

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Monday, April 09, 2018 9:27 AM
To: House Judiciary
Subject: FW: HB 54

From: Rosalyn Singleton <rosalynsingleton2@gmail.com>
Sent: Sunday, April 8, 2018 9:25 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB 54

Dear Representative Claman,

As a pediatrician with 30 years of experience in Alaska, I am deeply concerned to see a HB 54 on Physician Assisted Suicide. I fear for the medical profession when we are forced to turn from "caring" to "killing". I know that there are many arguments about saving suffering and pain, but these are arguments for expert "palliative" care, not killing patients according to my colleagues in palliative medicine. Legalizing physician assisted suicide could take us down an irrevocable journey to euthanasia and killing patients in our trust. I have walked the journey with several friends and patients in their terminal stages. What they requested was compassionate expert care and pain control, not ending their lives prematurely. We all become more human by caring for those who are terminal or disabled.

It is well documented that the Nazi Germany's "final solution" started with euthanasia of terminally ill and disabled before moving to Jews and other ethnicities. Physicians were involved in every aspect of Nazi euthanasia. (Friedlander H. The origins of Nazi genocide: from euthanasia to the final solution. Chapel Hill: University of North Carolina Press, 1995.)

Alaska already has a big problem with suicide. What kind of message are we giving those struggling against making a choice to take their lives if we as a medical profession become complicit in the suicide of patients?

There has been a steady increase in the number of assisted suicides in Oregon since their bill: from 16 in 1998 to 105 in 2014. The vast majority of those choosing to kill themselves are doing so for existential reasons rather than on the basis of real medical symptoms. Many people give "fear of being a burden on others" as a reason for ending their lives. A substantial number of patients dying under the Oregon Act do not have terminal illnesses.

Physician assisted suicide is dangerous for physicians – it destroys trust, and it is an easy option for busy, stressed physicians. It is dangerous for families - It opens the door to the worst form of elder abuse by the exhausted care providers or greedy relatives. It is dangerous for patients, where the "right to die" will become the duty to die for senior citizens who don't want to be a burden. It's dangerous to society when society finds some lives "not worthy of being lived".

Sincerely
Rosalyn Singleton MD

22423 Columbia Glacier Lp
Eagle River, AK 99577

Lizzie Kubitz

From: schukalt@gci.net
Sent: Tuesday, April 10, 2018 12:32 PM
To: House Judiciary
Subject: input on HB54

I am a physician in Anchorage and am writing to indicate my opposition to HB54.

As physicians, we are trained to be patient advocates. Our goal is to do everything we can for the benefit of the patient. The patient needs to be able to trust his or her physician. Writing prescriptions designed to directly cause the death of the patient is completely opposed to this advocacy.

My most recent practice was in the area of geriatrics. I provided curative as well as palliative care. I worked to ease pain and discomfort at the end of life. I was never involved in a situation where taking an active role in causing a death seemed justified.

I am concerned that if this bill were to pass, vulnerable chronically ill people would feel obliged to end their lives for the convenience of families. How could they be assured that their physician is their advocate when the physician is able to write prescriptions for medications designed to cause death? How would they know families are acting in their best interests when there may be much to gain from a death.

The bill states that the physician needs to be able to certify that the patient has six months or less to live. Any practicing physician will tell you that we can be right as often as we are wrong about predicting length of life.

I think this bill as bad for the practice of medicine. I would never participate in actively causing someone's death. A better effort would be to improve the palliative care options already available, and make them more accessible to people who need them, for example, to people who live outside of the major urban areas of the state.

I would be happy to answer any other questions.

Mary Catherine Schumacher, MD, MSPH
6640 Lawlor Circle
Anchorage AK 99502
907-350-8137

Sent from my iPad

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Wednesday, April 11, 2018 9:08 AM
To: House Judiciary
Subject: FW: HB 54

From: Carol szopa <carolszopa@gmail.com>
Sent: Wednesday, April 11, 2018 9:06 AM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB 54

Dear Representative Claman,

I am writing about HB 54. As a nurse, I have seen people at the end of their lives. There are medications that can relieve pain even when it is severe. Many people in the state of terminal illness and pain use this time to resolve unfinished business in their lives and relationships. To allow termination before natural death robs people of the time they should have to actually come to peaceful terms with people and issues. And for their families to also come to terms with them. We as Alaskans should be helping them preserve this precious time so that they can do that.

I also know that in other countries and states where assisted suicide is legal, it actually allows others to speed the death process for an individual without their knowledge or consent. People who have dementia lose the ability to defend themselves in this situation. Legalizing assisted suicide makes all of us in the State party to another person's death. And eventually, the "safeguards" are disregarded.

This kind of law instills a distrust on the patient's part toward the medical community. By the nature of our profession, we are called to protect a patient's life, not be a party to their death. How can anyone of us trust our medical community when they do not have the safety and protection of our lives as their goal?

Please vote against this ghastly HB 54.

Sincerely,
Carol Szopa RN, BS, MPS
9331 Bothwell Circle
Anchorage, AK 99502

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Thursday, April 12, 2018 11:28 AM
To: House Judiciary
Subject: FW: HB 54

From: sidney Heidersdorf [mailto:sheide70@acsalaska.net]
Sent: Thursday, April 12, 2018 10:56 AM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB 54

We are opposed to House Bill 54 which would legalize physician assisted suicide in Alaska. The law is a teacher. If H.B. 54 becomes law it will teach us that suicide is morally and socially acceptable. This is very poor public policy in view of the fact that suicide is presently a huge problem in our society especially among young people. Also, H.B. 54 teaches us that there is such a thing as a "rational suicide" and that it must be honored. It requires that our doctors be involved in suicide. This legislation strikes another blow at traditional values regarding the sanctity of human life. The harmful ramifications will go far beyond the individuals involved. State sanctioned physician assisted suicide is not an act done in a vacuum. This attitude will permeate our society's institutions and values. It involves the medical profession, health care personnel and medical institutions, As our health care system feels the pinch of funding problems., enormous pressure will be placed on the elderly to commit suicide.

We have been living with abortion-on-demand for over 40 years. We have permitted our physicians to become involved in the destruction of millions of unborn children. With this legislation doctors will get involved in yet another form of killing thereby moving farther away from their proper role as healers. Suicide is a heartbreaking reality. Those who are terminally ill need to have pain controlled with medication. They need to know that someone cares; someone who will provide them with compassionate care and love them. Our laws should ask the question "What can we do to make your life better?" not "Do you want to die?". We should think in terms of "life with dignity" NOT "death with dignity". Please reject H.B. 54 not because of what it may lead to but because of what it is and what it will do to our society. Suicide/Euthanasia is not death with dignity. We can do better than that.

Sidney D. Heidersdorf, President
Alaskans for Life, Inc.

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Thursday, April 12, 2018 1:18 PM
To: House Judiciary
Subject: FW: HB54 Assisted Suicide

From: lagstrom <lagstrom@gci.net>
Sent: Thursday, April 12, 2018 1:17 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB54 Assisted Suicide

I am against HB54. We already have a problem with suicide in our great state as you can see from the paragraph below. I value life and believe people who are NOT in a right frame of mind commit suicide. I believe we need to provide services for people who feel their life is not worth living rather than provide an easy solution. How about the family members are hurt by physician assisted suicide? This is wrong morally, ethically and I would not want this blight against our great state. Alaska has the highest rate of suicide per capita in the country. ☹ The rate of suicide in the United States was 11.5 suicides per 100,000 people in 2007. In 2007, Alaska's rate was 21.8 suicides per 100,000 people. The rate of suicide among Alaska Native peoples was **35.1 per 100,000 people** in 2007.

Suicide Statistics for Alaska

dhss.alaska.gov/SuicidePrevention/Documents/pdfs_sspc/AKSuicideStatistics.p

Thank you,

Laura Lagstrom
23108 Whispering Birch Dr
Chugiak AK 99567



April 13, 2018

Rep. Matt Claman, Chair
Rep. Jonathan Kreiss-Tomkins, Vice Chair
Members of the House Judiciary Committee
Thirtieth Legislature – Second Session, Alaska State Legislature

Re: Testimony of Bradley N. Kehr, Esq., Government Affairs Counsel, Americans United for Life, on HB 54, the Terminally Ill: Ending Life Option Bill, Regarding Physician-Assisted Suicide

Dear Chair Claman, Vice Chair Kreiss-Tomkins, and Honorable Members:

I am Bradley N. Kehr, Government Affairs Counsel with Americans United for Life. I appreciate the opportunity to provide written testimony on HB 54, regarding the legalization of physician-assisted suicide in Alaska. In my practice, I specialize in life-related legislation and am testifying as an expert in constitutional law generally and the constitutionality of end of life-related laws specifically.

I have thoroughly reviewed HB 54, and it is my opinion that HB 54 goes against the prevailing consensus that states have a duty to protect life, places already vulnerable people groups at greater risk, and fails to protect the integrity and ethics of the medical profession.

The Majority of States Affirmatively Prohibit Physician-Assisted Suicide

Currently, 42 states affirmatively prohibit assisted suicide and impose criminal penalties on anyone who helps another person end his or her life. In *Washington v. Glucksberg*, the United States Supreme Court summed up the consensus, saying: “In almost every State—indeed, in almost every western democracy—it is a crime to assist a suicide. The States’ assisted suicide bans are not innovations. Rather they are longstanding expressions of the States’ commitment to the protection and preservation of all human life.”¹

This longstanding consensus among the vast majority of states is unsurprising when one considers, as the Court did, that “opposition to and condemnation of suicide—and, therefore, of assisting suicide—are consistent and enduring themes of our philosophical, legal and cultural heritages.”²

¹ *Washington v. Glucksberg*, 521 U.S. 702, 710 (1997).

² *Id.* at 711, 723.

Indeed, more than twenty years ago, the Supreme Court held that there is no fundamental right to assisted suicide in the U.S. Constitution, finding instead that there exists for the states “an unqualified interest in the preservation of human life... in preventing suicide, and in studying, identifying, and treating its causes.”³

Only by rejecting HB 54 can this committee further Alaska’s important state interest in preserving human life, as well as its duty to protect the lives of her citizens, especially the lives of the most vulnerable groups in our society.

Physician-Assisted Suicide Places Already Vulnerable People Groups at Greater Risk

It is also critical to protect vulnerable groups—including the poor, the elderly, and disabled persons—from abuse, neglect, and coercion. When considering the risk posed to these vulnerable people groups, assisted suicide can be considered neither a “compassionate” nor an appropriate solution for those who may suffer at the end of life. Many in the bioethics, legal, and medical fields have raised significant questions regarding the existence of abuses and failures in jurisdictions that have approved physician-assisted suicide, including a lack of reporting and accountability, coercion, and failure to assure the competency of the requesting patient.⁴ America’s most vulnerable citizens, including the elderly, the terminally ill, the disabled, and the depressed, are worthy of life and equal protection under the law, and state prohibitions on assisted suicide reflect and reinforce the well-supported policy “that the lives of the terminally ill, disabled and elderly people must be no less valued than the lives of the young and healthy.”⁵

Physician-Assisted Suicide Erodes the Integrity and Ethics of the Medical Profession

Prohibitions on assisted suicide also protect the integrity and ethics of the medical profession, including its obligation to serve its patients as healers, as well as to the principles articulated in the Hippocratic Oath to “keep the sick from harm and injustice” and to “refrain from giving anybody a deadly drug if asked for it, nor make a suggestion to this effect.” Likewise, the American Medical Association (AMA) does not support physician-assisted suicide, even for individuals facing the end of

³ *Id.* at 729–30.

⁴ J. Pereira, MBChB MSc, *Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls*, 18(2) CURRENT ONCOLOGY (2011) (finding that “laws and safeguards are regularly ignored and transgressed in all the jurisdictions and that transgressions are not prosecuted.”); see *Washington State Department of Health 2010 Death with Dignity Act Report*, <http://www.doh.wa.gov/portals/1/Documents/5400/DWDA2010.pdf> (last visited Feb. 27, 2017) (showing that in 2010, over one-fourth of patients who died after ingesting a lethal dose of medicine in Washington did so because, at least in part, they did not want to be a “burden” on family members, raising the concern that patients were pushed into suicide).

⁵ *Glucksberg*, 521 U.S. at 731–32.

life. The AMA states that “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.”⁶

There is also a close link between physician-assisted suicide and euthanasia where a “right to die” easily becomes a “duty to die.” The prohibition of assisted suicide is the only reasonable means to protect against these foreseeable abuses.⁷ Importantly, although the original stated intent of most laws in jurisdictions that allow physician-assisted suicide is to provide “a last-resort option for a very small number of terminally ill people, some jurisdictions now extend the practice to newborns, children, and people with dementia. A terminal illness is no longer a prerequisite.”⁸

One only has to look to the Netherlands to see how this plays out in reality: a report commissioned by the Dutch government demonstrated that more than half of euthanasia and assisted-suicide-related deaths were involuntary in the year studied.⁹ At least half of Dutch physicians actively suggest euthanasia to their patients.¹⁰ Studies in 1997 and 2005 revealed that eight (8) percent of infants who died in the Netherlands were euthanized by doctors.¹¹

The slippery slope is also manifest in Belgium. A study published in the *Canadian Medical Association Journal*¹² showed that out of 1,265 nurses questioned, 120 of them (almost 10 percent) reported that their last patient was involuntarily euthanized. Only four percent of nurses involved in involuntary euthanasia reported that the patient had ever expressed his or her wishes about euthanasia. Most of the patients euthanized without consent were over 80 years old, reaffirming the fact that assisted suicide and euthanasia quickly lead to elder abuse. The researchers acknowledged that nurses are likely reluctant to report illegal acts (here, euthanizing a patient without physician involvement). Thus, it is possible that the number of nurses killing their patients without physician involvement is much higher than revealed by the study. The researchers concluded that “[i]t seems the current law... and control system do not prevent nurses from administering life-ending drugs.” In other words, the “safeguards” purported by suicide advocates simply do not work.

⁶ American Medical Association, CODE OF MEDICAL ETHICS, *Opinion 5.7 – Physician-Assisted Suicide*, <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-5.pdf> (last visited Feb. 27, 2017).

⁷ *Glucksberg*, 521 U.S. at 734–35; *Vacco v. Quill*, 521 U.S. 793, 808–09 (1997).

⁸ See Pereira, *Legalizing Euthanasia or Assisted Suicide*, 18(2) CURRENT ONCOLOGY.

⁹ See W.J. Smith, FORCED EXIT: THE SLIPPERY SLOPE FROM ASSISTED SUICIDE TO LEGALIZED MURDER 118–19 (2003) (citing the Dutch government’s *Rommelink Report*).

¹⁰ See *id.* at 119 (citing R. Fenigsen, *Report of the Dutch Government Committee on Euthanasia*, 7 ISSUES LAW & MED. 239 (Nov. 1991); *Special Report from the Netherlands*, N.E.J.M. 1699-711 (1996)).

¹¹ See *id.* at 129-30 (citing A. van der Heide et al., *Medical End of Life Decisions Made for Neonates and Infants in the Netherlands*, 350 LANCET 251 (1997)); A.M. Vrakking et al., *Medical End of Life Decisions Made for Neonates and Infants in the Netherlands, 1995–2001*, 365 LANCET 1329 (2005).

¹² E. Inghelbrecht et al., *The role of nurses in physician-assisted deaths in Belgium*, CAN. MED. ASSN. J. (June 15, 2010).

Alaska should continue to uphold its duty to protect the lives of all its citizens, especially vulnerable people groups such as the ill, elderly, and disabled; and maintain the integrity and ethics of the medical profession by rejecting physician-assisted suicide and rejecting HB 54.

Sincerely,



Bradley N. Kehr
Government Affairs Counsel
Americans United for Life

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Friday, April 13, 2018 12:05 PM
To: House Judiciary
Subject: FW: HB54 Public Testimony

Follow Up Flag: Follow up
Flag Status: Flagged

-----Original Message-----

From: William Deaton <williamgdeaton@gmail.com>
Sent: Friday, April 13, 2018 12:04 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB54 Public Testimony

Dear Rep. Claman,

Please include the following online with the rest of the public Testimony for HB54.

Dear Judiciary Committee Members,

I oppose HB54. This bill preys on the culture of death that we have in our great state. We have among the higher suicide rate per capita in the nation. This bill tells "terminally" ill patients that they can kill themselves with help if the doctor doesn't expect them to live much longer. Please oppose this legislation. "Let it die a natural death" (Taken from a Recent Op-Ed in ADN)

William Deaton, Cordova

Sent from my iPhone

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Friday, April 13, 2018 12:31 PM
To: House Judiciary
Subject: FW: Hb 54

Follow Up Flag: Follow up
Flag Status: Flagged

From: Joe Schlanger <jlschew1968@gmail.com>
Sent: Friday, April 13, 2018 12:27 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: Hb 54

Dear Representative Matt Claman,

I am against HB 54 Suicide Assistance bill. Please do not pass this bill. We are already #1 in the United States for Suicide. We must value life not just throw it away.

Sincerely,
Joe Schlanger

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Friday, April 13, 2018 3:08 PM
To: House Judiciary
Subject: FW: Oppose HB 54

Follow Up Flag: Follow up
Flag Status: Flagged

From: Diane Warta <terndi@gmail.com>
Sent: Wednesday, April 11, 2018 12:48 PM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: Oppose HB 54

Opposition to HB 54

My name is Diane Warta, RN and I've worked here in the State of Alaska as a RN since my graduation from UAA in 1986. I am greatly opposed to HB 54 because I think it is not only unnecessary but also potentially harmful to a great number of vulnerable people.

For the last 20 years I have worked at the Orthopedics Unit at Providence Alaska Medical Center. I have seen great advances in pain control during that time. Surgeries that used to have very difficult and painful recoveries now provide the surgical benefit with well-managed and well-controlled pain. Those same advances we have working with orthopedic surgery patients in pain control are also available with Palliative care. End of life care with Palliative care team involvement can have pain and distress well-managed and controlled. The patient facing death can do so with dignity, support, and comfort.

We never really know when someone is terminally ill how long their life with last. My father was diagnosed with brain cancer and after surgery to remove the tumor, he was given 1-2 years to live by the surgeon and oncologist. We, as a family, rallied around my father but he died two weeks later from a complication of his surgery.

My father-in-law was also diagnosed with cancer. He was expected to live 3-4 months with his type of lung cancer but ended up living a full year and dying at home in Alaska with family and Hospice support. About three months after his diagnosis, he became very short of breath and was admitted to the hospital for a few days to effectively treat a pneumonia that he developed. He was alert, interactive, and ambulatory until one week before his death.

My step-father, a resident of Oregon, struggled with terrible pain for over a year. He attempted suicide while in Arizona because he could find no relief for his pain and was very nearly successful. Later, in Oregon, he was found to have cancer and was started on Palliative care with adequate pain management. He then wanted to live and interact with his family and neighbors and repeatedly expressed sorrow over attempt to take his own life. When his cancer diagnosis became more defined, he was offered Hospice Care. But to accept Hospice care in Oregon with his Kaiser insurance, he had to agree that he would no longer go to the Emergency Department or have any further doctor visits. In return he was offered pain control, equipment for home use, and nurse support for home visits. Although his pain was well managed with the Palliative Care, he was enticed with the extra support offered through the Kaiser Oregon Hospice to give up his access to medical interventional care. The Oregon Hospice team immediately stopped his blood thinner which he had been on for years as a preventive treatment because of his atrial fibrillation, a heart rhythm that makes a person susceptible to blood clots. He died less than a week after starting Hospice care from lung complications but did not have the option of seeking treatment for his difficulty breathing after starting Hospice because he had given up the option for medical intervention.

I am greatly concerned that if HB 54 is passed, that suffering will not be diminished but will instead be increased as individuals and families lose time together that can be rich and rewarding. I'm concerned that people who are going through a time of struggle will make decisions that they would regret if they were not given the option to end their lives prematurely. I am concerned that the person wishing to die may not truly be terminally ill and that we cheapen human life and destroy dignity as we destroy our vulnerable citizens.

Please oppose HB 54.

Sincerely,
Diane Warta, RN

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Saturday, April 14, 2018 12:23 PM
To: House Judiciary
Subject: FW: House Bill 54

Follow Up Flag: Follow up
Flag Status: Flagged

From: Elowyn Smith [mailto:elowynd@gmail.com]
Sent: Saturday, April 14, 2018 11:24 AM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: House Bill 54

Dear Chairman Claman:

I would first like to thank you for the time and work you are spending as an Alaska State Representative. I have been practicing general pediatrics in Wasilla for 14 years. As pediatrician and breast cancer survivor, I have supported patients and families through the difficult times surrounding the end of life. I became a pediatrician to partner with families to help their children grow to be happy, healthy, successful adults. I also have had support to them during the difficult time when life is coming to an end. I choose to write this letter to you after reading Dr. Jeanne Anderson's opinion piece in the Anchorage Daily News yesterday (4-13). I am not as effective at communicating my ideas and concerns as she but I have to say that I agree with everything she wrote. Upon graduation from medical school, all physicians swear an oath to do no harm. Assisting individuals in ending their lives after they have been given a diagnosis of a terminal illness would be a betrayal of that oath. Terminally ill patients facing the ultimate end are very emotionally vulnerable and, in moments of deep despair, are extremely likely to make death decisions contrary to our society's value of human life. Better practice would be to focus on care and support of an individual during this vulnerable time. Assisting them in ending their life is not considered supportive. I have to agree with Dr. Anderson that HB 54, as put in her words: "aims at hastening death and belittles the value that a person with a terminal illness has to offer." I agree with her that "the Legislatures end-of-life bill is a bad idea." Please vote no on this bill.

Respectfully,

Elowyn Smith, DO

Sent from [Mail](#) for Windows 10



Virus-free. www.avg.com

Lizzie Kubitz

From: Rep. Matt Claman
Sent: Saturday, April 14, 2018 12:23 PM
To: House Judiciary
Subject: FW: HB54

Follow Up Flag: Follow up
Flag Status: Flagged

-----Original Message-----

From: Magnuson, William J MD [mailto:William.Magnuson@providence.org]
Sent: Saturday, April 14, 2018 11:17 AM
To: Rep. Matt Claman <Rep.Matt.Claman@akleg.gov>
Subject: HB54

Dear Representative Claman,

I am writing to you today to voice my concerns pertaining to HB54 and why it should not be passed into law.

I read Dr. Jeanne Anderson's opinion piece in the ADN and I could not agree more with her sentiments and rationale. Like her, I also have many stories of being incorrectly estimating how long a patient will live, despite years and years of education, training and experience.

As an Oncologist, I have also seen first hand how innovations and advances in technology can cure patients who were otherwise thought to be incurable and lead long, happy lives.

Finally, we have an excellent system of hospice physicians, palliative care physicians and others who can help patients die a peaceful, natural death, not one that is hastened by artificial measures. Who are we to play God and determine the date of ones death?

Sincerely,
William

William Magnuson, M.D.
Director, Stereotactic Radiosurgery
Alaska CyberKnife Center
Providence Alaska Cancer Center

This message is intended for the sole use of the addressee, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the addressee you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete this message.

April 8, 2018

Rosalyn Singleton MD
22423 Columbia Glacier Lp.
Eagle River, AK 99577

HB 54

Dear Representatives

As a pediatrician with 30 years of experience in Alaska, I am deeply concerned to see a bill introduced on Physician Assisted Suicide. I fear for the medical profession when we are forced to turn from "caring" to "killing". I know that there are many arguments about saving suffering and pain, but these are arguments for expert "palliative" care, not killing patients. Legalizing physician assisted suicide could take us down an irrevocable journey to euthanasia. I have walked the journey with several friends and patients in their terminal stages. What they requested was compassionate expert care and pain control, not ending their lives prematurely.

Nazi Germany's "final solution" started with euthanasia of terminally ill and disabled before moving to Jews and other ethnicities. Physicians were involved in every aspect of Nazi euthanasia. (Friedlander H. The origins of Nazi genocide: from euthanasia to the final solution. Chapel Hill: University of North Carolina Press, 1995.)

Alaska already has a big problem with suicide. What kind of message are we giving those struggling against making a choice to take their lives if we as a medical profession become complicit in the suicide of patients?

There has been a steady increase in the number of assisted suicides in Oregon since their bill. The vast majority of those choosing to kill themselves are doing so for existential reasons rather than on the basis of real medical symptoms. Many people give "fear of being a burden on others" as a reason for ending their lives. A substantial number of patients dying under the Oregon Act do not have terminal illnesses.

Physician assisted suicide is dangerous for physicians – it destroys trust, and it is an easy option for busy, stressed physicians. It is dangerous for families - It opens the door to the worst form of elder abuse by the exhausted care providers or greedy relatives. It is dangerous for patients, where the "right to die" will become the duty to die for senior citizens who don't want to be a burden. It's dangerous to society when society finds some lives "not worthy of being lived".

Sincerely
Rosalyn Singleton MD



ANCHORAGE LEGISLATIVE INFORMATION OFFICE

Email: Anchorage.LIO@akleg.gov 907-269-0111 / phone, 907-269-0229/fax

WRITTEN TESTIMONY

907 360 2051

NAME: George L Stewart MD
REPRESENTING: Am. Academy of Medical Ethics
BILL#/ SUBJECT: HB 54 - Physician Assisted Suicide
COMMITTEE &
HEARING DATE: 04/13/18

I am Testifying in ~~OPPOSITION~~ OPPOSITION
TO HB 54 - PLEASE VOTE ~~NO~~ NO

Doctors are licensed and trained
to provide loving care for their
patients - NOT TO KILL THEM!

Alaska already has one of the
highest rates of suicide in the US -
Passing HB54 will make it worse
Palliative care, pain management
and loving care make patient's outcomes
better

Saying "you've got 6 months to live"
is almost always wrong. In Oregon
Cancer patients have been declined treatment
and told to "see a suicide doctor"
instead

PLEASE VOTE NO on HB 54
ALASKANS DESERVE CARE AND NOT DEATH