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alaska
state
hospital
association

319 Seward St., Juneau, Alaska 99801 • (907) 586-1790
REPRESENTING ACUTE, LONG TERM AND OUTPATIENT FACILITIES

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President
Dennis L. DeWitt
Juneau

January 25, 1983

The Honorable Don Clocksin
Alaska House of Representatives
State Capitol
Pouch V
Juneau, AK 99811

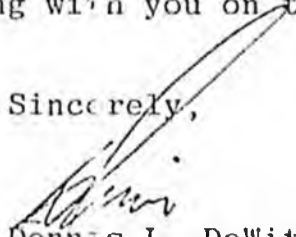
Dear Representative Clocksin:

The Alaska State Hospital Association is pleased to offer our support for HB 107, An Act Relating to the Right for a Natural Death. This is a responsible approach to resolving a critical, ethical and legal medical problem.

A question does come to mind as to what would happen to a physician and/or a health facility when care is withheld pursuant to a "valid" declaration, but subsequent to death a discovery is made that a revocation existed.

We look forward to working with you on this measure.

Sincerely,


Dennis L. DeWitt
President

cc: House HESS
House Judiciary

THE LEGISLATURE OF THE STATE OF ALASKA
THIRTEENTH LEGISLATURE

FISCAL NOTE

Handwritten initials and date: 2/1/83

I. REQUEST

Bill/Resolution No. House Bill No. 107
 Title "An Act relating to the right to a natural death."
 Requested by House HESS Committee Date 2/1/83

II. FISCAL DETAIL

Agency Affected Health and Social Services
 Program Category Affected Health
 BRU, Program, Or Subprogram(s) Affected _____
 (Note: If more than one budget component is affected, separate line-item amounts and funding for each component in the analysis section.)

EXPENDITURES (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 87
100 PERSONAL SERVICES						
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		0	0	0		

FUNDING (Thousands of Dollars)

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 87
GENERAL FUND		0	0	0		
FEDERAL FUNDS						
OTHER (Specify Source)						
		0	0	0		

POSITIONS

	FY 83	FY 84	FY 85	FY 86	FY 87	FY 87
FULL TIME						
PART TIME						
TEMPORARY						

III. ANALYSIS (See Fiscal Note Preparation Instruction, Section III)

This Bill prescribes procedures to allow adult persons to control decisions relating to the withholding or withdrawal of life-sustaining procedures when they suffer from a terminal illness or injury.

IV. DATE 2/1/83 PREPARED BY Dean F. Tirador, M.D.
 AGENCY Health and Social Services
 Original: Legislative Finance PHONE 465-3150
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)
 33-001 (Rev. 12/82) OMB REVIEWED BY: NANCY DUNN *ND*

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REPRESENTATIVE DON CLOCKSIN

Alaska House of Representatives

ASSISTANT MINORITY LEADER



MEMORANDUM

TO: Members of the House Judiciary
Committee

DATE: May 16, 1983

FROM: Rep. Don Clocksin

A handwritten signature in dark ink, appearing to read "Don Clocksin".

SUBJECT: HB 107 - An Act
Relating to the Right of a
Natural Death

I have attached a copy of an article which appeared in the Reader's Digest and a reader's request to "Dear Abby" for information on a living will. I believe this information will be helpful in your consideration of HB 107.

DC:JR:blg

Attachment

Dear Abby

By Abigail Van Buren

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DEAR ABBY: About 10 years ago you advertised the Living Will in your column, saying readers could send for it by sending a few dollars to the non-profit organization called Concern for Dying, 250 West 57th St., New York, N.Y. 10019.

Recently you advertised the Living Will and told readers they could get copies by writing to the Society for the Right to Die, 250 West 57th Street, New York, N.Y. 10019.

Did the Concern for Dying organization change its name?
CURIOS IN DELAWARE

DEAR CURIOS: No. Concern for Dying and the Society for the Right to Die are two separate organizations. They were formerly affiliated, but due to some internal differences they parted company. They both distribute the Living Will and are equally legitimate, but are constantly confused because they both maintain offices in the same building.

The only fundamental difference is that the Society for the Right to Die extends its function to trying to get the various state legislators to make "the right to die with dignity" part of the state law. It has been successful in many states.

...

DEAR ABBY: I am a 52-year-old divorced male who has dated "T," a 44-year-old divorcee for the last 19 months. We became intimate during the last 12 months and have carried this on for the last 12 months.

"I Cried, but Not for Irma"

Condensed from LOS ANGELES TIMES

MAX FERBER

IT WAS six months ago that Irma and I first drove to the hospital. The internist had been concerned about my wife's occasional spotting. The gynecologist, apprehensive about what his examination indicated, had suggested a hysterectomy.

Following the operation, the surgeon came up to me in the waiting room. After some preliminary words he said: "It's terminal cancer."

It's terminal cancer.

In something of a whisper, I asked, "How long does she have?" "It's difficult to say. It could be six months to five years."

Now Irma is dead, after six months, at 75.

It was not over her sure death that I cried. It was for the ignominious way of her going: the degradation

of the spirit that was once her, the flagellation of her body, the torture inflicted by medical ethics and by a society that values the flesh over the spirit.

Irma recovered from the operation. She came home after three weeks in the hospital. During her convalescence she was up and about. She was at the table for meals. We visited friends, attended the theater, dined out. The pills were effective: there was no pain.

Had there been a remission? Were the doctors only mortals who had guessed wrong? Were we witnessing a miracle?

Two months of hope, then began the journey to the other shore. Irma was tired. Tempting her to eat was futile. Sedation was needed on a regular schedule. In vigils through the night, we reacted to a gesture, kept adjusting her pillow. Terminal cancer: *Please let her not have pain.*

In time, the burden of caring became too great, even with family

MAX FERBER is a Los Angeles businessman who earned his bachelor's degree in philosophy at the University of Chicago in 1922 and his master's in liberal arts at the University of Southern California in 1973.

members sharing the shifts. Exhaustion set in—physical, mental, emotional. The only alternative was the hospital. "There are to be no heroic measures," I said. "I just don't want her to have any pain."

They said that they understood, but it was not to be.

The first ten days in the hospital were a time for gratitude. The nurses were kind and compassionate. Medication was given as needed. Irma's position in bed was changed on schedule to prevent bed sores and to provide comfort. A tube hung from a bedside stand for intravenous feeding.

Irma was not aware of the world—but she was comfortable. There was no pain.

Each day, I watched, wondered—dulled to what was taking place but grateful to the nurses for their concern.

One morning of the third week, I entered the room and was startled. The intravenous tube had been removed from Irma's arm. Instead, she was being fed through a tube inserted in her nose.

She lay on her back in the bed, her hands tied to the rails. I asked why this had to be. "Because," the nurse said, "she was pulling out the tube."

Everyone was considerate. The nurses changed her position every two hours, retying her hands to the rails. They provided pillows to support her changed position. I saw her that evening on her side, tied down

for immobility. Only her fingers twitched.

That night, at home in bed, I tried the various positions I had observed Irma take. I could hold each position for only 15 minutes, having to shift to relieve the tension, to release the straining of my muscles. *But it was all right. Irma's position was being changed every two hours. She had no pain.*

In the fifth week, a catheter was introduced to catch her urine. Now the chemicals that dripped through the tube inserted in her nose passed through her body and emptied efficiently into a pouch at the foot of her bed. In this way Irma was being kept alive. I paled at the sight.

The sixth week showed a change. Irma looked better; there was a flush in her cheeks. I wondered what this could mean.

"We pulled her through pneumonia by suctioning the mucus from her lungs," they said. "She is resting more easily now."

How thoughtful. The idea came to me: *Irma will make a good-looking corpse, thanks to medical science.*

Through it all I was led to believe—by comments, by shrugging shoulders—that it would be a matter of only two weeks. Always two weeks, by increments. At the end of three months, I was told Irma could no longer be kept in the hospital: she would have to be moved to a sanitarium.

That night I went to look over the

THE READER'S DIGEST

sanitarium they had chosen. I was disheartened. The place was dim; it seemed gloomy and desolate.

The next morning, as usual, I stopped at the hospital. Irma's room was empty. She had been moved to the sanitarium earlier than I had expected. I hurried there. In daylight it looked better than it had by night.

I found the room where Irma was imprisoned. Yes, that word was inescapable. She was receiving the same care and attention as in the hospital. Again the tube was inserted in her nose, again the catheter pouch hung at the foot of her bed, again her hands were tied to the bed rails.

Irma's squirming had caused her sheet to slip off, and she was lying nude. I covered her and kissed her forehead.

The nurses, again, were kind and compassionate. Sedation came on schedule. Irma was suffering no pain.

Another six weeks passed.

Then, at last, I was privileged to watch Irma being ferried across the River Styx. It had been a long journey, not because the river was wide—from where I stood, I had long since seen the opposite shrouded shore—but because the man-made current was almost irresistible. The

force of public opinion, of medical and legal ethics, had run furiously, almost vengefully, resisting Irma's passage.

As I sat, patiently watching, I saw her finally reach the other shore and disappear into the mist of infinity. Her trials were over. It was Saturday, exactly 11:17 a.m. Society had claimed its last ounce of flesh, and after a while I could stop crying.

I left the sanitarium. As I drove away, a seething anger swept over me. It was a fetish, nothing less, for society to worship the flesh while it destroyed the spirit.

At any hospital, the dedication is heedlessly to prolong life. No, not just to prolong life but to do so by using ingenious devices that not only masquerade the semblance of life but also confirm that the machinery itself is functioning.

Why had Irma been subjected to degradation that made a mockery of living? What does society want, and in heaven's name, why?

That anger has not left me. It will consume me as long as I live. Why are those who value living so insensitive to dying? In memory of Irma—for all the Irmas of this world—I make a simple but heartfelt plea: let us rise, all of us, to defend the defenseless body against the machine.

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CONCERN FOR DYING
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(212) 246-6962

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