditions are considered terminal if they are dependent on their medications, such as insulin, to live.²¹

¹⁸ *Id.*

¹⁹ Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-30.

²⁰ See Oregon's annual assisted suicide report for 2014, attached hereto at A-31 to A-36. "Chronic lower respiratory disease" and "diabetes" are listed at A-35 & A-36, respectively.

²¹ Letter to the Editor, William Toffler MD, New Haven Register, February 24, 2014, ¶2. (Attached at A-37). (I verified the content with him).

If Alaska enacts HB 99 and follows Oregon's interpretation of "terminal disease," assisted suicide and euthanasia will be legalized for young adults with chronic conditions such as diabetes. Dr. Toffler states:

Such persons, with treatment, could otherwise have years or even decades to live.²²

2. Predictions of life expectancy can be wrong.

Patients may also have years to live because predicting life expectancy is not an exact science.²³ Consider John Norton who was diagnosed with ALS. He was told that he would get progressively worse (be paralyzed) and die in three to five years. Instead, the disease progression stopped on its own. In a 2012 affidavit, at age 74, he states:

If assisted suicide or euthanasia had been available to me in the 1950's, I would have missed the bulk of my life and my life yet to come.

Affidavit of John Norton, attached at A-39, ¶ 5.

3. Treatment can lead to recovery.

Consider also Oregon resident, Jeanette Hall, who was diagnosed with cancer in 2000 and wanted to do assisted suicide.²⁴

²² *Id.*

²³ Compare *Terminal Uncertainty*. (Attached hereto at A-19).

²⁴ Affidavit of Kenneth Stevens, MD ¶¶ 3-7. (Attached hereto at A-41 to A-49).

Her doctor convinced her to be treated instead.²⁵ In a 2013 affidavit, she states:

This last July, it was 13 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.²⁶

B. If HB 99 Is Enacted, There Will be Pressure to Expand Eligibility.

In Washington State, our law went into effect in 2009. Since then, we have had informal proposals to expand our law to non-terminal people. For me, most disturbing, was a column suggesting euthanasia for people without funds.²⁷ This was in the *Seattle Times*, which is our largest paper.²⁸ Meanwhile, in Oregon, there is an actual bill to expand eligibility.²⁹

If HB 99 is enacted in Alaska, it's not unlikely that there will be a similar pressure to expand.

C. How the Bill Works.

HB 99 has an application process to obtain the lethal dose, which includes a written lethal dose request form with two

²⁵ *Id.*

²⁶ Affidavit of Jeanette Hall, ¶ 4, attached hereto at A-50 to A-51. Jeanette is still alive today, nearly 15 years later.

²⁷ See Jerry Large, "Planning for old age at a premium," *The Seattle Times*, March 8, 2012 ("After Monday's column, . . . a few [readers] suggested that if you couldn't save enough money to see you through your old age, you shouldn't expect society to bail you out. At least a couple mentioned euthanasia as a solution.") (Emphasis added). (Attached at A-52).

²⁸ *Id.*

²⁹ Oregon House Bill 3337.

required witnesses.³⁰ One of the witnesses is allowed to be the patient's heir, who will benefit financially from the patient's death.³¹

Once the lethal dose is issued by the pharmacy, there is no oversight.³² The doctor is not required to be present at the death.³³ No one, not even a witness is required when the lethal dose is administered.³⁴

D. A Comparison to Probate Law.

When signing a will, an heir's acting as a witness supports a finding of undue influence. Consider, for example, Washington State's probate statute, which provides that when one of two required witnesses is a taker under a will, there is a rebuttable presumption that the taker/witness "procured the gift by duress, menace, fraud, or undue influence."³⁵

The lethal dose request process, which allows an heir to act as a witness on the lethal dose request form, invites coercion.

³⁰ The lethal dose request form can be viewed at HB 99, § 13.55.060. (Attached at A-3 to A-5)

³¹ See HB 99, §13.55.060 (providing that one of two witnesses on the lethal dose request form may be entitled to a portion of the individual's estate upon death).

³² See HB 99 in its entirety. (Attached at A-1 through A-15).

³³ Id.

³⁴ Id.

³⁵ RCW 11.88.160(2).

E. Patient Control is not Assured.

1. No witnesses at the death.

As noted above, HB 99 does not require witnesses at the death.³⁶ Without disinterested witnesses, the opportunity is created for someone else to administer the lethal dose to the patient without his consent.³⁷ Even if he struggled, who would know?

Without disinterested witnesses, the patient's control over the time, place and manner of his death is not guaranteed.

2. Adding witnesses will not fix the problem.

Requiring witnesses at the death would protect against overt murder. Generally, however, witnesses are not much of a safeguard. Many wills are properly witnessed and nonetheless set aside for undue influence, fraud, etc.

3. Someone else is allowed to speak for the patient, including a stranger, as long as the speaking person is "familiar with the patient's manner of communicating."

Patients signing the lethal dose request form are required

³⁶ See HB 99 in its entirety, attached hereto at A-1 to A-15.

³⁷ The drugs used for assisted suicide in Oregon and Washington, Secobarbital and Pentobarbital (Nembutal), are water and alcohol soluble, which allows injection without consent, for example, to a sleeping person. See "Secobarbital Sodium Capsules, Drugs.Com, at <http://www.drugs.com/pro/seconal-sodium.html> and <http://www.drugs.com/pro/nembutal.html> See also Oregon's report, page 5, attached at A-35 (listing these drugs).

to be "capable."³⁸ This term is, however, specially defined to allow someone else to speak for the patient during the lethal dose request process, *i.e.*, as long as the speaking person is "familiar with the individual's manner of communicating." HB 99 states:

"Capable" means that an individual has the ability to make and communicate health care decisions to health care providers; in this paragraph, "communicate" includes communication through a person familiar with the individual's manner of communicating . . . (Emphasis added)³⁹

Being familiar with an individual's "manner of communicating" is a very minimal standard. Consider, for example, a doctor's assistant who is familiar with a patient's "manner of communicating" in Spanish, but does not herself understand Spanish. That, however, would be good enough for the assistant to speak for the patient during the lethal dose request process. Indeed, the speaking person could be the doctor's janitor or practically anyone at all. The patient's control over the situation is not assured.

4. Individual "opt outs" are not allowed.

HB 99 does not allow people to opt out of its provisions. § 13.55.140 states:

A provision in a will or contract, whether

³⁸ HB 99 § 13.55.010(a)(3). ("Qualified" patients are required to be "capable"). (Attached at A-2).

³⁹ HB 99, § 13.55.900(3). (Attached at A-13).

written or oral, is not valid to the extent that the provision requires, prohibits, imposes a condition on, or otherwise addresses whether an individual may make or rescind a request for medication under this chapter. (Emphasis added).

So much for the patient's choice and control.

5. There is no requirement that a doctor or anyone else comply with a patient's "rescission."

HB 99 says that a patient may, at any time, rescind her request for the lethal dose.⁴⁰ There is, however, no provision, i.e., anywhere, that a doctor or anyone else is obligated to follow that request.⁴¹ This purported protection is illusory.

6. HB 99 legalizes euthanasia.

HB 99 appears to prohibit "euthanasia," which is another name for mercy killing.⁴² HB 99 states:

This chapter may not be construed to authorize a physician or another person to end an individual's life by lethal injection, mercy killing, or active euthanasia.⁴³

This prohibition is, however, defined away in the next sentence. HB 99 states:

⁴⁰ HB 99, § 13.55.040, states:

A qualified individual may rescind a request at any time and in any manner without regard to the qualified individual's mental state.

⁴¹ See HB 99 in its entirety, at A-1 though A-15.

⁴² See <http://medical-dictionary.thefreedictionary.com/mercy+killing> (defining "mercy killing" as euthanasia).

⁴³ § 13.55.220(b), at A-12.

An action allowed by this chapter is an affirmative defense to a criminal charge of homicide, murder, manslaughter, criminally negligent homicide, suicide, assisted suicide, mercy killing, or euthanasia under the law of this state.⁴⁴

The bottom line, HB 99 legalizes euthanasia.

IV. PUBLIC POLICY, SAFETY AND WELFARE

A. Legalization of Assisted Suicide and Euthanasia will Create New Paths of Elder Abuse.

In Alaska, preventing elder abuse is official state policy.⁴⁵ If assisted suicide and euthanasia are legalized pursuant to HB 99, new paths of abuse will be created against the elderly, which is contrary to that policy. Alex Schadenberg, chair for the Euthanasia Prevention Coalition, International, states:

With assisted suicide laws in Washington and Oregon [and with HB 99], perpetrators can . . . take a "legal" route, by getting an elder to sign a lethal dose request. Once the prescription is filled, there is no supervision over administration. . . . [E]ven if a patient struggled, "who would know?"⁴⁶

Consider also, the Thomas Middleton case in which physician-assisted suicide was part of an elder abuse fraud. (See A-54).

⁴⁴ Id.

⁴⁵ http://doa.alaska.gov/opa/oefa/contact_us.html

⁴⁶ Alex Schadenberg, Letter to the Editor, *Elder abuse a growing problem*, *The Advocate*, October 2010, page 14, available at http://www.margarettdore.com/info/October_Letters.pdf

B. Any Study Claiming that Oregon's Law is Safe, is Invalid.

In 2011, the lack of oversight over administration of the lethal dose in Oregon, prompted State Senator Jeff Essmann to make this observation: the Oregon studies claiming that assisted suicide is safe, are invalid. He stated:

[All] the protections end after the prescription is written. [The proponents] admitted that the provisions in the Oregon law would permit one person to be alone in that room with the patient. And in that situation, there is no guarantee that that medication is [taken on a voluntary basis].

So frankly, any of the studies that come out of the state of Oregon's experience are invalid because no one who administers that drug . . . to that patient is going to be turning themselves in for the commission of a homicide.⁴⁷

C. Oregon's Annual Report for 2014 is Consistent with Financial Elder Abuse

According to Oregon's most recent annual assisted suicide report, most of the people who died from a lethal dose were white, aged 65 or older, and well-educated.⁴⁸ People with these attributes are typically well off, i.e., the middle class and above.

The report implies that these deaths were voluntary, stating

⁴⁷ See link to hearing transcript for SB 167, February 10, 2011, http://www.margaretdore.com/pdf/senator_essmann_sb_167_001.pdf

⁴⁸ Report, page 2, attached hereto at A-32.

that Oregon's act "allows" residents to obtain a lethal dose.⁴⁹ There is nothing in the report, however, that actually says that the deaths were voluntary. Older well-off people are, regardless, in a vulnerable demographic for abuse and exploitation. This includes murder. The 2009 MetLife Mature Market Institute Study states:

Elders' vulnerabilities and larger net worth make them a prime target for financial abuse . . . Victims may even be murdered by perpetrators who just want their funds and see them as an easy mark.⁵⁰

D. Assisted Suicide and Euthanasia can be Traumatic for Family Members as well as Patients.

1. The Swiss study.

In 2012, a study was released in Switzerland, addressing trauma suffered by persons who witnessed an assisted suicide.⁵¹ The study found that 1 out of 5 family members or friends present at an assisted suicide were traumatized.⁵² These persons:

[E]xperienced full or sub-threshold PTSD [Post Traumatic Stress Disorder] related to the loss of a close person through assisted

⁴⁹ Id., page 1, attached hereto at A-31.

⁵⁰ The MetLife Study can be viewed at this link: <https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

⁵¹ "Death by request in Switzerland: Posttraumatic stress disorder and complicated grief after witnessing assisted suicide," B. Wagner, J. Muller, A. Maercker; European Psychiatry 27 (2012) 542-546, available at <http://choiceisanillusion.files.wordpress.com/2012/10/family-members-traumatized-eur-psych-2012.pdf> (First page attached at A-79).

⁵² Id.

suicide.⁵³

2. My cases involving the Oregon and Washington assisted suicide laws.

I have had two clients whose fathers signed up for the lethal dose.⁵⁴ In the first case, one side of the family wanted the father to take the lethal dose, while the other did not. The father spent the last months of his life caught in the middle and traumatized over whether or not he should kill himself. My client, his adult daughter, was also traumatized. The father did not take the lethal dose and died a natural death.

In the other case, it's not clear that administration of the lethal dose was voluntary. A man who was present told my client that his father refused to take the lethal dose when it was delivered ("You're not killing me. I'm going to bed"), but then he took it the next night when he was high on alcohol. The man who told this to my client later recanted. My client did not want to pursue the matter further.

E. Enacting HB 99 Will Allow Health Care Providers to Implement Formal Steerage to Suicide.

If HB 99 is enacted, health care providers in Alaska will be

⁵³ *Id.*

⁵⁴ Cf. Margaret Dore, "Preventing Abuse and Exploitation: A Personal Shift in Focus" (An article about elder abuse, guardianship abuse and assisted suicide), The Voice of Experience, ABA Senior Lawyers Division Newsletter, Vol. 25, No. 4, Winter 2014, available at http://www.americanbar.org/publications/voice_of_experience/2014/winter/preventing_abuse_and_exploitationa_personal_shift_focus.html

able to follow the lead of Oregon's Medicaid program to steer patients to suicide, i.e., through institutionalized coverage incentives. To learn more, see the affidavit of Oregon doctor, Kenneth Stevens. (Attached hereto at A-41 through A-49). Do you want this to happen to you or your family?

V. PAIN IS NOT THE ISSUE.

The current Oregon report lists "concerns" as to why people who ingested the lethal dose signed up to do so.⁵⁵ Per the report, there were 33 patients who had a concern about: "inadequate pain control."⁵⁶ This is 33 people out of 33,931 total deaths in Oregon.⁵⁷ Regardless, there was no claim that any one of these 33 patients was actually in pain.⁵⁸ Pain is not the issue.

VI. COMPASSION & CHOICES, THE RISK OF SUICIDE CONTAGION AND A MISSION TO REDUCE PATIENT ACCESS TO CURES.

A. Compassion & Choices is a Successor Organization to the Hemlock Society.

Passage of HB 99 is being spearheaded by the suicide/euthanasia advocacy group, Compassion & Choices ("C & C"). C & C was formed in 2004 as the result of a merger/takeover

⁵⁵ Oregon Report, page 5, attached hereto at A-35.

⁵⁶ *Id.*

⁵⁷ Report, p.1, at A-31, fn 1 (total Oregon deaths in 2013 was 33,931).

⁵⁸ See entire Oregon report at A-31 et seq.

of two other organizations.⁵⁹ One of these organizations was the former Hemlock Society, originally formed by Derek Humphry.⁶⁰

In 2011, Humphry was in the news as a promoter of mail-order suicide kits.⁶¹ This was after one of the kits was used by the depressed son of a federal judge, to kill himself.⁶² Later that year, C & C celebrated Humphry as the keynote speaker for its annual meeting.⁶³

B. C & C's Media Campaign Presents a Risk of Suicide Contagion.

It is well known that media reporting of suicide can encourage other suicides, for example, a "copycat suicide" or a "suicide contagion." A famous example is Marilyn Monroe. Her widely reported suicide was followed by a increase in other suicides.

This encouragement phenomenon also occurs when the inspiring death is not a suicide. An example is the televised hanging of Saddam Hussein, which led to suicide deaths of children worldwide. An NBC News article begins:

⁵⁹ See Ian Dowbiggin, *A Concise History of Euthanasia* 146 (2007) ("In 2003, [the] Hemlock [Society] changed its name to End-of-Life Choices, which merged with Compassion in Dying in 2004, to form Compassion & Choices").

⁶⁰ *Id.*

⁶¹ Randi Bjornstad, "Suicide Kits Sell Death by Mail," *The Register-Guard*, March 20, 2011 ("For \$60, they blew his life apart"). (Attached at A-55 to A-56).

⁶² *Id.*

⁶³ See Compassion & Choices newsletter at A-57.

The boys' deaths - scattered in the United States, in Yemen, in Turkey and elsewhere in seemingly isolated horror - had one thing in common: They hanged themselves after watching televised images of Saddam Husseins' execution.⁶⁴

Groups such as the National Institute of Health have developed guidelines for reporting suicide. Key points include that the risk of additional suicides increases "when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage."⁶⁵

The media campaign by C & C, to promote the assisted suicide of Brittany Maynard, violated and continues to violate all of these guidelines. We were told of the planned method, when and where it would take place and who would be there. There was, and continues to be, repeated extensive coverage in multiple media.

I have a physician friend, who recently committed a young man to mental health treatment. The man had become actively suicidal after reading about Ms. Maynard.⁶⁶

The risk of suicide contagion associated with C & C's media

⁶⁴ NBC News, Associated Press, "Children around the world kill themselves after watching televised images," January 14, 2007, attached at A-94. See also http://www.nbcnews.com/id/16624940/ns/world_news-mideast_n_africa/t/copycat-hangings-follow-saddam-execution/#.VDr5AfldWS0

⁶⁵ The National Institute of Mental Health, "Recommendations for Reporting on Suicide," <http://www.nimh.nih.gov/health/topics/suicide-prevention/recommendations-for-reporting-on-suicide.shtml> (A-96) See also: "Preventing Suicide: A Resource for Media Professionals," http://www.who.int/mental_health/prevention/suicide/resource_media.pdf

⁶⁶ Will Johnston, MD, Vancouver Canada.

campaign is real. The persons at risk include children.

C. In Oregon, Other (Conventional) Suicides Have Increased with Legalization of Physician-Assisted Suicide; the Financial Cost is "Enormous."

Government reports from Oregon show a positive statistical correlation between the legalization of physician-assisted suicide and an increase in other (conventional) suicides. The statistical correlation is consistent with a suicide contagion in which legalizing and normalizing physician-assisted suicide encouraged other suicides. Please consider the following:

Oregon's assisted suicide act went into effect "in late 1997."⁶⁷

By 2000, Oregon's conventional suicide rate was "increasing significantly."⁶⁸

By 2007, Oregon's conventional suicide rate was 35% above the national average.⁶⁹

By 2010, Oregon's conventional suicide rate was 41% above the national average.⁷⁰

The financial cost of these other suicides is huge. The 2010 report, page 3, elaborates:

The cost of suicide is enormous. In 2010 alone, self-inflicted injury hospitalization

⁶⁷ Oregon's assisted suicide report for 2014, attached at A-31.

⁶⁸ See Oregon Health Authority News Release, September 9, 2010, at <http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf> ("After decreasing in the 1990s, suicide rates have been increasing significantly since 2000"). (Attached at A-72)

⁶⁹ *Id.*

⁷⁰ Attached at A-77.

charges exceeded 41 million dollars; and the estimate of total lifetime cost of suicide in Oregon was over 680 million dollars.⁷¹

Oregon is the only state where there has been legalization of assisted suicide long enough to have statistics over time. The enormous cost of increased (conventional) suicides in Oregon, positively correlated to physician-assisted suicide legalization, is a significant factor for this body to consider regarding HB 99, which seeks to legalize physician-assisted suicide in Alaska.

D. C & C Seeks to Reduce Choice in Health Care.

In 2008, Oregon's Medicaid program sent a letter to Oregon resident, Barbara Wagner, offering to cover her suicide instead of a drug to possibly cure her cancer.⁷² The drug's manufacturer subsequently provided her with the drug.⁷³ She nonetheless died a short time later.

After her death, C & C stepped forward to reveal its true mission. Specifically, its president, Barbara Coombs Lee, published an opinion piece defending Oregon's Medicaid program.⁷⁴ Coombs Lee also argued for a public policy change to discourage people from seeking cures. She said:

⁷¹ Attached at A-78.

⁷² See: Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," ABC News, August 6, 2008 (Excerpt attached at A-66).

⁷³ "Letter noting assisted suicide raises questions," KATU TV, July 30, 2008. (Attached at A-70 & 71)

⁷⁴ Barbara Coombs Lee, "Sensationalizing a sad case cheats the public of sound debate," *The Oregonian*, November 29, 2008. (Attached at A-81 to A-83)

The burning public policy question is whether we inadvertently encourage patients to act against their own self-interest, chase an unattainable dream of cure, and foreclose the path of acceptance that curative care has been exhausted.⁷⁵

C & C's' president, Barbara Coombs Lee, is a former "managed care executive."⁷⁶

For more insight into C & C's true mission, see: Margaret Dore, "Compassion & Choices has a New Campaign to Reduce Patient Choice: Be Careful What You Sign," December 1, 2014 (attached at A-85); and Montana State Senator Jennifer Fielder, "Beware of Vultures," which states:

I found myself wondering, . . . why was more money spent on promoting assisted suicide than any other issue in Montana?

Attached at A-87 to A-88.

VII. CONCLUSION

HB 99's promise of patient control is an illusion. The bill is instead a recipe for elder abuse, especially for people with money. The most obvious gap is the lack of witnesses at the death. Even if the patient struggled, who would know?

Don't make Washington's mistake. I urge you to reject SB 128.


Respectfully submitted April 9, 2015

⁷⁵ *Id.*

⁷⁶ See Coombs Lee bio, attached at A-84.

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