

ALASKA LEGISLATURE COMMITTEE FILES 1995-1996 86/2

8557 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

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 equal 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

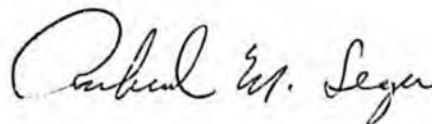
Richard M. Seger
307 Islander Dr
Sitka, AK 99835

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.

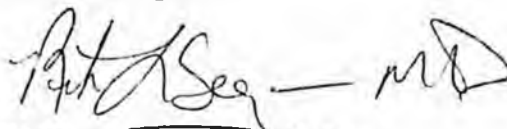
Each person's life is safe in the hands of the God who created it until the time God has appointed for death. Though often we cannot fully understand His purposes, God does have reasons for allowing people to live with disease, dementia, or profound mental retardation, or in a vegetative state. God may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

Tracy Holt



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 ^{for instance} 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 # , dated Feb. 13, 1996
 bill/subject

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 ^{woman} 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 condones 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 Walessak
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 H/S 5
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 suicides. 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.
 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 curiouser and curiouser.

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 actively bring it about to say that one *causes* death. One needs a life-supporting system to maintain one's existence; death if the power is cut is an *unintentional* result of a medicine to maintain the air pressure, and the doctor turns a top wheel, and the patient's blood pressure drops, and the patient goes into shock and dies. The doctor does not have to

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 face-down in the water. Jones is delighted. He sneaks by, ready to push the child's head down, but then decides to see what it is not he or his death wish, but the fact that the child has died by himself. (accidentally, as Jones says) and does nothing. No one is the wiser and Jones gets his inheritance.

Smith's cousin and Jones' cousin both die. The only difference is that in the first case the death is caused by Smith's action, and in the second case it is caused by Jones' inaction. The

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. ■

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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.



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**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

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.

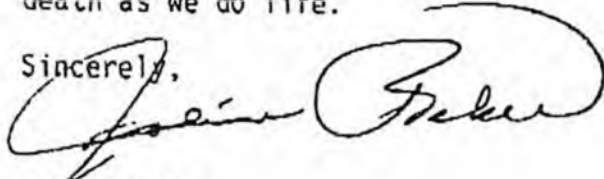
Representative Kay Brown et al
February 6, 1996
Page 2

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

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 #A Anchorage, AK 99501 2523
(907) 274 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 out 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

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

CORRECTION

THE FOLLOWING DOCUMENT(S)
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Rev. 6/98

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Department of Education
State of Alaska



ALASKA NURSES ASSOCIATION

2371 3rd Avenue #3 Anchorage, AK 99501 2523
(907) 271 0877 FAX (907) 272 0297

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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)

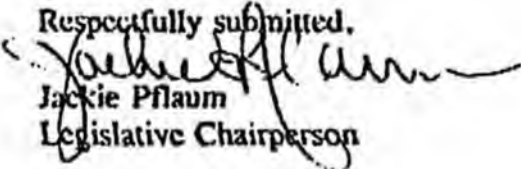
Nurses must identify and seek opportunities to demonstrate their lasting commitment to patients and families within the confines of professional practice. Efforts should be directed at the implementation of programs of palliative care to better manage chronic severe bio-psycho-social and spiritual distress 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

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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."¹ 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.

¹ 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

HYES

committee name

committee on

HB 371

bill/subject

dated

2-20-96

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

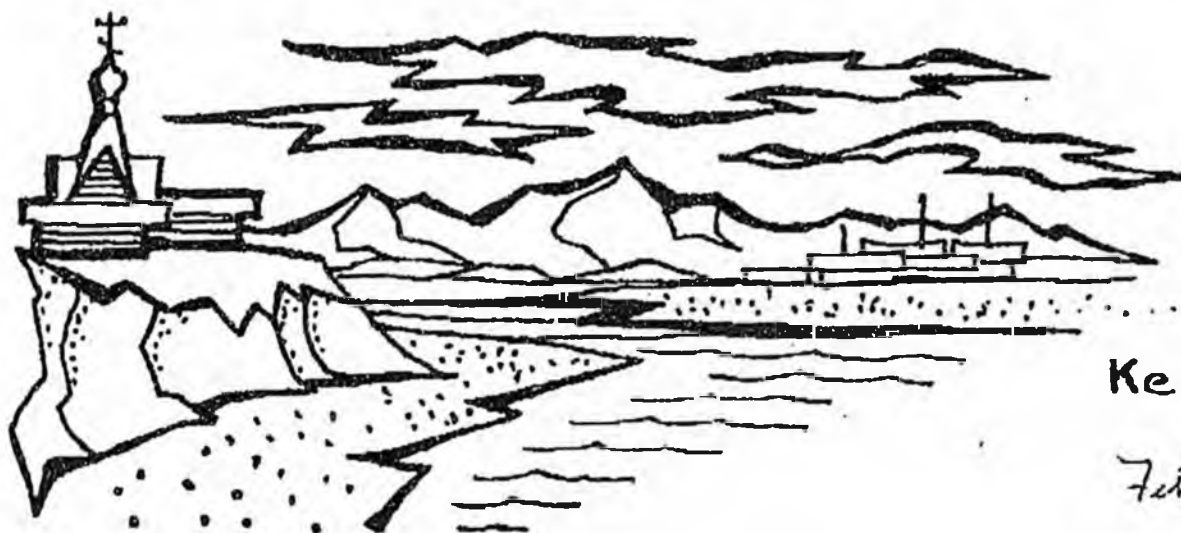
Representing (Optional)

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.

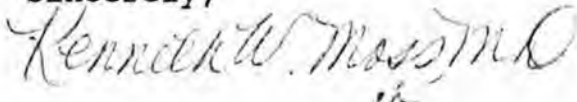
I remember my grandfather at 90 years old, dying of metastatic prostate cancer over a period of many months in a nursing home. No person had been nearer or dearer to me in my childhood. I drove to the nursing home one summer afternoon, and my wife and children waited in the car while I went in to see 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." with a small flourish at the end.

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.

Others 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		
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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

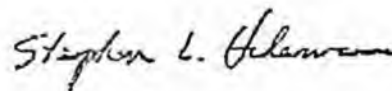
Re: HB #371

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"¹, 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.

¹"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 over their
 own. I don't believe in suicide. We
 have 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)

P.O. 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	Anch TCC		
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: Donald M. Haerum
Testifier

Representing (Optional)

632 W. 25th Ave Apt #1
Address
258-0894

Phone No.

9/85 Legislative Information Office

Post-It Fax Note	7671	Date	2/20	# of Pages	1
To	(H) H.E.S.S.	From	Anchor TO		
Co./Dept.	Rep. Tooley	Co			
Phone #		Phone #			
Fax #	465-2137	Fax #			



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)

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