

**HB**

**371**

STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO. HB 371

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act relating to the rights of terminally ill BRU: State Health Services  
persons Component: State Medical Examiner  
 Sponsor: Brown, Toohey et al COMPONENT SERIAL NO. 293  
 Requestor: House HES See also (SN#): \_\_\_\_\_

Expenditures/Revenues: (Thousands of Dollars)

OPERATING EXPENDITURES	FY97	FY98	FY99	FY00	FY01	FY02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	15.0					
SUPPLIES						
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ( )						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	15.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>15.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY96) cost: \$0.0

POSITIONS:

FULL-TIME						
PART-TIME						
TEMPORARY						

ANALYSIS: (Attach a separate page if necessary)

The Office of the State Medical Examiner will incur the following costs associated with implementation of this bill:  
 1. Contractual: \$15,000 for preparation of regulations to oversee the assisted death process

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health

Phone: (907) 465-3090  
 Date: 01/23/96

Approved by Com: Karen Perdue, Commissioner  
 Agency: Department of Health & Social Services

Date: 1/31/96

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STATE OF ALASKA  
1996 LEGISLATIVE SESSION

BILL NO. HB 371

Revision Date: \_\_\_\_\_ Dept. Affected: Health and Social Services  
 Title: An Act relating to the rights of terminally ill BRU: State Health Services  
persons Component: Bureau of Vital Statistics  
 Sponsor: Brown, Toohey et al COMPONENT SERIAL NO. 961  
 Requestor: House HES See also (SN#): \_\_\_\_\_

**Expenditures/Revenues:** (Thousands of Dollars)

OPERATING EXPENDITURES	FY97	FY98	FY99	FY00	FY01	FY02
PERSONAL SERVICES						
TRAVEL						
CONTRACTUAL	4.0					
SUPPLIES	1.0					
EQUIPMENT						
LAND & STRUCTURES						
GRANTS, CLAIMS						
MISCELLANEOUS						
<b>TOTAL OPERATING</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

CAPITAL EXPENDITURES						
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CHANGES IN REVENUES ( )						
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**FUND SOURCE** (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	5.0					
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (please specify)						
<b>TOTAL</b>	<b>5.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

Estimate of any current year (FY96) cost: \$0.0

**POSITIONS:**

FULL-TIME	0				
PART-TIME	0				
TEMPORARY	0				

**ANALYSIS:** (Attach a separate page if necessary)

The Bureau of Vital Statistics will incur the following costs associated with implementation of this bill:

1. Contractual: \$4000 to modify Death Certificate computer programs
2. \$1000 to modify and print new death certificates

Prepared by: Peter M. Nakamura, MD, MPH  
 Division: Public Health  
 Approved by Com: Kate Perdue, Commissioner  
 Agency: Department of Health & Social Services

Phone: (907) 465-3090  
 Date: 01/23/96  
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**SPONSOR STATEMENT**  
**HB 371**

**An Act relating to the rights of the terminally ill**

**By Reps. Brown and Toohey, Finkelstein**

We are proposing HB 371 because we believe that Alaskans should have a fundamental right to make their own end-of-life decisions. The proposed law would allow terminally ill patients to request that their physicians prescribe life-ending medication for self-administration by the patient, subject to a number of safeguards.

HB 371 provides an opportunity for death with dignity for someone whose death is inevitable due to terminal illness.

The bill is supported by a statewide coalition of Alaskans, including individuals from all parts of the political spectrum. Supporters all share the belief that end-of-life decisions for terminally ill Alaskans should be a private matter between physician and patient and should include the right to request medication to end needless suffering.

Many of HB 371's supporters have watched terminally ill friends and relatives suffer a death wracked with pain and indignity, and have come to believe that the terminally ill should have the option, if they choose, of putting an end to that suffering.

Statutes currently allow dying patients kept alive only by artificial life support to choose to discontinue suffering, but this option is not available to dying patients who are not on artificial life support.

HB 371 would respect a dying patient's constitutional rights of privacy, autonomy and self-determination. The opportunity for a terminally ill patient to obtain life-ending medication from a physician should be an alternative to a painful, debilitating death.

The proposed law would ensure the right to make personal end-of-life decisions. It would place every aspect of the life-ending decision in the exclusive power and control of the patient and out of the hands of third parties.

The bill would free physicians and pharmacists from the threat of criminal prosecution for prescribing or dispensing medication to a terminally ill patient for self-administration under specific safeguards.

HB 371 encourages patients, but does not require them, to discuss these end-of-life issues with their families.

**Safeguards in the proposed law include:**

- \* The patient must be terminally ill in the opinion of a physician.
- \* The patient must knowingly request life-ending medication in writing.
- \* A second, consulting physician must then confirm both the diagnosis and the patient's mental competence.
- \* The request must be witnessed by individuals who have nothing to gain from the patient's death and are not connected with the patient's health care providers.
- \* The request must be made at least twice and no fewer than 10 days must pass between a first and second request.
- \* The administration of the life-ending medication is solely in the hands of the patient; the patient may change his or her mind at any time.
- \* Physicians and hospitals have the absolute and unquestioned right to decline involvement; however, they must refer the patient to persons and institutions who are willing to proceed.

Rep. Kay Brown  
December 12, 1995

## SECTIONAL ANALYSIS HB 371

### An Act relating to the rights of the terminally ill

#### Section 1

An agent under a statutory form power of attorney may not make a request for medication for the principal but may be given the power to enforce the principal's such request.

#### Section 2

The purpose of the chapter, which includes the living will and do-not-resuscitate orders, is set out as a finding that the people have a fundamental right to make their own end-of-life decisions, including an informed request to the medical profession for medication that will make death as humane and dignified as possible. Describes the chapter as permitting expression of wishes, protecting consenting health care professionals and safeguarding against abuse.

#### Section 3

Describes the general form of a request for medication, requiring two disinterested witnesses, and states the requirements that the requester's doctor and a consulting physician must follow.

#### Section 4

Adds revocation of the request for medication to the revocation of a living will.

#### Section 5

Describes the information a treating physician must record in the patient's medical records in regard to the request for medication, including all oral or written requests, the diagnosis, prognosis, finding of terminal condition, competency and voluntary action, the findings of a consulting physician on the same items, the offer to the patient to revoke the request, full description of all required action plus the type of medication prescribed.

#### Section 6

Provides that the request for medication of a pregnant patient may not be given operative effect if the fetus is viable.

### Section 7

Provides for transfer of patients in the event of an unwilling physician or unwilling facility.

### Section 8

Requires transfer of the patient's medical records upon transfer of the patient.

### Section 9

Permits review of medical records pursuant to this chapter by the Department of Health and Social Services and provides that such information is confidential and not subject to inspecting or copying.

Provides for an annual statistical report.

### Section 10

Adds the request for medication to the immunities provided for living wills and do-not-resuscitate orders, protecting a physician or pharmacist under the request for medication.

### Section 11

Provides that a person participating or refusing to participate in procedures authorized under the chapter is immune from professional censure or discipline. Good faith compliance under the chapter is not neglect or self-harm nor a basis for appointment of a guardian or conservator for the patient. A contractual provision requiring compliance with a request for medication is void.

### Section 12

Adds the request for medication to the existing penalties for failing to comply with a living will or do-not-resuscitate order.

### Section 13

Makes it a Class A felony to alter, forge, conceal or coerce a request for medication; does not limit civil damages for other negligence or misconduct nor preclude other criminal penalty for inconsistent conduct.

Section 14

Provides that death resulting from medication prescribed under a request for medication does not constitute a suicide or homicide for any purpose, including civil or criminal liability, if the medication was self-administered by a competent, terminally-ill person who controlled the time, place and manner of death.

Section 15

Adds the request for medication to the living will and do-not-resuscitate orders as not affecting a policy of life insurance.

Section 16

Provides that a request for medication may not be required as a condition for being insured, or receiving health care services.

Section 17

Adds that the absence of a request for medication creates no presumption.

Section 18

Provides for recognition of similar requests authorized in another state.

Section 19

Changes the description of a do-not-resuscitate order from directive to order.

Section 20

Includes a patient who has made a request for medication under the definition of "qualified patient".

Section 21

Adds definitions for "declarant" relating to a maker of a living will, "intentionally" as having the meaning given in the criminal code, Title 11, "requester" as the executor of a request for medication, and "request for medication" as a document executed as above.

*Rep. Kay Brown  
December 15, 1995*

## QUESTIONS AND ANSWERS ON THE DEATH WITH DIGNITY BILL

### What is the "death with dignity" bill?

It is a proposed law now pending in the Alaska Legislature which, subject to a number of safeguards, would allow terminally ill patients to request that their physicians prescribe life-ending medication for self-administration by the patient.

### Who supports the bill?

A statewide coalition of Alaskans including individuals from all parts of the political spectrum. The supporters all share the belief that end-of-life decisions for terminally ill Alaskans should be a private matter between physician and patient and should include the right to request medication to end needless suffering. Many of the bill's supporters have watched terminally ill friends and relatives suffer a prolonged death wracked with pain and indignity and have come to believe that the terminally ill should have the option, if they choose, of hastening an end to that suffering.

### What are the safeguards in the bill?

There are many. First, the patient must be terminally ill in the opinion of a physician and knowingly request life ending medication in writing. A consulting physician must then confirm both the diagnosis and the patient's mental competence. Second, the request must be witnessed by individuals who have nothing to gain from the patient's death and are not connected with the patient's health care providers. Third, the request must be made at least twice and no fewer than ten days must pass between a first and second request. Fourth, the administration of the life ending medication is solely in the hands of the patient and the patient may change his or her mind at any time.

### How do you know that family members won't pressure a relative with terminal illness to end his or her life?

Nothing is more personal and emotional than the relationship between the terminally ill and their families, and this bill urges patients to discuss these end-of-life issues with their families, but does not require that they do so. In any event, the patient has complete and exclusive control of the situation under this bill and the number of hurdles to the provision of life-ending medicine assures a knowing and voluntary decision.

**Can anyone be forced to involve themselves in the procedures set out in this bill against their will?**

Absolutely not. Patients have the absolute right to change their minds at every stage of the process and certainly have the right not to initiate the process at all. Physicians and hospitals have the absolute and unquestioned right to decline involvement in this process. The only proviso, however, is that if a patient wishes to proceed and a hospital or physician does not, they must refer the patient to persons and institutions who are willing to proceed.

**Is this bill likely to lead to other laws which have fewer protections?**

No. The supporters of this bill consider its safeguards essential and the patient's complete and exclusive control of the situation vital both as a matter of principle and policy. Any legislation which would attempt to lessen these safeguards or lessen the patient's control will be vigorously opposed by the supporters of this bill.

**Why is this bill being proposed now?**

At the risk of overusing a cliché, this is an idea whose time has come. Advances in medicine and the ready availability of artificial life support have increased the possibility that the end of life may be a painful and undignified nightmare. The supporters of this bill believe that Alaskans should have the right (which they are free to exercise or not) to avoid ending life in that way.

*Rep. Kay Brown  
December 12, 1995*

CS FOR HOUSE BILL NO. 371(HES)

IN THE LEGISLATURE OF THE STATE OF ALASKA

NINETEENTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH, EDUCATION AND SOCIAL SERVICES COMMITTEE

Offered:  
Referred:

Sponsor(s): REPRESENTATIVES BROWN AND TOOHEY, Finkelstein, Davies

A BILL

FOR AN ACT ENTITLED

i "An Act relating to the rights of terminally ill persons."

2 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

3 \* Section 1. AS 13.26.344(l) is amended to read:

4 (l) In the statutory form power of attorney, the language conferring general  
5 authority with respect to health care services shall be construed to mean that, as to the  
6 health care of the principal, whether to be provided in the state or elsewhere, the  
7 principal authorizes the agent to

8 (1) have access to and disclose to others medical and related  
9 information and records;

10 (2) consent or refuse to consent to medical care or relief for the  
11 principal from pain, but the agent may not authorize the termination of life-sustaining  
12 procedures nor originate a request for medication for the purpose of ending the  
13 principal's life;

14 (3) take all steps necessary to enforce a properly executed declaration  
15 or a request for medication under AS 18.12;

1 (4) consent or refuse to consent to the principal's psychiatric care, but  
2 the consent does not authorize a voluntary commitment or placement in a mental  
3 health treatment facility, convulsive or electric-shock therapy, psychosurgery,  
4 sterilization, or an abortion;

5 (5) arrange for care or lodging of the principal in a hospital, nursing  
6 home, or hospice;

7 (6) grant releases to health care professionals or health care institutions;

8 (7) hire, discharge, or compensate an attorney, accountant, expert  
9 witness, or assistant when the agent considers the action to be desirable for the proper  
10 execution of the powers described in this subsection; and

11 (8) do any other act or acts that the principal can do through an agent  
12 and that the agent considers desirable or necessary to provide for the principal's  
13 physical or mental well-being.

14 \* Sec. 2. AS 18.12 is amended by adding a new section to read:

15 Sec. 18.12.005. FINDINGS; PURPOSE. (a) The legislature finds that the  
16 people of the state have a fundamental right to make their own end-of-life decisions.  
17 The right should include the ability to make a conscious and informed choice to enlist  
18 the assistance of the medical profession in prescribing medication that will make death  
19 as humane and dignified as possible.

20 (b) To enable competent adults of this state to exercise this right, this chapter  
21 provides a method of

22 (1) permitting expression of people's wishes;

23 (2) protecting consenting health care professionals; and

24 (3) safeguarding against abuse of these procedures.

25 \* Sec. 3. AS 18.12 is amended by adding a new section to read:

26 Sec. 18.12.015. REQUEST FOR MEDICATION TO END ONE'S LIFE IN A  
27 HUMANE AND DIGNIFIED MANNER. (a) A competent person who is at least 18  
28 years old and is a resident of the state may execute a revocable request for medication  
29 that can be self-administered for the purpose of ending the person's life in a humane  
30 and dignified manner, but the request for medication may be given operative effect  
31 only if the condition of the requester is determined to be terminal and other

1 requirements of this chapter have been met. The request for medication shall be  
2 signed by the requester and witnessed by two adults who at the time of witnessing.

3 (1) are not related to the requester by blood, marriage, or adoption;

4 (2) are not entitled to a portion of the estate of the requester under a  
5 will or by operation of law;

6 (3) do not have a creditor's claim against the requester and do not  
7 anticipate making a claim against the estate of the requester; and

8 (4) are not the requester's attending physician, an employee of the  
9 attending physician, a health care provider, or an employee of a health care provider.

10 (b) It is the responsibility of the requester to give the written request for  
11 medication to the requester's physician. A physician or other health care provider shall  
12 make it a part of the requester's medical records.

13 (c) The requester's request for medication may, but need not, be in the  
14 following form:

15 REQUEST FOR MEDICATION  
16 TO END MY LIFE IN A  
17 HUMANE AND DIGNIFIED MANNER

18 I, \_\_\_\_\_, over the age of 18 years and of  
19 sound mind, do voluntarily make known my desire that I want to end  
20 my life in a humane and dignified manner when I have a condition or  
21 illness certified to be terminal by my attending physician and at least  
22 one consulting physician.

23 Upon my oral or written request for medication after execution  
24 of this document but no sooner than 10 days after execution of this  
25 document, and after I have been fully informed of my diagnosis,  
26 prognosis, the nature of medication to be prescribed and potential  
27 associated risks, the expected result and irreversible consequences, and  
28 the feasible alternatives, including comfort care, hospice care, and pain  
29 control, I ask my attending physician to prescribe medication that I can  
30 use to end my life in a humane and dignified manner.

31 Determining the time and place of my death shall be in my sole

1 discretion and I understand that I must administer the medication to  
2 myself.

3 Initial one of the following:

4 (1) \_\_\_\_\_ I have informed my family of my decision  
5 and taken their opinions into consideration.

6 (2) \_\_\_\_\_ I have decided not to inform my family of  
7 my decision.

8 (3) \_\_\_\_\_ I have no family to inform of my decision.

9 I understand that I have the right to rescind this request for  
10 medication at any time.

11 I understand the full import of this request for medication, and  
12 I expect to die when I take the medication to be prescribed.

13 I make this request for medication voluntarily and without  
14 reservation, and I accept full moral responsibility for my actions.

15 Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

16 Requester

17 Place: \_\_\_\_\_

18 STATEMENT OF WITNESSES

19 I declare under penalty of perjury that the maker of this request  
20 for medication

21 (1) is personally known to me or has provided proof of  
22 identity;

23 (2) signed this request for medication in my presence;

24 (3) appears to be of sound mind and not under duress,  
25 fraud, or undue influence; and

26 (4) is not a patient for whom either of us is attending  
27 physician, health care provider, or an employee of a health  
28 provider.

29 I further declare under penalty of perjury that I am not related  
30 to the requester by blood, marriage, or adoption, and, to the best of my  
31 knowledge, I am not entitled to any part of the estate of the requester

1 under a will now existing or by operation of law, and have no claim nor  
2 do I anticipate making a claim against any portion of the estate of the  
3 requester.

4 Dated: \_\_\_\_\_

5 Witness's Signature: \_\_\_\_\_

6 Print Name: \_\_\_\_\_

7 Residence Address: \_\_\_\_\_

8 Dated: \_\_\_\_\_

9 Witness's Signature: \_\_\_\_\_

10 Print Name: \_\_\_\_\_

11 Residence Address: \_\_\_\_\_

12 (d) A physician may presume, in the absence of actual notice to the contrary,  
13 that a request for medication complies with this chapter and is valid.

14 (e) Upon a subsequent oral or written request for medication by the maker of  
15 the request for medication, the attending physician shall make the initial determination  
16 of whether the requester has a terminal disease, is competent, and has made the request  
17 for medication voluntarily, and shall inform the requester of the

18 (1) attending physician's medical diagnosis;

19 (2) attending physician's prognosis;

20 (3) potential risks, probable results, and irreversible consequences of  
21 taking the medication to be prescribed; and

22 (4) feasible alternatives, including, but not limited to, comfort care,  
23 hospice care, and pain control.

24 (f) After complying with (e) of this section, the attending physician shall refer  
25 the patient to a consulting physician for medical confirmation of the diagnosis and for  
26 a determination that the patient is competent and acting voluntarily.

27 (g) The attending physician shall ask the patient to notify next of kin of the  
28 request for medication. A patient who declines or is unable to notify next of kin may  
29 not have the request for medication denied for that reason.

30 (h) In order to receive a prescription for medication to end life in a humane  
31 and dignified manner, a qualified patient shall have made a written request for

1 medication under (c) of this section followed by an oral or written request for  
2 medication to the attending physician no less than 10 days after making the written  
3 request under (c) of this section. A prescription for medication under this chapter may  
4 not be written unless the attending physician has verified that the patient is making an  
5 informed decision and offered the qualified patient an opportunity to revoke the request  
6 for medication.

7 (i) A prescription written for medication under this chapter must be in writing  
8 and must include a notation on the prescription that it is issued at the request of the  
9 patient under this chapter.

10 \* Sec. 4. AS 18.12.020 is amended to read:

11 Sec. 18.12.020. REVOCATION [OF DECLARATION]. (a) A declaration or  
12 request for medication may be revoked at any time and in any manner by which the  
13 declarant or requester is able to communicate an intent to revoke, without regard to  
14 mental or physical condition. A revocation is only effective as to the attending  
15 physician or a [ANY] health care provider acting under the guidance of that physician  
16 upon communication to the physician or health care provider by the declarant or the  
17 requester, as applicable, or by another to whom the revocation was communicated  
18 by the declarant or requester.

19 (b) The attending physician or health care provider shall make the revocation  
20 a part of the declarant's or requester's medical record.

21 \* Sec. 5. AS 18.12.030 is amended to read:

22 Sec. 18.12.030. RECORDING DETERMINATION OF TERMINAL  
23 CONDITION AND CONTENTS OF DECLARATION OR REQUEST FOR  
24 MEDICATION. When an attending physician who has been provided a copy of a  
25 declaration or request for medication determines that the declarant or requester is  
26 in a terminal condition, the physician shall record that determination and the contents  
27 of the declaration or request for medication in the declarant's or requester's medical  
28 record. When recording a request for medication into the requester's medical  
29 record under this section, the physician shall also record

30 (1) all oral or written requests by a patient for medication to end  
31 the patient's life in a humane and dignified manner;

1                   (2) the attending physician's diagnosis and prognosis for the patient  
2 and the attending physician's determination that the patient is mentally  
3 competent, acting voluntarily, and has made an informed decision;

4                   (3) the consulting physician's diagnosis and prognosis for the  
5 patient and the consulting physician's verification that the patient is mentally  
6 competent, acting voluntarily, and has made an informed decision;

7                   (4) that the attending physician has made an offer to the patient to  
8 let the patient revoke the most recent request for medication;

9                   (5) a note by the attending physician indicating that all  
10 requirements under this chapter have been met and describing the steps taken to  
11 comply with this chapter; and

12                   (6) the type of medication, if any, prescribed as a result of the  
13 patient's request for medication.

14 \* Sec. 6. AS 18.12.040(c) is amended to read:

15                   (c) The declaration or request for medication of a qualified patient known  
16 to the attending or consulting physician to be pregnant may not be given operative  
17 [IS GIVEN NO] effect as long as it is probable that the fetus could develop to the  
18 point of live birth with continued application of life-sustaining procedures.

19 \* Sec. 7. AS 18.12.050 is amended to read:

20                   Sec. 18.12.050. TRANSFER OF PATIENTS. (a) An attending physician who  
21 is unwilling to comply with the requirements of AS 18.12.030, [OR WHO IS  
22 UNWILLING TO COMPLY WITH] the declaration of a qualified patient under  
23 AS 18.12.040, or a request for medication of a qualified patient under  
24 AS 18.12.015 shall withdraw as attending physician but the withdrawal is effective  
25 only when the services of another attending physician have been obtained.

26                   (b) If the policies of a health care facility preclude compliance with the  
27 declaration or request for medication of a qualified patient under this chapter or a  
28 do not resuscitate order issued by an attending physician, or the facility is unwilling  
29 to accept DNR identification as evidence of the existence of a declaration or do not  
30 resuscitate order, that facility shall take all reasonable steps to notify the patient or, if  
31 the patient is not able to make treatment decisions, the patient's guardian or other

1 person who has the power to make health care decisions for the patient, of the  
2 facility's policy and shall take all reasonable steps to effect the transfer of the patient  
3 to the patient's home or to a facility where the provisions of this chapter can be carried  
4 out.

5 \* Sec. 8. AS 18.12.050 is amended by adding a new subsection to read:

6 (c) A physician or health care facility that provides for the transfer of a patient  
7 under this section shall transfer, upon request, a copy of the patient's relevant medical  
8 records to the new health care provider.

9 \* Sec. 9. AS 18.12 is amended by adding a new section to read:

10 Sec. 18.12.055. REPORTING REQUIREMENTS. (a) The Department of  
11 Health and Social Services may review records maintained under this chapter and may  
12 issue appropriate regulations to facilitate the collection of information regarding  
13 compliance with this chapter. The information collected under this subsection is  
14 confidential and not subject to inspection or copying under AS 09.25.110 - 09.25.125.

15 (b) The Department of Health and Social Services shall prepare and make  
16 available to the public an annual statistical report of information collected under (a)  
17 of this section.

18 \* Sec. 10. AS 18.12.060(a) is amended to read:

19 (a) In the absence of actual notice of the revocation of a declaration, request  
20 for medication, or do not resuscitate order, as applicable, the following, while acting  
21 in accordance with the do not resuscitate protocol adopted under AS 18.12.035 or with  
22 the other requirements of this chapter, are not subject to civil or criminal liability or  
23 guilty of unprofessional conduct:

24 (1) a physician who causes the withholding or withdrawal of life-  
25 sustaining procedures from a qualified patient or the withholding or withdrawal of  
26 cardiopulmonary resuscitation from a patient for whom a do not resuscitate order has  
27 been issued or who possesses DNR identification;

28 (2) a person who participates in the withholding or withdrawal of  
29 cardiopulmonary resuscitation or other life-sustaining procedures under the direction  
30 or with the authorization of a physician or upon discovery of DNR identification upon  
31 a person;

1 (3) persons who cause or participate in providing cardiopulmonary  
2 resuscitation or other life-sustaining procedures after an oral or written request  
3 communicated to them by a person who possesses DNR identification;

4 (4) the health care facility in which the providing, withholding, or  
5 withdrawal occurs;

6 (5) a physician or pharmacist who prescribes, prepares, or  
7 dispenses medication for a qualified patient to implement a request for medication  
8 in accordance with the procedures required by this chapter.

9 \* Sec. 11. AS 18.12.060 is amended by adding new subsections to read:

10 (c) A professional organization, professional association, or health care  
11 provider may not subject to disciplinary measures or other penalty a person based on  
12 the person's good faith participation or refusal to participate in procedures authorized  
13 under this chapter if the participation or refusal to participate is done in a manner that  
14 complies with this chapter.

15 (d) A request for medication by a patient or the provision by an attending  
16 physician of medication in good faith compliance with this chapter does not constitute  
17 neglect or self-harm and may not be the basis for the appointment of a guardian or  
18 conservator for the patient.

19 (e) A provision of a contract that requires a health care provider to comply  
20 with a request for medication executed under AS 18.12.015 is void.

21 \* Sec. 12. AS 18.12.070 is amended to read:

22 Sec. 18.12.070. PENALTIES. (a) An attending physician who (1) fails to  
23 comply with a do not resuscitate order or the declaration or request for medication  
24 of a qualified patient who has complied with the requirements of this chapter; and  
25 (2) fails [OR] to make the necessary arrangements to effect a transfer under  
26 AS 18.12.050, has no right to compensation for medical services provided to a patient  
27 after withholding, [OR] withdrawal, or the requested medication should have been  
28 effective or after transfer should have occurred and may be liable to the patient and  
29 to the heirs of the patient for a civil penalty not to exceed \$1,000 plus the actual costs  
30 associated with the failure to comply with the order, [OR] declaration, or request for  
31 medication, and this shall be the exclusive remedy at law for damages.

1 (b) A person who wilfully conceals, cancels, defaces, obliterates, or damages  
2 the DNR identification, [OR] declaration, or request for medication of another person  
3 without the other's consent or who falsifies, alters, or forges a revocation of the DNR  
4 identification, [OR] declaration, or request for medication of another person may be  
5 civilly liable to the other person and to the heirs of the other person.

6 \* Sec. 13. AS 18.12.070 is amended by adding new subsections to read:

7 (c) A person who without authorization of the patient intentionally alters or  
8 forges a request for medication or conceals a revocation of a request for medication  
9 with the intent or effect of causing the patient's death is guilty of a class A felony.

10 (d) A person who intentionally coerces or exerts undue influence on a patient  
11 to request medication that can be used for the purpose of ending the patient's life or  
12 to destroy a revocation of a request for medication, is guilty of a class A felony.

13 (e) This chapter does not limit liability for civil damages resulting from other  
14 negligent conduct or intentional misconduct by any person.

15 (f) The penalties in this chapter do not preclude criminal penalties applicable  
16 under other law for conduct that is inconsistent with the provisions of this chapter.

17 \* Sec. 14. AS 18.12.080(a) is amended to read:

18 (a) Death resulting from the withholding or withdrawal of cardiopulmonary  
19 resuscitation or other life-sustaining procedures under a do not resuscitate order or  
20 protocol, under a declaration, or upon discovery of DNR identification on a person and  
21 in accordance with this chapter does not, for any purpose, including civil or criminal  
22 liability, constitute a suicide or homicide. Death resulting from medication  
23 prescribed under a request for medication in accordance with this chapter does  
24 not, for any purpose, including civil or criminal liability, constitute a suicide or  
25 homicide if the medication is self-administered by the person who made the  
26 request for medication and the person who made the request for medication  
27 controlled the time, place, and manner of death.

28 \* Sec. 15. AS 18.12.080(b) is amended to read:

29 (b) The issuing of a do not resuscitate order, the possession of DNR  
30 identification, [OR] the making of a declaration under AS 18.12.010, or a request for  
31 medication under AS 18.12.015 does not affect in any manner the sale, procurement,

1 or issuance of a policy of life insurance, nor does it modify the terms of an existing  
2 policy of life insurance. A policy of life insurance is not legally impaired or  
3 invalidated in any manner by the withholding or withdrawal of life-sustaining  
4 procedures from an insured qualified patient, [OR] the withholding or withdrawal of  
5 cardiopulmonary resuscitation from an insured patient who possesses DNR  
6 identification or for whom a do not resuscitate order has been issued, or the use by  
7 an insured qualified patient of medication prescribed in compliance with a request  
8 for medication governed by this chapter, notwithstanding any term of the policy to  
9 the contrary.

10 \* Sec. 16. AS 18.12.080(c) is amended to read:

11 (c) A physician, health care facility, or other health care provider, and a health  
12 care service plan, insurer issuing disability insurance, self-insured employee welfare  
13 benefit plan, or nonprofit hospital plan, may not require a person to execute a  
14 declaration or request for medication, obtain a do not resuscitate order from a  
15 physician, or possess DNR identification as a condition for being insured for, or  
16 receiving, health care services.

17 \* Sec. 17. AS 18.12.080(d) is amended to read:

18 (d) This chapter creates no presumption concerning the intention or intended  
19 treatment of an individual who does not have DNR identification, has not executed a  
20 declaration or request for medication, or for whom a do not resuscitate order has not  
21 been issued with respect to the use, withholding, or withdrawal of cardiopulmonary  
22 resuscitation or other life-sustaining procedures.

23 \* Sec. 18. AS 18.12.090 is amended to read:

24 Sec. 18.12.090. RECOGNITION OF DECLARATIONS, REQUESTS FOR  
25 MEDICATION, AND ORDERS EXECUTED OR ISSUED IN OTHER STATES.  
26 A declaration, request for life-ending medication, do not resuscitate order, or DNF  
27 identification executed, issued, or authorized in another state or a territory or  
28 possession of the United States in compliance with the law of that jurisdiction is  
29 effective for purposes of this chapter.

30 \* Sec. 19. AS 18.12.100(5) is amended to read:

31 (5) "do not resuscitate order" means an order [A DIRECTIVE] from

1 a licensed physician that emergency cardiopulmonary resuscitation should not be  
2 administered to a particular person;

3 \* Sec. 20. AS 18.12.100(10) is amended to read:

4 (10) "qualified patient" means a patient who, in accordance with this  
5 chapter, has executed a declaration or a request for medication, as applicable, [IN  
6 ACCORDANCE WITH THIS CHAPTER] and who has been determined by the  
7 attending physician to be in a terminal condition;

8 \* Sec. 21. AS 18.12.100 is amended by adding new paragraphs to read:

9 (12) "declarant" means a person who has executed a declaration under  
10 AS 18.12.010;

11 (13) "intentionally" has the meaning given in AS 11.81.900;

12 (14) "requester" means a person who has executed a request for  
13 medication under AS 18.12.015;

14 (15) "request for medication" means a document executed in  
15 accordance with the requirements of AS 18.12.015.

AMENDMENT # 1

OFFERED IN THE HOUSE  
TO: HB 371

BY REPRESENTATIVE G.DAVIS

1 Page 6, after line 6:

2 Insert a new subsection to read:

3 "(i) A prescription written for medication under this chapter must include a  
4 notation on the prescription that it is issued at the request of the patient under this  
5 chapter. If a prescription for medication governed by this chapter is ordered  
6 telephonically, the person communicating the prescription shall orally include a notice  
7 that the prescription is being ordered at the request of a patient under this chapter."

## FORUM / LETTERS

# Allowing death with dignity shows respect for life

By JENNY DICKINSON

I am in total support of the choice of the terminally ill to die in a dignified, painless and legal manner. I lost my loving mother 2 years ago from a hideous disease, that God forbid, could befall any of us. It is a truly mournful experience to watch someone you love dearly suffer the agony of a slow death.

I believe in God and respect the sanctity of all life, including the unborn. I have great empathy for those who are depressed or who are experiencing marital



FIRST PERSON

*We show more empathy and understanding for our family pets by taking them to the veterinarian for a kind and humane injection when their quality of life loses its meaning. Why can't we muster the courage to treat our loved ones with the same respect and dignity?*

or financial problems. I, in no way, advocate that the solution to these problems is suicide.

What we are talking about here are the terminally ill. People who, in many cases, are suffering excruciating pain and despair. People who are forced to remain in a basically lifeless shell, called their body, that is no longer functional.

We show more empathy and understanding for our family pets by taking them to the veter-

inarian for a kind and humane injection when their quality of life loses its meaning. Why can't we muster the courage to treat our loved ones with the same respect and dignity?

My mother was my best friend and I miss her terribly, but I was relieved for her when she finally slipped into a coma and died.

You can't imagine the helpless feeling of watching someone you love suffer day after endless day. Someone who was extremely

proud, relegated to using a bedpan, auxiliary oxygen to breathe and a myriad of pills too numerous to count. Her cries in the night were the worst, something that will haunt my family forever. The only more horrible experience I could imagine would be to watch your own child suffer this agony. My brother-in-law, a police officer, went to visit mother during one of her many emergency hospital stays. She asked him to shoot her. He raced out of her room and cried.

I have given the suicide aid bill much thought and consideration. I want to commend Rep. Kay Brown for her courage to stand up to the criticism of the people who have no concept of what true pain and suffering are all about. I know very little of the premise of the Hemlock Society. I am not a member, but if they support assisted suicide for the terminally ill, then God bless them.

I will fight for the right to life with everything that is in me. I also will fight for the right to die with dignity, with equal conviction, for the right to die for the terminally ill, in reality, is their truest blessing of all.

□ Jenny Dickinson lives in Anchorage.

# Survey finds hospitals inept at handling death

By DON COLBURN  
The Washington Post

The largest study ever of how hospitalized patients die reports that American doctors and hospitals, even under the best of circumstances, do not manage death well.

Many patients die a prolonged, painful death, with doctors giving "heroic" treatments such as mechanical ventilation or cardiopulmonary resuscitation (CPR) even when patients have asked that they be withheld, the study found.

The five-year study of more than 9,000 acutely ill

patients in five teaching hospitals describes a pattern of depersonalized care near the end of life and poor communication among patients, families and doctors.

The study found that even giving doctors computer-generated statistics on a patient's prognosis and making known the patient's wishes about treatment did not change the way patients died.

Researchers said they were stunned by the findings, which are published

Please see Back Page, DEATH

## DEATH: Sometimes hospitals, doctors make it worse

Continued from Page A-1

in today's Journal of the American Medical Association. Among them:

- In nearly half the cases, doctors were not aware that the patient had asked not to undergo CPR in the event of cardiac arrest.

- Half the dying patients spent at least eight days in the intensive care unit (ICU), in a coma, or on a mechanical ventilator.

- Half the patients who died were reported by their families to be in moderate or severe pain most of the time during their final three days of life.

"I was shocked," said William Knaus, co-leader of the study and former director of the Intensive Care Research Unit at George Washington University Medical Center, now at the University of Virginia Health Sciences Center. "It was a fundamental belief that if you gave people the opportunity and the information to do things right, they would take that opportunity. But nothing really has changed over the five years we've been studying these things. We're stuck on this one."

"We underestimated the weight of habit," said

Joanne Lynn, director of the Center to Improve Care of the Dying at George Washington University Medical Center, the study's co-leader. She said doctors and patients alike have to learn to talk more openly about pain, death and the risks as well as benefits of medical technology.

Living wills and other advance directives on what kinds of treatment a person wants in the event of an incapacitating illness "aren't enough on their own," Lynn said. "We need a vision of what it would be to live well in the shadow of death."



JILL ROTH / Anchorage Daily News

Kent Lee Woodman, shown with his dog, Newman, has been diagnosed with Lou Gehrig's disease.

## Gehrig's disease has man walking fine line with time

By STAN JONES  
Daily News reporter

Most of the questions in Kent Lee Woodman's life these days have to do with timing.

Take his hair. He has only enough arm strength left for 50 or so strokes of the blow dryer and brush. So, after a shower, he has to let his hair air-dry just long enough.

Wait too long, and there's no point in blow-drying at all. Act too soon, and he's out of muscle with a wet head.

It's more or less the same thing with killing himself.

If he waits too long, he'll be so sick with Lou Gehrig's disease he might foul up the suicide and make things worse.

■ LEGISLATURE:  
Hemlock Society helps offer assisted-suicide bill. C-1

Please see Back Page, ALS

## ALS: Anchorage man with Lou Gehrig's disease walks fine line with time

Continued from Page A-1

But if he acts too soon, he'll needlessly write off weeks or months of life, maybe even years.

"The prospect of me lying in a hospital bed on a ventilator with tubes poked in me, not able to even go to the bathroom by myself — that's not the me that I want my friends and my relatives to remember," Woodman said. "It's clear to me that I'm going to leave before that happens and it doesn't scare me at all. The question is, how do I determine when that happens?"

As he waits, it's possible things will break his way.

The drug companies might find something to cure or at least slow his disease, which kills people by attacking the nerves that carry signals from the brain to the muscles. In just the past few months, two new drugs have been announced for people with amyotrophic lateral sclerosis, as Lou Gehrig's disease is officially known. Woodman has already signed up to take one of them, riluzole, though he realizes it's a long shot.

Or, the Legislature might pass a bill that Woodman and his fellow members of the Hemlock Society of Alaska are pushing.

The bill would make it legal for a doctor to prescribe a lethal dose of drugs for a terminally ill patient, as long as the patient requested it and a second doctor agreed the case was hopeless. No doctor would administer the drug — that would be up to the patient. But at least those in the condition Woodman expects to reach someday could get professional help in the tricky business of killing themselves.

At present, helping someone commit suicide is manslaughter — a felony — in Alaska.

"The whole idea is to allow humane assistance without taking the family or the doctor and making a shambles out of their career and the rest of their life," Woodman said.

Woodman was born in Washington,

D.C., 56 years ago. The family moved to Anchorage in the early 1950s when his father, Lyman Woodman, was assigned to Elmendorf Air Force Base. Lyman still lives in Anchorage.

Kent Lee's mother, Betzi Woodman, was a longtime Alaska journalist and a founder of Alaska Press Women. She was killed five years ago in a car crash.

The family moved back and forth between Anchorage and California as Woodman was growing up, but he returned here to live and work after college. He served as pilot and civil engineer with the Alaska Air National Guard. In the 1970s and 1980s, he worked in a series of private engineering jobs, then in 1992 founded a consulting business to help architects and owners make sure their buildings satisfy the Americans with Disabilities Act.

He came down with amyotrophic lateral sclerosis — or ALS — in December 1988, though he didn't realize it at the time and a firm diagnosis was years off.

"I noticed a weakness in my left foot while I was skiing," Woodman said. "I couldn't keep my skis straight in the track. I didn't pay too much attention. I just thought 'I'm getting old.'"

When spring came, however, he noticed something else: If he stepped on a stone, even a small one, he would go sprawling. He went to a doctor and started the five-year process of finding out what was going on in his body.

The answer came after a trip to a University of California neurological clinic in San Francisco in September 1994. A couple weeks later, Woodman went to his Anchorage doctor's office for the results.

"He said, 'You got something really bad.'"

Lou Gehrig's disease is named after one of its most famous victims, the legendary New York Yankees first baseman of the 1920s and 1930s. Besides weakness and loss of muscle mass, its symptoms can include impaired speech, difficulty chewing and swallowing, difficulty breathing, and choking and drooling. Most victims

die within five years or so of getting it.

To sit and talk with Woodman, you wouldn't know he's sick at all. He's trim and seems fit, looking perhaps 10 years younger than his actual age. His speech is loud, fast and confident. The only obvious sign he's ill is the limp that now marks his stride.

Divorced and childless, he lives alone with his mongrel dog Newman in the Hillside home he built in 1969. He runs his consulting business and a host of personal projects out of a computer-stuffed office on the second floor. When a reporter visited last month, he was wrestling with problems caused by installation of the new Windows 95 operating system.

If he's not at home, he answers the phone with a complex voice-mail system — regrettably unaffected by Windows 95 — that would do credit to the Internal Revenue Service or another major government bureaucracy.

He gets information about his disease off the Internet and communicates constantly by electronic mail. In fact, many of his comments in this story were drawn from a two-month exchange of e-mail messages between the reporter and Woodman.

His personal projects include being president of a nonprofit group devoted to Russian-American relations and vice president of the Hemlock Society.

He oversees the care of his father, who, at 82, still lives in his own home but is suffering memory loss and other symptoms of advanced age. A few weeks ago, they traveled to Massachusetts together and located the home where the family lived more than 50 years ago.

And then there's "Portal," the potboiler novel Woodman is writing. It's about an East Coast electrical engineer who steals his company's plans for a device that can transmit matter electronically and flees to Alaska.

Besides doing all the usual things a 56-year-old divorced guy with a high energy level would do, Woodman fights a running battle — a series of adaptations,

really — with the disease.

Early this month, he slipped and fell on his way to the mailbox with Newman. An e-mail he sent the next day captured both the incident and his attitude toward ALS:

"I did the splits and went down heavy on the asphalt, landing first on my left knee then hip and shoulder. I missed a large rock with my head by inches. My leg went so far back that I pulled all the skin off the top of my left foot. I was jolted and out of breath, and for about 10 minutes I simply could not even roll over to find a tree to pull myself up.

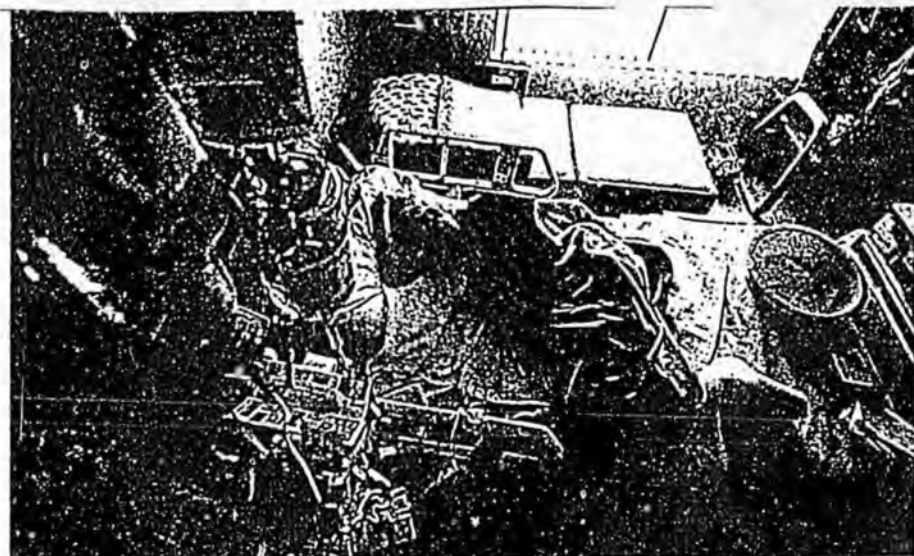
"About 10 cars zoomed by, no interest at all. Newman was concerned and licked my face. At one point I told him, 'Newman ... sometimes it's very, very hard ... this is one of them.'

"Well, I finally got up and hobbled in and had my mocha espresso. My doctor saw me hobbling and insisted on X-rays of knee. No permanent damage, but I lost a lot of time, spent \$105 at the hospital, slept like hell and I certainly promised myself no more 'Help, I've fallen and I can't get up' jokes! I plan to carry my cell phone in my pocket from now on, in case I just cannot get up.

"Hell, I could freeze to death!"

The Hemlock Society is a nationwide group that advocates what it calls "voluntary aid-in-dying." Woodman is as interested as any other member in making assisted suicide legal in Alaska — that was much of his motive for going public about his own illness. But he's not wildly optimistic anything will happen in time for him to get expert help with what he describes as "ending a death."

"I don't want anybody to think that this is a cry from me to the public that they've got to do something for me," he said. "All I want them to do is think about it and talk about it. ... If I didn't think this was important in getting the discussion started and I didn't think that was valuable for our community, I wouldn't do this."



TERMINALLY ILL: Most patients prefer to die in peace, surrounded by their loved ones

## HEALTH

# Knowing When to Stop

Doctors go to heroic lengths to keep terminally ill patients alive—often against their wishes

By LEON JAROFF

**I**N HOSPITALS ACROSS THE U.S., DOCTORS ignore, or are unaware of, the last wishes of dying patients, needlessly prolonging their pain and suffering. That is the disturbing conclusion of a massive study published last week in the *Journal of the American Medical Association*. "There is a tragic mismatch between the health care many seriously ill people want and what they get," says the University of Virginia's Dr. William Knaus, co-director of the study. "We don't know when or how to stop."

In the initial phase of the study, which was conducted with a \$25 million grant from the Robert Wood Johnson Foundation, hundreds of doctors and nurses in five major teaching hospitals cooperated in observing 4,301 desperately ill patients. Among their findings:

▶ While a third of the patients had asked not to be revived with cardiopulmonary resuscitation, half the time **DO NOT RESUSCITATE** was never written on their charts.

▶ Nearly 40% of patients spent at least 10 days in intensive care, kept alive only by breathing machines.

▶ Half the patients able to communicate in their last three days of life reported that they were in severe pain.

"We don't decide to let patients die in peace until almost the last moment," says George Washington University's Dr. Joanne Lynn, the study's co-director. "This is hard on patients, their families and the health professionals who care for them."

Convinced that the problem was caused largely by a lack of communication,

the researchers launched the second phase of the study, involving 4,804 different terminally ill patients. This time half the group received traditional hospital care, while the others were monitored by specially trained nurses who consulted with patients and their families, forced them to confront the realities of dying and kept doctors informed about their patients' conditions and wishes.

"We were stunned to find that it didn't make a bit of difference," says Knaus. "The tools that experts thought would work didn't." The reasons, suggests Lynn, are ingrained in our society. "Physicians are taught to save lives, that death is failure," she says. "Patients and families have come to expect miracles in every case. No one wants to give up too soon."

They may have to, if health-care reform is to succeed. The U.S. currently spends around \$62 billion of its total expenditure of \$554 billion on intensive care; nearly 30% of all Medicare payments go to patients in their last year of life. What is needed to bring about change, some experts now suggest, is something more fundamental than improved communication: a hard look at a medical culture in which doctors have access to splendid life-saving technology and feel obligated both morally and legally to use it. "We have to recognize that there are alternatives to extending life hooked up to high-tech machines," concludes Knaus. "And we have to think creatively to help patients craft the best way for them to live their last days."

— Reported by

Alice Park/New York

DEATH

with

DIGNITY

*Doctor talks about Oregon's right-to-die measure and what it may mean for Alaska*

*By Jay Blucher / Daily News reporter*

In 40-plus years of practicing family medicine in Oregon and Washington, death has remained the enemy of Dr. Peter Goodwin, just as it has for physicians since the advent of the Hippocratic oath.

But there have been instances when all Goodwin's experience and medical training left him feeling helpless when confronting death — never more so than when terminally ill patients have asked for his aid in dying.

It first happened 25 years ago in Oregon. A man he knew well from years of office visits came to see him with unmanageable pain from incurable bone cancer. According to Goodwin, the man said, "Doctor, I want you to help me die." The patient's wife accompanied him and told Goodwin that if

SUICIDE: THE WRONG TERM  
FOR GRAVELY ILL WHO WANT TO DIE

comment

The ethics and wisdom of physician-assisted suicide are a formidable legal and moral dilemma for Americans. The issues are so complex and emotion-laden that clarification and consensus on the part of the public are not likely.

One of the sources of our collective confusion is the use of the term "suicide" in the law and the literature.

Suicide is a word loaded with negative and frightening connotations. It suggests the self-destruction of a person because of insanity.

Please see Page C-2, SUICIDE

By Robert J. Dunham, Reporter, News Service

he would prescribe the necessary pills, she would help her husband take them.

Goodwin could not grant his patient's wish. He might have faced a felony charge of manslaughter.

Worse, Goodwin found he could not even talk about his ethical predicament with medical colleagues.

"It was as if somebody was presenting themselves to me with a disease that I had never heard of, and no resources existed which could help me make my decision — I look back on that experience to this day with absolute desolation and regret," he said. "I could do nothing."

Last year, Goodwin decided to do something. He became the architect and national spokesman for Oregon's Death With Dignity Act, which voters there approved in a November ballot measure.

Please see Page C-2, DEATH

# DEATH: Doctor wants legal right to help end suffering

Continued from Page C-1

making Oregon the only state that allows physicians to hasten death for the terminally ill.

The initiative, also known as Measure 16, passed 52 percent to 48 percent. It allows a patient with six months to live to ask a doctor to prescribe a lethal dose of drugs to end unbearable suffering. A second doctor must agree that the patient's condition is terminal.

Among other safeguards, the patient must request the drugs at least three times, with the third request in writing. The measure also leaves it up to the patient to administer the drugs. Physicians are not allowed to. (Similar ballot measures were defeated in Washington in 1991 and California in 1992 in part because physicians would have been able to administer the lethal drugs.)

Last year, lawmakers in the Netherlands approved guidelines allowing doctors to assist in the suicide of a terminally ill patient. It was the first country in the world to allow the practice.

But the Oregon measure was quickly challenged in state court on constitutional grounds and now sits in legal limbo. It was opposed by the American Medical Association, the Catholic Church and the National Right to Life movement, Goodwin said.

In Alaska, members of the Hemlock Society are proposing that state law pertaining to living wills be amended to allow people to ask their doctor to prescribe medication to end terminal illness, according to Al Sundquist, president of the Hemlock Society of Alaska board of directors. No bill has been introduced in the state legislature. Currently in Alaska, assisted suicide can bring a felony manslaughter charge.

Dr. Goodwin visited Anchorage recently to testify as an expert medical witness in an Anchorage court case and to give an update on the Oregon measure to the Hemlock Society of Alaska. We caught up with him last weekend to learn more about the Oregon experience, and what it might mean for Alaska:

**Daily News: How is it that you got involved with the Death with Dignity movement?**

Goodwin: Traditional medicine simply doesn't prepare physicians for this — we were not taught to deal with patients as persons. Patients die all the time. But for somebody to confront me and say, "Doctor, I want you to do something to help me die," it's an unsettling experience for a physician. And that happened to me several times. Doctors usually say we are going to do what we think is best for the patient, and we do what we want to do. And we don't even consult the patient much of the time. That's all changing now, and I say it's long past due.

**Why do you say you couldn't talk about this with any of your medical colleagues?**

Because it has always been a taboo subject among doctors. You can't say, "Hey, this woman wants to die. Should I let her die?" The other doctors would say you are crazy. What sort of a doctor are you, anyway?

**So, you got to thinking about it, and just decided you had to do something?**

Yes, this was just crazy. So I joined the Hemlock Society in 1990 and got involved, first on the board and then gradually after that until we started drafting plans to launch this initiative.

**Who were your strongest opponents?**  
It was strongly opposed by the Catholic Church because they said it would lead to all sorts of abuse, that people would die inappropriately, that they were going to be abused by their families.

**What do your critics mean when they say it will cause the disadvantaged to suffer?**

They fear it will lead to abuse of the elderly, because they can't be trusted to make their own decisions. That the physically disabled will be abused. It's ridiculous.

**The measure has been halted in court. What's next?**

We don't have a time scale. The next hearing is on Feb. 14. I think everyone agrees this is ultimately headed to the U.S. Supreme Court. That seems inevitable now.

**In simplest terms, what does the measure do?**

It makes it legal for the first time for a physician to respond to a constant and abiding request from a terminally ill, dying patient for aid in dying.

**What if I just put that request in writing in my living will? Won't that take care of it?**

You can, but the doctor won't necessarily have to abide by it. Sure, if you're (medically) incompetent. But if you're competent and want aid in dying, there's nothing legal a doctor can currently do for you. No physician in America can help you.

**But doctors withdraw life support all the time from patients. What's the difference?**

They can withdraw life support, but then

many terminally ill people are not on life support. But I believe there is no difference between withdrawing life support and helping somebody die because both ways, you are helping somebody die with compassion.

**What is the AMA's position on this measure?**

Their position has been that it is ethically improper. So they absolutely oppose this. But my reaction to them is that their ethics are not better than mine. Who is the AMA to decide this? Is this an organization of physicians who look after dying patients every day? What right does an ophthalmologist or a radiologist have to talk about the proper care of a dying patient? None.

**Given the role of the medical profession in dealing with dying patients, won't this measure give physicians even more power? Perhaps too much power — the power to kill?**

That's rubbish. We are giving patients the power to interact in a realistic and powerful way with physicians. Physicians have all the power now; patients have very little. It's another bargaining chip for the patient. Physicians are so poor at looking after the dying patient now precisely because they have no incentive to get any better. So who needs to change? When we give patients the right to say, "Hey, Doctor, I want a say here in how things are going to end for me," you see, that's very threatening to a lot of doctors. Then the physician has to say, "OK, let me think about this."

**Didn't the living-will laws change all this**

## SUICIDE: Not the right word

Continued from Page C-1

deep mental depression or a fear of being exposed.

Every state has now abolished any penalty for the suicidal person or those left behind. The moral stigma embodied in the ecclesiastical law of some denominations that a person who commits suicide cannot receive a Christian burial has essentially been abolished.

The debate about the moral and legal issues that arise when a terminally ill patient wants to shorten the period of suffering should not be confused with suicide. Perhaps the more appropriate term is "expedited death."

The very concept of suicide means that a person who is healthy, in no danger of death, seeks to terminate life because for subjective reasons it is no longer satisfying.

This should not apply to the person who, with the aid of family and professional counsel, deliberately and solemnly concludes to hasten his or her inevitable demise.

But a new terminology and a new way of thinking about those who desire to shorten their lives will not come quickly.

Deep in our religious instincts is a profound conviction that human life belongs to God alone and that we should bear with patience the sickness that will bring an end to our lives. But these days, most religious traditions allow

terminally ill patients to forgo any extraordinary measures that cannot cure, but can prolong the inevitable.

There is a sharp debate among Catholics and other religious communities as to whether care-givers may, with the consent of the patient, withdraw food and water. Some feel that the failure to give hydration can be equivalent to "mercy murder."

But other voices quietly suggest that the moral issue is not clear. They argue that physicians and care-givers should be allowed to follow a course of conduct with which they feel comfortable in their consciences.

That approach is persuasive and pervasive in many difficult situations. But some legislators, pressured by special-interest groups, will continue to feel obliged to fashion guidelines for hospitals, physicians and jurists presented with very sick patients who want to avoid pain and a loss of dignity as death approaches.

As legislators, courts and ethicists continue their struggle to develop moral guidelines for the right to die, those who cherish the sanctity of human life at every stage of its existence should avoid extreme positions and the hard rhetoric that make this intractable problem even more difficult to resolve.

□ Robert F. Drinan, a former member of Congress, is a professor of law at Georgetown University, a legal ethicist and a Jesuit priest.

and give patients the right to do precisely that?

No, not really. The living-will law only gives patients the opportunity to tell the physician that this is the way they want things to go. But many physicians still ignore the living wills. They stuff it in the charts without even reading it. Or they will tell the patient, "I'll know what to do for you when the time comes."

Don't you dare let them tell you that. Make your doctor read your living will. Make him say he understands your wishes. Most patients don't have the gumption to do that with their doctors, and they should.

This aid-in-dying measure is an extension of the living will. It gives patients more power and an additional choice.

**Essentially, this measure is limited to a prescription bill. Why?**

When all of the safeguards have been met, all the physician can do is hand a written prescription to the patient. The patient has to administer it themselves, so that a tremendous amount of responsibility remains with the patient.

**What prescription would you use?**

A short-acting barbiturate. Death is quick and trouble-free.

**What has been the reaction of your colleagues?**

Many physicians are uncomfortable looking after dying patients. And what makes them most uncomfortable is the intimacy this process demands. You are forced to see this patient as a person, not some clinical disease. All their professional lives, doctors are taught to keep the patient alive as long as possible, at all costs. Well, what if the patient does not want to be kept alive as long as possible?

**Some doctors obviously regard your measure as killing. Isn't it the same as suicide?**

Yes, in a narrow sense, it is suicide, and yet it is so very different from the average suicide. We are talking about somebody who has been gathered in by society, gathered in by a circle of friends in a true spirit of compassion.

**How can you call it compassionate when you are aiding people in killing themselves?**

I say to you, "How can you call it mercy when you allow someone to suffer, and watch their life unravel?" When all their life's savings, and their children's savings, are spent on doctors' bills.

**But don't doctors already aid patients in dying anyway?**

Not officially, but yes, it happens. Physicians help patients to die, but without any safeguards or guidelines. We just increase the dose of morphine to decrease the patient's suffering, but knowing full well it will shorten their lives. The morphine will depress their respiration if you give them enough. But because our intent is to relieve suffering and not to shorten their life, that's OK, which is rubbish. You know them with morphine. I've done it. Nobody tells anybody and that's fine. But there's no real difference between that and our proposal.

□ FOR MORE INFORMATION about the Death With Dignity Movement, contact The Hemlock Society of Alaska Inc., P.O. Box 91613, Anchorage AK 99509-1613, or the Hemlock Society USA, P.O. Box 11830, Eugene OR 97440-4030. Phone: 1-800-747-7421.

# The American way of dying

*Hospital culture is at war with patients' wishes about how they're treated in their final days*

**M**ost people hold in their hearts a special dread of a hospitalized, medicalized death. Yet about half of all Americans die in hospitals, in a tangle of tubes, surrounded by anxiety-producing technology. They suffer alone in the glare of a comfortless ward, their last hours guided by the training and instincts of highly specialized strangers. No one seems to know when to finally give in to death's certainty, and relentless procedures rob people of a death with comfort and dignity.

Many of those who dread that kind of death think they're doing something about it by signing living wills or otherwise making their wishes very explicit. But a large-scale study of terminal patients by the *Journal of the American Medical Association* showed last week just how futile those efforts are. While patients say they want peace, comfort, the sanctity of home and freedom from pain in their last hours, shockingly few of them actually had their wishes honored even at the five top medical centers that were featured in the *JAMA* study. Even more distressing, the study's authors found that when they tried to take steps using specially trained nurses to encourage communication between patients, their families and doctors, none of the interventions mattered.

*JAMA's* grim conclusions: The culture of major hospitals is at war with dying patients' desires. The culture emphasizes technological attacks on diseases and keeping lives going. Doctors don't listen to what patients want; they aren't honest with bad news; they manage pain poorly, and their decisions leave an alarming number of families broke or near broke. Some experts are cynical that things will

ever change. "Doctors are the last to accept [with dying patients] that there is nothing left that medicine has to offer," says medical ethicist George Annas of Boston University. "If you want control over your death, you have to stay out of the hospital." To understand that argument and the pain embodied in the *JAMA* findings, *U.S. News* sought out stories that illustrate *JAMA's* basic points: ■ **Patients' desires don't get attention.** Perry Elfmont hovers in an unknowable place that is not yet death but bears little resemblance to the life he knew. A recent autumn day is like every other

**DOCTORS DON'T LISTEN.** Two thirds of doctors who received reports on patients' wishes about life-sustaining care did not even look at the reports.

since a day 18 months ago when, his wife, Sabina, believes, he was kept from his appointment with death. Elfmont, 90, lies in bed, stares at the ceiling and works a spoonful of strawberry Jell-O around his mouth. Sabina has put on a jolly demeanor, leaving her rage and her tears at the dining room table when she enters their bedroom. She tells him what a lovely day it is, playfully squeezing his toes through a plaid blanket.

He has not responded significantly for months, and her smile melts to searing sadness as she turns away from him to leave the room. He cannot communicate, but she says everything in his life before May 5, 1994, indicates that he would not want to live like this—unable to speak, understand or enjoy. On that day, his wife says, doctors at Mount Sinai Medical Center in Manhattan ignored the instructions he had recorded in a living will that he wanted no cardi-





ac resuscitation, nor any life-sustaining treatment, including feeding tubes and respirators. "It was so important to him to have that living will filed. At his 85th birthday, he said, 'Whatever happens. I am protected,'" recalled Sabina.

But he was not. In the spring of his 88th year, suspecting a stroke, Sabina brought him to Mount Sinai. They spent a grueling 12 hours in the emergency room before he was admitted. Sabina, 78 at the time, gave in to her exhaustion and went home, but only, she says, after hearing assurances that her husband's wishes were known and would be respected. "It was midnight. I said, 'Do you have the living will?' They told me everything was under control. They told me not to worry, to go home," she says.

When she returned, she found her husband on oxygen and receiving intravenous antibiotics—two interventions she contends were against his written and expressed wishes. She found him in restraints because of his attempts to pull out the tubes. She says a resident told her that her husband was gone, and they brought him back. The hospital denies there was a cardiac resuscitation but will not discuss its other interventions, citing patient confidentiality. Following Elfmont's complaints, Mount Sinai initiated an educational program for staff members on advance directives, according to a hospital statement.

Perry Elfmont lives on with irreversible brain damage. Once, he was a family physician, a man fluent in five languages who loved Russian art and literature. He spent 25 years practicing family medicine in Long Island, N.Y., and another 23 years working for the Greater New York Blood Bank. He knew what a slow, agonizing death could do and tried to protect himself and his wife from the ordeal.

But now, Sabina Elfmont cannot grieve and cannot move on. She pretends cheer for his unknown feelings. She refuses to clear the clutter from his unused desk, fearing it would insult him to see his work put away forever. His reading glasses gather dust.

■ **Doctors shy away from grim news.** Marie Fifer never heard beforehand the hard reality of what her mother's life would be like after a feeding tube was inserted. Her mother had made her wishes known in a living will written 15 years before she suffered a stroke last May. But the wishes were seen by doctors as ambiguous. She wrote, "I direct that I be allowed to die and not be kept alive by medications, artificial means or heroic measures." There was no mention of feeding tubes. Still, her daughter knew that she would not have wanted one. "I'm her only child. I understood

her desires. We had discussed it talking to each other across the table, but never in detail," said Fifer.

So following the stroke, when Fifer's mother could no longer swallow, her doctor wrote up an order for a surgically implanted permanent feeding tube. "He never really talked to me about it. He never talked to my mother either. I know because I was there for all his visits," she claims. When Fifer voiced an initial objection to the feeding tube, based on what she knew to be her mother's wishes, she felt the doctor implied that she was asking him to kill her mother. "And a nurse said, 'You don't want her to starve to death, do you?'" recalls Fifer. "It was too much for me to deal with. It was a weak moment, and I agreed."

Without thorough discussions in advance of urgent care, such weak moments commonly lead to care that is unwanted or poorly understood. The *JAMA* study found that about 60 percent of patients or their family members did not discuss their preferences about heroic resuscitation, or the likely consequences of such treatment, with a physician. Alfred Connors, head of critical-care medicine at Cleveland MetroHealth Medical Center and a principal investigator in the study, does not know Fifer or her mother. But his work often means hooking people up to high-technology care. "I work in an ICU. We don't put people on machines unless we feel we can get them off," he says. "We focus on a disease, not a person." Connors acknowledges that the full picture of a human life ebbing can be overlooked. "When death becomes imminent," he says, "we have trouble deciding to stop using technology."

Fifer's mother, whose name her daughter does not want published, will live the rest of her life in a nursing home, unable to swallow or speak, to tell aides if she's comfortable, or whether she needs her pink sweater. She's 86, and likely to survive for a long time. Fifer visits daily and watches her mother weep. "I think when she had the stroke, she wanted to die. Sometimes when I visit her, I can only stay for half an hour, and then I break down and I have to go home. It's not because she's in a nursing home. It's because she's hooked up to this thing," says Fifer. Had she had a more realistic picture of her mother's misery—and the duration of her joyless life—she says she would have stood firm and rejected a feeding tube.

■ **Too many patients suffer in pain.** Laurie Pross watched as her mother, Irene Pross, screamed and cried for two hours while doctors went about the business



**DOCTORS DON'T TALK ABOUT BAD NEWS. Fully 60 percent of dying patients said they had not discussed dying or diminished living with doctors. Of those, 40 percent would have liked such a discussion.**

of keeping her alive. On hemodialysis because of kidney failure, the elder Pross had a shunt implanted in her body to accommodate the flow of her blood to and from the life-saving artificial-kidney machine. But clots would clog the shunt and needed to be cleaned out. The procedure normally required sedation, but eventually the elder Pross, who had a complex series of bad interactions between the many drugs she needed, could no longer tolerate any anesthesia, and the clots were cleared while she was fully awake.

Her daughter, Laurie, who was making decisions for her mother, reluctantly agreed to the agonizing procedures, just as she had sweated over dozens of similar decisions during her mother's two-

year course of heart and renal failure, confusion and depression. The pain she witnessed as doctors cleared the shunt was the final straw. "That's when I said, no more," said Pross.

Without dialysis, Irene Pross's death was inevitable. Her daughter took her back to a nursing home and camped there. The toxins gathering in her mother's body provided a kind of sedation, and death, a week later, was peaceful.

The *JAMA* study's authors are the first to concede that pain is a complicated issue. They know that enduring pain is sometimes an essential price for a patient to pay for beneficial treatments. But they are convinced that hospital culture is weighted heavily toward focusing on treatments even if they are excruciat-

## ■ CULTURE & IDEAS

ing. The Pross case is typical in that respect. There was no medical way out of the pain, and technological procedures were paramount. Still, her doctor, Elizabeth Cobbs, was acutely aware of her suffering. "We never were successful in making her symptom-free in any of the procedures," says Cobbs, director of the Division for Aging Studies and Services at George Washington University Medical Center in Washington, D.C.

But other times, patients are stoic, reluctant to complain of pain, perhaps for fear of angering or insulting doctors. And sometimes doctors and nurses simply do not ask about pain. Dr. Humberto Vidaillet, a cardiologist in Marshfield, Wis., and an investigator in the study, said he knew cancer patients suffered, but was surprised that so many cardiac patients were among those experiencing pain in their final days.

■ The cost of dying can crush survivors. In the parlance of the hospital, "no code" or "DNR" means do not resuscitate. It means if a heart fails, if a life flickers, let it go. Edward Winter had a DNR order in his medical file at St. Francis-St. George Hospital in Cincinnati, according to a lawsuit filed by Winter's daughters against the hospital. "I saw the 'no code' in my father's chart. That's the only way he would consent to stay in the hospital," says Lynn Kroger, one of his three daughters. After seeing his wife die a slow, confused death, Winter was adamant about not wanting heroic efforts to save his life.

That was in 1988. His heart did in-



**POOR PAIN MANAGEMENT.** Half the patients who died in the hospital had moderate to severe pain at least half the time during their last few days.

deed fail during that hospitalization, but Kroger and her sisters contend that hospital personnel ignored Winter's wishes and his primary physician's orders. A nurse used defibrillators to restore a steady heartbeat. Two days later, Winter suffered a paralyzing stroke.

He lived about two more years, scarcely able to speak, incontinent, unable to walk or even roll over in bed. "It was his worst nightmare. He was enraged and depressed," says Kroger.

The extended life he did not want depleted his life's savings. About \$100,000



**FINANCIAL DRAIN.** Thirty-one percent of families lost most or all of their savings while caring for dying relatives.

that he had hoped to leave to his children went instead for nursing-home care. His daughters are suing the hospital for medical expenses and damages for pain and suffering. The case is likely to be heard by the Ohio Supreme Court next year. Hospital officials declined comment.

The suit is not about money, says Kroger. It's about following through on her father's wishes. The day after he was resuscitated against his will, he asked for an attorney and began the process of suing the hospital. He died in 1990, but his children fight on for him. "It's difficult to watch a parent's dreams for his children dissipate in that way," says Kroger. "But the most important thing was the amount of suffering he endured. Every day that he would wake up, he would cry—he would cry because he woke up." A handful of similar lawsuits are being litigated, but *JAMA* reports that most families simply foot the bills and watch their savings evaporate.

**Epilogue.** Surgeon Sherwin Nuland, who spent his career overseeing countless last-ditch efforts to rescue fading lives, is not surprised by the study results. The author of the bestselling book *How We Die*, Nuland argues, "We forget that death is something that belongs to the dying person."

The doctors and nurses most intimately involved in the study are more optimistic, and they are eloquent in speaking of what they've learned. "I believe in my heart of hearts that, at least anecdotally, communication was improved during the course of the study," says William Fulkerson Jr., director of the medical intensive care unit at Duke University Medical Center in Durham, N.C., and one of the study's principal investigators. He knows that learning to talk directly about dying will take a long time. But he believes that at his hospital, the effort has begun.

Others involved in the study look for meaning in the disappointing results. A geriatrics physician says he is now teaching the medical students he trains to start discussions of death planning when elderly patients are still vigorous and healthy. A nurse talks about the difficulty of giving patients bad news without destroying hope and suggests changing the focus from hope for a longer life to hope for a peaceful death. An ICU director says that since reviewing the study results, the first thing he does upon walking into the unit is ask if the patient is hurting. All of them hope the lessons learned from the study grow into a chorus of open talk about how to grant dying people their dignity. ■

BY SUSAN BRINK

## THE FINAL STEPS

# Having your wishes honored

**W**hile most people shy away from talking about death, it's very clear that engaging the issues directly can be an enduring comfort to people left behind. Listen to Marie Bassett: "When I read his words, it all came down to me what it meant."

When her husband, Chet, was diagnosed with cancer in 1990, he wrote that if he were permanently ill, with no chance of survival, he did not want his family to prolong the process. His

ing will so they could reread Chet Bassett's own wishes.

"These were their father's words and you could just see the impact," the nurse remembers. "As it went around, each person nodded agreement. They knew that it was finally time to let him go." In January 1993, Bassett, 55, died surrounded by his family, each one having said goodbye.

Many families face this conflict. About 75 percent of people surveyed

thought it was a good idea to have a living will or advance directives to set down wishes regarding medical treatment. But fewer than a third of people actually have one, according to a survey by the American Medical Association. To help people think through and write down their wishes, the American Association of Retired Persons and the American Bar Association have a free publication, *Shaping Your Health Care Future with Health Care Ad-*



Last aid: Kronenwetter (left) helped Bassetts decide.

wife, Marie, was with him when he talked about his wishes and put them into a living will, but during his struggle against disease, she had forgotten. So a nurse named Susan Kronenwetter who was working with the family found the document in his medical records and brought it before them two years later when family members convened in a hospital waiting room.

**Indecision.** Kronenwetter had seen the family agonizing in indecision—wanting so much for their husband and father to live to see the youngest of his four children, Christie, graduate from high school in six months. But they were torn by his deteriorating condition and knew a decision on whether to resuscitate him, if necessary, was imminent. In that waiting room, Kronenwetter recalls: "The family was stymied. They were all at different points." To help them, she brought out the liv-

(EE0940), 601 E Street, N.W., Washington, DC 20049.

But writing the words down is just the first step, says Karen Orloff Kaplan, executive director of Choice in Dying (phone: 800-989-9455), which helps families with personal and legal advice. She says it's important not only to talk about wishes with doctors and family members but to give each interested party a written copy. Designate one person—someone in tune with your desires—to carry out your wishes if you are no longer able to. Update your documents every few years.

Experts also suggest choosing a doctor who will stay involved, even if your care is transferred to a specialist. "Ask your doctor specifically if he'll honor your wishes," says Kaplan, "and if he'll continue to be your advocate even if another doctor will be treating you."



ALA

Post-it Fax Note	7671	Date	2/20	# of pages	2
To	Rep. Toohay	From	FBX L10		
Content	Hess Co-Chair	Co.			
Phone	WRITTEN TESTIMONY	Page #	102	HB 371	
Fax #		Cost			

URE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HESS COMMITTEE NAME

COMMITTEE ON HB 371 DATED 2-20-96  
BILL/SUBJECT

I strongly oppose this "Assisted Suicide" Bill. We do not have the right to end our lives or our loved ones we don't have the right to kill any human being. God gives us by His grace the right to life and death. This Bill is another movement pervention of society that has no dignity at heart. There are many groups that give loving care and help families and the suffering every day.

SIGNED Sandra A. Doyle  
TESTIFIER

REPRESENTING (OPTIONAL)  
2080 8/183, Fairbanks AK 99708 (116 Kekau Way 99709) 4599151  
ADDRESS/PHONE NUMBER

(7)

# HOUSE COMMITTEE REPORT

Date Referred to Committee: January 8, 1996

FURTHER REFERRALS:

State Affairs  
Judiciary

Date of Committee Action: 2/20/96

The HEALTH, EDUCATION AND SOCIAL SERVICES Committee considered:

HB 371

HOUSE BILL NO. 371

RIGHTS OF TERMINALLY ILL PERSONS

"An Act relating to the rights of terminally ill persons."

recommends it be replaced with the following committee substitute CS HB 371 (HES)  the same title  a new title

additional referral to \_\_\_\_\_ Committee  
 attached amendment(s)

ADOPTS: \_\_\_\_\_ Letter of Intent

ATTACHES NEW FISCAL NOTE(S): (Dept) \_\_\_\_\_ APPROVES PREVIOUS: (Dept/Date) \_\_\_\_\_  
 fiscal note(s) H+SS  fiscal note(s) \_\_\_\_\_

zero fiscal note(s) \_\_\_\_\_  zero fiscal note(s) \_\_\_\_\_

SIGNING WITH RECOMMENDATIONS	DP	DNP	NR	AM
<i>[Signature]</i>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<i>[Signature]</i>		<input checked="" type="checkbox"/>		
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<i>[Signature]</i>			<input checked="" type="checkbox"/>	
<i>[Signature]</i>			<input checked="" type="checkbox"/>	

CHAIR'S SIGNATURE *[Signature]*

Who are you to condemn someones life  
You have never been given that choice  
Murder someone for not being ( OK )  
Is that what was said with your voice

The old who are sick  
The young yet unborn  
The ones who have done  
Evil crime

Are we telling ourselves  
It's OK not to care  
That these people are not  
worth our time

God only knows  
When our time here is done  
Then he calls us to be by  
His side

What really happens  
To those that we kill  
Are their souls lost  
Forever in time

To murder someone  
And justify it by law  
That's not what Jesus  
Has taught

For the people who believe  
They've been given this power  
Will someday be judged  
Before God

So before you agree  
To end someones life  
Don't just do it for the  
Sake of goodwill

For you might just find  
That your After Life  
Will be condemned to the  
Fires of hell

James Michael Hunter 10 NW 56799 North Pole, Alaska 99705-1799 (copyright 1996)

To All House and  
Senate Members.  
And All on the  
H.E.S.S. committee

H.B. 371  
I Oppose This Bill

James M. Hunter  
452 Evolyn Dr.  
North Pole, Alaska  
1-907-488-8019  
Po. Box 56799  
North Pole, Alaska  
99705-1799



# Alaska State Legislature

FEB 10 1996

Please enter into the record my testimony to the H E S S  
committee name  
committee on HB 371, dated 2/13/96  
bill/subject

I am opposed to HB 371. I have read the Sponsor Statement + HB 371 and am concerned because I do not believe government should be involved in the business of ending life.

Government should protect life. This euthanasia bill was the predicted next step following legalized abortion which I also oppose. We cannot continue to devalue the ~~of~~ lives of those that others deem "unnecessary." I feel it will not stop here, but will move on to include those with disabilities, mental illness or other "unacceptable" deficiencies. No one has the right to terminate life in this way. Please do not pass this bill.

Signed: Mary A. Hestich  
Testifier

self  
Representing (Optional)

1413 HPR - Sitka AK 99835  
Address

907-747-3515  
Phone No.

ALASKA STATE HOUSE BILL # 370

my letter is regarding to this.

Elwood Mathews  
8208 N. P.T.R.D.  
SP15  
SITKA, AK.  
99835

I am completely AGAINST THIS  
ASSISTED suicide debate -

ASSISTING people to die is wrong,  
against GOD'S Law and our  
Nation -

I would ask all you to TAKE  
a firm stand against anything  
that pertains to THIS KILLING.  
I am 80 yrs old, and surely  
WOULD NOT care to Be  
Euthanized.

AND I THANK you all  
that will help do away  
WITH THIS PROCEDURE  
COMPLETELY.

Sincerely,  
Elwood Mathews

ALASKA STATE HOUSE BILL #371  
my letter is in regards  
to this Bill #371

Louise E. Mathews  
3208 Habibut PT. RD.  
SP. 15  
SITKA, ALASKA  
99835  
Phone (907) 747-6996

In regards to assisted suicide Debate:

I am completely against this in every way.  
All assisted suicide legislation is a poor  
Public Policy which inevitably leads to  
tremendous social pressure on terminally  
ill people, and to inevitable abuses.

Those people who are ill and want assis-  
ted suicide, are really crying for help,  
to live, not to die - they are depressed  
because of pain, and life's situations, but  
it is treatable, controllable, by a Doctor  
better trained in alleviating pain.

I understand too, because I have been  
in pain for 10 yrs. I have been depressed,  
and felt I wanted to die, but am so  
thankful that was other help, not  
assisted "suicide"

You have to believe there is always hope!  
for healing, Never Give up - This is a  
known fact that happens many times.

This Policy would eventually lead to the  
killing of children with disabilities, and  
any person also, plus the people of old age.

The problem is the incompetent people  
who are suggesting such a measure  
in the first place.

I thank all you for acting on this.

most sincerely

MRS Louise Mathews



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
 committee on Bill # 371 "Rights of the terminally ill" dated 2-13-96  
 committee name  
 bill/subject

Signed: Teresa J. Ward  
 Testifier

Representing (Optional)  
PO Box 2634 (613 OJAST) Sitka  
 Address  
966-2307  
 Phone No.

To: HESS

From: Teresa J. Ward

To whom it may concern,

I wish to take this opportunity to make it known that I am very opposed to Alaska State House Bill # 371 entitled "rights of the terminally ill".

It is no persons right to determine the value or worth of another human being. That right is Gods alone. It is not for any of us to determine whether the quality, or the lack thereof, of ones life is sufficient to justify its termination. There are many possitive alternatives to ending ones life when fraught with difficulties.

Oftentimes a request for assisted suicide is a cry for help from a hurting individual facing seemingly insurmountable problems. Often the intervention of a qualified counselor can provide the solutions or insights needed to weather the storm - if not quell it altogether.

For those who are terminally ill, it is not uncommon for depression to enter into the picture, causing one to seek the release of suicide. Yet this too, can be treated successfully. I am certainly not unsympathetic, and I realize that pain can be of such intensity during some illnesses, that release

through suicide is sought. But again, with the help of modern medicine, pain is controllable. Though there are wide and varied reasons that certain individuals seek assistance in suicide, there are no right reasons for its justification. There are many avenues available for assistance with positive alternatives.

Thank you. Teresa J. Ward



# Alaska State Legislature

Please enter into the record my testimony to the Health Education and Social Services committee name

committee on ASH Bill #371, dated 2/13/96  
bill/subject

Signed: Ruth Hunt RUTH HUNT  
Testifier

Representing (Optional)  
Box 1185 SITKA, ALASKA 99835  
Address

907-747-6895  
Phone No.

3/3/96

To Health Education and Social Services (Hess) Committee  
From Ruth Hunt - Ruth Hunt

REGARDING

AS HB # 371 ENTITLED - RIGHT OF THE  
TERMINALLY ILL.

IF A PERSON REQUEST SUICIDE, ITS A SIGN  
THAT they need help to BUILD THEMSELVES UP  
NOT to make them DIE, their RIGHTS SHOULD  
be COUNSELING, ASSISTANCE AND POSITIVE  
ALTERNATIVES AS A SOLUTION FOR THE PROBLEM.  
I WOULD NOT WANT VOLUNTARY EUTHANASIA  
AS IT WOULD MAKE SO INCOMPLETE PEOPLE WHO  
DONT KNOW WHAT'S RIGHT WOULD HAVE TO DIE  
WHEN they REALLY DIDNT WANT TO  
ANYWAY WHEN YOU PASS THESE LAWS  
YOU ARE MAKING DOCTORS KILL - WHEN  
THEIR DUTY IS TO HELP PEOPLE LIVE  
TO THE BEST OF THEIR ABILITY AND SOME  
DOCTORS WOULD NOT WANT TO DO IT.

(PSALM 139-16)<sup>th</sup> you were there while I WAS  
BEING FORMED IN UTTER SECLUSION, YOU SAW  
ME BEFORE I WAS BORN AND SCHEDULED EACH  
DAY OF MY LIFE BEFORE I BEGAN TO BREATHE  
EACH DAY IS RECORDED IN YOUR BOOK.

ANYWAY, BEFORE A PERSON GET HELP  
WITH SUICIDE - IT SHOULD BE MANDATORY  
THAT they KNOW WHAT THE BIBLE  
SAYS ABOUT IT.

Ruth Hunt



# Alaska State Legislature

Please enter into the record my testimony to the Health Education and Social Services  
committee name

committee on ASHB # 371, dated 2-13-96  
bill/subject

Signed:

Carole Henry Carole Henry

Testifier

Representing (Optional)

PO Box 214, SITKA, AK 99835

Address

907. 747-6578

Phone No.

2-13-96

To: Health Education & Social Services Committee

From: Carole Henry, P.O. Box 214, Sitka, AK 99835  
907-747-6578

Carole Henry

Re: ASHB #371

"Rights of the Terminally Ill"

I object ~~to~~ this bill.

My objection is that in considering physician-assisted suicide we are taking lightly the moral command "Thou shalt not kill", Exodus 20:13.

I believe terminally ill patients' rights are for an opportunity to counsel, assistance and positive alternatives to give hope, including -if necessary- treatment for depression, and comfort towards a natural death, for our time on earth is not ordained by man's wisdom but our creator's.

"Thou shalt not kill" speaks of a right to life that no man should interfere with another's "time to die" Ecclesiastes 3:2.

"Search me, O God, and know my heart; test me and know my anxious thoughts. See if there is any offensive way in me, and lead me in the way everlasting."

Psalms 139:23,24



# Alaska State Legislature

Please enter into the record my testimony to the HESS COMMITTEE  
 committee name  
 "RIGHTS OF THE  
 committee on TERMINALLY ILL" , dated \_\_\_\_\_  
 bill/subject  
 AK State House Bill # ~~371~~ 371

I am in opposition to  
 "physician-assisted suicide".

HESS Committee members I oppose  
 House Bill #371 because I ~~am~~ believe that  
 terminally ill patients are crying for help and  
 this is NOT the solution!!

Signed: Norma J. Benneis  
 Testifier

Representing (Optional)  
PO BOX 1553 SITKA, AK  
 Address  
907-747-7476  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
 committee name  
 committee on HB 371, dated 2-13-96  
 bill/subject

*I am opposed to passage of bill to permit medical assistance to patient to enable them to die in for whatever reason. The Hippocratic oath should prevent the medical profession doing this. Removal of life support is one thing and but assisting to kill patient is not ethical. Drugs to kill pain is one possible alternative*

Signed: *George M. Karsen*  
 Testifier  
 \_\_\_\_\_  
 Representing (Optional)  
802 PATERSON ST.  
 Address  
SITKA, AK 99835  
 Phone No. 907-747-5509



# Alaska State Legislature

HES5

Please enter into the record my testimony to the House Bill  
committee name

committee on HB 271, dated 2/13/96  
bill/subject

I oppose ~~the~~ passing any bill that would claim that an individual has a "right" to die, or one that would condone mercy killings for those terminally ill, or for any other reason... for the just conceived child (person) in the womb to the elderly.

Signed: Nelson Kavner  
Testifier

Representing (Optional)

502 Phenix St, Seward, AK  
Address

907-747-5509  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess  
committee name  
committee on 371, dated 2-13-96  
bill/subject

Signed: Deborah Copeland  
Testifier

Deborah Copeland  
Representing (Optional)

613 25A Street SITKA, AK 99835  
Address

907-747-6412  
Phone No.

Health Education and Social Services - January 13, 1996

To whom it may concern,

I am writing this letter in regards of Bill 371, I am against the act of assisting suicide. I strongly feel that no matter what a person is going through there are other actions to be taken than a life! I also feel if this Bill is legalized it will be altered for other purposes which lead to death. Example - the Netherlands now use assisting suicide for non-voluntary euthanasia for children born with disabilities, mental illness, permanent disability and old age. I hope this time the United States can learn by ~~ing~~ other countries mistakes. We can always go forward but never back.

Thank-you  
A Concern Citizen

Deborah Copeland

Deborah Copeland  
613 5th Street  
Sitka, Alaska 99835



# Alaska State Legislature

Please enter into the record my testimony to the HESS committee name  
 committee on State House Bill #371, dated 2/13/96  
Physician-assisted suicide bill/subject

Signed: Stephanie A Vieira  
 Testifier  
Stephanie Vieira  
 Representing (Optional)  
611 Biorha St.  
 Address  
7473698  
 Phone No.

Feb 13, 1996

## Health Education and Social Services

To Whom it may concern:

I oppose Alaska State House Bill #371, Physician assisted suicide. I believe our Supreme Creator is the giver of life and it is not responsible policy for man to determine when a life is no longer valuable. Also the argument about mercy killing because of severe pain can no longer be valid since there has been great strides on controlling pain through modern medicine and doctors that are trained in alleviating pain.

Overall, this kind of irresponsible legislation opens up a can of worms and would lead to abuses such as we have seen happening in Holland. They now have legalized nonvoluntary euthanasia with such abuses as killing people with various disabilities and even old age.

I strongly urge you to support all life and oppose Bill # 371.

Thank you.

Stephanie S. Veira  
648 Brook St.  
Sitka AK 99835



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
 committee name  
 committee on HB 371, dated 2-13-96  
 bill/subject

*I oppose this bill because we do not have the right to decide when someone should live or die - only God, our Creator has this right. We all are equal in God's eyes no matter what our condition is. I urge you to oppose the Passage of HB 371.*

Signed: Dorothy M. Johnson  
 Testifier  
self  
 Representing (Optional)  
Box 3  
 Address  
747-8579  
 Phone No.

2-13-96

Health Education and Social Services Committee

I am writing in regards to Alaska State House Bill # 0371 entitled "Rights of the Terminally Ill."

I am a Registered nurse in Sitka. I am very opposed to Physician-assisted suicide. The very idea is incompatible with the saving of life. To assist in the saving of life is what the healing professions are about. I feel to assist in the taking of a life is contrary to all a Physician is taught. Please do not open the Door to suicide.

Nancy W. McManagle, 706 Monastery St # A  
Sitka

747-3067



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
committee name

committee on HB #371, dated 2-13-96  
bill/subject

I oppose HB # 371 for the following reasons:

1. The State should never involve itself in legislating the <sup>taking of</sup> lives of citizens.
2. Physicians are trained to heal - Not to kill. This bill goes against the very fabric of the Hippocratic Oath
3. There are very effective pain killers available. Suicide is the very extreme solution to pain and it is not reversible.
4. How will the the many problems associated with this bill be addressed? How will families be notified? What about counseling? Are suffering people going to feel a responsibility to die rather than burden others.

Signed: Lorraine Johnson  
Testifier

Representing (Optional)

110 Finn Alley Sitka, Alaska  
Address

907 747-8368  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess committee name

committee on House Bill 371, dated 13 Feb 96  
bill/subject

Please reject this Bill. if passed it further potentially legalizes Murder. As a Mental Health professional and as a Christian I abhor such legislation.

Signed: Leslie Frost Rne, MSN  
Testifier

See  
Representing (Optional)

PO BOX 415  
Address

S. HCA, AK 99535 (907) 747-2588  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HES  
committee name

committee on House bill #371, dated Feb 13 1996  
bill/subject

I vote NO to bill # 371

Signed: Edmund George  
Testifier

Representing (Optional)  
APCA 2708 HPR. Sitka AK 99835-  
Address

907 964 2627  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
committee name

committee on HB 371, dated 2-13-96  
bill/subject

In the Netherlands, legalizing voluntary assisted suicide for those with terminal illness has spread to include nonvoluntary euthanasia for children born with disabilities.

Half the killings in the Netherlands are now nonvoluntary, and the problems for which death is now the legal "solution" include such things as mental illness, permanent disability, and even simple old age.

Signed: Anita Wright  
Testifier

Seld  
Representing (Optional)

P.O. Box 2392 Sittka, Ak 99835  
Address

907-747-5074  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
 committee name  
 committee on House Bill # 371, dated 2/13/96  
 bill/subject

*I vote 'No' to this Bill - This may lead to more than "terminally ill" suicides*

Signed: *Alphonda Holladay*  
 Testifier

Representing (Optional)  
*P.O. BX 2812, Sitka AK*  
 Address

*907-747-6896*  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
committee name

committee on House Bill 1037 dated February 13, 1997  
bill/subject

I wish to strongly protest any bill/proposal/law which would legalize "assisted suicide" as I stand firm that no man or woman is permitted to take another man/woman or child's life. This country's healthcare pay system is not appropriately set up to adequately monitor or assure nonabuse of such a policy. Furthermore, who would be deemed capable of making these decisions when a Power-of-Attorney was in play? How would euthanasia of select "undesirables" be prevented?

Regardless of any of these issues, the taking of another's life for any reason is not permitted under God's law, and I would not submit to such a law.

Signed: Jean L. Gill, R.N.  
Testifier

Nurse  
Representing (Optional)

P.O. Box 735, Sitka 99835  
Address

(907) 747-1010  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess committee name

committee on Bill # 371, dated 2-13-96  
bill/subject

I vote no, to house bill # 371.  
no one has the right to kill, or take the life of any one.

Signed: Ronald E. Hardy  
Testifier

Representing (Optional)  
PO Box 11 - SITKA, AK  
Address  
907-747-6746  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
 committee name  
 committee on House bill #371, dated Feb 14, 1996  
 bill/subject

I vote "no" to bill # 371.

Signed: Warline L. Mc Clellan  
 Testifier

Representing (Optional)

B.O. Box 2406 White Alaska 99835  
 Address

907 747-3424  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
committee name  
 committee on Bill #371, dated 2/13/96.  
bill/subject

*I vote No to the Hess Bill.  
 People do not have the right  
 to take a life regardless of the  
 circumstances.*

Signed: *Emma Reed*  
Testifier

Representing (Optional)  
2002 HPR #13 Sitka Ak 99835  
Address  
907-747-5058  
Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess Committee  
 committee name  
 committee on HB 371, dated 2/13/96  
 bill/subject

*My greatest fear on this issue is that  
 the person involved will not always be  
 the one who decides his or her own fate.*

Signer: Mary Holbrook  
 Testifier

\_\_\_\_\_  
 Representing (Optional)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the Hess  
 committee name  
 committee on HB 371, dated Feb 13, 1996  
 bill/subject

*Please see  
 attached*

Signed: *M. L. ...*  
 Testifier

*See*

Representing (Optional)

3404 H.P.R. SITKA AK 99835

Address

966-2365

Phone No.

In regards to H.B. 371

Thank you for receiving my testimony today. I have thoroughly read this bill and the accompanying sponsor statement, and I can only come to the conclusion that this would be extremely detrimental to our great state, and to fellow Alaskans. I am in the health care profession, and though I usually am in on the rehabilitative part of someone's life, recently I have assisted in the dying process of a woman with two young children. She was dying of cancer, which had progressed rather rapidly. There was hospice in attendance, a constant flow of supportive people around her. She had discussed final plans, drawn up a will, and also discussed pain relief. She was thoroughly in control of her death experience. She did NOT, however seek to rush the process or seek to end her life before the appointed time. Life is a process. There is an established process for birth, life, and death. There are definite stages to the death process, they are letting go of this world, and it is a tremendously spiritual experience. I have a friend who's long-lost father came to visit, only to discover that he was dying. Through this experience, they were able to repair a torn relationship, and he was able to die in peace. It was a time of restoration, and she found a sister that she never knew she had; they're great friends today. If this man had opted for this law, none of this would have occurred.

In the accompanying sponsor statement, the authors cite anecdotal stories of patients dying in pain and suffering. If your loved one is in pain, you need to consult with your doctor. If he/she refuses to prescribe adequate pain relief you need to find another doctor. The hospice movement was begun under these circumstances, but they do not subscribe to suicide. The goals are education to the client and family, assistance and support throughout, and supportive after care. The often touted example of Sweden as the model of assisted suicide belies the current backlash. From the altruistic idealogy has come elders afraid to go to the hospital for fear of being expected to die, for their care costs too much. Others are coerced into premature death by family members, who see them as a burden. The slippery slope described in this bill is exactly similar to the laws in Sweden.

Further, this bill would make the state the arbiter and promoter of death. Though this bill uses semantics to rename suicide, this is exactly what it describes. It also turns the medical doctors into acting agents for death, instead of being the healing profession of the Hyppocratic oath. Also, the clause regarding pregnant women's inability to acquire terminal medication would be prohibited. If this state can't protect unborn children from abortion through 9

months of pregnancy under a privacy clause, how do you propose to protect them from this bill?

The clause regarding the patient's request for suicide medication prevents their family from knowing. This cuts the patient off from the very support system that desires to help and assist them at such a time. This "Lone Ranger" approach to death is not dignified. Who is then left with the responsibility to care for the body, make final arrangements, or CLEAN UP? I find this incredibly selfish and isolating, which is the exact opposite to what the death experience should be. There are hospice services available, some incredibly devoted and supportive people who's only goal is to make this difficult time better for the patient and his family. Alaska isn't on the cutting edge of medicine regarding the use of pharmacological agents in terminal patient care. There are centers in the Lower 48 that have made great strides in this area.

In conclusion, I believe that there are better ways of treating terminally ill patients. True dignity involves a supportive environment to allow a natural process to progress, and not to hasten death for convenience.

Thank you for your time.

Martha Devereaux  
3404 H.P.R.  
Sitka, AK 99835



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
 committee name  
 committee on HB 371, dated 2/13/96  
 bill/subject

Pain is controllable. Modern medicine has the ability to control pain. A person who seeks to kill him/herself to avoid pain does NOT need legalized assisted suicide but a doctor better trained in alleviating pain.

Who makes sure the lethal dose doesn't get into the wrong persons hands?

I oppose HB 371.

Signed: Mary S. Sottis  
 Testifier

self  
 Representing (Optional)

405 Verstevia  
 Address

907 747 5624  
 Phone No.

To: HESS committee  
From: Kathy Newman, Sitka  
Re: Alaska State House Bill #371  
Date: 2/13/96

This testimony is in opposition to House Bill #371, "rights of the terminally ill". First of all I feel that it is wrong to take the life of another for any reason. Secondly, in so many cases people who desire to commit suicide change their minds later and are thankful that they did not or that someone else intervened to show them other options. Third, with so many medical advances many things, including pain, are able to be treated in ways that were previously unknown. We should be involved in giving terminally ill patients the best possible help in living their life to the fullest, not giving them a quick 'way out'. Fourth, and this is the most scary to me, if we give this so called 'right' to those who choose to end their life it opens the door to taking the life of many who have not chosen this route but they are unable to speak up for themselves. In that case then assisted suicide has turned into murder. I strongly urge you to do everything in your power to work for the defeat of this bill. Thank you for your consideration.

Kathy Newman  
613 Gja St.  
Sitka, AK 99835



# Alaska State Legislature

Please enter into the record my testimony to the HESS / STATE AFFAIRS  
committee name  
committee on HB - 371, dated 02-13-96  
bill/subject

Signed: Jeri Sundy  
Testifier

Representing (Optional)  
P.O. BOX 2975 SITKA AK 99835  
Address  
747-8138  
Phone No.

HB  
#371

Teri Lundy  
P.O. Box 2975  
Sitka AK 99835  
907-747-8138

- \* What is 'DNR identification?
- \* Is this going to become a mandatory form that needs to be filled out and signed while being registered into a Pioneers' Home? or in a hospital before major surgery? or an AIDS Pt. entering a Hospice? or for a Pt. who may be a risk for stroke?...do you know if the Living Will is a mandatory document now?
- \* What is the medication or medications that will be used by the for Physician Assisted Suicide?

Sec. 2. AS 18.12 is amended by adding a new section to read:

Sec. 18.12.005 FINDINGS; PURPOSE

(a) The legislature finds that the people of the state have a fundamental right to make their own 'end-of-life' decisions.

The right should include (What are the other choices? Suicide by hanging? Suicide using a firearm? Suicide by using a self detonating device? Suicide by cutting one's wrists?) the ability to make a conscious and informed choice to enlist the assistance of the medical profession in prescribing medication that will make death as humane and dignified as possible. (Humane and dignified? The proper term is euthanasia... a physician assisted suicide...like putting an old or sick animal down.)

Sec. 3. AS 18.12 is amended by adding a new section to read:

Sec. 18.12.015 REQUEST FOR MEDICATION TO ENDS ONE'S LIFE IN A HUMANE AND DIGNIFIED MANNER... go down to last sentence in a.) 'The request for medication shall be signed by the requester and witnessed by two adults who at the time of witnessing

- 1.) are not related to the requester by blood, marriage or adoption;
- 2.) are not entitled to a portion of the estate of the requester under a will or by operation of the law;
- 3.) do not have a creditor's claim against the requester and do not anticipate making a claim against the estate of the requester; and
- 4.) are not the requester's attending physician, an employee of the attending physician, a health care provider, or an employee of a health care provider.

Since there is an option for the requester to NOT notify next of kin of their decision, or may not have next of kin to notify...WHO ARE THESE PEOPLE THAT ARE GIVEN THE AUTHORITY TO WITNESS, SIGN, AND THEN REQUIRED TO GIVE THEIR RESIDENCE ADDRESS?

Continuing on in this same section, line 18 of REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER...

Why does one have to be over 18 years of age to do this?

The last part of the second paragraph, line 29 "...I ask my attending physician to prescribe medication that I can use to end my life in a humane and dignified manner." This sentence pushes responsibility on the physician to write the prescription...thus he becomes the messenger of Death. He gets the medication for the Pt. He becomes Dr. Death.

Sec. 3 goes on to read, line 9 "I understand that I have the right to rescind this request for medication at any time." At any time? And, further down this document states, line 13 "I make this request for medication voluntarily and without reservation, and I accept full moral responsibility for my actions." What the heck does this mean?

SEC. 6 - WHAT IS THE DEFINITION OF A "VIABLE FETUS" WHAT ARE THE GUIDELINES?

Line 18 STATEMENT OF WITNESSES

1.) is personally known to me or has provided proof of identity; (what forms of identification?)

3.) appears to be of sound mind and not under duress, fraud, or undue influence; (How can the person NOT be under duress if he or she is dying of leukemia, pneumonia. And, what about AIDS...dementia may be involved here, and/or extreme duress when one sees what is coming on down the line for them. And cancer patients...if the person is in and out under the effects of medication...how can they think clearly? And, who makes the decisions for terminally ill children? I believe there is a broad area for abuse here, regardless of the so-called guidelines and carefully worded documents.)

g.) The attending physician shall ask the patient to notify the next of kin of the request for medication. A patient who declines or is unable to notify next of kin may not have the request for medication denied for that reason. (is this because the Pt. is circumstantially not able to notify next of kin or because the Pt. is physically..and what if the Pt. wants to terminate the procedure to commit suicide and is unable to coherently make this known? (see Sec.10 AS18.12.060, (a))

Sec. 18.12.055 ~~How and why should the~~ <sup>WHO WILL MONITOR</sup> Department of Social Services <sup>AS THEY</sup> review records maintained under this chapter. Who gives this department their authorization and license to issue appropriate regulations to facilitate collecting information regarding compliance with this chapter? Isn't the health care, hospice, hospital, or physician capable of taking care of this? Unless, their only purpose is as stated in the following paragraph (b) in order to prepare and make available to the public annual statistical reports of complied information on physician assisted suicide. How will the Department of Social Services "police", so to speak, the authenticity and evaluation of paperwork generated from the legalization of Physician assisted suicide?

Sec. 10 AS 18.12.060 (a) is amended to read:

(a) In the absence of actual notice of the revocation of declaration, request for medication, or do not resuscitate order, as applicable, the following, while acting in accordance with the do not resuscitate protocol adopted under AS 18.12.035 or with the other requirements of this chapter, are not subject to civil or criminal liability or guilty of unprofessional conduct;  
etc.

Do you foresee complete safeguards and accurate, up-to-date, unquestionable documentation to verify that Pt. is or is not willing to proceed with Physician Assisted Suicide?

Sec. 18.12.070 is amended to read:

Sec. 18.12.070 PENALTIES (a) going down to line #25"...effective or after transfer should have occurred and may be liable to the patient and to the heirs of the patient for a civil penalty not to exceed \$1000 plus the actual costs associated with the failure to comply with the order, declaration, or request of medication and this shall be the exclusive remedy at law for damages.

Why are the "heirs" suddenly so important 'after the fact'? This document needs to be airtight so that there is no chance of this ever happening, and if it does, nobody gets paid anything. No law suits, no liability, nothing.

(b) Why? Why all the hand waving and bogus civil liability to the other person and to the heirs of the other person? Why should it matter? (The life isn't that important to begin with.) It is up to the attending physician and Pt. to make sure that something like this does not happen in the first place.

Sec. 13 AS 18.12.070 is amended to read:

(c), (d), (e) and (f) why or how could this happen? This must be an airtight document that cannot be changed or altered in any way. There has to be a 'dual-control' system to prevent this from ever happening.

Sec. 14 AS 18.12.080 (a) is amended to read:

line 19 "...Death resulting from medication prescribed under a request for medication in accordance with this chapter does not, for any purpose, including civil or criminal liability, constitute a suicide or homicide if the medication is self-administered by the person who made the request for medication and the person who made the request for medication controlled the time, place, and manner of death."

Sec. 15 AS 18.12.080 (b) line 27 "...or a request of medication under AS 18.12.015 does not effect in any manner the sale, procurement, or issuance of a policy of life insurance, nor does it modify the terms of an existing policy of life insurance. A policy of life insurance is not legally impaired or *invalidated* in any manner by the withholding or withdrawal of life-sustaining procedures form an insured qualified Pt...etc." Why is this different from suicide in general? Can you tell me if it is a general policy of insurance companies not to honor life insurance policies for clients who die from self-inflicted gun shot wounds, hanging, or pill overdose and the like? What makes Physician Assisted Suicide different? How can you guarantee this life insurance policy will be honored after the Physician Assisted Suicide of the Pt.?

Sec. 18 AS 18.12.090 is amended to read:

Sec 18.12.090 RECOGNITION OF DECLARATIONS, REQUESTS FOR MEDICATION AND ORDERS EXECUTED OR ISSUED FROM OTHER STATES.

A declaration, request for life-ending medication, do not resuscitate order, or DBR identification executed, issued, or authorized in another state or a territory or possession of the United States in compliance with the law of that jurisdiction is effective for purposes of this chapter.

I believe that this presents a broad definition that fails to provide a fail-safe measure in controlling and preventing the fraudulent use of Physician Assisted Suicide documentation in patients that move to Alaska from another state. Again, what are your guidelines in identifying authentic paperwork that qualifies the patient for Physician Assisted Suicide? Who decides what forms are acceptable and what forms are not?

In closing, I am not pleased with the drafting of HB 371 nor with it's presentation to the public. What a shame it is that our legislative body would entertain leading us over such a precarious, and unpredictable direction. No matter how much time you men and women deliberate, calculate, and carefully discuss the wording in this document, it will always be the State of Alaska merging with the Nation's preoccupation with death, and the celebrated fixation with Kevorkian's audacious and brash Physician Assisted Suicide movement.

You are misleading the public that elected you in good faith and trusted you to (among other things) represent, and initiate the passing of laws that protect the innocent, defend the weak and ill, and champion for the very old.

As for self-administered suicide in a "Humane and dignified manner"?

This is a thinly veiled plan under seductive wording that is meant to placate and negate the reality that we all must face...Death...and what you are saying is, "if we must die, then let it be on our terms." The only requirements needed for one requesting Physician Assisted Suicide are being over 18, having a documented terminal illness, at least one consulting physician, and the willingness to self-administer the drug that will take one's life. What a cowards way out.

To quote Mr. Woodman from Sitka's local paper Thursday 02/08, "Suicide is the taking of a life when there are options. This Bill is not about ending life. This bill is about ending death." Who does he think he is fooling? He goes on to say opponents argue for what they feel is morally right without considering the suffering and economic hardships placed on terminally ill patients and their families." *Economic hardships?* These two words should definitely alert even the most apathetic.

Does Mr. Woodman he believe himself to be the only one to have suffered physically, or lost a loved one to cancer or AIDS? Is the emperor wearing new clothes?

And the State of Alaska once again becomes the follower, instead of the leader.

I say no to Physician Assisted Suicide. I say no to HB 371.

Teri Lundy

P.S. WHAT ABOUT PUTTING THIS MUCH ENERGY INTO HOSPICE CARE AND PROPERLY TRAINING PHYSICIANS TO USE PAIN MEDICATION THERAPY.

IF A PT. IS SUFFERING - CHANGE THE DOCTOR!



# Alaska State Legislature

Hess / State Affairs  
~~HB 371~~

Please enter into the record my testimony to the \_\_\_\_\_ committee name

committee on HB 371, dated Feb 13, 1996.  
bill/subject

I am a daughter of a woman diagnosed with senility dementia and the niece of 3 Alzheimer victims.

Their lives cause pressures and difficulties for all of us around them, but their value and our interactions are precious. I would be distressed to live in ~~our~~ a state that would shorten their lives and the obvious progression from willing to unwilling participation. I am strongly opposed to this Bill

Signed: Coralyn Omer  
Testifier

self

Representing (Optional)  
2414 HPR, Sitka

Address  
907-747-6737

Phone No.

Frederick J. Hillman, MD (Ret.)  
1685 Stanton Avenue, Anchorage, AK 99508-5034  
Tel: (907) 562-7161

TESTIMONY TO THE HESS COMMITTEE REGARDING HB 371  
Teleconference at Anchorage, 2-13-1996

My name is Fred Hillman. I am a retired physician.

At the time of the American Revolution some of the colonial patriots were Anglican, some Roman Catholic, Protestant, some Quaker, some Jewish, some deist. In founding this nation the Founding Fathers from these various sects made it clear that their new constitutional nation would be not only *non-sectarian*, but indeed *secular*. They debated the matter, and in the end they wrote the Constitution to include neither the word *God* nor the word *Christ*. In no sense can this country be called a Christian one. The ensuing two centuries of religious liberty that we have enjoyed have shown the wisdom of their decision.

Now we find that some church leaders are using religious arguments to prevent passage of a law that has *nothing* to do with religion. HB 371 is a bill that does *not* infringe on the religious rights of *anyone*. On the other hand, spokespeople for some churches would like to impose their own narrow religious views on everyone. Their religious arguments concerning a purely *non-religious* bill directly contravene the First Amendment of the Bill of Rights, and they mock our two hundred year history of separation of church and state..

HB 371 is entirely *voluntary* and *permissive*. It *allows* an individual to escape needless suffering, *if* the person chooses. It does *not* require action by anyone. It is *not* about killing. It is about one's own personal decision about whether to continue to endure one's own needless suffering. It contains safeguards to prevent such a decision being made in haste, or without thought, or under pressure, or for financial reasons. It concerns a decision that I well may want to make for myself someday.

As a long-time church-member, I do *not* attempt to force my religious views on other people, and I deeply resent the attempts of people from other sects, basing their arguments on *their* peculiar religious views, to stand in the way of a law that may benefit me, my friends and the countless people in the future who may suffer needlessly during their final illness.

I humbly suggest to the Committee that you strike from the record *any* testimony against HB 371 that is based on religious argument.

Frederick J. Hillman  
Frederick J. Hillman, MD (Ret.)

Kristina Johannes

Testimony on Bill No. 371

Page 1 of 2

*Nationwide View:*

There are two basic worldviews. that God exists and that God doesn't exist. If God exists, then people have certain inalienable rights, if God doesn't exist, then <sup>the mighty</sup> might makes right.

Americans are very fortunate that our country was founded on the first one, God exists. Because of this, America is not a secular nation, but an interfaith nation. This recognition of a Creator had, and continues to have, a great impact on our country. We recognize that there are limits to what we can do to ourselves or to others. We are always in search of what is "right" in a particular situation, we attempt to know what the Creator wants. We believe that there is an objective right and a wrong.

Therefore it is entirely appropriate within the framework of our form of government to consider the morality of a proposed bill. In fact the question must always be asked of every piece of proposed legislation: is it consistent with the recognition that we are the created not the Creator? If we fail to do this, then we are acting against the very nature of our foundation as a nation, we are being unAmerican.

We failed to do this with the issue of slavery, and we reaped the tragic results. We failed to do this with the issue of abortion, and we continue to reap the tragic results. We cannot afford to continue in this way. The self-destruction we have incurred is all around us, our nation is literally falling down around us. But we can turn it around. We must turn again to the tradition of being one nation under God. We must search for what is right, what the Creator wants, in every situation.

I maintain that if we clearly examine this bill, we will conclude that it is not what the Creator wants. Our Declaration of Independence states

Kristina Johannes

Re: Bill No. 371

Page 2 of 2

that the Creator gives the right to life, the right to liberty and the right to the pursuit of happiness; not the right over life, the right over liberty, or the right over the pursuit of happiness. No one of us can take his or her own life or that of another. Only the Creator gives and the Creator takes away. This bill places the individual into the role of the Creator. It is not within the nature of being "the created" to take away the life of one whom we did not create, even our own self. I urge you to oppose this bill and any bills that attempt to put the creature into the role of the Creator.

Let us rather affirm life as a great gift from the Creator and strive to individually and corporately help those who find themselves in difficult situations. Attempted suicide has always been recognized as an anguished cry for help. Let us hear that cry more clearly and respond with the love we have been given by our Creator.



# STATE OF ALASKA

## LEGISLATIVE AFFAIRS AGENCY

### DIVISION OF PUBLIC SERVICES

DATE: 2/13/96

Please accept the enclosed original(s) of written testimony  
for the House HESS teleconference hearing that was  
scheduled on 2/13/96 at 3pm.

A copy of this testimony was <sup>(stapled to cover sheet)</sup> transmitted to your committee via

fax on 2/13/96.

All other testimony (not stapled to cover sheet) was not faxed, as it was received after noon. It is being transmitted by mail only.

Thank you,

LEGISLATIVE AFFAIRS AGENCY  
Sitka Legislative Office  
210 Lake Street  
Sitka, Alaska 99835  
747-6276



# Alaska State Legislature

Please enter into the record my testimony to the House Health, Education and  
 committee name Social Services  
 committee on House Bill No. 371, dated February 13, 1996  
 bill/subject

*See attached*

Signed: *Gerrit Anderson*  
 Testifier

Representing (Optional)  
712 Monastery Street, Sitka, AK  
 Address  
(907) 747-2634  
 Phone No.

February 13, 1996

Dear Sirs:

Thank you for allowing this opportunity to be heard concerning the pending House Bill No. 371.

I strongly disagree with the rewording of the law as proposed in House Bill No. 371.

Historically, America, as well as other countries, has forged ahead in finding cures for diseases and treatment for medical problems previously thought to be incurable or insolvable. These cures and solutions were not discovered overnight. True there were those who suffered and died before the cure was found. However, there is hope for those who now live and are helped. A prime example of a medical tragedy turned to success because of the unceasing research and care of desperate and concerned parents is the story of Lorenzo's Oil. But, what if the parents had given up? What if they had taken an easy way out of the situation? This scenario concerns a child rather than an adult. None-the-less, the principle is the same.

Historically, if there is an "easy" answer to a difficult situation, man will tend to seek that route. Cortez understood this principle. Therefore he burnt his ships after reaching Mexico, thus leaving his men no option but to fight to win.

Historically, to enter the field of medicine was to enter the battle against disease, pain, physical disabilities, and death. In some civilizations of the past a physician was even killed if a patient died while under his care. The kingdom of Chimore (1000 to 1466 A.D.), had such a policy. It is interesting to note how skilled their doctors were. How then can we now call death an answer to pain and suffering? Is it not just an easy out to difficult situations, situations for which medicine may be on the verge of conquering?

Based on the above information, I strongly disagree with the rewording of our Alaska statute to include the right to use medicine for the purpose of causing death.



# Alaska State Legislature

Please enter into the record my testimony to the House Health, Education and Social Services  
committee name

committee on House Bill # 371, dated Feb 13, 1996  
bill/subject

*see attached*

Signed: \_\_\_\_\_

*W. Corduan*

*W. Corduan*

Testifier

Representing (Optional)

712 Monastery St. Sillco, AK, 99835

Address

907-747-2634

Phone No.

Re: HOUSE BILL NO. 371

Ladies and Gentlemen,

Thank you for the opportunity to express myself on the pending legislation.

I disagree with the suggested language.

A physician is trained to be a sustainer of life and a comforter to those in distress. The language that is now being contemplated for inclusion in our laws is in direct opposition to that training.

Physicians have taken an oath. Allow me to quote a portion of Hippocrates: "... (I will) abstain from whatever is deleterious and mischievous. I will give no deadly medicine to anyone if asked, nor suggest any such counsel . . . "

Has our civilization evolved to such a low state that we now propose to practice what more primitive civilizations rejected as barbaric?

I recently read an article in a German newspaper about the growing number of suicides in Germany by those who are unable to obtain pain relief. America was held up as an example of progress in managing pain and discomfort by proper use of medication. Let us continue to be a positive example of civilized progress, not a leader in killing off the suffering as if we had no other recourse.

Thank you.

# The Oath

by Hippocrates

Written 400 B.C.  
Translated by Francis Adams

I SWEAR by Apollo the physician, and Aesculapius, and Health, and All-heal, and all the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation- to reckon him who taught me this Art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required; to look upon his offspring in the same footing as my own brothers, and to teach them this art, if they shall wish to learn it, without fee or stipulation; and that by precept, lecture, and every other mode of instruction, I will impart a knowledge of the Art to my own sons, and those of my teachers, and to disciples bound by a stipulation and oath according to the law of medicine, but to none others. I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous. I will give no deadly medicine to any one if asked, nor suggest any such counsel; and in like manner I will not give to a woman a pessary to produce abortion. With purity and with holiness I will pass my life and practice my Art. I will not cut persons laboring under the stone, but will leave this to be done by men who are practitioners of this work. Into whatever houses I enter, I will go into them for the benefit of the sick, and will abstain from every voluntary act of mischief and corruption; and, further from the seduction of females or males, of freemen and slaves. Whatever, in connection with my professional practice or not, in connection with it, I see or hear, in the life of man, which ought not to be spoken of abroad, I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this Oath unviolated, may it be granted to me to enjoy life and the practice of the art, respected by all men, in all times! But should I trespass and violate this Oath, may the reverse be my lot!

TO ; HEES re: HB 371 being heard on Tuesday Feb 13, 1996

FROM : Mary E. Hughes  
P.O., Box 912  
Sitka, AK 99835

*Mary E. Hughes*

I am writing with regard to "rights of the terminally ill" of the AP news item referred to the bill as "right to die". In either case, I write with recent first hand knowledge of caring for a terminally ill family member, namely my daughter who died in Dec. with metastized cancer.

If the right to die advocates would use their efforts to inform terminally ill patients of the importance of signing a "Do not resuscitate" decree; then the patient at home or in the hospital has indicated to the health care providers what their wishes are. They will be made comfortable without using extraordinary means of extending their life.

Look carefully at the internationally known Hospice Program where terminally ill patients are given the option if they wish to return to their home and family members share with them the death experience. This is not an overpowering situation. Rather the Hospice team give support around the clock to the family in caring for the patient. Nurses come daily if necessary to monitor and or change the pain medication and help to make the patient as comfortable as possible. This does work. I speak from experience. Many health insurance companies now recognize the value of Hospice and cover the expenses of supplies, nursing care and even counsellors.

For over 20 years there has been a great deal of research, data and writing concerning the death and dying. One of the recognized authorities in this field is Elizabeth Kübler-Ross who has written many books and lectures extensively to make known the recognized steps of dying.

While listening to some of the testimony at the previous hearing from those who were advocating the right to die; I was struck by the anger that was in their words. Anger is part of the process of dying, but we cannot allow ourselves to get stuck there. We work through each stage until we come to acceptance and we will have a peaceful death.

It is not easy caring for a terminally ill family member, but with the help of Hospice, pain can be controlled and there would be no consideration of terminating lives while angry.

Thank you for your consideration.

Committee (HESS)

7th 13-1996

I definitely oppose Alaska State House Bill #371 entitled "rights of the terminally ill"

I think this bill would open a Pandora's box leading to a chain of events that would include involuntary physician-assisted suicide in the State of Alaska.

This is a grave moral issue and I feel that it will be detrimental to all people in our state and country.

It will open the door to more killing.

Our country was founded on the precept that God was the leader of America, all are created equally and all have the right to life.

Margaret Perkins  
Benoa Pass

Alfred S. Perkins

address

P.O. Box 683

Sitka Alaska

907-747 8182

February 13, 1996

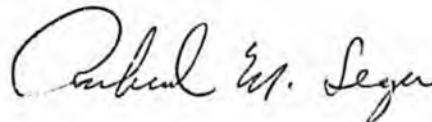
Richard M. Seger  
307 Islander Dr  
Sitka, AK 99835

Alaska State House  
Juneau, AK

Dear House Members.

I wish to express my opposition to House Bill #371 entitled "rights of the terminally ill". I feel that physician-assisted suicide is morally wrong. I would support government funded programs to provide financial assistance to terminally ill individuals in need of pain management services and medications.

Sincerely,

A handwritten signature in cursive script that reads "Richard M. Seger". The signature is written in dark ink and is positioned above the typed name.

Richard M. Seger, M.D.

February 13, 1996

Rita L. Seger  
307 Islander Dr  
Sitka, AK 99835

Alaska State House  
Juneau, AK

Dear House Members.

As a primary care physician and a Christian, I emphatically oppose physician-assisted suicide and euthanasia.

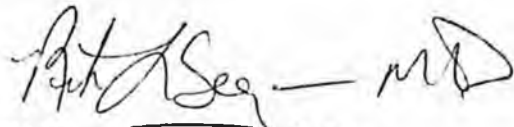
Each person's life is safe in the hands of the God who created it until the time God has appointed for death. Though often we cannot fully understand His purposes, God does have reasons for allowing people to live with disease, dementia, or profound mental retardation, or in a vegetative state. God may be accomplishing spiritual progress in a person's eternal soul even if we are unable to see physical or mental progress.

Legalizing physician-assisted suicide or euthanasia does not demonstrate real love or compassion for a terminally ill person. Such a person needs the love, support and assistance of their family, their community and their physician to accomplish a peaceful death at God's appointed time. Modern medicine is capable of providing pain medication adequate to ease any degree of physical suffering: no person should believe that he or she must prematurely end life in order to prevent a painful death.

Based on personal experience with a large number of health professionals, including my fellow physicians, I firmly believe that physician-assisted suicide and euthanasia would be abused in the health care system, resulting in deaths not intended by your legislation.

I implore you not to legalize physician-assisted suicide or euthanasia.

Sincerely,

A handwritten signature in cursive script that reads "Rita L. Seger" followed by a horizontal line and the letters "MD".

Rita L. Seger, M.D.



LEGISLATIVE INFORMATION OFFICE  
119 N. CUSHMAN, SUITE 101  
FAIRBANKS, AK 99701  
452-4448

DATE: 2/13/96

Please accept the enclosed original(s) of written  
testimony for the

HMESS (HB317) teleconference scheduled on

2/13/96. A copy of this testimony was

transmitted to your committee via fax. (Did Not Fax)

Thank you,

*Fran / Feb 210*



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE H E S S  
COMMITTEE NAME

COMMITTEE ON HB 371 DATED 2-12-96  
BILL/SUBJECT

*Oppose HB 371*  
*See attached sheet*

SIGNED *Sandra Doyle*  
TESTIFIER

*Sell*  
REPRESENTING (OPTIONAL)

*P.O. Box 81183 Fairbanks, AK 99708 # 4799751 (cell) 4888883*  
ADDRESS/PHONE NUMBER

FEBRUARY 13, 1996

TO ALL ALASKA STATE LEGISLATORS AND TO GOVERNOR T.KNOWLES

HOUSE BILL 371, INTRODUCED BY REPRESENTATIVE'S KAY BROWN (D)  
DISTRICT 15 AND CYNTHIA TOOHEY (R) DISTRICT 13

"AN ACT RELATING TO THE RIGHTS OF TERMINALLY ILL PERSONS TO  
REQUEST FROM THEIR DOCTOR MEDICATION TO END THEIR LIFE IN A  
HUMANE AND DIGNIFIED MANNER"

I SANDRA L. DOYLE OPPOSE HB 371 AS AN ACT AGAINST ALL  
HUMAN LIFE AND THE RIGHT TO LIFE. THIS BILL IS NOTHING MORE THAN  
"ASSISTED SUICIDE" BY DOCTORS WHO TAKE AN OATH TO PRESERVE LIFE.  
ALL LIFE IS A GIFT FROM GOD. THIS BILL IF PASSED WOULD LEAD TO  
THE KILLING OF THE MENTALLY ILL, AND THE PHYSICALLY HANDICAPPED.



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HESS  
COMMITTEE NAME

COMMITTEE ON House Bill No. 371 DATED 2/13/96  
BILL/SUBJECT

I, Heather Van Veldhuizen a 19 year old college student at Alfred University.

I believe that all HUMAN BEINGS have the right to die with DIGNITY! Those who do not want this choice - do not have to take it. A person who is terminally ill and brain dead, without thought and movement, ~~is~~ that terminally / terminal means END. The end of ones life is the END. There are protective rights included in this bill, therefore, not just anyone can ask for assistance in dying with Dignity. Would you let an animal ~~die~~ suffer through life ~~through~~ in pain - Could you look into their eyes and willingly let them suffer (if you loved them)? Then why should you do this with a human being you love? I have a living will and I would expect my wishes and rights to be carried out. It is my right and choice to live and die over with dignity.

SIGNED Heather J. Van Veldhuizen  
TESTIFIER

Self (19 year old)  
REPRESENTING (OPTIONAL)

P.O. box 82593, Fairbanks Alaska 99709  
ADDRESS/PHONE NUMBER

On an international level, Europe does not ~~have~~ have as many problems as the United States in terms of <sup>for instance</sup> youth drinking and ~~assisting in carrying out~~ the issue of the right to die with dignity. Why? Because with drinking - in Europe they are allowed to do that at 16 or younger. Therefore, it is no longer a big deal to them once they can drink. ~~But~~ The right of a doctor to help someone die with dignity is legal and to them just a way of life. Everyone lives their lives as they see fit with dignity. The United States has too many people who feel they have to make rules and restrictions on EVERYONES life. I strongly believe in "An individual's Right to Life, Liberty, and the Pursuit of Happiness."



# Alaska State Legislature

Please enter into the record my testimony to the HESS/State Affairs  
 committee name  
 committee on HB 371 #  
 bill/subject, dated Feb. 13, 1996.

Please oppose any bill that allows physicians to assist in suicides in the state of Alaska.

Please protect the terminally ill from what would be an irreversible option. No <sup>woman</sup> man knows the future. This bill determines the future of the terminally ill and destroys all hope.

This bill will lead to an increasingly acceptable environment for a quick decision over the legalized right to choose death over life, and lead to nonvoluntary euthanasia for the elderly, mentally ill, and children with disabilities.

Signed: Christina Perrigo Christina Perrigo

Testifier

myself

Representing (Optional)

301 Wortman Loop #A Sitka, Alaska 99835

Address

747-8948

Phone No.

# The Church of St. Gregory's

---

106 BARANOF  
P.O. BOX 495  
SITKA, ALASKA 99835  
(907) 747-8371

Feb. 11, 1996

The Health Education and Social Services Committee  
% Sitka Legislative office  
210 Lake Street  
Sitka, AK 99835

Re: Alaska State House bill #371

I would like to express my strong opposition to bill #371 entitled "Rights of the Terminally Ill". I would like to point out that there are very humane ways to deal with the sufferings of the terminally ill without actively taking human life. A Summit on Effective Pain Management held in California issued a list of suggestions on how to counter the "pain argument" for euthanasia. I hope our scientific community could offer better alternatives than suicide.

Sincerely,

*Paul Wightman*  
Paul Wightman



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE \_\_\_\_\_  
COMMITTEE NAME

COMMITTEE ON HB 371 DATED \_\_\_\_\_  
BILL/SUBJECT

Please don't pass this bill out of committee. Though suffering and pain are hard to endure, especially for loved ones, we must not lose sight of that dignity and value of life are gifts to us. We are the stewards of life and this bill is a misguided attempt to care for our fellow humans. We acknowledge in our Constitution that we are "endowed" with life by our creator and are responsible to Him for that life. If a state condons self killing we violate that sacred trust and open the way for other more unimagineable mistreatment of our sacred trust of life. Just because a person is suffering and in pain does not devalue that life. To us or to family or to those close to the dying the dignity then is lost with the living and healthy as they share their love and care through suffering. Please don't make policy that goes against that One to whom we will all answer.

SIGNED \_\_\_\_\_  
TESTIFIER *John B. Gifford*

REPRESENTING (OPTIONAL)  
Box 58003 Fbks, AK 99711 488-7886  
ADDRESS/PHONE NUMBER

TELE-CONFERENCE ON HB 371: Feb.13,1996 3pm Denali State Bank Bldg,Ste 101

AID IN DYING

My name is Bruce Gordon  
PO Box 80046  
Fairbanks, 99708

I urge your support of House Bill 371.

My wife died a year and a half ago. She had suffered over 15 yrs from Parkinson's Disease which is always progressive and for which there is no present cure. Symptoms include a deterioration of muscle control spreading over the entire body. Furthermore, X-rays and biopsy of lung tissue resulted in a diagnosis of lymphoma and in 1991 she experienced a cardiac arrest while in the hospital.

When her Parkinson's suddenly accelerated in Sept. 1994 she knew the final stage which she dreaded was coming rapidly. In 1992 she had signed a living will, a durable power of attorney and a "do not resuscitate" document, all of which were witnessed by disinterested parties. She hoped that another heart attack would bring final release to her constant pain. Failing that, she was determined to end her own life while she was still able to do so without any assistance from me that would put me at risk of criminal prosecution.

She finally found a non-violent means and died peacefully in her bed as she had wanted. *Others in a similar situation have not been so fortunate.*

For several years we had both been members of groups that support the right to die with dignity and the freedom to choose the time and circumstances.

House Bill 371 provides this freedom with the necessary and appropriate safeguards. I urge you to approve it.



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HHESS  
COMMITTEE NAME

COMMITTEE ON HB 371 DATED 2-13-96  
BILL/SUBJECT

I think these people are not in the write  
mine; (By Being AFRAID, Death in there mine  
{ Dot knowing that God is in controll  
{ of their Life. the Bible said's there  
{ is a time to Be Born and a time  
{ to Die.

Let GOD Be in controll  
Jesus is the way,

SIGNED Sally Dalessandro  
TESTIFIER

Two Rivers #  
REPRESENTING (OPTIONAL)

Two Rivers ALASKA Box 16244  
ADDRESS/PHONE NUMBER 99716



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HS5  
COMMITTEE NAME

COMMITTEE ON HB 371 DATED 2/13/96  
BILL/SUBJECT

Concerning suicide, my view as a young adult, is that "why", why should make suicide legal. The fact on an average 70 thousand people die per day around the world, how many of them are suicide. I may not be much of a speller but my concern towards people that wish to take their life is very important and strong toward these people. What they need is love, patience, a helping hand, they need to be shown how life can really work w/out taking it. They need a way to show their life not a legal bill to get out of it. Some people say not care but the "Bible" says, Jesus quote "I AM THE WAY THE TRUTH AND LIFE no man cometh to Father but by me"

SIGNED [Signature]  
TESTIFIER

REPRESENTING (OPTIONAL)  
37 ADAM AVE FAIRBANKS AK 99701  
ADDRESS/PHONE NUMBER



# ALASKA STATE LEGISLATURE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HSJ  
COMMITTEE NAME

COMMITTEE ON HB 371 DATED \_\_\_\_\_  
BILL/SUBJECT

I strongly & respectfully request that HB371 be killed.  
My opposition is founded on a basic respect for LIFE and  
even the general understanding among mankind that suicide  
(doctor-assisted or otherwise) is a shameful disregard for  
life. Suicide never can be done with dignity.

~~The~~ Rep. Brown says we need this bill because of advances  
in medicine & the ready availability of artificial life support.  
True! Medical Advances should be sought to help those  
seriously & thought to be terminally ill. (Doctors often  
make mistakes in guessing, - "6 more months - one year left  
to live.") Medical personnel take an oath to help people live -  
not to take life. We already have provision for  
those on artificial support with no hope to live otherwise. This bill  
goes far beyond that. Depressed & discouraged people could  
decide, - just 10 days apart, to end their lives & asks doctors to help!  
Shame on Alaska.

SIGNED Doug Ruffett  
TESTIFIER

REPRESENTING (OPTIONAL)

1162 Hayes Ave. Fairbanks 99705 479-2197  
ADDRESS/PHONE NUMBER

CAROL JENSEN  
4800 E. 112th Avenue  
Anchorage, Alaska 99516-1612  
(907) 346-3321

February 6, 1996

To: Laura Lee, Representative Bunde's office  
for HESS Committee

From: Carol Jensen

RE: HB 371/Feb. 6 Teleconference

Here is the text of my POM: (Please distribute to HESS Committee ASAP)

**SUPPORT.** This bill has sufficient safeguards to prevent abuse or misguided intentions. People should have the right to decide their own fate in painful, terminally ill situations. The bill is comprehensive, yet specific to adequately protect individuals.

Thank you,



Carol Jensen  
day phone: 1-800-478-2234

# Death With Dignity

## A Franciscan Doctor's Perspective

A Franciscan doctor examines one of the most controversial issues of our day: physician-assisted suicide.

Text by

Daniel P. Sulmasy, O.F.M., M.D.

Photos by

Don Doll, S.J.

We live in a curious world. The most famous physician on the planet is now Dr. Jack Kevorkian, who makes a living helping people commit suicide. Efforts are afoot in several states to allow doctors legally to help kill their patients. In November of 1994, for example, with little fanfare, the voters of Oregon passed the world's first law to make it legal for doctors to help patients commit suicide. The law—now blocked by a federal court ruling—requires doctors who participate to prescribe a "safe lethal dose." Questions about how a dose could be both safe and lethal at the same time seem to escape the authors of the bill. The world, as Alice in Wonderland once said, gets curiously and curiously.

Many people have become confused by this curious debate about physician-assisted suicide and euthanasia. Some have been led to believe (falsely) that they and their loved ones will be forced to make a cruel choice at the end of life: either languish for months on a torturous ventilator or swallow a few dozen pills and end it all. But this view is wrong—dead wrong. My aim in this article is to help explain the morality of allowing patients to die—a middle course between purposeless treatment on the one hand and euthanasia or suicide on the other.

Since most deaths in America are now preceded by a decision to withhold or withdraw some form of treatment, you probably have had personal experience here. My own grandfather died while I was an intern, just out of medical school. I helped my mother come to the decision not to put him on a ventilator and

not to attempt cardiopulmonary resuscitation when his heart stopped. These decisions were hard ones, but they seemed morally correct, and were perfectly permissible under Church teaching. Yet it would *not* have seemed morally correct to have given my grandfather an injection of a rapidly acting poison. We let Poppy die, but we didn't kill him. What explains the moral difference between these two actions?

### Hippocrates Didn't Say That!

History can help to illuminate our question, but only if the historical facts are accurately understood. Unfortunately, many people (including many doctors) are confused about what ancient doctors like Hippocrates had to say about killing and allowing to die. The Hippocratic Oath is the traditional standard of medicine (see box on p. 14).

First, it is important to realize that the Hippocratic Oath does *not* say that physicians must continue to treat patients and keep them alive no matter what. The oath says, "I will use treatment to help the sick according to my ability and judgment." This *clearly* does not mean keep treating until the treatment kills the patient.

Second, Hippocrates also says that physicians should "refuse to treat those who are overmastered by their disease, realizing that in such cases medicine is powerless."

Third, the Oath of Hippocrates expressly prohibits euthanasia and assisted suicide, saying, "I will not give poison to anyone though asked to do so, nor will I suggest such a plan." So, it seems fair to say that Hippocrates at least implicitly accepted the idea of a distinction between killing and allowing to die.

From the earliest days, Christians considered suicide and euthanasia sinful. However, by the 11th century, long before there were ventilators or intensive-care units, Catholic theologians developed the distinction between *ordinary* and *extraordinary* means. They taught that Christians had a moral obligation to preserve their lives in the face of illness, but that they were not required to go to extraordinary lengths to do so.

If a 16th-century doctor said that moving to the mountains would be best for a patient's health, and moving to the mountains would require leaving family and friends and losing the immediate family's savings, the patient was under no obligation to do so. Therefore, by the time there *were* things like ventilators around, it was easy for Pope Pius XII to say in 1957 that such treatments might present the patient with an "extraordinary" burden, and it would therefore be morally permissible to forgo such treatment.

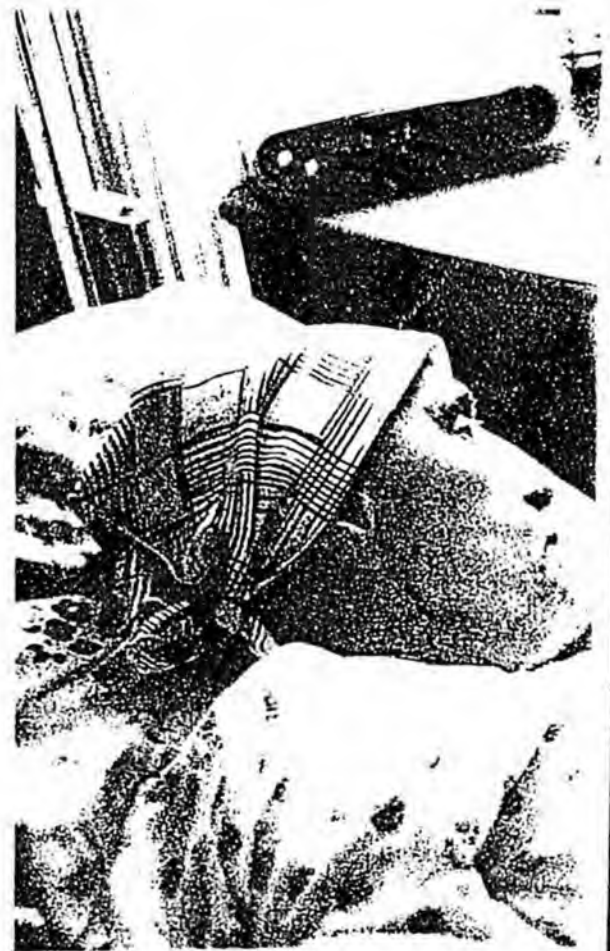
Thus the Church distinguished clearly between killing patients by suicide or euthanasia (which has never been permissible), and allowing them to die by withholding or withdrawing life-supporting treatments (which has

been seen as permissible in the right circumstances)

### Smith and Jones: A False Analogy

Philosophers have recently attacked this distinction between killing and allowing to die, arguing that it is unsound. Some of their arguments have helped to make matters clearer. Others have left the picture even more confused.

One might be tempted to say that the difference between killing and allowing to die lies in the fact that killing is always active while allowing to die is always passive. Yet most people would agree that disconnecting a dying patient from a ventilator—an act—is a classical case of



allowing to die. One actively turns off a switch or actively *disconnects* a piece of tubing. So the difference between killing and allowing to die can't just be the difference between active and passive.

Second, one might object that an *allowing to die* person causes the patient to die, but in allowing to die, one *does not* cause the death. It is hard to say that one *causes* death, since a life-support system can maintain a person's artificial death if the person is not given any further aid. A medicine to create a coma is given, and the doctor turns a top on a blood-pressure cuff. The blood pressure drops, and the patient goes into shock and dies. A patient dies, but it is not because

have played no causal role in the death?

Even if one *could* adequately describe the difference between killing and allowing to die, it is argued, the distinction wouldn't make a *moral* difference. Let me illustrate my point with two case studies from philosopher and euthanasia proponent James Rachels.

Smith stands to gain a large inheritance if anything should happen to his six-year-old cousin. One evening while the child is taking his bath, Smith sneaks into the bathroom and drowns the child, and then arranges things to make it look like an accident. No one is the wiser, and Smith gets his inheritance.

Jones also stands to gain if anything should



happen to his six-year-old cousin. Like Smith, Jones sneaks in planning to drown the child in his bath. However, just as he enters the bathroom Jones sees the child slip on his head and fall down into the water. Jones is delighted. He acts by accident to push the child's head overboard in order to see what, but it is not his intention and he is not the cause of the child's death. All the same, if, accidentally, he drowns the child and does nothing to get him out of the water, it is Jones who is responsible.

Smith's cousin and Jones' child die, but the difference is that Smith's cousin dies because of Smith's intentional act, while Jones' child dies because of an accident. The difference is that Smith's cousin dies because of Smith's intentional act, while Jones' child dies because of an accident.

### Distinctions Are Critical

I want to argue that there is an important logical mistake in Rachels's question. He would be right (there would be no moral distinction) if you could agree that all acts of killing are morally wrong, and all acts of allowing to die are morally right. But that's not what either traditional medicine or Catholic teaching holds. Catholic understanding makes distinctions among situations where death is imminent. Catholic understanding would say it like this: All acts of killing patients are morally wrong. Some acts of allowing them to die are also morally wrong, and some are not.

Once one understands the distinction between killing and allowing to die, the stories of Smith and Jones can be seen as *illustrations* of the distinction, not as a refutation. All acts of killing are morally wrong, and so Smith is clearly wrong. Some acts of allowing to die are morally wrong, and some are not. Jones's story just falls into the category of acts of allowing to die that are morally wrong. That's plain to see.

Here is how I would phrase the distinction between killing and allowing to die: *Killing is an act in which someone performs an action that gives the victim a new fatal disease with the intention of thereby causing the patient's death. Allowing to die is an act in which someone either performs an action to remove a treatment for a pre-existing fatal disease or refrains from action that would treat a pre-existing fatal disease.*

If I kill a patient by a lethal injection, I act and create a new and fatal disease that the patient didn't have before. If I do so intending that the patient should die as a result, that is always wrong. If I allow that same person to die (whether by removing ventilator treatment for a fatal disease called respiratory failure, or by refraining from starting ventilator treatment), this is sometimes wrong and sometimes right. Each instance requires careful consideration.

### Intention Is the Key

What, then, explains the wrongness that all acts of killing patients have in common with the *wrong* acts of allowing to die? The answer is one word: *intention*. Anyone who kills a patient *intends* that the patient should die by way of that action. This is what makes killing wrong. If one allows a patient to die with the specific intention that the patient should die by way of that action (the patient might have lived otherwise), this is also wrong. This allowing to die is not to be confused with allowing a natural death, as we will see below.

In killing (or in physician-assisted suicide), the doctor intends the death of the patient. Just as Smith acts wrongly by drowning his cousin, so does the physician who gives a lethal injection. Nonetheless, *some* acts of allowing to die are also morally wrong—those in which the doctor's intention is the death of the patient.

So, for example, because Jones intends that his cousin should die in order for him to collect the inheritance, Jones is morally in the wrong. In the same way, if a doctor disconnects the ventilator from a patient with the explicit intention that the patient should die so that he and the patient's wife can run off together with the insurance money, that physician has also acted wrongly.

On the other hand, if the doctor disconnects the ventilator intending simply that the patient should not be on the ventilator (perhaps because it is useless in preventing inevitable death), that physician has *not* acted wrongly. This is *good* allowing to die. It is perfectly morally permissible.

### Knowing Intentions

Intention plays a key role here, as it does in much of morality. But intentions, of course, are hard to know. Sometimes one does not even understand one's own intentions. And it is precisely because intentions are so difficult to know that the distinction between killing and allowing to die is so important.

Killing is usually easy to recognize. Injecting poison into a patient's veins is a pretty straightforward act. It would be hard to argue that one's intentions did not include the death of the patient if one were to inject a poison. The burden of proof is overwhelmingly on a killer to explain how it was a mistake (or the killer was deceived or drugged) so that the action would not really be intentional. It is therefore very useful to be able to distinguish acts of killing from acts of allowing to die: We know that killing, in the case of physicians treating patients, is always wrong.

## The Hippocratic Oath

Though not required by all medical schools these days, the Hippocratic Oath remains the traditional standard for medical ethics. The following is an excerpt:

"...I will use treatment to help the sick according to my ability and judgment, but I will never use it to injure or wrong them. I will not give poison to anyone though asked to do so, nor will I suggest such a plan. Similarly I will not give a pessary to a woman to cause abortion. But in purity and in holiness I will guard my life and my art. I will not use the knife on sufferers from stone, but I will give place to such as are craftsmen therein. Into whatsoever houses I enter, I will do so to help the sick, keeping myself free from all intentional wrongdoing and harm...."

This is not the case with allowing to die. If I unplug a ventilator, how does anyone know what my intentions were? It might even be hard for me to know. Nonetheless, one can apply a simple (if imperfect) check on one's intentions. One can ask, how would one feel if the patient were not to die after one's action? Would one feel that one had failed to accomplish what one had set out to do? Or would one be open to the possibility that the patient might survive? If one's honest answer is that one would not feel frustrated, but would be open to the possibility that the patient might survive, then the patient's death was probably not one's intention.

Consider the paradigm case of allowing to die: turning off the ventilator for Karen Ann Quinlan. As is well known, Ms. Quinlan did not die when her family finally won the court's approval and turned off the ventilator, even though her death was expected. But no one then tried to strangle her. Their intention was simply that Karen's death not be prevented by a ventilator. As it turned out, the ventilator was not preventing her death. She lived on for several years.

### Intention Isn't Desire

It is particularly important not to confuse desire with intention. Many who object to moral arguments based upon intentions have mistaken *intention* for *desire*. To show why intending something is not the same as desiring it, consider some examples. I can, for instance, intend to do what I do not desire (for example, going to see my patients when I am tired and would rather not). I can also desire to do what I do not intend (I may desire to eat a high-cholesterol diet but never form an intention to act that way lest my patients think me a hypocrite). Desiring something is not the same as intending to make it happen.

Nor should one feel guilty about wanting loved ones to pass away quickly when they are close to death and suffering. I, for one, have certainly desired that some of my patients would die quickly after I have withdrawn life support. In many cases I have hoped for their quick death; even prayed that God would take them. But this does not mean that I *intended* their death. Yes, I desired their hasty death, but the taking of the life was God's.

Medicine has traditionally prohibited the intentional death of patients. But medicine does not want patients to be prisoners of technology. The traditional morality that has permitted withholding and withdrawing "extraordinary" care presupposes this distinction between killing and allowing to die. Patients should not suffer needlessly. If the treatment is of no benefit, or if the burdens of treatment are disproportionate to the expected benefits, one may withhold or withdraw that treatment. But the intention in doing so must simply be that the useless or burdensome treatment be withdrawn. What one cannot intend is that there should be no such human life.

### Why Is Intending Death Wrong?

Christians recognize life as a gift from God. Human life, taking God as its image and likeness, has a special worth or dignity. Believing that life has such dignity, one can never hold the destruction of that dignity as one's intention.

There was once a time when human life had intrinsic meaning; its value seemed intuitively obvious even to nonbelievers. Such a moral intuition can no longer be taken for granted.

One can argue that, without religion, human beings are inherently communal beings. The value of human life is held in trust by a web of relationships. One can therefore argue that suicide is a rejection of relationships—a violent severing of one's connections with one's fellow human beings.

Some might make the claim that life loses its value when freedom and control are gone. But every human life depends upon others, and that dependency does not diminish dignity. Some of the most important things about being human, like birth and mortality, are beyond human control. One cannot, by force of will, live a life free of all suffering.

One will never be able to choose one's biological parents, no matter how much success genetic engineering has. Further, human life does not appear to lose its value when freedom and control are taken away. One of my favorite portraits of dignity is a photo of the Rev. Dr. Martin Luther King, Jr. in an Alabama prison cell. Acts of injustice deny but cannot eradicate the intrinsic value of human life.

Of course, human meaning and value are not infinite. On a cosmic scale, human life seems small, frail and fallible. One need only believe that each human life has a *high* intrinsic value, and that this dignity is the same for everyone. The value of human life cannot be said to admit of degrees. To say so is to say that some people's lives are more valuable than others'. If all human lives have intrinsic meaning and value, then to intend someone's death is to deny that the dying person's life has such value. But humans are finite; death is a part of life. Since that person's value is not infinite, one can sometimes let go of that life by allowing to die. What one can never do is to claim the right to destroy it.

Allow me to summarize: There is a moral difference between killing and allowing to die. All killing of patients is morally wrong, while allowing some patients to die is not. The moral evaluation of these acts is based upon intention. Belief in this distinction allows a middle course between suicide and euthanasia on the one hand, and lingering on a ventilator on the other. Patients need not be overmastered by technology, and can stop treatments that are ineffective or excessively burdensome. But neither do they need to be overmastered by the despair, hopelessness and fear that lead some to kill themselves or to ask to be killed.

Euthanasia is not death with dignity, nor is

## Pope John Paul II Speaks

Euthanasia must be distinguished from the decision to forgo so-called "aggressive medical treatment," in other words, medical procedures which no longer correspond to the real situation of the patient, either because they are by now disproportionate to any expected results or because they impose an excessive burden on the patient and his family.

In such situations, when death is clearly imminent and inevitable, one can in conscience "refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted"....To forgo extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death....

Even when not motivated by a selfish refusal to be burdened with the life of someone who is suffering, euthanasia must be called a *false mercy*, and indeed a disturbing perversion of mercy. True compassion leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. Moreover, the act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those, such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages.

—*The Gospel of Life*, #65-66

dying alone with a plastic bag over one's head, spitting up the pills one has tried to force down one's own throat. Killing is the ultimate indignity. To be allowed to die in the company of loved ones, reminded that as one passes away into the mystery of death, one's life has meaning and value in the eyes of God, family and community, even in the face of dependency and pain, is real death with dignity. Killing and allowing to die are not the same. ■

Donald P. Sulmasy, O.F.M., M.D., a Franciscan brother from Holy Name Province, is an assistant professor of medicine and a research scholar at the Center for Clinical Bioethics at Georgetown University Medical Center, Washington, D.C. He has published many scholarly articles on medical ethics. Father Don Paul St. J. is an internationally renowned photographer who has often allowed him to photograph his final months. His latest book is *Veil of Grief: Men, Women and the End of Life* from Platoon Press Publishers.

**A Pastoral Letter on**

**The Care of**

**the Terminally Ill**

**To the People of Alaska**

**From Archbishop Francis Hurley of Anchorage,  
Bishop Michael Kaniecki of Fairbanks  
Reverend Michael Nash, Diocesan Administrator of Juneau**

## **Introduction**

Pending now in the Alaska legislature, is a bill with the innocent sounding name, "An Act relating to the rights of terminally ill persons." This bill, if made law, would allow a terminally ill patient to request that his or her doctor prescribe a poison that would end the patient's life in a "humane and dignified manner." Those are nice sounding words but they are as lethal to our society as the poison that would be requested by a terminally ill person. This Bill, HB 371, is bad public policy and it is bad morals. It seeks to establish a new fundamental right, equal to those in the U.S. Constitution, the right of people "to make their own end-of-life decisions."

The Bill is a wake-up call to all Alaskans that the citizens are being asked to make "suicide" a right. What is being proposed through soft sounding language is that suicide is as basic a right as life, liberty and the pursuit of happiness. It is also a wake-up call for Catholics that a new moral principle will be foisted on the state if the legislature endorses it and the governor signs the bill into law.

## **The Rights of the Individual**

For Catholics, the starting point in this discussion is our relationship with our Creator. God created human persons as different from animals and things. In his encyclical, "The Gospel of Life," Pope John Paul II shows clearly that, just when international bodies are finally recognizing that some individual rights are fundamental and universal, there are widespread attacks on the most fundamental of rights, human life itself. Without life, he notes, our rights are meaningless. Euthanasia and assisted suicide contradict life.

What are the *roots of this remarkable contradiction*? The first is a growing sense that only the person who is self-sufficient is entitled to the full range of rights. When one is radically dependent on another, as is the case with the infirm or the mentally ill, one's human rights are acknowledged but often not honored. Secondly, society tends to "*equate personal dignity with the capacity for verbal and explicit, or at least perceptible, communication.*" It is clear that on the basis of these presuppositions there is no place in the world for anyone who, "like the dying, is a weak element in the social structure..." There is no place for "anyone who appears completely at the mercy of others and radically dependent on them and can only communicate through the silent language of a profound sharing of affection." [Pope John Paul II, "The Gospel of Life," #19] It is precisely the role of the state to protect the rights and dignity of those unable to speak for themselves.

### **Authentic Freedom**

"At another level, the roots of the contradiction between the solemn affirmation of human rights and their tragic denial in practice lies in a *notion of freedom* which exalts the isolated individual in an absolute way..." This view gives no place to solidarity with, openness to, and service of others. "While it is true that the taking of life ... in its final stages is sometimes marked by a mistaken sense of altruism and human compassion, it cannot be denied that such a culture of death, taken as a whole, betrays a completely individualistic [concept] of freedom, which [ultimately becomes] the freedom of 'the strong' against the weak who have no choice but to submit. It is precisely in this sense that Cain's answer to the Lord's question: 'Where is Abel your brother?' can be interpreted, 'I do not know; *am I my brother's keeper?*'" Yes, every person is his or her brother's or sister's keeper, "because God entrusts us to one another." Our God-given freedom, "a freedom which possesses an *inherently relational*

dimension” must be rooted in our connection to others. “But when freedom is made absolute in an individualistic way, it is emptied of its original content, and its very meaning and dignity are contradicted.

Finally, “freedom negates and destroys itself” and leads to the destruction of others, when it no longer recognizes and respects *its essential link with the truth*. When freedom, out of a desire to emancipate itself from all forms of tradition and authority, shuts out even the most obvious evidence of an objective and universal truth, it becomes a sham. The person then no longer takes universal truth as the sole and indisputable point of reference for his own choices about good and evil. Rather “he is guided only by his subjective and changeable opinion or, indeed, his selfish interest and whim....” [Pope John Paul II, “The Gospel of Life,” #19]

### **Faithfulness Within the Family**

This ‘freedom of choice’, as popularly understood today to be freedom from all restriction, has led to the breakdown of family and eroded our bonds of fidelity with each other. We have an obligation to sustain and support members of our family -- “for better or worse, in sickness and health.” These obligations apply not only to the spouse we choose but to the children and parents given us [U.S. Catholic Bishops, “Faithful for Life”]. Taking the life of a parent or spouse is a violation of this fidelity. Instead of seeing the hardships of a loved one as the opportunity to reach outside ourselves in love and support, we sometimes are tempted to look the other way. Instead of consenting to the death of a parent or spouse, let us intensify our compassionate care for those who gave *us* life and cared for *us*.

Freedom is the battle cry of the proponents of euthanasia or assisted suicide. The reasoning seems pretty straight forward: one should be master of

his or her own life and consequently have the choice to end it. But it is interesting that this freedom (or right) is presented as being contemplated only for the terminally ill. Will the same "freedom" be extended to others. For example, if a young person is depressed and begins thinking of taking his or her own life, will he or she take advantage of this "right to die?" If not, the young person who is depressed is of more value to society than the terminally ill. When personal freedom is seen as absolute autonomy, the logical consequence is that everyone can exercise the "right to die." This is why HB 371 is bad public policy. It distorts and ultimately destroys the true freedom envisioned in our Declaration of Independence and the Constitution.

### **The Place of God in this Debate**

Many in our modern society have given up on God and the notion of universal truth. In the quest for absolute freedom, everything is negotiable, everything is open to debate, even the first of the fundamental rights, the right to life. The once inalienable right to life is questioned or denied on the basis of a legislative vote. Not even the will of the majority of the people is the basis for eliminating a fundamental human right. Such a right comes from God.

When God is lost, the sense of the human person is lost. Without God, human persons become no longer mysteriously different from other earthly creatures; they are as just one more species of living organism, a thing which has reached a higher stage of development. Enclosed in the narrow horizon of this physical nature, human persons are somehow reduced to being things. They no longer grasp the transcendent character of their existence. Life ceases to be considered a sacred gift to be venerated and cared for. Life becomes a mere thing which the individual claims as exclusive property completely subject to manipulation and control. [see John Paul II, "The Gospel of Life," 21 & 22]

## **All Human Life is Valuable**

We must continue to value all human life, especially in its final and most vulnerable moments. We value life because, as Catholics, we believe that life is a precious gift from God, and that God has entrusted us with it. We do not have ultimate control over our lives. We are its stewards. God is the one who decides when life begins and when it ends. We must never presume to take to ourselves the authority that belongs to God alone.

Society has the obligation to protect the lives of its people, especially of those least able to take care of themselves. Life is the precondition for every other right, even freedom, and must be protected by our society. We do not enhance freedom by taking lives. Freely taking one's life is the ultimate self-contradiction.

## **Medicine as a Healing Profession**

HB 371 gives doctors the responsibility for administering to their patients a lethal dose of poison. In our society, doctors are given enormous respect. Each and every day, matters of life and death are placed in their hands because they subscribe to an ethical code which requires them to do only good for their patients. Is it wise or ethical or good policy to give over to doctors the role of taking life or of cooperating in the taking of life? Would this not lead some patients, especially the elderly or the terminally ill to question the motives of the doctor? Will this not place a distance between the doctor and the patient and cause the patients to question whether the doctor is working on their behalf?

## **Euthanasia is Unnecessary**

Recent years have seen enormous advances in medical techniques for control of pain in terminally ill patients. With good hospice care, there are effective and life-affirming ways of lessening the suffering of patients. But we cannot have it both ways. Good hospice care and euthanasia are mutually exclusive. If society decides that there is no special reason to prevent suicide for terminally ill patients, it will have no incentive to expend its resources on excellent hospice care.

If doctors and medical staff know they may be requested to assist in killing their patient, they may withdraw, leaving the patient feeling more and more isolated. He or she can easily sink into loneliness and despair -- a loneliness and despair that would have been avoidable with the loving care of family, friends and medical professionals.

## **A Social Bias in Favor of Death**

If HB 371 passes, individual choices will be shaped by this new acceptance of euthanasia. A bias in favor of death will pervade society even more than it does now. For those with disabilities who are often frustrated as they reach out for self-fulfillment and self-advancement, our state's toleration and support of a "quick and easy" death will be seen as a personal threat. A social bias in favor of death will also plague those of a lower socioeconomic class. As economic pressures of an out-of-control health care system continue to mount, surely the poor and the marginalized -- those with no real access to advanced health care -- would be the first to be persuaded to make a quick "final exit" under a regime of legalized euthanasia. It was this argument that prompted the American Bar Association to reject euthanasia in 1992. The ABA said, "the proposed right to choose aid-in-dying freely and without undue influence is

illusory and, indeed, dangerous for the thousands of Americans who have no or inadequate access to quality health and long-term care services. Economic pressure would be brought to undergo euthanasia.”

Citing fears of widespread abuse, the New York State Task Force on Life and the Law has unanimously recommended against legalizing assisted suicide. The May 26, 1994 Task Force Report states:

“ No matter how carefully any guidelines are framed, assisted suicide and euthanasia will be practiced through the prism of social inequality and the bias that characterize the delivery [of services] in all segments of society, including health care.” The risks to already vulnerable members of our society would be extraordinary, especially in light of the growing cost consciousness about health care.”

### **Inadequate Safeguards in this Bill**

Finally, while HB 371 provides for some safeguards against a patient taking his or her life suddenly in a fit of depression, the safeguards are not adequate. The waiting period from the original request to the administration of the poison is ten days. Clinical depression often lasts more than ten days. This waiting period is significantly less than that for divorce. There is a greater concern though. There is a real fear that elderly persons will be railroaded into making the decision to die. In Holland, where Euthanasia with safeguards is the accepted practice, some 95% of persons in nursing homes express this concern.

In the Netherlands euthanasia has been allowed for ten years now. “In slightly more than half of euthanasia cases doctors kill without the patient’s knowledge or consent.” [*U.S. News and World Report*, 4/25/94]. Required

safeguards are ignored with very little consequence. Recently, Reuters news service reported that a Dutch court convicted a physician of wrongdoing in the death of a 63-year-old coma patient. The doctor violated every safeguard in the book. Neither the patient nor his wife had asked for euthanasia (though their children had!). There was no "unbearable suffering" because the patient was unconscious; and other physicians were not consulted. His penalty: a three-month *suspended* sentence. [Reuters, 10/24/95]

By enshrining in law the alleged "right to make one's own end of life decisions," this bill would provide the framework for the death of other than terminally ill persons. Next will come the mentally ill, then the physically handicapped, and finally those who simply see that life is not worth living. The "right to die" in the thinking of such people can easily become the "duty to die."

### **Conclusion**

At a time when individual human rights are universally acknowledged and upheld, the most fundamental human right, the right to life, is being trampled in the name of personal freedom. Freedom, as granted by God, is not individualistic or absolute. Rather, freedom finds its true expression within the context of the faithfulness of each person to family and community. Authentic freedom recognizes the value of all human life and rejects the current bias in favor of death that runs through society. We Catholics affirm that life is a gift from God to be treasured and supported and dealt with compassionately from its very conception until its last breath.



3200 PROVIDENCE DRIVE  
P.O. BOX 196604  
ANCHORAGE, ALASKA  
99519-6604

Tel 907 562-2211

## SISTERS OF PROVIDENCE HEALTH SYSTEM POSITION STATEMENT ON HB 371 "THE RIGHTS OF TERMINALLY ILL PERSONS"

### POSITION SUMMARY

*Providence advocates:*

- comprehensive and compassionate care for the chronically and terminally ill person
- the appropriate use of Advance Directives
- effective pain and symptom management
- quality nursing services, pastoral, psychological care and social work for the terminally ill
- the inclusion of hospice care

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*We oppose HB 371 because:*

- it fails to support dying people when they are most vulnerable
- fails to take into account greatly improving techniques for pain management
- legal and compassionate means for the terminally already exist.
- it challenges the caring nature of the doctor-patient relationship

*"The state diminishes life when it legislates an option that forces upon us in the time of our greatest weakness a decision no one should ever feel the slightest compulsion to make."*

- Attorney Julius Poppings, New York Times, June 13, 1994.

## PROVIDENCE HEALTH SYSTEM VALUES

*We believe we are stewards of our lives, but we may not unduly prolong nor hurry the natural process.*

Our position on what--in spite of its title--is essentially physician assisted suicide, is grounded in our basic values of:

- respect for the sacredness of life
- compassionate care of dying and vulnerable persons
- respect for the integrity of the medical nursing and allied health professions.

In addition, we recognize the right and responsibility of each person to make decisions regarding their medical treatment. However, we feel the growing public support for assisted suicide is the result of **several underlying fears about dying:**

- fear of losing dignity and control in the dying process
- fear of unrelieved pain
- fear of being a burden to one's family and friends
- fear of abandonment by family and friends.

In response to those fears we have seen they can be best addressed by providing an environment in which dying people are:

- treated with respect
- able to have loved one present
- have caregivers who are attentive to patient wishes and needs
- given medication and other therapeutic interventions to reduce or eliminate pain
- provided spiritual and social support.

### **Providence actively support dying patients and their families in the following ways:**

#### **Pain and symptom relief.**

Health care has admittedly miserably failed in this aspect in the past. As a System, Providence is aggressively promoting the provision of effective pain and symptom relief according to progressive standards of the medical and nursing professions. We are pleased that more physicians are joining the Providence Alaska Medical Center staff who specialize in these services and enhance rapidly expanding pain management program at the Medical Center.

Catholic health care organizations and others have developed aggressive goals to address this issue and put pressure particularly on health care education curriculums. *See attachment.* We know the medical schools of both Oregon and Washington are increasing training in pain management.

### **Advance Directives.**

We believe Advanced Directives are an under-utilized opportunity to prepare for end of life decisions. With the federal mandate that we must notify every admitted patient of their rights to make advance directives, we provide material which thoughtfully explains the options available.

We encourage people to complete these directives to make their values and wishes known to families and caregivers before they can no longer do so for themselves. Providence Health System facilities honor the decisions and preferences of patients made in accord with existing legal and ethical standards, **whether it is to provide, withhold or discontinue medical treatment, including tube feedings.**

### **Pastoral and Bereavement Counseling.**

The final months of life can be the richest and most emotionally healing for patients and families. With an interdenominational group of pastoral care staff Providence provides ecumenical spiritual and emotional counseling for patients and families.

### **Why Providence opposes the bill:**

*"Assisted suicide is a flight from compassion, not an expression of it. It should be suspect not because it is too hard, but because it is too easy."*

- Richard McCormick, University of Notre Dame professor  
of Christian ethics.

- We are concerned that this is a reflection of the American penchant for a "quick fix".
- We see it as an erosion of the physician-patient relationship which is what happens when health care becomes simply a business, not a ministry, a service.
- Patients are losing their trust in institutions and physicians fearing they are no longer there to provide or advocate for appropriate treatment and relief of their pain but to worry about the bottom line and incomes.
- Legislation of this nature takes away compassionate support for people when they are most vulnerable. **We fear this will reinforce the view that dying people are a burden to society.**

*Can you hear a frail elderly person, already an emotional and financial drain on her family wondering to herself: "Do they want me to ask for it now?"*

**Additional Comments:**

1. In spite of some of the language in the bill, there are no real safeguards against the use of the prescribed overdose by others.

2. We are concerned with the language starting on line 23 of page 7 which seems to say those institutions and physicians who are unwilling to participate in this process are essentially obligated to find alternative providers.

**In Conclusion:**

We believe this bill is going to the extreme to solve a problem that should be addressed in other ways. We would be happy to assist you in further consideration of those approaches.

Our principal strategies include education and advocacy, interdisciplinary clinical teams, funding/staffing priority, policies and protocols, hospice and home care, and accreditation.

### Care of the Dying Objectives

The Leadership Team for Supportive Care of the Dying: A Coalition for Compassionate Care (SCD:CCC) has identified five goals:

- Clarify, communicate, and implement a paradigm of compassionate care which integrates ethical, clinical, and spiritual dimensions.
- Assess the current level of care and, using expertise and resources primarily within the Catholic provider and greater community, identify, develop, and share delivery models pertaining to all dimensions of care for the suffering and dying.
- As part of the compassionate/comfort care delivery models, develop standardized educational programs for the caregiving community, as well as modules for the community at large.
- Foster relationships and networking and identify resources among caregivers within the entire community on the issue of compassionate care.
- Establish criteria and measurement guidelines to assess processes, outcomes of education, compassionate care services and methods of assigning accountability for these guidelines and processes.

*Materials from Supportive  
Care of the Dying project*

**Juneau HB 371 Testimony: 06 February 1996**  
**House HSS Committee**

Senator Jacob Javits, Vice President Henry A Wallace, composer Dimitri Shostakovich, heavyweight boxing champion Ezzard Charles, actor David Niven, jazz pioneer Charlie Mingus, one of the world's most amazing astrophysicists, Stephen Hawking, Lou Gehrig, Representative Brian Porter's father, and me, Kent Lee Woodman.

I like to think that I was added to that list of dead or dying ALS sufferers, to add some class.

**Amyotrophic Lateral Schlorosis** has been diagnosable for about 125 years. So far it has always been fatal; there is no treatment. In this disease, your nerve endings lose their ability to transmit electrical signals to your muscles. You become weaker and weaker until you are confined to a wheelchair, then to a bed, then connected to tubes and a ventilator. Then, if you have not been hit by a *People Mover* bus, you die from respiratory failure.

There are short term versions, where you last from 18 to 30 months, and a longer version. I am just beginning my 9th year, so it does not take a rocket scientist to figure which one I have.

That's all I am going to tell you about my own personal problems. I wanted you to know what I face, because it says a lot about my clarity of thought on the instant matter. In fact I have done more thinking and agonizing about end-of-life decisions than perhaps the aggregate in this room.

I will NOT be going over the bill in detail. You all have it; I assume you have not only studied it, but the accompanying sponsor's statement.

I am here to talk about PERSPECTIVE and to discuss a little of the opposition you may hear as this bill passes through our process. By the way, 26 states are doing something like it right now, and though Oregon passed and signed a somewhat similar bill into law last year, it has been challenged by the losers and is heading for the Supreme Court.

The up side of that is that *Representative Brown* and *Alaskans for Death with Dignity* had the advantage of all those bills, all the arguments, all the challenges and all the nay-sayers, and they have crafted a VERY carefully prepared document. Alaska COULD, in fact, be the first State in the Union to get such a measure in place.

In no state in the US is it against the law to commit suicide. You are free in the 50 states, the District of Columbia and all our possessions and Territories, to perform a 38 caliber tonsillectomy, examine the insides of your wrists with a razor, tune up your car with the garage door closed, bungee jump without the bungee or experiment with rat poison.....and you have NOT committed even a misdemeanor. You can even try and fail miserably, get the public funded folks to clean up after you and pump you out or fix you up, and no one can say anything. In most states, your insurance company cannot even take adverse actions against you after an initial period.

Strangely enough, if you HELP someone commit this NON-OFFENSE, you face a FELONY rap.....even if you just know something about it and fail to stop it, you could face the long arm of the law. This constitutes the **ONLY legal action a person can take, which develops a felony conviction for helping.**

Those of us who support this bill **ABHOR SUICIDE**. It goes against my personal ethics, and it is potentially a terrible waste of a person's ability and potential contribution to our society. You see, suicide is the taking of a life when there are OTHER options.

Suicide is coping out when you are depressed, as when you lose a job, a lover or lots of money. Some counseling can start the reversal of one's fortunes, until one finds the guts to reach down and grab one's bootstraps and lifts one's self back up to participation in the program.

This bill is NOT ABOUT SUICIDE. This bill is NOT about ending life.....it's about ENDING DEATH! Those few Alaskans who will avail themselves of the benefits of this bill, will already be dead by the time they make the option. They are terminal, they are suffering, they know that they can no longer contribute and that they face their own hell of physical pain, and the awful internal pain of humiliation and frustration at not being able to even handle their own toilet activities, let alone make a contribution.

I read a touching account by the widow of an AIDS patient who watched her husband go through the horrible last 7 months of his death. He wasted away to 70 pounds. He lost bodily functional control. He was in terrible pain. He wanted to leave and see what happens next, but was forced to go through a debilitating punishment.

His wife watched all that she had known and loved wither away. She watched his strength disappear, and she was left with haunting memories instead of the few good ones that mourners are supposed to have for comfort.

Her comment was that all the do-gooders who insisted that this public humiliation, pain, debilitation and agony must continue.... that NONE of them came to the hospital to visit. None offered any support. None helped with Doctor's or Hospital bills. They were all safe and snug in their homes absolutely certain that they knew what was best for everyone else.

Those of you who knew my mother, *Betsy Woodman*, remember a vibrant, creative, energetic woman. When my father and I were told by the hospital chaplain that she did not make it through emergency surgery after an automobile accident 5 years ago, he asked if we wanted to go in to say "good-bye".

I determined NOT to go in. My mother was already gone. I wanted that freshest memory of only the day before, where she was planning a trip, counseling on a personal problem, researching an article and fixing a great meal. I did not want to replace those memories and my vision of my mother with a battered vessel that used to house her. I have never regretted that decision.

Lots of people do not have that option. A physician speaking to our group last fall pointed out that when our parents were kids, they expected to live to be about 55 or 60. Folks 75 years ago usually died younger and faster, from accidents, injuries and quick-acting diseases.

Improvements in medical research, technology, baby formulae and pharmacology have allowed us to look forward to life at 70+, but there is a change coming over the country. Just like the "graying of America" we see more and more folks dying from CHRONIC diseases, and frequently taking months and years to do it. In fact, today, and more in the future, there will be folks lying in beds with tubes poked in them while they wither away from a whole raft of diseases which offer drawn out, painful deaths.

In short, new problems require new solutions....no different than the urgency in overhauling our Social Security System due to the rapidly changing demographics.

There are those who insist that suffering until the last ounce of life is snuffed out through extreme pain, is what "God intended". Some even feel that this end of life suffering is the price of admission to their Val Halla. I support their view. I will help defend their right to discuss it, prosthelitize it and to practice it. It is indeed unfortunate, however, for those of us who are heading for an alternate version.....where the admission price is different!

I do NOT, however, share their position, and I resent terribly any effort to have government force THEIR religious, ethical or moral position and practices on me. I have my own, and they are no less noble and no less altruistic.

I seek to level the playing field. As the law is now written, we must ALL follow THEIR code.....and if public opinion polls can be believed, THEY are in the minority. I seek to amend the law to allow me to exercise my own moral, religious and ethical options about my own private dying process.

Different from the opposition, however, what I seek is a change that would allow us ALL to exercise our own principals, while the opposition would wish to retain laws that favor theirs.

I'd like to explode a pair of opposition myths which you may hear during your deliberations. The first is the SLIPPERY SLOPE argument, which is generally accompanied by the frenzied wringing of hands and questions such as: "oh sure, we pass this one now and tomorrow *Dr Kevorkian* will set up shop".

That's as illogical as it is preposterous, but it is a common thread of the opposition, who's true motive is their religious beliefs, but who know better than to ask you to do legislative stuff because God wants you to.

That same line of argument could be: "oh, sure, pass a law today to offer assistance to homeless people, and tomorrow everyone will be on welfare." That's preposterous! Each new piece of proposed legislation will have its total public hearing and debate. If someone comes along in a year or two years and proposes a change to this new legislation, he or she will have to go through all the motions, prove all the arguments, set aside all debate. There is NO relationship.

I would urge you to listen to such arguments closely, and see if there are any redeeming qualities to them, or if they are pure, illogical emotionalism.

The second myth is the one of religious, ethical or moral authority. When a member of the religious right makes what appear to be factual statements, remember, he or she is ONLY STATING HIS OR HER OPINION. Religious leaders are sharing with you THEIR slant on a code of ethics and their religious teachings.

What preposterous egos they must have. The statements are OPINION, relating to THEIR religious beliefs, and while they are important and I support them, I do not share them. MY religion, ethics and morals are stated differently.

**BOTTOM LINE:** Why should Government attempt to referee such a match? Government has no place in the battle at all, and public legislation has no place in it.

Thank you for the opportunity to blow \$750 to come down and talk with you. Thank you especially for the courtesies I have been extended by several of you by FAX and E-mail. I intend to visit the Senate and to drum up a pair of them to co-sponsor a companion measure, and to visit the counterpart committees tomorrow.

I would be pleased to answer any questions, and I have a copy of my prepared remarks which I will leave with your chair.

end end end

-6-



TELECOPY COVER SHEET  
Anchorage Legislative Information Office  
Office - (907) 561-7007 Fax - (907) 562-4376

TO: Rona Tooley + Bunde, Co-Chair, House HB 55

ATTN: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_

FROM: Anchorage Tele. PHONE: 258-8174

INSTRUCTIONS: Please enter the following letter  
into record on HB 371.

SENT: Date 2-10 Time \_\_\_\_\_

DISPOSAL OF ORIGINAL: Discard \_\_\_\_\_ Hold for Pickup \_\_\_\_\_

NUMBER OF PAGES: 3 (counting cover sheet)

TRANSMITTED BY: Jean Miller

February 6, 1996

Representative Kay Brown  
and Honorable Members,  
Health, Education & Social Services Committee

Dear Friends:

Thank you for the opportunity to express my support of HB 371, "Death with Dignity," and to commend your courageous insight.

Please know that I speak also for my son, Jeffrey Michael Baker, a boy who loved and nurtured all living things -- filching crusts off Mom's freshly baked bread to go out and feed the ptarmigan that flocked to his crumb-filled hands as he stroked and talked to them; rescuing injured birds and driving them across town to the "bird lady; saving Mom from spiders -- and the spiders from Mom -- gently taking them to a safe place outdoors and returning to hug away my shudders.

This was a boy who deftly milked the nectar from Mom's columbine blossoms, creating a feast in the palm of his hand for the swarming bees, their stingers leashed. A boy whose first experience with euthanasia was when the vet said it was time for "Little Kitty" to be put to sleep -- he drove her there himself to spare Mom, coming home tearfully, but holding me while I cried, and telling me it was a sin that humans beings could not be treated the same way.

When the "bird lady" on the phone said she could do nothing for the robin that had broken its neck against our windowpane, and told him what she would have to do, he said, "No, it's suffering now. I can do it." I watched from the window as he dug a small grave beneath the spruce, gently slipped the wild-eyed head through a noose of twine, his body slumped in agony and heaving with sobs; but he came in straight and tall, tears streaming down his face, hugged me tight and said, "It's all right now...."

This was a young man tormented by the wrenching Karen Anne Quinian saga, distressed at the inhumanity that imprisoned her and her loved ones. When he found Mom to be of like mind, there were long discussions, sharing mutual desire for our individual demises; the hope that some day the world would become enlightened enough to bestow on humans the kindness and mercy it tenders toward pets. We tempered this only half-jokingly with the idea that we take our aches and pains to the kind, caring veterinarian so that should the occasion arise, we could be assured a quick, painless, merciful death at the hands of one unbound by the "hypocritical" oath. His was a firm conviction that God's gift of free will includes man's right to call for the end of his own suffering from irreversible pain, disease or impairment, and that he be so assisted in this release.

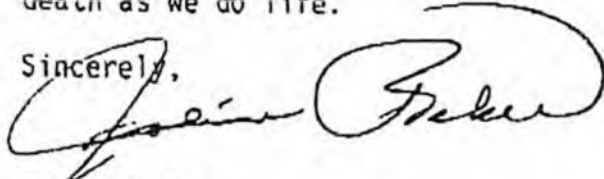
Representative Kay Brown et al  
February 6, 1996  
Page 2

Twenty years ago, as he lay unconscious, shackled to a hospital gurney in the aftermath of a car accident, all I could say to him was, "It's all right, Jeffer, it's all right..." before they took me away. He never regained consciousness and died that day. He was 23.

His legacy was one of love, pure delight in his brief existence, and unutterable pride that he was my son.

In his memory, I urge passage of HB 371, so that we may begin to honor death as we do life.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joline Baker". The signature is written in dark ink and is positioned to the right of the word "Sincerely,".

Joline Baker  
816 West 34rd Av #10  
Anchorage, AK 99503  
ph: 274-5953

MARIE MOTSCHMAN  
President Arctic MARKeters  
6900 Royal Court  
Suite B  
Anch. AK 99502  
907-243-5252

TESTIMONY FROM MARIE MOTSCHMAN REGARDING:

DIGNITY IN DEATH--HB 371

FEBRUARY 6, 1996--TELECONFERENCE

There are few things in one's life that are private.

In time-honored society, there is one desire we all value and that is DIGNITY. No one truly wants to embarrass themselves in front of others, including family members. Never does anyone truly desire to drain the government trough or the loved family and friends of the dying.

DEATH is a personal issue, preferably and above all held within the bounds of HONOR. no one understands this more than those experiencing the decay and oncoming darkness and uncertainty of inevitable departure from this planet experience the guilt and torment of those who have accepted the consequences and want to move on to a better existence.

PAIN is oftentimes a consequence of living. Who ware we to decide for someone else what is tolerable. Who are we who would withhold responsibility from someone for MAKING THEIR OWN DECISIONS!? We are the generations that can make a difference and change the rules.

LET'S HELP CORRECT THE PAST MISTAKES MADE AND BRIGHTEN UP THE FUTURE FOR THE INEVITABLE END OF SUFFERING IN DEATH DECISIONS--PASS HB 371 THIS SESSION.

FEB 8 1996

# FAX TRANSMISSION

6907 SUNNY DRIVE  
JUNEAU, ALASKA 99801  
H 907-789-2521 W 907-465-2505  
FAX: 907-789-2747

To: Representative Kay Brown      Date: February 7, 1996  
Fax #: 465-4419  
From: Sylvia H. Hartman *Sylvia Hartman*      Pages: Two, including this cover sheet.  
Subject: House Bill 371

## COMMENTS:

Last night I listened with keen interest to the televised hearing on HB 371. In August of 1994 I was diagnosed with Non Hodgkins Lymphoma, a slow growing, incurable lymphatic cancer. I felt particularly cynical when listening to testimony from a former nurse who was formerly employed at Providence Hospital in Anchorage. She stated that there is no need for assisted suicide, as there are pain relievers, and other treatments for patients in a terminal condition. My friend Jennifer Breslin, age 36, just passed away last fall in Providence Hospital in Anchorage from cervical cancer that had metastasized. Jennifer's last words to me about a month prior to her death indicated three things: the so called wonderful pain killing medicine administered through a pump in her spine made speech, thought, and other very important bodily functions almost impossible for her at a time when she needed to communicate, and to be at peace; she was in intractable pain constantly from metastasis to her organs; she said, with great difficulty and frustration at the effort it took to speak because of the medicine, and the exhausting quality of pain, "Oh God, this medicine! And the pain..." At that point I had to speak her thoughts for her. I said "IT HURTS TO BREATHE" She answered "yes". I didn't try to press her, because I knew she was incapable of any further effort; she was trying to speak, but all that she could utter was a frustrated attempt at words, and so I said in response to what I knew she was attempting to say... "this is the worst nightmare of your life", to which she replied a resounding "YES!!". Those are the last words I heard from her

I'm a Christian, and yet, when I hear all the arguments proffered against this bill, I experience anxiety, frustration, fear, and a profound sadness. I'm afraid that at a time when I may need the support of medicine and society to uphold my choice of freedom from agony or prolonged wasting away, that it will be withheld from me because of a misinterpreted "ethic" imposed by those that espouse beliefs that they feel transcend the rights of any individual to die with dignity.

This bill isn't about religious freedom. It isn't about killing off the poverty ridden, or the weak, or the elderly. I feel that there are protections that can be written into any bill to disallow assisted

suicide for "gain" that is other than death with dignity. For example, and I realise that some of these are in the bill - you could include provisions that inform the residents of this state that they have to have living wills with specific instructions to family and doctors if they are to be eligible to be considered for assisted suicide; there could be provisions for the opinion of two doctors that the condition is terminal, or that the patient is technically brain dead or whatever, prior to consideration of assisted suicide; make it mandatory for doctors to uphold the wishes expressed in appropriately devised, legal, living wills so that the terminally ill and their families aren't exposed to more suffering at the worst possible times in their lives. There could be a period during which the citizens of this state are informed about the requirements for assisted suicide, then the process would be allowed, much as in certain countries in Europe. There is no mass extermination of elderly, weak, or poor in those countries if you'll examine the records.

I've had four of my favorite friends die from cancer in the past three years, and two of my friends have very advanced stages of multiple sclerosis. I wanted sorely for them to not suffer to the extent that they have. As very intelligent, Christian, family loving individuals, they would have chosen assisted suicide to the weeks and months of suffering they endured. Their families didn't want to get rid of them because they were too expensive to care for, or because they were too old. All of them are/were in their forties. Their families would have happily allowed assisted suicide so that their loved ones didn't suffer the crushing pain and discomfort for WEEKS on end prior to death.

This bill is about the individual right to be free from agony and prolonged wasting away or other medical extremis when there is no alternative but being allowed to die in peace and with comfort. Please do not be swayed by arguments that do not address individual freedom to choose assisted suicide over pain when there is the certainty of impending death. The propensity of religious zealots to play "ain't it awful" can be answered by careful delineation of the protections in place to prevent "mass murder" of the less financially blessed, or the elderly, or weak in this state. Surely we can look to the provisions already in place in Europe and other countries, such as Australia to determine a tightly regulated manner in which to offer humane, dignified choices to the residents of this state when they most are in need.

FEB 9 1996

Bill and Judy Hopkins  
4005 Twilight Lane  
Anchorage, Alaska 99516-4028  
phone 907-345-1237 fax 907-345-5063 e-mail 74653.3537@compuserve.com

February 8, 1996

TO:

Representative Kay Brown  
Representative Con Bunde  
Senator Steve Rieger

We are strongly in favor of HB 371, the so-called "right to die" bill. This is an intelligent, humane concept. As we approach our "golden years"--and those months and perhaps years that might be tarnished by the pain and suffering of a terminal illness--it would be comforting to know that an enlightened Legislature has made it possible for us to choose death with dignity.

We commend Representative Brown for introducing this bill, and urge Representative Bunde and Senator Reiger to support it in committee and when it reaches the floor of their respective houses.

W.W. (Bill) Hopkins  
Judy Hopkins

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P.01  
FEB 12 1996

February 9, 1996

Dear Representative Toohey:

Though Feb. 6 was the date of a hearing before the House Health, Education & Social Services Committee for IIB 371, the Death With Dignity Bill, I never received that information until Feb. 7, one day after the hearing had been held. Such is life here on the outer fringes of the state, where news from Juneau trickles in very slowly. Had I been aware of the hearing I would have taken time from my schedule to participate in the hearing and testified in favor of the bill.

Frequently efforts promoting this idea are ridiculed and labeled nutty, when we should actually be focusing on the individuals this legislation would benefit, not those promoting it. Unfortunately for us humans we are inexplicably afflicted with a variety of disease syndromes leading to great physical deterioration and ultimately death. As these syndromes advance from the early to late stages, those afflicted are forced to suffer intractable pain, both physical and mental. For these individuals we need to be opening up passageways, not placing roadblocks in front of them. I urge you to support the legislation introduced by Representative Brown. Voting for this legislation is a way of affirming those inalienable human rights our founding fathers spoke of, and an attempt to alleviate further needless pain and suffering.

Sincerely,

Albert Bowling



PO Box 390  
Kotzebue, Alaska 99752



# ALASKA NURSES ASSOCIATION

2371 3rd Avenue #3 Anchorage, AK 99501 2523  
(907) 271 0877 FAX (907) 272 0297

## Testimony to oppose HB 371

My name is Jackie Pflaum. I am the legislative chairperson of the Alaska Nurses Association. The Alaska Nurses Association is opposed to HB 371, An Act relating to the rights of terminally ill persons. The title of this Bill is misleading; it does not define the Bill's intent; to allow health care providers to participate in "Assisted Suicide." By assisted suicide, we mean making a means of suicide (in this case-medication) available to a patient with the knowledge of the patient's intention to end his or her own life. If that is the Bill's intent, it should be so stated in the title of the Bill so that everyone understands the intent of this legislation.

Among the most controversial, vigorously debated and, at times, confusing issues within contemporary society is assisted suicide. The nursing profession is also struggling with the complex moral and professional questions surrounding this issue. Nurses are well aware of the dilemmas presented by the technological advances of modern health care; the advances that have made it possible to extend life are also the advances that have sometimes been misused to extend the dying process and erode the dignity of the dying person. It is not death that holds dignity. The dignity lies within the dying person.

Nurses witness first hand the devastating effects of debilitation and life threatening disease on patients and their families and loved ones. They too, search for effective ways to preserve life and at the same time honor the dignity of a person in the process of dying. We must remember that dying is a life process and patients deserve and should expect, the same competent and compassionate care that they are entitled to throughout their lifespan. How they choose to do their dying is a life decision and one that should be honored within the permissible parameters of professional, ethical codes and the health care professional's integrity. Assisted suicide is not morally sanctioned by any professional discipline.

Very few patients fear death: they fear abandonment and uncontrollable pain. The scientific technological advances that can be misused in extending the dying process also offer us the means to provide effective pain control, care and comfort measures. The limited resources available should be used to assure that dying patients are provided the means necessary to assist them and their loved ones in accessing competent and compassionate care and support in the process of dying.

The ANA Code for Nurses with Interpretive Statements (Code for Nurses) explicates the values and ethical precepts of the profession and provides guidance for conduct and relationships in carrying our nursing actions. It is within the framework of the Code for Nurses and professional standards that nurses make ethical decisions and discharge their responsibilities. The Code for Nurses states that respect for persons "extends to all who require the services of the nurse for

the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering and the provision of supportive care of the dying. The nurse does not act deliberately to terminate the life of any person. Though there is a profound commitment both by the profession and the individual nurse to the patient's right to self-determination, limits to this commitment do exist. In order to preserve the moral mandates of the profession and the integrity of the individual nurse, nurses are not obligated to comply with all patient and family requests.

Assisted suicide is not to be confused with ethically justified end-of-life decisions and actions. The moral objection to the nurse's participation in assisted suicide does not diminish the nurse's obligation to provide appropriate interventions throughout the process of dying. Nurses must be vigilant advocates for humane and dignified care, for the alleviation of suffering and for the non-abandonment of patients. The provision of medications with the intent to promote comfort and relieve suffering is not to be confused with the administration of medication with the intent to end the patient's life. "The nurse may provide interventions to relieve symptoms in the dying client even with the interventions entail substantial risks of hastening death." (Code for Nurses)

Nurses must identify and seek opportunities to demonstrate their lasting commitment to patients and families within the confines of professional practice. Efforts should be directed at the implementation of programs of palliative care to better manage chronic severe bio-psycho-social and spiritual distress that limit quality of life and increase suffering. A review of reimbursement formulas that address hospice and home care services is another step in this process. Support of ongoing research in pain control and careful scrutiny of futile treatments are others. These positive initiative will benefit all of us.

What will not be to our benefit is assistance by health care providers to those who intend to end their lives. While there may be individual patient cases that are compelling there is a high potential of abuse with assisted suicide, particularly with vulnerable populations such as the elderly, the poor and disabled. These conceivable abuses are even more probable in a time of declining resources. The availability of assisted suicide could weaken the goal of providing quality care for the dying.

The debate and controversy surrounding assisted suicide has highlighted the shortcomings of the health care system, in particular, care of the dying. Nurses and the nursing profession will take an active stance to create health care environments that provide humane care. Nurses in Alaska stand firm in their commitment to the value and dignity of human life and are prepared to ensure that the citizens of the state receive optimal care at the beginning, middle and at the end of their lives.

Thanks you for the opportunity to speak to this issue. We look forward to continuing dialogue with you in regard to this complex problem.

Respectfully submitted,

  
Jackie Pflaum

Legislative Chairperson

DT: February 13, 1996

TO: Health, Education, and Social Services, State Affairs, Judiciary Committee Members:

RE: House Bill No. 371

~~This is to oppose House Bill No. 371, an Act relating to the rights of terminally ill patients.~~

Is human life such a throw away thing that we have come to the point we can choose to end our own life the same way we can now end the life of the unborn child? Look at the disastrous results from legal abortion--the lives of 1.6 million human beings are ended each year. If this bill is passed, we will soon be counting statistics of the terminally ill.

I think of my mother. She has chronic liver disease and a debilitating muscular disease. She lives daily with pain. Her pain will increase as her body continues to weaken. She does not want to be a burden to anyone. She has her ups and downs. During those times when things are going really bad for her, I believe she would consider dying to make the pain go away. I believe, too, she would consider dying to make my life better. But she still has so much to offer this world and the people around her. Who will stand up for my mother and value her life? I believe I must. I will be there holding her when she is wracking with pain. I will be suffering right along with her until her Creator says it is time for her to go.

This is too much of a burden to put on people who are dependent upon others to help them. Most people hate dependency. I fear many people will choose to die simply to relieve their loved ones of pain, sorrow, and expense of having to care for them. How many will want to take the easy way out? Will there be those family members who will encourage them to do this? But life is not that simple. There has been and always will be pain and suffering. People are meant to help each other through it. Suffering is part of living. Compassion and encouragement are part of living and must be given to those who are suffering.

This bill says that it will not go beyond the scope of what it now is. From the history of our world, things consistently change. There will surely come a time when the provisions of this bill are not enough. Did this not happen in the Netherlands where people are being killed against their own will? What are our nation and state coming to to interfere with human life and call it "the right to die with dignity?"

It is a deception to believe that just because you sign papers and have the approval of doctors and a government body you are not committing suicide. Suicide is simply killing your own self. Why lie to ourselves and call it something else? Does our state really want to sanction suicide?

I want to address three specific issues from the Bill. (1) What is the purpose of the provision of not requiring notification of a family member that one of their loved ones wants to end their life? What does the individual fear to involve their family in such an important decision? I believe it should be a requirement for family to be notified. (2) Is someone's "right to die" more important than the right of doctors and health care people who do not want to participate in assisting someone to die? Requiring them to refer patients to someone who will help them takes away their rights and forces them to participate in something against their own morals or values. (3) And, what is mental competence? Who will determine the degree of mental competence? This needs to be very clear.

In closing, for our state and nation to survive they must always seek Truth. That Truth is found in one God who created us all. A God our founding fathers worshiped and sought to obey. God left us with these words:

"The Lord brings death and makes alive; he brings down the grave and raises up." I Samuel 2:6

"Rescue those being led away to death; hold back those staggering toward slaughter." Proverbs

"And for your lifeblood I will surely demand an accounting. I will demand an accounting from every animal. And from each man, too. I will demand an accounting for the life of his fellow man. Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man." Genesis 9:5-6

Please protect the State of Alaska and its people from further devaluing life and getting involved in something that will only harm us all.

Respectfully submitted,

Lynda Belden  
District 8

PO Box 4174  
Soldotna, Alaska 99669  
907-262-8766

Please forward a copy of this message to Representative Gary Davis.

**Mr. Davis, please take a personal stand against passage of this Bill.**

FEB 17 1996

February 12, 1996

P. O. Box 81269  
Fairbanks, Alaska 99708

To the Health and Human Services Committee, and Interior  
Delegation

Regarding HB 371, if someone is determined to have the "right to die", then a doctor or anyone who aids that person would be given the right to kill the other living human being no matter how carefully a bill is worded. This certainly conflicts with a doctor's oath to heal and value life.

People ill, or in pain, many times despair and even may wish for death. If someone is crying for help we need to treat their pain and depression and not leave fallible humans (this includes doctors), to determine the length of another's life.

People who are desensitized to the sacredness of human life are soon thinking the unthinkable. In the Netherlands legalized voluntary assisted suicide is now involuntary for children born with disabilities. We are desensitized to the acceptance of abortion and wonder why the violence and abuse of children appears to be increasing in this society. How long before we become so desensitized that people with mental illness, or a permanent disability become candidates for euthanasia. Read "Two Old Women", and you can see how a society can justify whose quality of life will benefit society and who should die.

Nine months after my father was diagnosed with cancer I sat by his bedside with my Mother, brothers, sisters and other family as he took his last breaths. During those short months he struggled to survive and we never gave up hope, however he went through periods of depression, and suffered pain. He never complained and through 74 years of life had never been in a hospital until the last week before his death. Always a very private person this was difficult for him. He verbally asked the doctors not to use extraordinary means to keep him alive. I cannot praise the hospital and staff enough in their compassion for him and our family during this difficult time. He was given fluids and medication which controlled his pain, and oxygen to help him breathe. Even in a weakened state toward the end, he gave indications of awareness of our presence. I clung to every breath and every minute of his life, as did the rest of the family. Leaving is perhaps more difficult for the family than the loved one. I would not trade one of those minutes, and learned much about living and dying from him, from my birth until that last peaceful breath he took. Seeing

healthy bodies become withered and racked with disease and pain is not easy, but that same person we love is still inside that body. I am so thankful someone did not decide he should be euthanized at some point in his illness, even those last few days. These experiences bring you closer as a family and put life in a proper perspective.

My grandmother is now 93. Twice in the last 6 years she has been on her deathbed and doctors have summoned family saying she probably would not last another 24 hours. The last three years she has experienced pain from cancer. I visited her last summer in a Minnesota nursing home where she still enjoys life, bowls and plays horseshoe from her wheelchair. she attends church every Sunday, and her mind is still alert and sharp even though her body is just a wisp. Doctors do not know Gods timing.

We come into this world through pain, have many painful experiences in our lives, pain is sometimes a part of death. Pain should not be an excuse for assisting suicide.

Please oppose this bill.

Sincerely,



Mrs. Jeanne Everhart

Testimony on HB371 for the House Health, Education and Social Services Committee  
Hearing 2/20/96

From:  
Patricia Merwin  
Soldotna, Ak  
262-3578

So, Representatives Brown, Toohey, Finkelstein and Davies want to establish a fundamental right to die, a.k.a. "make their own end-of-life decisions". And they want to safeguard the process by giving a person wishing to die a grand total of 10 days to think it over after the initial request. And, they have added a proviso that any physician or hospital that has received such a request and refuses to be a principal agent (perhaps because they view themselves as healers and care-givers), must by law, be a secondary agent of the requested death by referring the patient to persons or institutions who are willing to help terminate the patient's life. And in order to provide complete control over this process, the individual must be terminally ill in the opinion of a physician, and another physician must confirm this finding.

While Representatives Brown, Toohey, Finkelstein, and Davies might be well-meaning in their proposal of this bill to the Alaska Legislature, the logic of HB371 is faulty and plagued by a misplaced compassion that leads to fatally flawed conclusions.

Let me begin by stating that in the United States our medical technology has advanced to the point where pain management for the patient is readily available. Patient pain, in almost every case, is relievable. So, one might ask, is the goal of this bill to relieve the emotional pain of those who are witnessing the physical debilitation of their loved one? This is a good and relevant question.

Now, I would like to address the issue of establishing a fundamental right to die. "the US Constitution affirms that fundamental rights cannot be limited to any one group, such as the terminally ill. The door is thus opened to court challenges allowing suicide-on-demand for everyone: clinically depressed persons, children with cystic fibrosis, nursing home residents, people with AIDS, and those with large medical bills. Because all would enjoy 'equal protection of being killed', no one is denied aid in dying, especially those who cannot request it for themselves, such as people in comas or in persistent vegetative states."<sup>1</sup> This creates an incredibly complex and horrific judicial Pandora's Box of death. It is, in fact, nowhere near the clean-cut, simplistic evaluation of the so-called fail safe measures the sponsors of the bill assure us would be in place.

Next, I must ask about the wisdom of the 10 day waiting period. While there are multiple examples of individuals who wished to die changing their minds when even one life circumstance changed, I won't belabor the point by listing them. Rather, let me ask a common sense question. Is 10 days enough time to contemplate any important decision? Would you marry after 10 days of knowing that person? Would you choose an

unalterable career with only 10 days consideration? Would you move across the USA or out of the country after only 10 days to think about the decision? Would you have sold all your stocks last year if you had any idea the Stock Market would just keep going up like it has? Can one make a wise choice in just 10 days? It really is not very likely and becomes a critical point when the decision is irreversible.

And what about the referral proviso? Quite basically, it uses the force of law to require physicians and hospitals to become unwilling agents in the termination of a human life. By Alaska Statute they would be required to violate the Hippocratic Oath, medical traditional ethics, and personal moral values. No person, or state, or government can justly, in the name of self-determination, oblige a doctor or hospital to administer, prescribe, or refer for lethal drugs when it goes against their oath and duty to heal and care for those in distress.

But surely, you may say, no one can argue with the requirement for a double confirmation of a terminal condition by two licensed physicians before life-ending drugs can be prescribed? Let me answer that with a quote from C. Everett Koop, M.D., former US Surgeon General. "The truth of the matter is that the practice of euthanasia in Holland has overstepped the guidelines and the standards originally agreed upon by the Netherlands medical society. In a few short years, second opinions about the need for euthanasia have been abandoned. Where a euthanasia death is reported, investigations are few and far between. Many euthanasia deaths are not reported, even on a death certificate. All evidence in these matters is under the control of the physician, and patients have been killed without having requested death. It could happen here."

As Thomas Jefferson penned in the Declaration of Independence, all persons are endowed by their Creator with certain inalienable rights, among them life, liberty and the pursuit of happiness. Inalienable, by definition, means that no one can remove that right to life, not even the individual who possesses it. The right is inalienable because it is endowed by the Creator, Who alone has the right to give and take life. This right is not and never can be held in the hands of the created individual. As legislators, or "law-makers" you must never lose sight of the fact that you are not the "Law-giver", and you must always legislate in accordance with and in recognition of all Creator-endowed, inalienable rights.

Despite the semantics of this "Death with Dignity" bill, when stripped of its misplaced compassion and failing fail-safe measures, this bill is, in effect, a bare-faced attack on the fabric of society that will ultimately lead to the social cannibalization of our vulnerable. We can not let this happen. And, as Dr. Koop said, "It could happen here." All you need do is to allow faulty logic, fuzzy thinking and misplaced compassion to guide you.

---

<sup>1</sup> Joni Earckson Tada, When Is It Right To Die?, Harper Collins, 1992.

Testimony on HB371 for the House Health, Education and Social Services Committee  
Hearing 2/20/96

From: Delores Linderman  
PO Box 85, Ninilchik, Ak. 99639

Please do not vote for HB371. I am strongly opposed to any form of legalized euthanasia.  
The Legislature is out of their realm of jurisdiction with this type of legislation.



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
 committee name  
 committee on HB 371, dated 2-20-96  
 bill/subject

House Bill 371 takes another step down the path of government intervention into the most private of decisions. I was chilled reading the language of this Bill. It imposes an incredible burden on health care providers as well as opening the door to Euthanasia. I urge the committee to take a hard look at this piece of legislation and not pass it.

We have existing legal protections of a person's right to not have extra ordinary measures taken to prolong life in the form of a living will. We have processes in place to provide for a comfort at the end of our lives through a compassionate Hospice Program.

Legalizing suicide for any reason is a step out on very thin ice. The question of life and death should be a private one. Government has no place in setting up a right to die protocol. Our society should respect the sanctity of life from the beginning to the end. We should not have the right or responsibility of deciding who should prematurely exit this world.

Sincerely,

Michael P. McLane  
 Box 769  
 Kaslof, Alaska 99610  
 Ph 262-4513 hm  
 Ph 262-2112 wk  
 FAX 262-1444

Signed: Mike McLane  
 Testifier

Representing (Optional)

Address

Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the House HESS  
 committee name  
 committee on HB 371 dated 2-20-96  
 bill/subject

There is no excuse for terminally ill people to die a death "wrecked in pain and indignity". We have excellent medicines and techniques to relieve pain completely. Medical providers perhaps need more education in that line. Patient advocates must take proactive stance in asking for relief from suffering if they perceive medical management to be inadequate.

I believe it is wrong to terminate a person's life. I took the Hippocratic oath, and I will not administer a poison or refer to someone who will. This Bill will force me to break an oath, and to act against my religious beliefs.

I consider myself obligated to be humane toward my terminal patients. I do not believe in extraordinary measures to prolong their life if they are unwilling. You can die with dignity, but suicide, or murder, robs us of that dignity.

Signed: M McIntosh M.D.

Testifier

(Family doctor)

Representing (Optional)

35670 Kenai Spur Hwy, Soldotna AK

Address

(99669) Tel 907-260-3933

Phone No

Shawn Hawbold Harrison  
P.O.Box 2777  
Soldotna, AK 99669  
February 20, 1996

Legislative Information Office  
Fax # 283-3075

Re: Assisted Suicide Bill and Teleconference

Dear Sirs,

I have lived in Alaska since 1969. I am the mother of three disabled children, and as such, am disgusted that this state would even consider an assisted suicide bill.

At some point, everyone feels like giving up, but this is definitely telling the population of this state that it is not only OK to give up and commit suicide, we'll help you do it! This is in every way wrong. The government has always held that killing was wrong, suicide is illegal, and assisting it is murder.

I know the bill talks of "terminal illness", but the person who has a life long disabling illness will be the next to go, because of course, their "Quality of Life" is impaired. The next time my son Michael, who has severe Cerebral Palsy, who cannot walk, talk or even feed himself, feels depressed, should I hand him a gun and help him pull the trigger? This question is not rhetorical, this very thing has happened in the lower 48.

If this bill is enacted into law, it will lead to the deaths of disabled children at birth and beyond. Other people will be making decisions as to who should be killed and who shall live. Has not this always been called murder in civilized society?

I urge the politicians and committees who serve the state of Alaska, to soundly defeat this bill.

Sincerely,

Shawn Hawbold Harrison

Shawn Hawbold Harrison



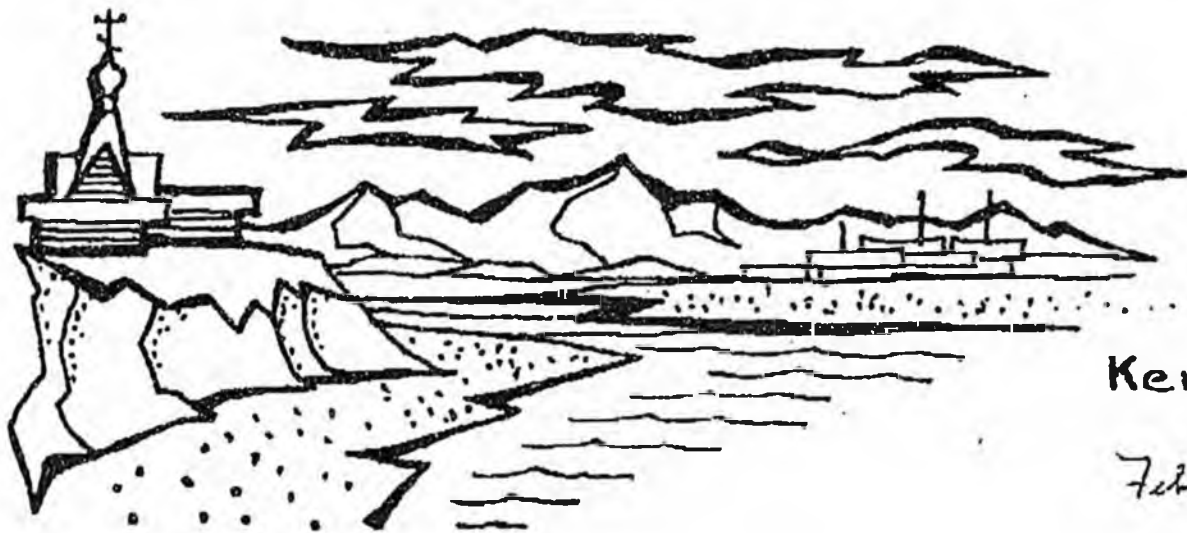
# Alaska State Legislature

Please enter into the record my testimony to the YES  
 committee name  
 committee on HB 371 . dated J-30-96  
 bill/subject

I AM OPPOSED TO AMENDING SEC 3 AS 18.12.  
 TO ADD SEC 18.12.015 ON MORAL & RELIGIOUS  
 GROUNDS.

I FEEL THAT WITH THE NEW SECTION, DESPITE  
 IT VARIOUS PROVISIONS, IT WOULD BE  
 CIRCUMVENTED BY UNSCRUPULOUS PERSONS TO  
 IN EFFECT MURDER, OR ELIMINATE, OTHERS WHO  
 WOULD ~~GLADLY~~ BE IN THE WAY OF THE ONE/S OR  
 THOSE WHO WOULD PROFIT BY DEATH

Signed: Leon G. Quesnel  
 Testifier  
 SELF LEON G. QUESNEL  
 Representing (Optional)  
 516 HENLOCK RD., KENAI, AK 99611  
 Address  
 283-4152  
 Phone No.



606 Westwood Cir  
Kenai, Alaska

Feb. 20, 1996

In regard to HB 371: Please vote against  
it. Medicine for pain alleviation is one  
thing, and should be given freely. Penthenasia  
is another thing and is morally offensive.

Eddie Seaman

To: House Health, Education & Social Services Committee

Re: Public Hearing on HB371 on 2/20/96

From: Shirley A. Aleckson  
HC 3 Box 917  
Soldotna, AK 99669  
262-9654/work283-5761

It has come to my attention that HB371, "An Act relating to the rights of terminally ill persons", is pending in the Alaska Legislature. I wish to speak against this bill and any other bill that might try to pass off killing as a right!

No matter how nicely it is phrased, this bill is for the purpose of making suicide an acceptably right. This is against our Declaration of Independence which states every citizen's right to life, liberty and the pursuit of happiness.

I have been at the bedside of a terminally ill dear friend. I did occasionally hear her say that she wanted this part of her life over and wished God would take her soon. But the next day she would be glad to still be here. She would be glad to have the chance to talk with an old friend from homestead days that she hadn't seen for awhile. They would talk for hours about that time in their lives and enjoy the memories. These visits helped her look back at her life and forget the concerns of the present. She was kept free from pain with modern medication which was a wonderful blessing. She had time to help prepare all of her family and friends for the day that she would leave this world. I thank God for allowing me the opportunity to see my friend die with grace and dignity which only comes from waiting patiently in the loving arms of family and friends until God calls us home.

Only God has the right to bring life into this world and take it from this world. True liberty and happiness comes from following God's plan for each of us. Freedom finds its true expression within the context of the faithfulness of each person to family and community. Authentic freedom recognizes the value of all human life. Life is a gift from God to be treasured and supported and dealt with compassionately from its very conception until its last breath.

Please do not pass HB371. Do not take our right to life away.

DIPLOMATE AMERICAN BOARD  
OF PEDIATRICS  
FELLOW AMERICAN ACADEMY  
OF PEDIATRICS

KENNETH W. MOSS, M.D.  
PEDIATRICS  
1600 GLACIER AVENUE  
JUNEAU, ALASKA 99801

PHONE  
(907) 586-1542  
RES. 789-3880  
HOSP. 586-2611

February 9, 1996

Representative Cynthia Toohey  
Representative Kay Brown

Dear Representatives Brown and Toohey:

I am writing to you concerning House Bill #371, entitled "An act relating to the rights of terminally ill persons." I have had the opportunity to read this bill, and would like to give my support for this bill's passage.

I have not come to this decision without a lot of thought. It is very difficult for a physician, who is trained not only to prevent suffering but to prolong life and to ease the pains of the dying, to think about such a bill.

The question arises as to whether this would be necessary. This is such an intensely personal decision when a person is in pain and terminally ill, whether life support measures should be continued or discontinued, or whether measures sufficient to relieve comfort, but endangering life should be given, and whether a person should be assisted in obtaining medication which is intended to end the person's life, as provided for in this bill. It is my feeling that a law should be enacted to permit this choice to be made by the principal person and his or her physician, if needed.

It may very well be that I myself, as a physician, would never undertake this choice, or as a person who was terminally ill or in pain make the choice for myself. However, I think it should be left to the individual and to the individual physician to have this opportunity, if they so desire.

As a pediatrician, I have been fortunate not to have to witness death frequently, because my patients are young. However, in my training, I did attend adult patients, and I did general medicine for three years before becoming a pediatrician. I have attended those who were suffering and dying. This is always a moving and dramatic passage, and except for birth, the final and greatest one of all for one to witness. There is no greater privilege for a physician than to walk with a person to the edge of the River and to hold one's hand as life departs.

Representatives Toohey and Brown  
Page Two  
February 9, 1996

Though I have never participated in active euthanasia for a human, as a boy growing up on the farm, and as an adult owning pets, I have performed euthanasia for animals, in order to end suffering and pain. It occurs to me that we should have the grace to assist those we love and care for very much with the same kindness that we afford to animals.

I think of a particular person, a young woman whom I attended when I was an intern in a large private hospital. The woman was in her thirties, still pretty even after her long illness, and dying of metastatic uterine cancer. Preventive medicine and cancer detection was not as well advanced in 1959 as it is today, and the cancer had spread to vital internal organs and to bone, and she had pain that was severe and not relieved by narcotics. As a last resort, a neurosurgeon was called in by her family practitioner, and he advised an operation called a chordotomy, in which the section of the spinal cord which conveys pain from the lower extremities to the brain was severed; it caused considerable disability, but relieved a portion of her pain. She did not live long after the operation. I thought of the hours and the weeks that this young woman and her family suffered before she passed away; I could not help but think of my own young wife, who was, in contrast, blessed with good health at the time. I occasionally think of this person dying of cancer to this day, and I again think of her when I think of this bill, HB #371.

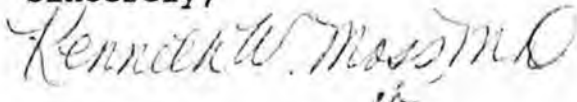
I remember my grandfather at 90 years old, dying of metastatic prostate cancer over a period of many months in a nursing home. No person had been nearer or dearer to me in my childhood. I drove to the nursing home one summer afternoon, and my wife and children waited in the car while I went in to see him. He recognized me, and told me that he had been suffering very much for quite a long time. I could not stay with him very long; we had to return on our trip to Alaska. When I embraced him and told him goodbye, I could not help tears from starting when I left the nursing home, and I had to brush them away before I returned to the car. I am not sure what my grandfather would have chosen. I do wish that he had had the opportunity to shorten the period of time of his dying, though not the time of his living.

Representatives Toohey and Brown  
Page Three  
February 9, 1996

The question of whether this bill should be passed is a moral, an ethical and religious one, as well as legal. I have not yet discussed it with my clergyman, but will do so. As far as my own moral principles are concerned, it comes down to two of the very strongest ones: one, that Christ taught that we should honor one commandment above all others, that is, to love one another; and the other is to do unto others as we would have them do unto us.

Medical science has changed. Technology has increased to the point where life, death and dying have become prolonged and different than in previous times. The option to death with dignity, versus death without dignity and without relief, should be examined and offered.

Sincerely,

A handwritten signature in cursive script that reads "Kenneth W. Moss, M.D." The signature is written in dark ink and is positioned above the typed name.

Kenneth W. Moss, M. D.

KM/eh



# Knights of Columbus

OUR LADY OF THE VIRTUES COUNCIL, No. 11558  
 3624 E. 16th Avenue  
 Anchorage, Alaska 99508-3041

February 20, 1966

Alaska House of Representatives  
 Committee on Education and Social Services

Dear Committee Members:

The Knights of Columbus Council 11558 of Anchorage, Alaska, a component of our organization with over 700 members throughout the State of Alaska, voices its strongest objection to House Bill 371, "An Act relating to the rights of terminally ill persons." The "rights" that this bill purports to protect contradict every human's basic right to life. Indeed, you are negating the right to life assured to each of us by the Constitution. Enshrining in law the alleged "right to make one's own end of life decisions" would provide the framework for the death of other than terminally ill persons such as the mentally ill or physically handicapped. Rather, we should devote our efforts to comfort and ease the pain of terminally ill persons so they have the opportunity to understand dying and make peace with their creator.

Our State government should not establish a new fundamental right, equal to those in the U.S. Constitution, that of the right to commit suicide. The precise role of the State is, rather, to protect the rights and dignity of those unable to speak for themselves, as is often the case of the terminally ill. We must continue to value all human life, especially in its final and most vulnerable moments. Our medical professionals would be in a compromising position if required to obey the provisions of this Bill. Their ethical code requires them to "...do no harm..." to their patients. Would you have the same confidence in your doctor if he or she has the legal authority to prescribe death for you or your family members?

HB 371 would allow a bias in favor of death to pervade society even more than it does now. The risks to already vulnerable members of our society would be extraordinary, especially considering the growing cost consciousness prevalent in the health care industry. It was for these very reasons that the American Bar Association rejected euthanasia in 1992. Please do not put the State of Alaska in the forefront of anti-life legislation. The fate of so many otherwise innocents lies within your control.

Sincerely,

*Kenneth E. Hitch*  
 Kenneth E. Hitch  
 Advocate

Post-It™ Fax Note	7671	Date	2/20	# of pages	1
To	H) HESS	From	ANCH TO		
Co/Dept.	Rep. Tolby	Co			
Phone #		Phone #			
Fax #	465-2137	Fax #			

To: House Committee on Health, Education, and Social Services  
 Representatives Con Bunde and Cynthia Toohey, Co-Chairing  
 From: Al Sundquist, 3324 Mt. Vernon Ct, Anchorage (907-562-7522)  
 President, Hemlock Society of Alaska  
 Subject: Supplemental testimony in support of HB 371.

Anyone who has ever witnessed the prolonged dying of a loved one will know what I'm talking about. Modern medicine has brought us many wonderful things, but it has not brought us the compassion to deal with the sometimes unendurable suffering of the dying process.

What recourse is there for people who die by agonizing inches from cancer, AIDS, ALS, or one of the other illnesses so prominent in modern times? If they are very lucky they may find sympathetic physicians who are willing to jeopardize their careers and even their freedom to aid a suffering person who wishes to hasten an inevitable end. But, if not, do they ask friends and relatives to help them die?

These practices go on every day in this country, in secret, in hiding, sometimes without any loved ones around because the dying person is afraid of implicating someone they love in a crime. We all need to be honest with ourselves and farsighted enough to see the changes that need to be made.

For years every opinion poll in this country has shown that a strong growing majority of Americans favor legalized voluntary aid-in-dying. It's time that our laws reflected this sentiment. Right now, this form of compassion for the suffering of another human being is against the law. We need to change that and we need to change it now.

Many opponents of HB 371 appear to do so out of their respect for life. Yet, they are quick to point out that suicide is legal, so do it. Hardly a consistent respect.

Other express the need to look out for those who cannot protect themselves. It demeans people to assert that they can't make their own decisions, they've been doing it all their lives. Who are you and I to say that they have no free will?

Physician aid in dying is not yet a legal option, even though most responsible internists and surgeons have practiced it at times, albeit indirectly and covertly. Now, more and more physicians are speaking out in favor of it.

Dr. Francis D. Moore is one of the most distinguished surgeons in this century. As Mosley Professor of Surgery at Harvard Medical School, he has long been an eminent and highly respected leader in American medical education and research. His opinions are based on wide experience and responsible reflection.

An excerpt from a chapter in Professor Moore's recent book on medical ethics is published in the current July-August issue of Harvard Magazine, entitled "Prolonging Life, Permitting Life to End."

Dr. Moore writes: "It is my credo that assisting people to leave the dwelling place of their body when it is no longer habitable is becoming an obligation of the medical profession. It is part of the doctor's job." He recognizes that the issue is controversial but he predicts that: "... there will be a strong public awareness that such a step is often essential to the doctor's historical mission of care and caring for human life, its quality as well as its duration."

"It is my conviction," he adds, "that although patients on complex life-support systems have focused attention on the matter, they are but a tiny fraction of the total population for whom it is matter of preserving unacceptable existence becomes urgent and urgently demands solution."

Responsible physicians should join forces with the public to write a new chapter in medical education that places care in death in its proper context. We need it and people are ready for it. It will relieve more suffering than did the discovery of anesthesia 150 years ago."

*Al Sundquist*  
 2/20/96

Post-It Fax Note	7671	Date	2/20	# of pages	1
To	H/ HESS	From	Anch TC		
Co / Dept	Rep. Toohey	Co.			
Phone #		Phone #			
Fax #	465-2437	Fax #			



ALA

Post-it Fax Note	7671	Date	2/20	# of pages	2
To	Rep. Torrey	From	FBX LIO		
Co (Dept)	Hess Co-Chair	Co.			
Phone #	WRITTEN TESTIMONY	Phone #	48371		
Fax #		Fax #			

URE

PLEASE ENTER INTO THE RECORD MY TESTIMONY TO THE HESS COMMITTEE NAME

COMMITTEE ON HB 351 DATED 2-20-96  
BILL/SUBJECT

I strongly oppose this "Distorted Suicide" Bill. We do not have the right to end our lives or our terms as we don't have the right to kill any human being. God gives us by His grace the right to life and death. This Bill is another movement resurrection of Society that has no dignity at heart. There are many groups that give loving care and help families and the suffering every day.

SIGNED Sandra K. Doyle  
TESTIFIER

REPRESENTING (OPTIONAL)  
PO Box 8183 Fairbanks AK 99708 (116 Kelson Way 99709) 459951  
ADDRESS/PHONE NUMBER



TO: HOUSE NEWS  
FROM: CAROLINE C. WOLF  
DATE: 16 FEB. 1996  
RE: HIB 371

---

IN THIS DAY AND AGE MEDICAL SCIENCE HAS EXTRAORDINARY CAPABILITIES. QUALITY OF LIFE ISSUES ARE NOT AS BLACK AND WHITE AS THEY ONCE WERE. PEOPLE SHOULD HAVE THE RIGHT TO CHOOSE WHEN TO DIE. THEY KNOW THEIR MENTAL EMOTIONAL AND FINANCIAL RESOURCES.

I HAVE WORKED WITH TERMINALLY ILL PEOPLE. I HAVE SEEN THEIR FACES BEGGING TO BE TREATED WITH DIGNITY.

I HAVE TALKED WITH PROFESSIONAL IN EUROPE THAT PROVIDE AID TO TERMINALLY ILL PERSONS. THERE IS NO QUESTION IN THEIR MINDS THAT THIS IS A MOST DIGNIFIED AND HUMAN APPROACH.

PLEASE TAKE THESE IDEAS INTO CONSIDERATION WHEN VOTING

THANK YOU.

*Caroline C Wolf*  
POB 1069  
Barrow Ak 99713



# Alaska State Legislature

Please enter into the record my testimony to the       HHESS        
 committee name  
 HB 321  
 committee on Death & Dignity , dated 2-20-96  
 bill/subject

I don't support this bill. I do support the decriminalization of family members who act according to their personal conscience.

There are worse things than death. Prolonging someones suffering because of fear of litigation is one of them. We should make dying easier but not immediately inevitable.

Signed: Lillian Swirell  
 Testifier

Representing (Optional)  
PO Box 8182  
 Address  
776-5716  
 Phone No.

FEB-20-1996 14:33 FROM GOSSMAN/NEAR/BRAUNBERGER TO

2603936 P.01

February 20, 1996

To: HHESS

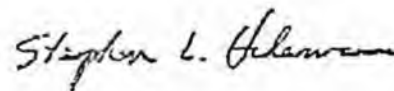
Re: HB #371

This is to emphasize my personal and professional opposition to the proposals of HB #371.

I believe that neither society nor any individual has the right to take human life, at any point from its conception to its natural end. Life is a gift from God, and is not ours to bestow or withdraw.

As a physician, I took an oath to preserve life. I have sworn not to wilfully destroy it. How then, can I participate in the execution of another human being? To refer that patient to another physician willing to accomplish that end would be no less an act of complicity on my part. I would relinquish my license to practice medicine rather than be an accomplice of the state in the taking of human life.

Events in our century have shown clearly how rapidly medical ethics can deteriorate in a society that countenances killing. The Nazi era, with its physician-assisted--and endorsed--progression from sterilization of the imperfect to euthanasia for the suffering to the comprehensive institution of programs to eliminate "lives not worth living"<sup>1</sup>, must serve to remind us that evil is a continuum, not a point on a curve, and that the best of intentions, if based on a flawed premise, lead to the most horrific of consequences.



Stephen L. Hileman, M.D.

<sup>1</sup>"Medicine, Ethics, and the Third Reich - Historical and Contemporary Issues." Ed: John J. Michalezyk. Sheed and Ward. 1995.



# Alaska State Legislature

Please enter into the record my testimony to the HHES  
 committee name  
 committee on HB 371, dated 2-20-96  
 bill/subject

I would like to state that I am  
 Against HB 371 - I don't believe anyone  
 has the right to take a life even their  
 own. I don't believe in suicide. We  
 know to stop the taking of life somewhere.  
 We've taken 50 million lives for the sake of  
 a few rope victims. It will start out  
 taking your own life next it will be the  
 taking of red peoples lives when their tired of  
 us. This would be the opening of Pandora's  
 Box. Just the mentally ill or the handicapped.  
 When would it end.

Signed: Maria J. General  
 Testifier

Representing (Optional)  
P. O. Box 4016, Soldotna, AK 99669  
 Address  
907-262-6795  
 Phone No.



# Alaska State Legislature

Please enter into the record my testimony to the HESS  
committee name

Committee on 1113 371 dated 2-20-96  
bill/subject

I am against any bill or legislation that would give anyone the right to kill or ~~assist~~ to help anyone kill themselves and I would not vote for anyone that would sponsor such a bill

Signed: F Russell Penrod  
Testifier

Representing (Optional)

PB box 4016 Soldotna AK  
Address

262-6795  
Phone No.

February 20, 1996

To: House Health, Education and Social Service Commission

Con Buckle (R) Anchorage,

Cynthia Tooley (R) Anchorage

Hay Brown (D.) Anchorage

My name is Emma Ronholdt, I reside in Anchorage.

I am a native born Alaskan, and approve and

support HB 371

EMMA A. RONHOLDT  
1201 DENALI ST. #103  
ANCHORAGE, AK.  
99501

274-7058

Post-it™ Fax Note	7671	Date	2/20	# of pages	1
To	W. HESS	From	Anchor TIC		
Co/Dept	Rep Tooley	Co.			
Phone #		Phone #			
Fax #	465-2137	Fax #			



# Alaska State Legislature

Please enter into the record my testimony to the (H) H. E. S. S.  
committee name

committee on HB 371 , dated Feb 20, 96  
bill/subject

Why do these people need my aproval  
to commit suicide. If they want  
to kill them selves why cant they  
Just go to CARRS or shut the  
garage and let it fill up w/ carbon  
monoxide. Why do they need  
our aproval to do this. I dont  
aprove and the Nazi Ideal needs  
to stop.

Signed: Bronis M. Haerum  
Testifier

Representing (Optional)

632 W. 25th Ave Apt #1

Address

258-0894

Phone No.

9/85 Legislative Information Office

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# Alaska State Legislature

Please enter into the record my testimony to the HOUSE HESS  
committee name  
 committee on HB 371, dated 2/20/96  
bill/subject

I AM SUPPORTING THIS BILL

& I hope IT GETS PASSED. I AM A Registered Nurse (since 1976) who does, has done much hospice care (terminally ill patients choosing to die at home)

There comes a time for many such people, that their integrity is gone, no quality of life + much stress on family/care-givers. The choice to die - how, when, where is a valid choice in these cases.

Signed: Claire Johnson  
Testifier

myself  
Representing (Optional)

1705 Saw Mill Creek - Sitka  
Address Alaska

907-947-5011  
Phone No.