

something she has taken with her. She would have not wanted physician assisted suicide, she wanted to live.

Medical technology is changing. We have better equipment, drugs, physicians, nurses etc. The medical industry is seeking cures for diseases. What if someone is assisted suicide today and the next day there is a cure?

I must agree with Governor Neil Abercrombie's statement, focus on Hospice and palliative care. I also would like to add, I would like everyone to focus on our medical, each islands medical availability of physicians, facilities, expenses etc.

Thank you,

Sincerely,



leonaMerle Sugahara
Administrative Assistant

Hawaii Centers for Independent Living
1055 Kinoole Street, Suite 105
Hilo, Hawaii 96720
Phone; 808-935-3777
Fax: 808-961-6737
TTY: 808-935-7888
VP: 808-930-6055

Attention: Senate Committee on Health

Hearing: Monday, February 07, 2011

Conference Room: Capitol Auditorium

Subject: **OPPOSE SB 803.**

Submitted by: William D. Heagney, Mililani, HI

Chairman Josh Green, MD, Vice-Chair Nishihara and Members:

I respectfully request you OPPOSE SB 803 on the following basis:

- (1) There is no dignity in hastening the death of a sick, depressed, or invalid human being. This is legalized killing.
- (2) The fact that immunity is granted "to those acting in good faith" shows that the legislators are well aware that this "authority" to kill will be abused and are giving sanctuary to those who practice this morbid deed.
- (3) Anyone who has done research on "death with dignity" that this process quickly escalates to euthanasia of those who don't request it, and increases the pressure on the sickly to have a "duty to die, taking away all their dignity.
- (4) Many people, including those in the medical profession who are committed to saving lives will be put into the position of taking lives. Although there are currently conscience exemptions, in the words of at least one Senator regarding the administration of abortion inducing "emergency contraceptive pills" religious organizations and personnel should be forced to violate their right to only provide the best medical care -- in their own judgment, not government's. Thinking like that could end up forcing doctors to be killers instead of healers and drum many of the best life savers out of the medical profession.
- (5) I am a survivor of a doctor at a hospital emergency room giving my Medical Power of Attorney (POA) the option to do nothing and let me die. I know how quickly medical personnel could slip from assisting in requested death to imposed death. Luckily, my POA loves life and I am alive, happy, and able to testify AGAINST testify medical murder that is done in the name of "compassion."

I humbly request that you OPPOSE SB 803.

FAX TO: Senate Sergeant-at-Arms office 586-6659

FROM: Evelyn Norris, ~~Address: [REDACTED]~~^{en}, Honolulu, HI 96822

Evelyn Norris 2/4/2011

ATTN: Committee on Health and HTHT Testimony Committee State Capitol of Hawaii.

Date of hearing 2/7/2011 time 2:45 p.m.

Hello,

I wish to express my support for SB 803 Relating to Death with Dignity. I can only express my opinion and I respect the opinions of others. As for myself if I have a terminal condition I would like to be able to choose to either enter into hospice, which can be a fulfilling end of life choice, or to choose to LEGALLY end my life before I am unable to tend to my own needs. For example, getting up to retrieve my own food and water. For myself, I need to be able to walk, to move to talk in all stages of life. When the time comes when I am bedridden the psychological distress would be so frustrating for me. I appreciate your favorable decision on this matter. Thank you, Evelyn Norris

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 10:31 AM
To: HTHTestimony
Cc: greaneye001@hawaii.rr.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Ed & Bernice Greaney
Organization: Individual
Address:
Phone:
E-mail: greaneye001@hawaii.rr.com
Submitted on: 2/6/2011

Comments:

Please consider holding this bill in favor of supporting hospice, comfort care and pain management that can ameliorate the push for going down this very slippery slope.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 3:35 PM
To: HTHTestimony
Cc: vkramos@aloha.net
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Victor K. Ramos
Organization: Individual
Address: Wailuku, Maui, HI
Phone:
E-mail: vkramos@aloha.net
Submitted on: 2/3/2011

Comments:

I do not support this legislation. I fear that there is to great a potential people to abuse this situation.

02/06/2011

To: Karen – 586-6834 fax-586-9391

Re: HB 803

I oppose HB 803 because:

1. Care givers are givers of care not purveyors of death.
2. Trust cannot be a judgment call, especially for individuals with disabilities. What standards can we see from the Senate on how a person with a disability's quality of life is evaluated?
3. Evidence now shows that PAS is now being administered to the healthy who are depressed in Europe.
4. This bill will drastically affect teenagers, adults, elderly, and disabled. Where is the absolute protection for them who will be there to advocate for them when you can change physicians at the whim of an unhappy relative.
5. How do you measure a human life? Your bill is not crafted to protect. The text speaks volumes about how it will allow death but is silent on who will champion for the least of us for life.
6. This bill is opening another door in hospitals the door to death where no one has the experience to be trusted.

Jean Tessmer

PO Box 22

Kula Hawaii 97690

(808) 878-8386

Testimony Before the
Hawaii Senate Health Committee

Opposing SB 803

February 7, 2011

2:45 p.m.

Capitol Auditorium

Diane Coleman, J.D.

Not Dead Yet

497 State Street

Rochester, NY 14608

www.notdeadyet.org

INTRODUCTION

Thank you for the opportunity to submit testimony to this committee on behalf of national Not Dead Yet, a disability rights group that opposes legalization of assisted suicide and euthanasia.

The opportunity for disabled people to sound the alarm about this legislation is especially important because of the ways the political culture war has often been used to exclude and marginalize the disability community in the public debate on these issues. Not Dead Yet formed in 1996 when grassroots disability activists saw Jack Kevorkian acquitted in the assisted suicides of two disabled women who were not terminally ill. We recognized the need to stop a well-funded and media savvy political movement that had been building its successes over the dead bodies of people with disabilities for over a decade.

And we'd like to emphasize the bipartisan nature of disability concerns. While conservatives disagree with assisted suicide as we do,

they have their own way of rationing health care to our detriment. For those who depend on publicly funded health care, federal and state budget cuts pose a very large threat. So people with disabilities are directing our message to all parties here, on both sides of the aisle.

WHAT'S DISABILITY GOT TO DO WITH IT?

Assisted suicide proponents have used a door opener strategy to push their bills, claiming that they would limit the availability of assisted suicide to people who are diagnosed as terminally ill, defined as someone who is predicted to die within six months from their illness. If assisted suicide is about actual terminal illness, not disability, then many have questioned disability groups "meddling" and trying to "take away" what they see as the general public's right to choose physician assisted suicide.

We want to explain why we're urging that you consider our concerns. Most people realize that they have a good chance of becoming terminally ill before their life is over. But many don't realize that they have an almost equal likelihood of passing through stages of chronic illness and disability before they are "terminal."

The disability experience is that people who are labeled "terminal," based on a medical prediction that they will die within six months, are — or almost inevitably will become — disabled. Furthermore, virtually all so-called "end-of-life care" issues — access to competent health care, adequate pain relief, in-home personal care and flexible, consumer-directed supports, peer counseling, family support — have been disability rights issues for decades.

The question we should ask is why do some people ask for assisted suicide and some doctors choose to provide it? In fact, although unbearable pain has been marketed as the primary reason for enacting assisted suicide laws, the reasons Oregon doctors actually report for issuing lethal prescriptions are the patient's perceived "loss of autonomy," "loss of dignity" and "feelings of being a burden." These feelings arise when a person acquires physical impairments that necessitate relying on other people for help in tasks and activities

formerly carried out alone. These are fundamental disability issues.

Unfortunately, popular culture has done virtually nothing to educate the public about how people with severe disabilities actually live autonomous and dignified lives. Our lives are portrayed as tragedies or sensationalized as heroism, but the real life issues and coping methods that most people will need if they live long enough are left out of the picture. No wonder people who acquire disabilities in the course of a significant illness or through accidents so often see death as the only viable solution.

THIS IS NOT ABOUT THE EXISTING RIGHT TO REFUSE TREATMENT

Physician assisted suicide should not be confused with the issue of whether doctors can force unwanted medical procedures on us. It's important to be clear that the right to refuse unwanted medical treatment was affirmed by the U.S. Supreme Court in 1990, over twenty years ago.

THE PROBLEM OF PHYSICIANS AS ASSISTED SUICIDE'S GATEKEEPERS

Proponents of legalized assisted suicide assert that laws and regulations will help prevent abuses. But the law's only ironclad safeguard is the civil and criminal immunity granted to physicians. This is the lowest culpability standard possible, even below that of "negligence," which is the minimum legal standard governing all other physician duties. The safeguards are set up to fail.

The individual's request for assisted suicide is necessary, but not sufficient, to get it. An assisted suicide law sets up a double standard. Some people get suicide prevention, while others get suicide assistance, and doctors decide who gets what. In effect, assisted suicide laws give physicians the power to judge whether a particular suicide is "rational" or not, whether judgment is impaired or not, essentially based on the doctor's prejudice or devaluation of the individual's quality of life. The proposed law allows doctors to actively assist certain suicides based on their subjective, quality of life judgment about whose suicides are rational, and whose aren't. This

should be viewed as a clear cut and blatant violation of the Americans with Disabilities Act, which prohibits discrimination based on disability.

The proposed assisted suicide law is not a rights law for individuals but an immunity law for doctors. As Oregon reports on physician-assisted suicide make clear, the state has not been able to assess the extent of non-reporting or noncompliance with the law's purported safeguards, but only obtains brief interviews with physicians who file their paperwork. There are no enforcement provisions in the law, and the reports themselves demonstrate that non-terminal people are receiving lethal prescriptions. The report shows that an unspecified number of people who actually had as long as three years to live, rather than the doctor-predicted six months, still received lethal prescriptions.

EXISTING FUTILITY POLICIES ALREADY INVOLVE INVOLUNTARY EUTHANASIA

Another big reason for concern about physicians as gatekeepers in the context of active assisted suicide is that they already engage in practices involving involuntary passive euthanasia under futility policies. A 1999 Journal of the American Medical Association article recommended that hospitals develop futility guidelines, whereby the hospital takes the patient and family through so-called hearings with ethics committees to persuade them to refuse treatment and, if that doesn't work, they may just deny treatment anyway, as "futile." Financial pressures have grown to the point that, increasingly, physicians make medical decisions to withhold treatment in open and direct opposition to the decision of the patient, their surrogate or their advance directive under what are called futility policies. How those types of policies are actually operating in Hawaii is not known. Of all the medical studies that get funding, the system doesn't want to document the pressure being put on people's whose health care needs are seen as too expensive or too much trouble.

Basically, the bioethicists have warped so-called "end-of-life" care into life-ending non-care for some people. The bioethicists have had hundreds of millions of grant dollars to work with, and they've used it

to build public policies on guardianship and futile care into a steamroller that's decimating the civil and constitutional rights of individuals whose lives are viewed as too marginal or costly to support. Once assisted suicide is legal, what is to prevent a shift toward involuntary practices in this context as well?

FALSE CHOICE, FORCED CHOICE

The third year Oregon case of Kate Cheney, reported in detail in the Oregonian (Barnett, E.H. "Is Mom Capable of Choosing to Die?" 10/17/99), provides an important example of disability concerns. Mrs. Cheney's physician was concerned that she had early dementia and that her daughter might be pressuring her toward assisted suicide, so he referred her for a psychological consultation. The first consultant found that Mrs. Cheney's assisted suicide would not be voluntary because of pressure from her daughter, but a second referral concluded that her suicide would be voluntary in spite of pressure from her daughter. The lethal prescription was issued, but Mrs. Cheney didn't take it until after her family put her in a nursing home for a week so they could have respite from care-giving. So Mrs. Cheney was presented with the following so called "choice": be a burden on family, go to a nursing home, or accept physician assisted suicide.

Why, disabled people ask, do we see so many news stories lately about the burdens we impose on our caregivers, and so few articles about the nation's ability to provide the long-term care services people really need and want? If the values of liberty dictate that society legalize assisted suicide, then our opponents should be asking to legalize it for everyone who asks for it, not just the devalued old, ill and disabled. Otherwise, what looks like freedom is really only discrimination.

An increasingly common form of domestic violence became the subject of news coverage in Hawaii in late 2009. Seventy-one-year-old Robert Yagi had tended daily to his terminally ill wife's needs and kept her company since she was hospitalized in October that year. He faced a charge of attempted murder after allegedly firing a plastic flare gun at her.

This is fairly typical of the cases of successful or attempted murder/suicides seen in elderly people. The perpetrators are men. The women have significant health issues. There is no evidence that the wives in question wanted to die. Fortunately, she survived.

Nevertheless, that didn't stop a spokesperson for the Hawaii Death with Dignity Society from attempting to exploit this case of domestic violence to promote his own organization's agenda. Scott Foster, spokesman for the Hawaii Death with Dignity Society, asserted that Yagi was trying to end his wife's suffering:

"When I saw it (on the news), I knew exactly what I was hearing," he said. "We hear it all the time all over the world, rich people, poor people, people in pain, people suffering."

There is no indication that Yagi's wife wanted to be killed. Or does Mr. Foster believe there should be some sort of law allowing *caregivers* to order the euthanasia of their spouse or child? In fact, Foster is just doing what many representatives of pro-euthanasia groups have been doing for years - exploiting cases of domestic violence in which the victim is an elderly, disabled, ill woman by falsely framing them as acts of compassion.

ELDER SUICIDE

We also think we should look at the fact that Oregon has one of the highest elder suicide rates in the country. Perhaps one of the most important questions raised by the Oregon experience is whether legalizing these individual assisted suicides has a broader social impact. Does it matter that a society accepts the disability-related reasons that people give for assisted suicide, the supposed loss of dignity or feelings of being a burden, then declares the suicide rational and provides the lethal means to complete it neatly? Does it harm people who are not deemed eligible for assisted suicide under the current version of the law but still experience the same sense of stress from illness? In the face of constant social messages that needing help in everyday living robs one of dignity and autonomy, makes one a burden and justifies state sponsored suicide, maybe Oregon's elders have taken this disgusting and prejudicial message to heart.

What looks to some like a choice to die begins to look more like a duty to die to many disability activists.

CONCLUSION

Disability concerns are focused on the systemic implications of adding assisted suicide to the list of "medical treatment options" offered to seriously ill and disabled people. The disability rights movement has a long history of healthy skepticism toward medical professionals who are assisted suicide's statutory gatekeepers. Our skepticism has grown to outright distrust since the values of managed care have dominated the health care scene. Anyone who asserts that money will not influence the treatment options offered to people, or that the impact of out-of-pocket costs on an individual's family will not influence the individual's feelings of being a burden, is at best unrealistic and at worst dishonest.

Pro-assisted suicide advocates call it "choice" but, with or without the purported safeguards, the so-called "autonomy" of assisted suicide is not being offered to healthy, non-disabled people. According to the U.S. Surgeon General, 16 of every 17 suicide attempts fail, and most don't try again. (U.S. Public Health Service, "The Surgeon General's Call to Action to Prevent Suicide," Washington, D.C.: U.S. Government Printing Office, 1999.) Assisted suicide is not about parity in the opportunity for suicide. It's about a government and a health care system guaranteeing that certain suicides don't fail. That's discrimination.

The wish for an easy and certain method of suicide under some circumstances is understandable. But that wish must be weighed against the certainty of increasingly routine medical killing of older and disabled people. Whether or not any one of us worries about inevitable medical abuses affecting us personally, the lives of those who will be affected are not an acceptable price for legalizing this practice.

Regardless of our abilities or disabilities, none of us should feel that we have to die to have dignity, that we have to die to be relieved of pain, or that we should die to stop burdening our families or society. For

years you've heard from the right to die and the right to life movements. It's time to listen to the disability rights movement. We offer a very different vision, as well as the practical know-how and leadership to help build a society and a long term care system in which no one feels like a burden, and everyone has real choice, not the false "choice" of assisted suicide.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 11:22 AM
To: HTHTestimony
Cc: renwick808@aol.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM
Attachments: New Text Document.txt

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position:
Testifier will be present: No
Submitted by: Renwick (Uncle Joe) Tassill
Organization: Individual
Address: 41-209 Ilaupohole street #55 Waimanalo HI 96795
Phone: 98080 664-6901 / cel (808) 285-4388
E-mail: renwick808@aol.com
Submitted on: 2/6/2011

Comments:

Aloha to the Chairperson and members of the Hawaii State, Senate Health Committee. My name is Renwick (Uncle Joe) Tassill.

I am in strong opposition of SB803. Like when two people get married their vow's include, "what God has put together, let no one put asunder or take apart". Like wise when a child is born he/sde has been given as a gift of life from God, put together by the hands of the Akua/God, and let on man take that life apart.

I am a strong believer of God, I am God loving, I am also God fearing and for this reason I am in strong opposition of SB803.

Mahalo for allowing me to submit my testimony to the committee.

If for any reason it is necessary for you to contact me please feel free to do so.

Renwick (Uncle Joe) Tassill

COMMITTEE ON HEALTH

Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

Date: Monday, February 07, 2011

Time: 2:45 p.m.

Place: **Capitol Auditorium**

State Capitol

415 South Beretania Street

RELATING TO DEATH WITH DIGNITY.

Allows a terminally ill, competent adult to receive medication to end life. Prohibits mercy killings, lethal injections, and active euthanasia. Requires informed consent.

Allows alternate doctor to replace attending doctor if latter declines to prescribe.

Provides immunity from civil and criminal liability for acts taken in good faith. Imposes penalties for unauthorized altering, forging, concealing, destroying, or exerting undue influence in making or rescinding a request for medication. Requires monitor at time of taking dose.

Chair Green and Members of the Senate Health Committee:

My name is Gary Okino. **I am here today is strong opposition to Senate Bill 803**, otherwise known as "Doctor Prescribed Suicide."

First and foremost, I hold the moral belief that humans should not be playing God and deciding on who lives and who dies. For one thing, humans make mistakes precisely because we are not God. There is also the fact that humans do have intentions that are sometimes other than honorable or compassionate.

But I know the proponents will say that, in this situation, it will be the patient's choice... not anyone else's. But, in reality, in many cases, it will not be the patient's choice. In fact, this legislation enables the patient's choice to be taken away and put into the hands of someone else. It will enable some bureaucrat to make the decision over the patient's life.

This is the practical point that I want to make today to show you how the intent of this legislation will be turned on its head, leading to outcomes that are not compassionate and in the best interest of the patient.

If doctor-prescribed suicide were legalized, it would not be practiced in a vacuum. Rather, it would occur within a health care system that is all too often pressured to cut costs at the expense of patient care -- especially now, with cost containment being such an integral part of health care reform.

Consider the following two cases that actually occurred in Oregon, where doctor-prescribed death has been legally practiced since 1997:

Case 1: In May 2008, Barbara Wagner, 64, found out that her lung cancer had returned after two years of being in remission. Her oncologist prescribed the drug Tarceva because, he told her, it could extend her life by slowing the cancer's progression. But her health care insurer, the Oregon Health Plan (the state's Medicaid program), sent her a letter stating that the plan would not pay for the expensive drug, but would cover all the costs for doctor-assisted suicide. "I think it's messed up," Ms. Wagner tearfully told the Eugene, Oregon, reporter who broke the story, "To say to someone, we'll pay for you to die, but not pay for you live, it's cruel," she explained. "I get angry. Who do they think they are?" [*Register-Guard*, 6/3/08]

Case 2: Another patient, Randy Stroup, 53, also received a letter from the Oregon Health Plan informing him that the chemotherapy drug prescribed for his prostate cancer would not be covered, but assisted suicide would. Mr. Stroup knew that the drug would not cure him, but his doctor said it could extend his life by several months and make him more comfortable by decreasing his pain. "What is six months of life worth?" he asked. "To me it's worth a lot. This is my life they're playing with." [*Register-Guard*, 6/3/08] Mr. Stroup later told a TV reporter that the treatment rejection letter "dropped my chin to the floor." "[How could they] not pay for medication that would help my life, and yet offer to pay to end my life?" [Fox News, 7/28/08]

Clearly, killing themselves was not the choice of these patients.

According to Oregon Health Plan administrators, any treatment that does not give a patient at least a five percent chance of survival for five years is not covered. Commenting on this policy and Barbara Wagner's case, Ohio cancer and palliative care specialist Dr. Eric Chevlen, M.D., said, "Under the Oregon Medicaid rules, no patient with metastatic lung cancer would be treated because such patients have less than a five-year life expectancy. However, current chemotherapy for the disease has been shown to both prolong survival and improve quality of life."

In fact, how often have you heard of patients who have been told that they only have six months to live who are still with us 5, 10, or 15 years later? And, I'm sure we have all heard of patients who are cured of what was diagnosed as incurable?

The point is that humans do make mistakes and making the wrong decision based on a mistake in this situation will be tragic. Unlike other prescriptions, this is something you cannot correct.

Death is final!

The Wagner and Stroup cases point to the crux of the problem in Oregon. The intent of well-meaning Health Plan executives is not the issue. If assisted suicide was not legal in Oregon in the first place, there would be no letter from the state offering death over life. There would not even

be the temptation to use intentionally lethal, but legal, assisted-suicide drugs as the ultimate cost-cutting treatment option.

Therefore, **I strongly urge you to vote against this bill.** It will not achieve its intended purpose. In fact, it will achieve an outcome that is directly contrary to what is compassionate.

Aloha and God bless,

Gary Okino

Former Honolulu City Councilmember

green1 - Karen

From: Paul Kibler [vtravel@hawaiiantel.net]
Sent: Sunday, February 06, 2011 12:07 PM
To: HTHTestimony
Subject: Testimony SUPPORTING SB803

Dear Chair Green, Vice Chair Nishihara and Committee Members:

Intensive Care was introduced for very ill people to go to get better. Fact is that more and more people go there to die. Most being kept alive by machines or heavily medicated just to keep them comfortable until they die. What is the quality of life once a machine becomes your life.

It has always been our choice to have or not to have medical treatment. We as individuals make personal decisions everyday that effect our lives. When did it become the choice of others. I've seen enough suffering and death. Have had many dying relatives say to me that they just wanted the pain to end. We should have the right to be in full control, should we chose, of our final months or days. I don't want to have another family member or friend beg me to take their pain away.

Bill SB803 says that a competent adult whom is terminally ill may receive guidance and then medications to end life. No one wants to be fed, bathed or lie in their own body fluids. Where has our compassion gone to think that this is what's best for someone who is dying. I am in GREAT support of SB803 for myself and those that have passed wanting to have this very choice.

With warm aloha,

Victoria A Kibler
(808) 325-0647

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 3:38 PM
To: HTHTestimony
Cc: rmerlander@spaceoptions.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Richard Merlander
Organization: Individual
Address: Maunaloa Hwy. Hoolehua, HI
Phone: 808-336-0497
E-mail: rmerlander@spaceoptions.com
Submitted on: 2/6/2011

Comments:

I oppose Physician Assisted Suicide. I think our efforts should go to relieving the pain of those who are suffering, not in making it easier for them to give up and die. And I think it will destroy our medical system to make doctors into those who take the life of their patients.

FAX TRANSMISSION

To	Senate Health Hearing, Capitol auditorium, SB803, Feb 7, 2011, 2:45 PM	From	Sue Salisbury, RN, BSN Post Office Box 74 Kula, Maui, Hawaii 96790
Re	I oppose SB 803	Phone	808 878-8267
Fax	1-800-586-6659	Fax	808 878-8376
Date	02/06/2011, 3:30 PM		
Pages	1 (including this page)		

MESSAGE

Testimony in OPPOSITION to SB803, Feb 7, 2011, 2:45 PM, Senate Health Hearing, Capitol auditorium

I am a registered nurse and have worked in nursing in Hawaii since 1969.

Physician assisted suicide is a recipe for elder and disabled abuse. The unintended consequences will be significant and impossible to control. Careful wording of the bill will not help -- neither restrictions, nor limitations will be enforceable in the hospital, long-term care, or home care environment.

This is not compassion - this will increase patient fears, compromise care, destroy trust, and irreversibly harm medicine as we know it in Hawaii.

Thank you for considering my opinion.

Sue Salisbury, RN, BSN

Eric Tessmer
1425 Liliha Street
Honolulu, HI 96817

February 6, 2011

I am against Bill SB803. I am very troubled by the select few lawmakers who are hell bent on promoting physician assisted suicide and euthanasia. For the past 25 years I have worked in the medical field, often in the critical care areas of hospitals. Based on this experience, I am astounded with the thought of placing doctors in the role of helping to kill their patients. Such a role reversal, from one of healing to one of killing, places doctors in direct opposition to the Hippocratic Oath in which they have vowed to heal and not harm their patients. From my observation, doctors are often under enormous stress in their role of responsibility for their patients' physical and emotional well-being. With modern-day systems of managed care and capitation, doctors are often subjected to direct conflicts between necessary medical care and pressures to keep costs down for the insurer. Physician assisted suicide is a slippery slope towards euthanasia, which sets a dangerous precedent leading to simply withholding care from the poor and needy or any others who are deemed undeserving. I cannot understand why this is even being brought up for a vote again when this is opposed by the two most prominent professional medical associations: Hawaii Medical Association and the Hawaii Nurses Association.

During my work in hospitals, and have witnessed some shocking displays that illustrate this trend. I once observed a physician, who was obviously overworked and tired, trying to convince several members of a poor Samoan family not to have their father resuscitated if and when resuscitation became necessary to save his life. He over-confidently pronounced their father "beyond hope", not as the opinion that it was, but as fact. It was unconscionable the way this doctor, who had obviously made up his own mind that this man need not be saved, attempted to pressure the family members into signing a "Do Not Resuscitate" order. He never once asked them a question about the patient's wishes or values, nor did he ask them about their own. Instead, he preyed on their natural concerns for the cost of care, using his role as their doctor to force his opinion. While perhaps this doctor may have had some honestly held motives, he also may have just not wanted to care for an indigent patient. Would this same doctor, who deemed a patient, in his own opinion, a hassle to work with, pronounce the patient "beyond hope" and sway him or her to opt for suicide rather than for palliative care?

In my experience in the medical field, I've seen too many examples like this one. For this reason I am convinced that it does not make sense to extend the powers of doctors in this way, since the opportunities for abuse are so rampant. Please protect the people of Hawaii by voting against Bill SB803 and all other attempts to promote assisted suicide and euthanasia.

As lawmakers, please show care and compassion to the elderly and disabled. **Do Not Legalize Killing under the guise of "Medical" care. Hawaii has banned the DEATH PENALTY for a reason!**

Sincerely,



Eric Tessmer. CBET

Feleai Tau

From: JosephMG [joeymg@hawaii.rr.com]
Sent: Sunday, February 06, 2011 2:53 PM
To: HTHTestimony
Subject: SB 803 Opposition

I oppose SB 803.

Proponents of this bill idealistically and mistakenly believe that this bill will allow only those who truly wish to kill themselves to die. Mistakes happen. Messages are misconstrued. Some may use this bill to kill innocents for their own benefit. This bill will result in abuse.

Joseph Gefroh
Honolulu, HI

Feleai Tau

From: Lee McIntosh [lee@cartoonistforchrist.org]
Sent: Sunday, February 06, 2011 2:53 PM
To: HTHTestimony
Subject: Testimony

SB 803
2/7/2011
2:45 pm

Dear Senators:

Aloha, my name is Lee McIntosh. I live in Kau on the Big Island. I am writing in regards to SB 803, urging the committee to oppose this bill. This bill creates the opportunity for mischief, and further strains the patient/doctor relationship by fostering mistrust. Insurance companies will deny care in favor of physician assisted suicide to save money (proven in states where physician assisted suicide is legal), or they feel that the chances of success are low. I have heard the testimony of friends that opted to go ahead with treatments with less than 1% success, and they are still alive today. This is why a doctor should do everything in their power to preserve life, because no one but God knows what the future holds. SB 803 also violates the principle found in Article 9 Section 10 of the Hawaii State Constitution that states life is precious and should be protected. The Legislature should not enact laws that harm its citizens. I hope and pray that you will carefully consider my testimony and oppose SB 803...

Lee McIntosh

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 2:38 PM
To: HTHTestimony
Cc: sarubbij001@hawaii.rr.net
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Dr JoAnn Sarubbi
Organization: Individual
Address:
Phone: 8088960568
E-mail: sarubbij001@hawaii.rr.net
Submitted on: 2/6/2011

Comments:

You will be mandating physician to be in a position they would not be comfortable with.

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 2:35 PM
To: HTHTestimony
Cc: LYNNROKS@GMAIL.COM
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: LYNN
Organization: Individual
Address: WILDER HONOLULU, HAWAII
Phone: 808-232-1460
E-mail: LYNNROKS@GMAIL.COM
Submitted on: 2/6/2011

Comments:

please do NOT approve this bill. i believe that physician-assisted suicide represents a final and EXTREMELY destructive response to illness or disability. as such, any legalization of this activity is bad public policy and harmful to the well being of the people of Hawaii. We support constructive and much more POSITIVE alternatives to the physician-assisted suicide, including: 1) more effective pain management, 2) better diagnosis, and treatment of depression, & 3) greater utilization of hospice and palliative care services. thank you so much for your time! please DO NOT pass SB 803

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 2:15 PM
To: HTHTestimony
Cc: jyadao@stfrancishawaii.org
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Joy Yadao
Organization: St Francis Healthcare System of Hawaii
Address:
Phone:
E-mail: jyadao@stfrancishawaii.org
Submitted on: 2/6/2011

Comments:
will submit written testimony

To Whom It May Concern,

I strongly oppose HB803 that proposes to legalize Physician Assisted Suicide. I believe this bill is morally wrong and unconstitutional as it blurs the line between saving lives and killing for physicians, as well as pressuring the old and sick to end their lives and get out of the way in the name of compassion when they experience suffering. The good Lord knows about suffering, does not allow us to suffer beyond what we are able to bear, and knows when it is time for us to die and when we should go on living. We don't want a bunch of politicians playing God, making laws that create the expectation that those who suffer are a burden to care for and should take their own lives.

Thank you for your consideration of my testimony,

Chris Crawford
P.O. Box 454
Hoolehua, Hi 96729
808-336-0496

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 1:21 PM
To: HTHTestimony
Cc: barbarapolk@hawaiiantel.net
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: support
Testifier will be present: No
Submitted by: Barbara Polk
Organization: Individual
Address:
Phone:
E-mail: barbarapolk@hawaiiantel.net
Submitted on: 2/6/2011

Comments:

Doctors claim that pain management is effective in 95% of cases, implying that people need not suffer a long, lingering, painful death. However, this statistic means that for one in 20 persons, pain management is NOT effective. Would you like to be one of the one in twenty? Please pass SB 803.

Honorable Members of the Health Committee:

I am in opposition to SB803, the death with dignity bill. It is my belief that such a bill would become the norm for insurance companies to choose to offer and pay for a prescription to die instead of paying for treatments to prolong life. Already we have seen situations in which insurance companies will pay for surgeries to remove a limb or a person's eyes because of disease, but they will not pay for prosthesis so that people can return to a typical life.

My parents are both elderly. Six years ago, mom needed open heart surgery and it was suggested to her that she might want to choose not to have the surgery because she would have a long recovery that would mean a lot of help from her family or longer time in a nursing home that she might not be able to afford. They told her that even with the surgery; she probably wouldn't live more than two years. Fortunately, our family, while not being at all wealthy, has a lot of compassion and we helped her recover at home. Today she is quite well and grateful that she has a family who cared.

Please do not pass this prescription for death bill. As a person with a disability, I know people often think that if they were blind, they would choose to die, and that I can't possibly enjoy life. I assure you that I love life and would not want anyone to be able to try to coerce me into choosing death if I were ill. When we are sick, we are very vulnerable, and that is the time when such options as choosing death would be offered.

Thank you for considering my opinion.

Respectfully submitted,

Elizabeth Whitney, Hilo, Hawaii

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 1:16 PM
To: HTHTestimony
Cc: four_stall@yahoo.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Kara Nelson
Organization: Individual
Address:
Phone:
E-mail: four_stall@yahoo.com
Submitted on: 2/6/2011

Comments:

Please do not legalize Physician Assisted Suicide! It's risky to legalize physician assisted suicide. There is always the possibility it could be abused. Look at the Netherlands, and see what could someday happen to our country.

To: Karen - 586-9391 Senate Clerk - 02/06/2011
Subject: testimony - SB-803
From: charlotte smith <smithtropichouse@gmail.com>
Date: Sun, February 06, 2011 - 1:20 pm

Testimony—2/6/11 - SB-803 Death with Dignity - from Charlotte Smith

The best ways to help people deal with problems posed by aging, chronic illness, or disability is to keep them active, involved, learning and earning throughout long, productive lives, not to encourage any form of suicide.

Dealing successfully with these problems is a 3-stage process: survival, coping, and mastery. Coping skills are being taught by, among others, Stanford University in a program on self-management of chronic conditions.

Stage 3, mastery, is when one has mastered the strategies of coping and now is prepared to move on with life, whether by returning to essentially the same path as before, making small or large changes as necessary, or creating a totally new path. Society is not yet prepared for the massive numbers of people who will need to shift directions in their lives as they age. People must be prepared and trained in new ways of living. I am developing an inspirational miniseminar with a training manual to assist in such training. Its title and message: Don't Just Survive—Succeed!

I'm sick to death of hearing about death with dignity. I prefer life with enthusiasm. From this side of the veil, death is not important. What is important is life. I'm 72, and have been unable to stand or walk since age 10. But I earned 2 degrees in biology, worked 26 years at NASA, traveled around the world, and became the first paraplegic woman to earn a pilot's license. And I've used my head a lot. My brain has no moving parts—but it goes everywhere!

I suspect legalized suicide assistance would be difficult or impossible to control. It would be too easy to get rid of inconvenient people this way. I'm against it.

Rhodora S. Rojas
rhodorar@pacificil.org
808-647-0141
February 6, 2011

Testimony in Opposition to SB803, Relating to Death with Dignity

Date of Hearing: Monday, February 7, 2011
Time of hearing: 2:45 pm
Committee: Senate Health Committee

Dear Senate Health Committee:

I oppose SB803, Relating to Death with Dignity.

At the age of thirteen, I was injured in an automobile accident and experienced a traumatic brain injury. I have had many life and death experiences, and that is why I'm talking to you today.

I am glad and grateful my parents and family supported me at the time. They were told that I would die or be a vegetable the rest of my life. Have you ever seen a vegetable get on a plane and fly to Honolulu to give testimony at a hearing? Look at me now. I'm so very glad that they stood up for me. I'm worried that others may not have the chance of life if you pass the SB803. I have finished my Bachelor of Arts degree and I'm working towards my masters degree in vocational rehabilitation counseling. I work at the Hawaii Center for Independent Living on Kauai. If they had killed me, how could I have accomplished what I have? Even though my life can be hard, I feel very blessed and very grateful to have the life I have.

Please do not pass SB803. It might be cheaper to encourage someone to die than to be there for them and help them live, but I don't believe it would be the right thing to do.

Thank you for hearing my testimony.

Sincerely,

Rhodora S. Rojas

My name is Emese Somogyi. I am a palliative medicine physician. I wish to voice strong opposition *against* the legalization of physician assisted suicide.

"There is always an easy solution to every human problem-neat, plausible, and wrong."

For over ten years, PAS has been a recurrent topic of discussion in our Legislature. Why are we debating this issue for so long? Human suffering is a huge problem; it is complex, overwhelming, and very frightening. Unfortunately, there are no simple solutions to it. Suffering caused by illness is as old as mankind, and it continues despite advances in the science and technology of medicine. This has been recognized by the hospice and palliative care movement which has grown rapidly over the past few decades. Palliative medicine became a medical subspecialty with official recognition. This recognition legitimizes the fact that the needs of the seriously and terminally ill are many, and it takes special expertise and training to meet those.

This is a typical story. Years ago an elderly gentleman came to see me. It took both his wife and daughter to bring him in from their suburban home in Virginia. This was the first time I saw them. The nurse came to my office, telling me in that my next patient is out there and talking about suicide. My little examination room was soon crowded with the nurse, the family, the patient, his wheelchair and oxygen tank, and myself. He was in his sixties, but looked older, very thin, pale, his head bent over. He had a number of medical problems including chronic bronchitis and prostate cancer that left him in pain, unable to breath, sleep, or do anything for himself. He had diseases that are chronic and ultimately deadly. His talk of suicide was a cry for help, and not a genuine desire to take his own life. What he needed was to be heard by someone who understood about his concerns; he needed answers to his questions. He needed reassurance, better treatment for his pain, anxiety and his inability to sleep. Just like 99.9% of all seriously ill people he did not choose suicide in the end. The family was offered a better solution in the form of hospice and palliative care and learned how to continue living in a meaningful way despite the circumstances.

There are many others who face serious suffering with little or no assistance, and often end up crushed by the physical, emotional, and financial burden of illness. Under such circumstances, it is not unusual to consider suicide. Yet, humans are amazingly resilient and typically choose living in the end. What people need is support living rather than support in taking their lives. It is certain that legalizing physician assisted suicide will be ineffective in its intended purpose of alleviating human suffering.

Some must believe that the timing is right for legalization. After all, both Oregon and Washington State have a law permitting physician assisted suicide. We need to stop and consider the great potential for unintended harmful consequences of such legislation. Putting effort into legalizing physician assisted suicide will send a troubling message to the people of Hawaii and beyond. In our state, the percentage of those without health insurance is 9 to 13%. Other parts of the country are even worse. Hawaii used to take pride in its low number of uninsured people. Now days not only there are approximately 100 000 people without insurance, the rest is having trouble accessing care. Those with

access soon realize that our health care system is expensive, chaotic and ill-suited to provide coordinated care to those who are seriously ill.

The State of Hawaii Legislature is entrusted to serve the public good and protect the vulnerable. Legislating physician assisted suicide will not benefit the overwhelming majority of people who are made vulnerable by illness, age, or disability. Legislation like this brings comfort only to few privileged people used to having control over every aspect of their lives. The marginalized will feel even more threatened if this bill passes.

Thank you.

BETH ARNOULT

74 Ulupua Place
Paia, Maui HI 96779
808/205-7412 cell
BArnoult@aol.com

February 6, 2011

Attn: Sgt at Arms

RE: Hearing SB803
Feb 7, 2011 @ 2:45pm
Senate Health Hearing, Capitol Auditorium

Position: I oppose SB803

To Whom It May Concern,

Hello, my name is Beth Arnoult, and I am a resident of Maui, Hawaii. I wanted to share my story with you, for the hearing regarding Physician Assisted Suicide.

In 1991, I was in a bad ATV 4-wheeler accident and broke my back, leaving me paralyzed from the waist down with excruciating pain. I am now a Paraplegic confined to a wheelchair the rest of my life. It was considered a good day, if I could sit up for longer than two hours, due to the extreme back pain. It seemed to always be worse at night, leading to depression. I had all of my mind, never even lost consciousness during the accident, but, I'm sad to say, that if Physician Assisted Suicide had been available to me at that time in my life, even up to several years after, I'm afraid I would have opted for that route. And that is so....sad! It makes me cry just to think about it. It takes a lot of guts to try and commit suicide on your own, trust me, I've been there, and was never successful, thanks to God. If it was legal and readily available, that would have taken all of the guilt out of my decision, because 'hey, if it's the law, then it must be OK!' Right? Wrong!!!

God had purpose for my life! I just needed to go through a time of suffering, years to be exact, to get where I am now. I have a beautiful 14 year old son, born 6 years after my

accident! I have travelled the world for 10 years playing professional wheelchair tennis, retiring after representing the US in the 2008 Beijing Paralympics. Since then I even joined a crew of adaptive paddlers and even paddled the Molokai Channel in a six-man outrigger. I make an impact on many lives every day. I often get people who come up to me and say that they are going to stop complaining about their sore ankle, or other ache or pain, after seeing what I have overcome in my life.

I love life and am truly blessed. This accident was a part of my journey to make me who I am today. I had no right to take my own life nor does anyone else, only God has that right. We all have a purpose in life, even if we are in an extremely incapacitated state, we have a purpose....it could be to allow a loved one to come visit and share their life struggles and work through tough situations, it could be for family members to be drawn together and allow old wounds to heal, it could be to give someone else courage and hope, it could be to allow others the honor of helping us, and it goes on and on and on....

I know it is being proposed with many guidelines and regulations to prevent abuse, but look at the countries that have passed it, like the Netherlands, they had guidelines in place and over time they have evaporated and/or are overlooked, now Physician Assisted Suicide is available to teenagers, even for depression, for parents to put down their own children, for the disabled, for the elderly....we all go through a bad stretch of time in our lives, when we don't feel worthy of being on this earth, but time heals and we all have a purpose, every minute of your life has a purpose, including this one!

Thanks for taking the time to listen! I am currently coaching my son's middle school basketball team and am unable to attend this hearing. Please consider my words....

Aloha, Beth

PS I give Jean Tessmer permission to read my testimony aloud for the hearing.

To: Senate Health Committee Hearing, SB803, Feb 7, 2011, 2:45 PM, Capitol auditorium

Re: Bill Legalizing Physician Assisted Suicide

I am a physician who is opposed to physician assisted suicide.

There are those in the community who you have heard from who feel it is their right to request a physician give the medications that will allow them to die at their time, in their control.

While this "right" may seem worthy of consideration on the surface, I would like you to know that as an experienced physician, especially in my work with palliative care, that physician assisted suicide is dangerous, harmful, and will lead to a greater number of inappropriate deaths than appropriate. Why?

In my work with palliative care, I have met several patients who, because of suffering from pain, fear, loneliness in facing progressive disabilities from a chronic illness, have expressed a loss of hope and want to therefore simply "end it all". These patients, after having their pain symptoms controlled by skilled MD management, their fears and concerns attended to by expert counseling, have had their lives transformed. They were able to face life with newfound hope, assured that they could be made comfortable with expert medical help and would be that way, even till the end of their lives with hospice support.

If physician assisted suicide is legalized, this would lead to a subversion of that process and many will simply seek out an MD who is more than willing to give them the drugs to end their lives as requested!!

Much is made about the "legal safeguards" that would keep this from happening. The safeguards WILL NOT and DO NOT work. There are many examples of abuse of the system in Oregon where physician assisted suicide is legal.

Most importantly, it will create a cultural climate where the vulnerable, those who are fragile with physical and mental disabilities, especially the frail elderly, will be considered as a drain on society because of their consumption of health care costs. It will change the relationship of how physicians, including myself, view these patients. Subtly, within our conversations with our patients, there will an encouragement to forego life sustaining measures and the consideration to "give up life for the good of the whole".

We Americans should not tolerate that – and thus physician assisted suicide should NEVER be legalized!

Sincerely yours, Craig Nakatsuka, M.D.
Craig.Nakatsuka@kp.org

COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING

DATE: Monday, February 07, 2011
TIME: 2:45 p.m.
PLACE: Capitol Auditorium
State Capitol
415 South Beretania Street

VOTE NO to Physician Assisted Suicide -- this is CRITICAL.

It is a huge and awful responsibility to accept the power to aid a killing, one that is unacceptable for a state that claims to be the Aloha State.

Physician assisted suicide is bad policy and it is not representative of the Aloha state.

PAS is bad policy because doctors who would assist in killing a patient gain a tainted view of who is worthy to live or not, and become untrustworthy as healing doctors. PAS is bad policy for patients in pain because effective pain control is available.

PAS affects those who feel unworthy or depressed and want to give up life deserve the time-honored assistance to heal the depression, instead of validation that their life is unworthy and death is the answer.

VOTE NO TO PHYSICIAN ASSISTED SUICIDE

Submitted by,

Catherine R'einal
P.O. Box 552
Kula, Hi 96790



Feleai Tau

From: Joy Kaneshiro [ejkaneshiro@hotmail.com]
Sent: Friday, February 04, 2011 10:16 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Aloha Senator Josh Green, M.D., Chair, Senator Clarence K. Nishihara, Vice Chair and the Senate Committee on Health,

Thank you for the opportunity to submit testimony on SB 803.

I think most everyone would agree that life is precious and a person's death is precious also. How we care for the sick and dying speaks of the regard we have for the person's life. When my own father entered hospice care, it gave my family much needed time to go through the stages of coping. It allowed for counseling, planning, and eventual acceptance of my dad's death. It was critical for him as much as for the rest of the family. To me, hospice care brings dignity to the dying person. I can't imagine losing any of those days during the stages of dying. To shorten our time would have cost us in some way. Not only in shortening my dad's life, but also in shortening the time we had with him, and the time we took to come together as a family.

It makes me very nervous to think a doctor could take over a dying patient's care and assist him with suicide. I understand that according to this bill an attending doctor can decline to assist the death. Will this also pertain to any pharmacist, private home nurse or nurse aide who cannot participate in any manner in good conscience? What is the expectation for any other health care provider? Will you protect all other health care providers from losing their license or job should they object?

Will assisted death be considered a treatment option? Will finances and family "burden" become heavy factors in the patient's decision? No one wants to be a burden to their family. Is that enough reason to opt for suicide? Will the doctor or insurance plan who profits from this be a part of the team who helps patients make their decision? Conflicts of interest may add to the once compassionate intent for the dying person. In the end, assisted suicide may actually become a reason not to provide other excellent health treatment such as hospice.

Once this bill passes, if you allow it, what will come next? Once the door is open, will there be plans to assist the death of the terminally ill minor with his parental consent? If you open the door, be prepared for ever evolving proposals, ideas and bills.

For twenty years I have worked as an RN in Hawaii. Thank you for hearing me on this incredibly important bill. I oppose SB 803.

Aloha,
Joy Kaneshiro

Feleai Tau

From: Melissa Crisostomo [alohamc@yahoo.com]
Sent: Friday, February 04, 2011 10:22 AM
To: HTHTestimony
Subject: OPPOSITION SB 803 Relating to Death with Dignity

Dear Senate Health Committee members:

I am a R.N. that has worked in the oncology and hospice settings of health care facilities in Hawaii. My work experience has given me the opportunity to care for patients and their families as they die of various terminal diseases. I have also experienced the death and dying process as a personal caregiver of my father-in-law who died comfortably with terminal cancer while on the St. Francis Home Hospice program.

Acceptance of doctor-assisted suicide sends the message that some lives are not worth living. Social acceptance of doctor-assisted suicide tells elderly, disabled and dependent citizens that their lives are not valuable. Doctors who list death by assisted suicide among the medical options for a terminally or chronically ill patient communicate hopelessness, not compassion.

Doctor-assisted suicide ignores what may be a legitimate cry for help. Suicidal thoughts often indicate the presence of severe depression. A study of terminally ill hospice patients found only those diagnosed with depression considered suicide or wished death would come early. Patients who were not depressed did not want to die.

[S. Barakat, J.H. Brown, P. Henteleff, C.J. Rowe, "Is It Normal for Terminally Ill Patients to Desire Death?" American Journal of Psychiatry (1986): 143:2, pp. 208-211.]
Depression can and should be treated.

There is a broad coalition against doctor-assisted death. This coalition includes all of Hawaii's medical community, disability rights community, and those who care for Hawaii's elderly and dying citizens. On record as being **STRONGLY OPPOSED** to doctor-assisted death – Hawaii Medical Association, Hawaii Nurses Association, all Hospitals, Nursing Homes, and St. Francis Hospice.

I am strongly opposed to SB 803 Relating to Death with Dignity and I ask that you oppose it also.

Sincerely,

Melissa Crisostomo R.N., BSN, MPH

Oncology and Hospice Nurse

Feleai Tau

From: Gayle Early [gayleearly@yahoo.com]
Sent: Friday, February 04, 2011 10:14 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Senators,

Physician-assisted suicide is not compassionate. There are far better ways to alleviate pain and suffering in the terminally ill. A physician does not and should not have the right to end the life of a human being. All human beings have intrinsic value unrelated to their illness, disability, age, or perceived "usefulness" to society.

Individuals who might desire suicide are likely to be depressed and are concerned about not being a burden to their families. The high-road for our society to take is to treat their depression and assure them that they are not a burden.

Please do not allow our beautiful State of Hawaii to become a haven for the likes of Jack Kevorkian. Many of his cases were nowhere near natural death. The potential for ethical abuse would be great if this law were passed.

The Hawaii Medical Association, Hawaii Nurses Association, all Hawaii hospitals and nursing homes, and St. Francis Hospice are opposed to physician-assisted suicide. Let's offer our terminally ill good pain management, palliative care, hospice care, and whatever support they need to feel their lives are meaningful. Do not convey hopelessness and worthlessness by offering to kill them before their time.

Sincerely,
Gayle Early, PhD, APRN
Pukalani, Hawaii
(808)344-7021

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE

Regular Session of 2011

February 7th, 2011
2:45 P.M.

TESTIMONY ON SENATE BILL NUMBER 308, RELATING TO DEATH WITH DIGNITY

TO THE HONORABLE MR. GREEN, CHAIR, MR. NISHIHARA, VICE-CHAIR, AND MEMBERS OF THE COMMITTEE:

My name is Gracie Cockett and I am a resident of Hawaii Kai. I am not in support of SB803.

A clear link can be made between allowing physician assisted suicide in a state or country and higher suicide rates (excluding physician assisted suicide.)

Several months ago, the state of Oregon published a statement¹ explaining that the suicide rate (excluding any physician assisted suicides) of their state was 35% higher than the national average. According to the report, Oregon's suicide rate began rising significantly in the year 2000—only a few years after the state passed a Death with Dignity bill. It has been a decade since Oregon's Death with Dignity bill was passed and they are now seeing the consequences.

Similarly, Switzerland and Belgium, two countries that also allow physician assisted suicide, have higher than average suicide rates for young adults ages 15-19 compared to eighty-eight other countries worldwide².

Even though the Death with Dignity legislation may try to prevent other forms of suicide, the safeguards do not work. As a 16 year old teenager, passing a Death with Dignity bill in Hawaii is very concerning to me because so many in my generation struggle with self-injury, depression, and contemplating suicide. According to the Youth Risk Behavior Survey published by US Centers for Disease Control and Prevention, Hawaii ranks number one with the highest prevalence of high school students who have considered suicide.

¹ Oregon Department of Human Services, September 2010, "Rising suicide rate in Oregon reaches higher than national average" <http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf?ga=t>

² World Psychiatric Association, June 2005, "Global suicide rates among young people aged 15-19" <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1414751/>

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 11:19 AM
To: HTHTestimony
Cc: c_pomponio@yahoo.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position:
Testifier will be present: No
Submitted by: Cathleen Pomponio, M.S. ISU, 1985
Organization: Individual
Address: Honolulu, Hawaii
Phone: 8084572914
E-mail: c_pomponio@yahoo.com
Submitted on: 2/4/2011

Comments:
SB 803

My comment is as follows: How is it possible to offer a substance to terminate life to a terminally ill person and at the same time be not be allowed to offer medications to do so?

Feleai Tau

From: Stan Zitnik [imuawp@hawaiiintel.net]
Sent: Friday, February 04, 2011 11:57 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity


Aloha,

I am submitting testimony in opposition to SB 803 relating to death with dignity due to the fact that this practice will lessen the value of lives, jeopardize doctor patient relationship and open the door for medical abuse. There are pain management treatment plans and services available to provide for the needs of the patient and support services for family members that are already in place. This bill supports that idea that a person's life has become useless and no longer has value so it is cheaper to end it. Just as with abortion we should not value the unborn any less than those that are born and we should not place a price tag on the terminally ill or elderly.

Please choose to respect life and vote no to SB 803.

Thank you,

Stan
Stan Zitnik
Wailuku, Maui
385-1405

 please consider the environment before printing this email and any attachments

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Feleai Tau

From: Clytie Nishihara [nishimacltytie@yahoo.com]
Sent: Friday, February 04, 2011 11:39 AM
To: HTHTestimony
Subject: OPPOSITION

I personally oppose this bill because of my personal faith that Jesus Christ is God and can help to remedy any situation in our health issues. in Jan 9, 2001 I was diagnosed with uterine cancer and the doctors shared the options that I could try and I chose to DO a hystprectomy and I am still cancer free now in January 2011. I am glad I chose to live and let the medical field do its stuff and save my life. Life is very important! God can heal us if we believe and submit to live. PLRASE DON'T GIVE UP! LIFE IS WORTH TRUSTING IN GOD!

ALOHA ke AKUA,
CLYTIR NISHIHARA

Feleai Tau

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 1:30 PM
To: HTHTestimony
Cc: strider4jc@hotmail.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Strider Didymus
Organization: Individual
Address:
Phone:
E-mail: strider4jc@hotmail.com
Submitted on: 2/4/2011

Comments:
THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011

COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING

DATE: Monday, February 07, 2011
TIME: 2:45 p.m.
PLACE: Capitol Auditorium
State Capitol
415 South Beretania Street

A G E N D A

SB 803
Testimony
Status

RELATING TO DEATH WITH DIGNITY.
Allows a terminally ill, competent adult to receive medication to end life. Prohibits mercy killings, lethal injections, and active euthanasia. Requires informed consent. Allows alternate doctor to replace attending doctor if latter declines to prescribe. Provides immunity from civil and criminal liability for acts taken in good faith. Imposes penalties for unauthorized altering, forging, concealing, destroying, or exerting undue influence in making or rescinding a request for medication. Requires monitor at time of taking dose.

HTH, JDL

TESTIMONY

Feleai Tau

From: Erenio Arincorayan [erenioa@yahoo.com]
Sent: Friday, February 04, 2011 12:37 PM
To: HTHTestimony
Cc: Eric Arincorayan
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Senate, Chair and Vice Chair,

I am hoping you would oppose SB 803
Relating to Death with Dignity.

From my experience with my own mother's
hearth condition,
being on deaths door from a
heart attack.

We were advised to call all the relatives to say the last good byes.

She is alive and walking around today,
and is very happy to be alive.

Making a decision on the medical diagnosis may not always be 100%. And there are cases of
coma after months, come back alive to live out their earthly existense.

We do not need help in dieing, I speak for myself and mother.

Life and pursuit of happiness go together.

Please oppose SB 803.

Thank you,
Karen Arincorayan

Feleai Tau

From: Gaylord Wilcox [wilcoxg001@hawaii.rr.com]
Sent: Friday, February 04, 2011 12:35 PM
To: HTHTestimony
Subject: SB 803

To: Josh Green, Chair, Committee on Health, Senate

I support SB 803. Animals have a right to be put to death to escape suffering – it's time humans do.

Gaylord Wilcox

Feleai Tau

From: Jim/Alda St. James [stjames@hawaii.rr.com]
Sent: Friday, February 04, 2011 1:43 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

This is my testimony in opposition to the Physician Assisted Suicide Bill (SB 803). Justification of this bill allows for abuse of the elderly who may be considered an unnecessary burden to their family. Especially in these tough economic times, it may lead to a desperate choice for the sake of expediency. Please respect the rights of Hawaii's vulnerable elderly to live out their natural lives in dignity, without fear. Thank you.

Blessings,
Alda St. James, Executive Director
Keiki Kokua Inc.
Pukalani, HI 96788
(808) 573-4972

Feleai Tau

From: spacepoet@hawaii.rr.com
Sent: Friday, February 04, 2011 12:15 PM
To: HTHTestimony
Subject: I was left to die by Nursing Home Without Walls, agency didn't allow aides to sign testimony as to my condition for hearing

I have been put in the position of being left to die by Nurshing Home Without Walls by the state already while there is still no excuse for it. I had to be healed of multiple impossible to care for myself conditions by God in order to live.

It is so easy already to fix it so vulnerable disabled people die just by not having an aide to testify, as the agency had rules not to allow them to sign something as to the condition of the patient

Feleai Tau

From: spacepoet@hawaii.rr.com
Sent: Friday, February 04, 2011 12:53 PM
To: HTHTestimony; spacepoet@hawaii.rr.com
Subject: I was left to die by Nursing Home Without Walls, agency didn't allow aides to sign testimony as to my condition for hearing

---- spacepoet@hawaii.rr.com wrote:

> I have been put in the position of being left to die by Nurshing Home Without Walls by the state already without safeguards, so don't remove them explicitly so that murder is completely and explicitly easy to accomplish in the name of the actually unwilling patient. I had to be healed of multiple impossible to care for myself conditions by God in order to live because the gauntlet of the state already accomplishes murder in the name of assisted suicide but it takes some circumventing in order to do it, this takes away that circumlocution.

>

> It is so easy already to fix it so vulnerable disabled people die just by not having an aide to testify for the required state hearing, as the agency had rules not to allow them to sign something as to condition of the patient.

They make it incredibly easy already to do murder in place of assisted suicide without the help of such a bill. The system already encourages the social worker and nurse to get rid of patients from care but there is a hearing, so for the hearing the social worker and nurse already often try to get the doctor to sign something they have prepared themselves which takes off previously listed serious diagnoses and then enter the hearing while having sent the patient to an agency that does not allow the aides to sign a paper regarding the patient at all, since the aides have actual experience daily as to the seriousness of the patient's actual condition. The social worker and nurse can and do boldly threaten the patient, like they did me, to simply have the patient thrown off care and to pretend to dig up mud. With me they threatened to remove my diagnoses and have the doctor sign it, have the hearing when an aide could not testify, talk to all the aides and strike fear into them while trying to find a bad mouther after telling me they would find somebody to badmouth me, which didn't work. Finally a doctor let them fill in the diagnoses themselves and signed it without having seen the patient in which they removed the diagnoses that permanently prevented any chance I didn't need care and replaced them with less serious false diagnoses.

With such a bill they could have the doctor pretend a patient wanted to die, or pretend for him, which is the more usual route.

The top person at nursing home without walls has already been replaced with a less scrupulous person who will allow the social worker and nurse to get away with throwing out patients who neither get a nursing home nor nursing home without walls care due to falsification of doctor diagnoses by unqualified personnel and prevention of aide written testimony at the hearing. The social worker and nurse further said they would lie at the hearing and say the patient didn't need care while finding a day in which an aide willing to testify could not come. They said they would hold the hearing on a day the patient could not defend themselves.

It's already a racket, murder would be commonplace with an assisted suicide bill.

Another tactic in Oregon is to withhold pain medication and care and try to get the patient to agree or to circumvent the patient who couldn't speak for themselves and just get rid of patients against their will simply and easily.

Since 1/2 of people need lengthy care at some time in their lives, the sufferer is someday likely to be YOU if you pass assisted suicide.

Page 2 – Fernando Ona Testimony

As a physician and former medical director of Mt. Carmel Hospice, I prefer to give Dignity to the Dying process by alleviating pain and suffering with effective medical therapies and not by killing my patients. So if a patient requests suicide in order to escape pain, which response is more rational or dignified – to have the patient killed who is suffering with pain or to more effectively ease the patient's pain? Some patients might request assistance in committing suicide because they are likely exhausted emotionally, physically or both. Terminal illness often leads to depression, which can severely impair judgment. Some patients could easily opt for assisted death in a moment of weakness when they would otherwise decide to live. There is dignity in providing a good end of life by appropriate medical and mental therapy and pain management instead of offering death. There is absolutely no dignity in killing patients.

Dutch doctors euthanize with impunity – to the point where some elderly must resort to contracting a private agency to follow their cases to make sure they are not put to death without their consent. Having disdained the restraint of "Thou shalt not kill," vulnerable Dutch citizens now have to plead, "Please don't kill me!" This evidence demonstrates the adverse effect on the integrity of the physician-patient relationship where the boundary between the physician as healer and the doctor as killer is broken. This act violates the very principle of the Hippocratic Oath.

Assisted suicide gravely endangers civil liberties. Let's learn from the Dutch and defeat his bill so the people of Hawaii won't have to plead 10 years from now, "Please don't kill me."

Sincerely,

Dr. Fernando Ona

**Celia Ona, M.D.
Post Office Box 235913
Honolulu HI 96823**

February 5, 2011
Submitted to: Senate Health Committee

Re: Hearing on February 7, 2011
2:45 p.m.
State Capitol Auditorium
To: Honorable Josh Green, M.D., Chair (Senate Health Committee)
Honorable Clarence Nishihara, Vice-Chair (Senate Health Committee)

Testimony in **OPPOSITION** to **SB803**

As an active practitioner of psychiatry for over 25 years I am very concerned about SB803 and the implications of offering approval to suicide.

SB803 would permit doctors to help mentally ill or depressed patients commit suicide. A referral for counseling is only necessary if, in the "opinion" of the attending, alternate or consulting physician, the patient requesting death has a "psychiatric or psychological disorder, including depression, causing impaired judgment". (Emphasis added). "Counseling" is defined as one or more "consultations" between a psychiatrist or psychologist and the patient. Even if the counselor determines that the patient is mentally ill or depressed, that patient would still be able to get help to commit suicide as long as the counselor determines that the patient's judgment is not impaired.

In my experience patients with terminal illnesses and chronic disorders are often depressed and don't make good judgments. And less than 2% of the patients who were given medicines last year in Oregon were even referred for counseling!

In Oregon they are trying to avoid calling the death a suicide as if by calling it by another name (death with dignity or in compliance with the death with dignity Act) it isn't suicide. They would like you to believe there is no ripple effect-It is just an autonomous choice that doesn't affect anyone else. Well, let me ask you this-- who wrote the prescription, who filled the prescription, who found the body and who carries the internal scars of being rejected by the person taking their own life? PAS affects the living, too.

Thank you for this opportunity to express my concerns.

Dr. Celia Ona

Chair Green, Vice-Chair Nishihara, and Honorable Senate Health Committee Members
HEARING: Monday, February 7, 2011, 2:45 PM

As a Physician, I oppose SB 803

FROM: R.O. Banner, MD, MPH
General Preventive Medicine
1357 Kapiolani Blvd. #1250
Honolulu, HI 96814

I am testifying against SB 803

Please do not pass this Bill which promotes Physician Assisted Suicide. No matter how dignified and nice-sounding a name it may be given, it is a frightening change to Hawaii's values and diminishes respect for life. Though well-meaning, the advocates for this fundamental change in public policy fail to recognize that there is great harm in store for the vulnerable among us. Physician Assisted Suicide is not necessary. Advocates mislead when they claim that pain is a significant reason for requesting Physician Assisted Suicide. In Oregon, the great majority of reasons cited for Physician Assisted Suicide are social concerns such as not wanting to be a burden.

No longer is suffering necessary. Comfort Care services are in place throughout our state and physicians and the many other care givers so important to each of us continue to improve our sensitivity and skills for our patients.

As a practicing physician in Hawaii for more than 20 years, I know that true compassion for my patient at the end of life's journey is to care, to relieve pain and promote comfort, and to help my patient to take care of "last concerns". The moment I suggest that such an action as Physician Assisted Suicide is an option, (and would not "Informed Consent" require that I do so?) I have begun to abandon my patient and replace our mutual trust with anxiety and doubt.

I am particularly concerned about safeguards. There is evidence of lapse of ethical standards. In Oregon, when the Medical Officer of a major HMO was unable to find one of the practicing physicians in the HMO network of physicians to certify that a requested suicide was appropriate under the rules of the law, the HMO Medical Officer himself wrote the prescription for the lethal dose of drug. This is a clear conflict of interest and under Hawaii's law such an action is illegal as the insurance company physician does not have a relationship with the patient which would entitle the physician to treat the patient.

This example I believe illustrates the deterioration of the ethical climate which follows such a deleterious change in Public Policy found in SB 803. Thank you for your consideration of my testimony.

Dr. Christopher M. Manion, MD
Monday Hearing in Senate Health

Senate Health Committee::

I am a physician and am testifying against SB803

As a Physician and a practicing Roman Catholic I also oppose any legislation that does not respect life. Any proactive form of government endorsed suicide violates all Moral codes that have existed for centuries and are the bond that keeps civilized society together. It violates the 5th Commandment - You shall not kill. According to Catholic Doctrine - Suicide and Euthanasia are specifically prohibited. It does however allow the terminally ill patient to forgo certain treatments that will prolong their death.

As a physician, I am often confronted with patient's who have a terminal illness. I offer options including palliative care, pain management, and most of all Hospice care. Patient's have to deal with death on their own terms and Hospice helps the patient and family deal with the death of their loved one.

Under the current system, I have attended many deaths of terminally ill patients. It is a moving experience for myself, the patient, and their family. Patients have never asked me to assist them in suicide but I have provided palliative care. This has allowed the patient to die at home surrounded by their loved ones as it has been done for ages, and sadly rarely occurs anymore.. It has proven to be a rewarding experience for myself and all others involved.

I ask that you once again stand for life and not let this bill out of the Health Committee and let this very personal issue be handled by the treating physicians, the patient, the family, hospital ethics committees, and hospice.

Sincerely,

Christopher Manion, MD, MBA
Medical Director

To Senate Health Committee Hearing Monday Feb 7 at 2:45 Auditorium ---relating to SB803

I am strongly OPPOSED to this bill.

My name is Elsie and I was diagnosed with multiple sclerosis in 1986. I am 49 years young. I have asked someone else to read this testimony for me as I am in the hospital at this time and cannot come myself.

People tend to judge those of us with disabilities as having a poor quality of life.

Recently I was in the ICU and my family tells me that if it hadn't been for the intervention of a neurologist who knew me and how much I value my life I wouldn't be here today. Staff seemed to see my disability, not me. I needed to be intubated and they weren't going to do it

If you pass this legislation I believe you would further put me and others like me at risk. First, because people like you without disabilities don't realize how blessed you are and how much you assume about people like me. I live a full life, I have my family, my friends and I love to help people. I feel I have a purpose and there is a plan for my life.

A lot of people seem to have the opinion that it would be better to be dead than disabled and I can tell you from my own experience that this simply isn't true for me. I have had my low moments and if PAS was available I might have jumped at the opportunity during those low times, however, we all have those low moments and though most of you would be protected, I can't assume that same protection would extend to me or others like me who might not be as blessed as I am with loving family & friends..

SO opening the door to the acceptance that there are lives not worth living (terminally ill people in this case who want to die) sends the wrong message to caring people. It changes and distorts perceptions of life with all its ups and downs. We all know that trying to put safeguards into law doesn't really protect anyone when economics comes into the picture and there is no question that we are already seeing that in Oregon where disabled people can't get needed services but can get the pills to kill themselves. Please, I have too much to live for & so do others-----we can all live without this bill.

Sincerely,
Elsie

PS. Day before yesterday I got a new roommate and I heard the staff speaking to her. They were evidently repeating to her that she had made the decision to stop eating and drinking and getting treatments because she had decided to die as she wasn't strong enough to walk around. I figured they were just trying to make sure they truly understood what she wanted. Her friends at the bedside also said that yes she had told them she just wanted to die. She hadn't eaten in a week she just wanted to die—that's why she moved to this floor—to die.

Guess what! The next day she started eating her breakfast and told everyone who came into the room that she wanted to live—they had to send a number of people in to verify that that was really true and then they moved her upstairs. They seemed to question her sanity when she said she wanted to live. I would have thought you would question her sanity when she said she wanted to die. It's a bad idea to make it too easy for people to take their lives at a low time.

From Kathryn Judson:

Hello from Oregon. When my husband was seriously ill several years ago, I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought). To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher.

Now, if the doctor had wanted to say 'I don't see any way I can help you, knowing what I know, and having the skills I have' that would have been one thing. If he'd wanted to opine that certain treatments weren't worth it as far as he could see, that would be one thing. But he was tempting my husband to commit suicide. And that is something different.

I was indignant that the doctor was not only trying to decide what was best for David, but also what was supposedly best for me (without even consulting me, no less). We got a different doctor, and David lived another five years or so. But after that nightmare in the first doctor's office, and encounters with a 'death with dignity' inclined nurse, I was afraid to leave my husband alone again with doctors and nurses, for fear they'd morph from care providers to enemies, with no one around to stop them. It's not a good thing, wondering who you can trust in a hospital or clinic. I hope you are spared this in Hawaii.

SB803

2/7/11

AUDITORIUM

HEALTH

COMMITTEE

POSITION: As a physician, I oppose SB803
Hearing Monday 2/7/11 at 2:45 in Auditorium
FROM: Dr. James McKoy
Rheumatology and Pain Medicine
94-326 Pauwala Place
Mililani, HI 96789

Chair Green, Vice-Chair Nishihara, and Honorable Committee Members:

I am a physician and am testifying against SB803. Care and compassion offer the alternative to suicide. As a board certified pain medicine specialist I know that no one will want to die if they are getting the kind of care necessary for their pain and suffering. Maybe that kind of care was not available 5 years ago but it is most definitely available today. Hospice care and pain control technology offer alternatives to suicide. Both depression and pain can be treated, providing the patient with great relief. Hospice care offers dying with dignity, fulfilling the true meaning of compassion coming alongside the sufferer. The loving care of friends and family brings true dignity and immeasurable value to the lives of terminally ill patients.

Some people falsely believe that physician assisted suicide means refusing artificial life support. They think it will help someone decide they don't want to be hooked up to tubes and machine just to keep a heart beat going when they would otherwise simply die. Even existing law and even the patient and/or his or her designated decision makers has the right to refuse the artificial prolonging of life. No one has to linger on indefinitely when natural causes would lead to death.

PAS toes a giant step beyond allowing a natural death. PAS actively causes a premature death. Legalizing PAS means giving someone the legal power to help kill another person. Treat the pain and suffering or kill the patient. This is a bitter pill to swallow especially when the Hippocratic Oath that we take as physicians says that we as healers will not assist in the act of killing patients or knowingly harm them. The American Medical Association has stated: "The social commitment of the physician is to sustain life and relieve suffering. . . . He should not intentionally cause death. Former CMDA Medical Ethics Commission chairman Dr. Thomas Beam points out, "While the act of physician-assisted suicide seems compassionate on the surface, it is often the abandonment of the patients in their most needy time".

SB803 is just a bad public policy for the State of Hawaii or anywhere and I am against it.

Thank you,
James McKoy, MD

May 19, 2002

Concerning Death with Dignity Legislation

I began discussing death with dignity legislation with legislators prior to the opening of this year's session, wrote testimony against the bill and wrote to the senate the final week of the session about not passing this legislation. I want to explain why. I first started discussing this type of approach to end of life care at American Medical Association (AMA) meetings as a member of Hawaii's delegation, in the early 1990's. Both the Hawaii Medical Association (HMA) and the AMA feel "physician assisted suicide" (PAS) is inconsistent with the physician's role as a healer. I am not, however, opposed to Death with Dignity laws because of my association with organized medicine, or because of any religious convictions on the issue. I am opposed for a number of reasons: potential pitfalls in carrying out the act, the concept of "duty to die", the need for better end of life care and concerns about not having explored all the alternatives.

My parents, who were in their late 80's at the time, came to Hawaii to live with Diane and me in 1998. My mother, who had smoked for 50 years and quit in the 1980's, died in our home after the discovery of a rapidly progressive lung cancer. She had clear advanced directives, wanted to die at home, chose when to stop eating and drinking, and had family with her at the end. She had what experts on dying have called a "good death" as she was able to put her affairs in order, knew her advanced directives would be honored and was afforded relief of pain and suffering.

My father, who had been the CEO of one of America's major defense corporations, died in his sleep in February at age 92, in a wonderful care home in Papaaloa, where he spent the last month of his life. He had Alzheimer's Disease that had been slowly progressing for nearly 10 years, but became terribly disabling over the final months. He also had clear advanced directives. My Dad presents a different side of the end of life issue. He began asking me if I could get him pills to end his life many years ago when he knew he was becoming disabled. When things got really bad, he would not have been able to end his own life, so active intervention would have been required. If he had opted for suicide when his thinking was clear enough to do so, all of us, Dad included, would have missed out on many good times together. Even though caring for Dad was at times quite difficult for Diane and our family in Kohala, there were many priceless moments with Dad that none of us would trade.

Let me summarize my concerns about this legislation:

- I spent 30 years as an emergency physician and am very familiar with end of life issues. There are at times, incomplete suicides, where coma occurs without cardiac or respiratory death. The bill does not allow active measures for someone else to end this life.

Death with Dignity Legislation

-2-

- I am very concerned that someone who is alone and without family, might opt for suicide as a "duty to die" to take the burden off others and the health care system.
- We have much work to do to educate everyone, including physicians on the best options for patients in end of life situations. We need everyone to have advanced directives, have them honored, offer more hospice type care and provide adequate relief of pain to terminal patients. No one should ever die with agonizing pain. My mother's younger sister died last year of terminal metastatic cancer. She developed severe abdominal pain and in spite of her terminal condition and my aunt and her daughter begging for pain relief, she was not sedated for many hours until a "diagnosis" was made. When she finally was given pain relief she died quietly shortly thereafter. This was not what I would call compassionate care.
- We must be mindful of the very real concern of people with severe neuro-muscular conditions, many of whom are ventilator-dependent, that this type of legislation will lead ultimately to cessation of medical coverage for their life support systems.
- Finally, everyone must be aware of two other issues. First, that by choosing to stop food and fluids, a terminal patient is opting for a painless end of life. Forced feeding and hydration often prolong suffering. Secondly, not all suffering is what we think of as "pain". There is a great deal of agony that can be associated with chronic debility, deterioration of organ functions, and breathlessness. We must offer adequate control of this suffering even if sedation hastens death. This is not killing someone - it is providing good comfort care.

I am totally in favor of patient self-determination, but I think we can offer a lot more care before suicide is necessary.

Fred C. Holschuh, M.D.

May 19, 2002

JJ FEB -4 62:14

RECEIVED

Sgt at Arms

Please get my testimony to the Senate Health Committee Hearing

On Monday 2/7/11 in the auditorium

From Dr. Fred Holschuh on the Big Island

NO on the DWD legislation!

RECEIVED

'11 FEB -4 12:32

SERGEANT-AT-ARMS
THE SENATE

**THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011
COMMITTEE ON HEALTH**

**Senator Josh Green M.D. Chair
Senator Clarence K. Nishihara, Vice Chair
Committee Members**

February 7, 2011
Capitol Auditorium
State Capitol
415 South Beretania Street
RE: SB 803 (PAS)

Thank you, for giving me the opportunity in submitting my opposition to S.B. 803.

My name is leonaMerle Sugahara and I work for the Hawaii Centers for Independent Living on the Big Island. Our Agency is operated by and for people with disabilities to ensure their rights to live independently and fully integrate into the community of their choice, outside of institutional care settings.

Our Governor Neil Abercrombie said "physician assisted suicide would be too divisive an issue and urged lawmakers to focus on Hospice and palliative care." Former Governor Linda Lingle opposed the legislation during the 2010 campaign.

When we first found out my Mother had cancer, I went with her to Oahu to have surgery. Her cancer returned several years later. She did everything her physicians told her to do, Chemo Therapy, drugs etc. to slow the progression of her disease. Unfortunately, due to her medical, certain tests were not done by her choice because of cost. I did see the suffering and at the ending of her life, Hospice became a part of our life. It was not long after my Mother passed away. The compassion we had for her until her death is

THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011

Attention: COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Regarding SB 803 RELATING TO DEATH WITH DIGNITY HEARING

DATE: Monday, February 07, 2011
TIME: 2:45 p.m.
PLACE: **Capitol Auditorium**
State Capitol
415 South Beretania Street

Dear Senator's,

Please thoughtfully consider **not** passing this SB 803 Relating to Death with Dignity. I am strongly opposed to assisting a human being with an early death. I understand that many go through much suffering before their life ends however, another human being should never have the authority or means to put an end to someones life prematurely.

I am very concerned about how such a practice would be handled and where are the lines drawn in these situations, case by case? **Doctors from the beginning of time have been trained to save lives and now they are going to also be trained to end peoples lives?** Doesn't this strike you abit and cause concern about the complete change in direction our society has taken in regard to respecting life?

I scratch my head on a regular basis wondering how in the world we have gotten to a place where the whales and sea lions that we see so frequently here in Hawaii actually have more protection and attention to protect them than the very people who live here or who vacation here? Doesn't that strike you abit and cause concern for what has happened to the respect for life?

Please understand that people are not disposable. They never have been so people like yourselves, our elected officials should not stand for and allow such a demise to occur in how we value every single person on this planet.

Please stand up for life as we have always known it. The more we see life devalued the more our society will spiral downward. It is guaranteed that such a practice of assisted suicide in our state will bring about more suicides of all ages as it has in other states and nations. When we label life as disposable as we offer means to end it prematurely we are sending the wrong message to the public people, that life is not respected as it once was.

Mahalo nui loa for not passing SB803. Mrs. Lissa Cockett, Oahu

green1 - Karen

From: john brogan [broganjoma@yahoo.com]
Sent: Friday, February 04, 2011 2:10 PM
To: HTHTestimony
Subject: OPPOSITION

Dear Senators,

Please **OPPOSE PHYSICIAN ASSISTED SUICIDE** -Hawaii stands for life not death. We have allowed liberalized abortion - the first state in the union to have it- to become law in the 70s - now we cannot let our elders be thrown away too. That is killing in the beginning of life and killing at the end of life. We know it is wrong - please do the right thing and oppose this cruelty.

Mary Lou & John Brogan, 797 Moaniala St. 96821

green1 - Karen

From: Raelene Souza [raelenes@pacificil.org]
Sent: Friday, February 04, 2011 2:22 PM
To: HTHTestimony
Cc: kimok@pacificil.org
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

With respect to the Senate Health Committee –

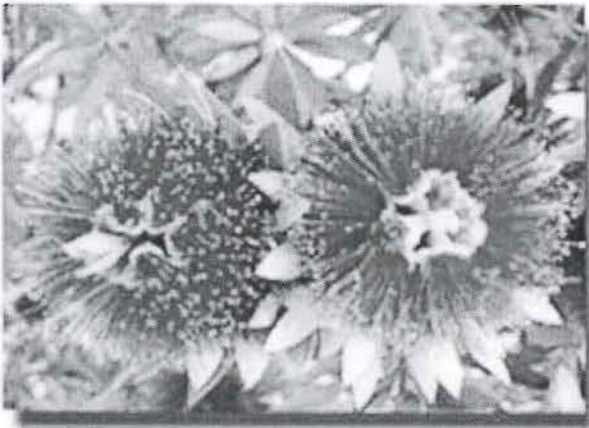
My name is Raelene Souza. I am in opposition to this bill.

I don't feel that as human beings we should have the right to play God.
Ecclesiastes 3:1, 2 to everything there is a season, and a time to every purpose under heaven;
A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted;

Martin Luther King, Jr. (Quotes)

History will record that the greatest tragedy of social transition was not the clamor of bad people, but the appalling silence of the good.

He who accepts evil without protesting against it is really cooperating with it.



green1 - Karen

From: Kealoha Laemoe [kealohal@pacificil.org]
Sent: Friday, February 04, 2011 2:31 PM
To: HTHTestimony
Cc: kimok@pacificil.org
Subject: SB803

Aloha:
My name is Kealoha Laemoa. I live on the Island of Molokai. I am in opposition of Senate Bill 803. I feel that if someone is to die or go home to be with the Lord they should die with dignity and not using any sort of medication or drugs. Religiously GOD don't need help sending people home when he wants them home. I am in opposition of this Bill.

Thank you☺
Kealoha Laemoa

green1 - Karen

From: SILKWOODHI@aol.com
Sent: Friday, February 04, 2011 2:34 PM
To: HTHTestimony
Subject: Death with Dignity

Please do not go down this road. As a group counselor with "Hope Alive-Hawaii" I have found that adults who had abortions often carry a life long guilt which affects all their relationships. The guilt associated with letting their parents die at the hands of a physician is going to be severe for many people. Parents who feel they are a financial burden will be pressured into early deaths, often before reconciling with past hurts involving their children. Hawaii is not a place where we should legalize the killing off of marginalized citizens. Please vote NO on the upcoming Physician Assisted Suicide Bill" Thanks for listening, sincerely, Greg McCaul

green1 - Karen

From: Anson Rego [regoa@hawaii.rr.com]
Sent: Friday, February 04, 2011 4:07 PM
To: HTHTestimony
Subject: PLEASE DO NOT PASS SB 803

This bill allows a terminally ill, competent adult to receive medication to end life and go forum shopping for a physician to approve. It allows alternate doctor to replace attending doctor if latter declines to prescribe.

Like in many other areas of medical practice, doctors can specialize in certain areas, like mercy killings, and make a killing financially themselves, so to speak. There are no restrictions re costs/charges/fees for a doctor to act in these cases. A new medical business will be created.

I practice in the area of workers compensation (numerous defense medical examiners specialize in testifying for the insurance companies, a new growth interest) and estate planning for 40 years. There are extreme negative aspects of this proposal and the present situation with advance health directives work pretty well under the circumstances of the terminally ill.

I oppose the bill.

Anson O Rego
Attorney at Law
A Law Corporation

regoa@hawaii.rr.com
tel: (808) 696-7061
fax: (808) 696-7765

Attention: Senate Committee on Health

Hearing: Monday, February 07, 2011

Conference Room: Capitol Auditorium

Subject: OPPOSE SB 803.

Submitted by: Mary Smart, Mililani, HI

Chairman Josh Green, MD, Vice-Chair Nishihara and Members:

I respectfully request you OPPOSE SB 803 on the following basis:

- (1) Involving a doctor, pharmacist, or any one else in the taking of life instead of saving life is INHUMANE and UNDIGNIFIED.
- (2) This bill involves medical professionals in "Doing Harm" to a human being that would otherwise survive.
- (3) Allowing an eighteen year old to take his/her life is ridiculous when that person can't even have an alcoholic beverage and is still eligible to be on their parents' health care insurance. Someone who is young, even into their fifties has no idea how good life can be in the future. The age eligibility must be changed to an older age if this bill is even considered.
- (4) When a person is depressed because of family responsibilities that get burdensome, that person should not be encouraged to abandon their family but must be assisted so they can face their challenges and overcome them. This "opt out" method is destructive to the family as well as the individual and society as a whole.
- (5) This bill preys on the weakness of humans at their most vulnerable time - when they are in rehab for illness or an addiction; in college infirmaries where students seem overwhelmed by issues that a few years later will seem laughable; in nursing homes and other care facilities where the initial transition may seem overwhelming. We should not be helping these people die. We should help them live.
- (6) A "prescription" to kill is no more dignified than a lethal injection. They both rob a person of their humanity.
- (7) There should be no immunity granted to anyone if they involve themselves in this life terminating process. They should have to face full responsibilities under the courts. If that is a concern, they must refrain from participating in this program. (See para 51 immunities)

- (8) This bill is abusive to Pharmacy personnel who do not want to be involved in the intentional taking of human life.
 - (9) This bill will lead to the abuse of Psychologists and Psychiatrists who do not want to participate in the destruction of human life.
 - (10) This bill involves yet another person to “monitor” the killing process (para -41), who must be present during the life-taking event.
 - (11) Delete paragraph -44. This paragraph incentivizes the taking of ones life and puts life insurance companies in an untenable bind – that invalidates the concept of life insurance – making insurance companies vulnerable to exploitation.
 - (12) No health care provider should be allowed to participate in this program if their employing organization has objections to this process.
 - (13) No health care provider should be forced to participate if their employing organization endorses this death inducing process.
 - (14) Paragraph 52 identifies all the legal problems that can arise due to a bill like this. The abusive and dictatorial nature of this bill comes out loud and clear in the listing of potential abuses and the threat of prosecution and felony convictions.
 - (15) The bill is unnecessary however, it would be wise that all legal life-taking procedures (abortions) underwent the same level of precautions.
2. Defer this Bill forever. Allow humans to live their live to its natural conclusion with medication to sooth their pain and services to help them through the depression that comes with the initial diagnosis of a debilitating disease or the embarrassments of youth. All life is terminal from the day of birth – there is no need to rush to the end.
 3. I respectfully request you vote AGAINST SB 803.

green1 - Karen

From: Cheryl Toyofuku [healthjourney@hawaii.rr.com]
Sent: Friday, February 04, 2011 4:22 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

SB 803 Relating to Death with Dignity

Hearing DATE: Monday, February 07, 2011

TIME: 2:45 p.m.

PLACE: Auditorium

Dear Senator Green and members of the Senate Health Committee,

There are various perspectives that health advocates have. For me, respect for God as my Creator and the God of hope has taught me to have a respect for my body for it is fearfully and wonderfully made. I am reminded that God, in designing man, created me with a spirit, soul and body. As His creation, this perspective evokes in me a deep respect for God as the Creator of human existence and for each other as His creation.

Please allow me to share another perspective of celebrating life with hope, health and healing. New health and healing discoveries are being uncovered even now with ways to remove toxins (spiritually, mental-emotionally and physically), restore hydration (to quench our thirst in our spirit, soul and body) and to restore & renew our spirit, mind and body. Our immune system in all areas becomes stronger and overall longevity is increased.

Acceptance of doctor-assisted suicide sends the message that some lives are not worth living, especially for the elderly, disabled and dependent citizens. This message communicates hopelessness, not compassion or the value of human life. The so-called "right to die" may soon create a dangerous "duty to die" that leads our elderly, disabled and depressed family members into being pressured or coerced into ending their lives.

As a registered nurse, I believe there are better alternatives. There are complementary health options that may have not been shared or presented to the patient. Today's pain management techniques can provide relief for up to 95% of patients, thus offering true death with dignity. Often times less focus is on the spiritual or mental-emotional aspects of healing. More alternatives that address the spirit, soul and body should be provided to meet the needs of patients and their families.

There is a coalition of Hawaii's health community, disability rights community and those who care for Hawaii's elderly and dying citizens, all of whom are **STRONGLY OPPOSED** to doctor-assisted death. Please oppose and vote **NO** to SB 803 relating to Death with Dignity.

Thank you,
Cheryl Toyofuku
Ph: (808) 561-0369
healthjourney@hawaii.rr.com
1025 Noelani St.
Pearl City, HI 96782

green1 - Karen

From: Susan Lussier [SusanOnMaui@HawaiianTel.net]
Sent: Friday, February 04, 2011 4:24 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Legislators,

I am a veteran retired public school teacher. My opinion is a resounding NO. Do not make it legal for a physician to violate his "Hippocratic oath to do no harm,"

People who are suffering are often depressed. We all know that depression can lead even young people and youth to commit suicide.

Some scary scenarios:

1. A MD could be persuaded (or even bribed) to help end a sick person's life sooner than God intended for financial gain. Scenario: the ill person has a huge estate that will be left to certain individual(s) who may be having serious financial hardship and crises. If the sick rich person dies quickly, the inheritance will fall to the beneficiaries more quickly. One or more of the beneficiaries could make an agreement to give the MD a lucrative portion of the proceeds for his "legal physician assisted suicide."
2. In the ten commandments one is "Thou shall not kill."
3. With advanced drugs available, the patient can be put into an induced coma so he or she would not suffer.
4. To deliberately provide the means for a patient to end his or her life is still accessory to murder.
5. Everyday in America, Hawaii, Japan, etc. people, young and old, take their own lives because they lose the will to live, a symptom of depression.

Do not, PLEASE, pass a bill which basically says "Go ahead, we agree, you should help the patient die because he/she does not want to live and suffer."
All suicide victims are suffering. They kill themselves because they want to stop suffering.

6. Would you then assist mentally ill and depressed people who are suicide prone to have easier access to drugs from MDs to help them end their suffering?
7. What if this was your own son or daughter suffering depression though not terminally ill? Would you want your loved one, whatever age, to be able to more easily leave this earth with the help of the meds of an MD? Does this make it OK?
Absolutely not!
8. Only God has the right to take life. Hawaii law has already made it legal for a female to kill her own baby while still in the womb. In fact we were the first to desecrate right to life, the most basic of all rights.

If you have not already, please read Psalm 139 and see how David speaks of God knowing him while yet unformed in his mother's womb.

Ua mau ke ea o ka aina I ka PONO. The Life of this land is perpetuated in Righteousness.
Your job is to promote, protect, and enhance life, not to help destroy life.

If you are a praying person, please pray about this before making your decision.

Trusting you not turn physicians into perpetrators of death. How horrible.

If you are in an ethical dilemma, read Psalm 139, in a modern translation.

Susan Lussier

A very concerned voter from Maui.

green1 - Karen

From: Carol Surratt [carolsurratt@me.com]
Sent: Friday, February 04, 2011 4:35 PM
To: HTHTestimony
Subject: Sb803

I am a resident of Hawaii and I support the passage of sb803 allowing for death with dignity. Every person should be allowed to make this final choice.

Sincerely
Carol surratt

Sent from my iPhone

green1 - Karen

From: Tony Lenzer [Tlenzer@hawaii.rr.com]
Sent: Friday, February 04, 2011 4:52 PM
To: HTHTestimony
Subject: Testimony in Support of Senate Bill 803 - Hearing: February 7, 2011, 2:45 p.m.

Chairman Green and Members of the Committee on Health:

My name is Anthony Lenzer. I am a retired Professor and former Director of the Center on Aging at the University of Hawaii at Manoa. While at the University, I taught courses on Aging, Long-Term Care, and Death & Dying. I currently serve on the Boards and Committees of several senior advocacy organizations. However, I am testifying today as an individual in strong support of SB 803, the "Death with Dignity" Bill.

This Bill allows a physician to prescribe a lethal dose of medication to end the pain and suffering of a competent, terminally ill person, whose incurable condition is expected to end his/her life in six months or less. The Bill has many safeguards built into it, for the protection of the patient, the prescribing physician, and any facility within which the individual may reside.

SB 803 is very similar to Oregon's Death with Dignity Act (DWDA), which has been in effect since 1997. Oregon's law has been found to be constitutional by the U.S. Supreme Court. Opponents of this type of legislation frequently offer a "slippery slope" argument, suggesting that it will lead to involuntary euthanasia, i.e., killing of persons with physical or mental disabilities. This has not happened in Oregon, and it is unlikely to happen here, should this bill become law.

Another concern is that large numbers of people would seek to take their own lives, if such a law was enacted. This has not happened in Oregon. According to the Public Health Division of Oregon's Department of Human Services, only 96 prescriptions for lethal medications were written under the provisions of the DWDA in 2010. This, in a state where there were 22,797 deaths in 2010. Individuals who did request such prescriptions most often cited concerns about loss of autonomy; inability to enjoy life; and loss of dignity.

I do have reservations about Part III, Section 41 of this bill, which requires that a monitor be present when the patient takes the medication, and allows the monitor to intervene, "if the monitor has reason to believe that the qualified patient has had a change of mind and is not able to effectively express or communicate the wish not to proceed taking the medication." I question whether a monitor should be required to be present, and think that the conditions allowing intervention are sufficiently vague as to permit abuse, and should therefore be eliminated.

Thank you for the opportunity to testify in support of this bill.

Anthony Lenzer, Ph.D.

green1 - Karen

From: Durell Douthit [ddouthit@mac.com]
Sent: Friday, February 04, 2011 5:24 PM
To: HTHTestimony
Subject: Testimony supporting SB 803

Senate Committee on Health

Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

Testimony supporting SB803 "Relating To Death With Dignity" for
Monday, February 07, 2011

2:45 p.m.

Capitol Auditorium

Dear Chair Green, Vice Chair Nishihara and Committee Members:

My name is Durell Douthit, I am a resident of Hawai`i and I support
the passage of SB 803.

I approach the end of a long and eventful life. My death is the biggest
event ahead of me. I want it to be as good, rich, and rewarding as life
has been so far. I resent those who presume to dictate the manner of
my taking off. I respectfully ask your help in making my death as
good as death can be.

Thanks.

Durell Douthit
Lawyer *Emeritus*
Sgt, U. S. Army (Ret.)

durell douthit
Lawyer *Emeritus*
phoneand fax: 808/732-0527
ddouthit@mac.com

green1 - Karen

From: N Canubida [nvgc@hawaii.rr.com]
Sent: Thursday, February 03, 2011 11:09 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Aloha,

I believe that acceptance of doctor-assisted suicide sends the message that some lives are not worth living. Such social acceptance of doctor-assisted suicide tells our elderly, disabled and dependent citizens that

their lives are not valuable. Doctors who list death by assisted suicide among the medical options for a terminally or chronically ill patient communicate hopelessness, not compassion. Please oppose SB 803!

Sincerely,

Dr. Nancy Canubida

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 5:12 PM
To: HTHTestimony
Cc: toddhairgrove@yahoo.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Todd Hairgrove
Organization: Individual
Address:
Phone:
E-mail: toddhairgrove@yahoo.com
Submitted on: 2/3/2011

Comments:

green1 - Karen

From: Hawaii Right to Life [office@hrtl.org]
Sent: Friday, February 04, 2011 5:20 PM
To: HTHTestimony
Subject: SB803 OPPOSE

Dear Senators, with all humility, I am pretty sure that as a police chaplain I am more acquainted with death, dying, and hopeless looking situations than most, if not all of you. I have had to do the death notifications to every family on Molokai who has lost a loved one tragically in one way or another; stand beside them in waiting rooms as the fate of their loved ones played out. But I have also seen, situations that seemed hopeless by all accounts, miraculously change and they walked out after 10 months in a coma etc. One man in particular fell off a roof and was seared by a cement form pin. The fall alone would have killed most, knife wounds with 4 inch blades have killed, but Mr. Guerrero lived through this, then a flight from Molo to Oahu, then in ICU for 4 months, to 9 months later walking out. This family has no money, I wonder, if this legislation, though try as you may, will open doors to having families like these be encouraged to have "death with dignity". I know that is not your intentions for this bill to be about finances, but to be honest, it will not be you in those rooms making the decisions if this becomes law. I have seen what pain and fear and hopelessness do first hand... It is not the time or place to make such decisions. Please vote NO... there is too much at stake to put lives at risk with this. Thank you.
Pastor David Tipton, former chaplain Maui Police Dept.

green1 - Karen

From: Laura Thompson [pinkylava.net]
Sent: Sunday, February 06, 2011 9:10 AM
To: HTHTestimony
Subject: Testimony Supporting SB 803

Senate Committee on Health
Senator Josh Green, Chair, and members

Dear Members of the Committee:

Please pass Senate Bill 803.

It is kind, compassionate and humane.

In our land of aloha, it is pono.

Mahalo and aloha,

Laura L. Thompson
440 A Puamamane St.
Honolulu, Hawaii 96821

Phone: 373-9387

Email: pinkylava.net

Feleai Tau

From: KT Yungeirott [chxzzom59@hotmail.com]
Sent: Friday, February 04, 2011 12:46 AM
To: HTHTestimony
Subject: SB 803L - I support this bill!

I wholeheartedly support this bill for terminally ill patients that are suffering so much pain. It's the compassionate and humane option to have for people who wish to die peacefully and with dignity. My aunty who was diabetic, blind, had her legs amputated, and was in the hospital so many years ago took her own life by swallowing cleaning fluid. I don't know what sort. I was a little girl. But I remember that she was such a gentle and kind woman. Always so soft spoken and kind. It pains me to think what she must have been suffering to take her life like she did.

Do the right thing. Pass this bill and give Hawaii citizens this option should they choose it for themselves. As a society, we must let people have the option to choose a humane way to die. It is the compassionate thing to do. Please vote for this bill.

KT

Feleai Tau

From: Joycelyn Haswell [hazwell@gmail.com]
Sent: Friday, February 04, 2011 1:12 AM
To: HTHTestimony
Subject: I strongly support SB 803

TO: Chair Green, Vice-Chair Nishihara, and Honorable Senate Health Committee Members

HEARING: Monday, February 7, 2011, 2:45 PM

POSITION: As a physician, I oppose SB 803

FROM: Daniel Fischberg, MD, PhD

Medical Director, Pain & Palliative Care Department

The Queen's Medical Center

1301 Punchbowl Street

Honolulu, HI 96813

Honorable and esteemed members of the committee:

I am a physician and I am testifying against SB 803. More specifically, I am a physician who has chosen to dedicate his career to the relief of the suffering of the seriously ill and dying. For, you see, I am a specialist in hospice and palliative medicine. For the last 6 years, I have served as the medical director of the largest palliative care service in our state, at The Queen's Medical Center. While I know that the members of the committee are dedicated to representing and serving their constituents, the people of Hawaii, it may be helpful for the committee members to know where those of us in your hospice and palliative care community stand on this important issue. **My colleagues in hospice and palliative care are overwhelmingly opposed to the legalization of physician-assisted suicide. We are dedicated to the relief of suffering, not the ending of the sufferer's life. We reject the central notion of physician-assisted suicide, namely, that there is such a thing as a life not worth living.** I also reject the notion that this bill enhances the rights of our citizens. There is no law against suicide in Hawaii or any other state. No, this law gives license to kill to physicians. A license that would do nothing short of dissolve a professional covenant between the healer and the sick that is as old as the profession of medicine. I work with many different physicians and it seems on some days we agree on next to nothing. However, if you ask any physician what the two highest principles of medicine are today and have been for centuries since the time of Hippocrates, I am convinced to a person they will answer "do no harm" and "never abandon a patient." Physician assisted suicide violates these two most basic vows. These are not just words. These are true points of a professional moral compass that we come back to again and again to guide us in our daily care of the sick and dying.

The palpable compassion, the *aloha*, that I felt when I first visited Hawaii convinced me that this was a community that would truly embrace the tenets of palliative care: holistic, patient-centered, culturally sensitive, multidisciplinary care of the seriously ill patient and his/her family. In the course of my practice, I care for hundreds of people living with and dying from terminal illness every year. Last year alone, my department was asked to participate in the care of well over

-My colleagues will also point out that in the height of a health care crisis, the temptation will become great to ensure that all "health care consumers", that is, all of us, are fully informed by our insurers of the wonderful and quite thrifty option of suicide.

-Finally, my colleagues will point out that the great challenge we face at end of life is not pain. Modern medicine can control pain and other previously horrific symptoms. Instead, the challenge remains much the same as it does throughout our lives, only heightened: the search for meaning. I have been taught that we must join our patients in this search and never succumb to despair nor agree that our patients' lives are void of meaning.

I agree with all of these points that my colleagues will make. However, I prefer to leave you with a more positive message of end-of-life care.

The greatest demonstration of the *aloha* of the medical community is the compassion and care that we provide daily to the sick and dying in our *ohana*. Please honor that *aloha* by rejecting physician-assisted suicide. Support us in our efforts to continue to strive toward the highest standard of end-of-life care for the people of Hawaii.

In palliative care we honor the ancient mission: "To cure sometimes, to comfort often, to care always." Thank you for caring.

Respectfully,

Daniel Fischberg, MD, PhD

Feleai Tau

From: Esther [estherjoeysmom@gmail.com]
Sent: Friday, February 04, 2011 9:03 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Sir or Madam:

I am hereby entering my testimony in opposition to SB 803. The passage of this bill will send the wrong message that some lives are not as valuable as others. There is also a danger of opening the door to abuse wherein certain individuals may be euthanized without their consent, As far fetched as this seems, documented cases in the Netherlands seem to substantiate this claim.

Sincerely yours,

Esther Gefroh
Honolulu, HI

--

<http://hicatholicmom.blogspot.com>

Feleai Tau

From: Jeri Dickson [jeri@alohabroadband.net]
Sent: Friday, February 04, 2011 9:41 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

NO! NO! NO!

Do not open that door!

God forbid!

I am using the Free version of SPAMfighter.
SPAMfighter has removed 21267 of my spam emails to date.

Do you have a slow PC? Try free scan!

Feleai Tau

From: KevCompQ@aol.com
Sent: Friday, February 04, 2011 9:51 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

I am a private citizen here in Hawaii and I opposed to Death with Dignity because I am disabled and there have been times when I have wanted to kill myself, but am happy there was not a law that said I could. I am happy now and I know you will say there are safeguards in place to prevent innocent people from taking their own life.

I am sure they said that in Oregon too where this bill was passed and exist today... I have read several cases now where the patient was denied the necessary treatment, but was offered death with dignity instead.

This is wrong. We should be promoting a culture of life, rather than death....

Sincerely, Kevin H. Inouye

green1 - Karen

From: Ann [manukolea1@mac.com]
Sent: Saturday, February 05, 2011 5:33 AM
To: HTHTestimony
Subject: SB 803

I support SB 803

Ann Egleston
Honolulu, Hawaii 96816

808-732-1640

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 1:34 AM
To: HTHTestimony
Cc: zelei7ke@yahoo.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: zelei abordo
Organization: Individual
Address:
Phone:
E-mail: zelei7ke@yahoo.com
Submitted on: 2/5/2011

Comments:

Legislators are trying to determine when its appropriate to end a person's life all in the name of being humane. It doesn't matter what you label it its murder. The Lord giveth and the Lord taketh away. Not Legislators.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 4:04 PM
To: HTHTestimony
Cc: noelh@wave.hicv.net
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Noel Honigsfeld
Organization: Individual
Address: Kalae Hwy. Kualapuu, HI
Phone: 808 567-9412
E-mail: noelh@wave.hicv.net
Submitted on: 2/5/2011

Comments:

I strongly oppose Physician Assisted Suicide and would like you stop this bill now. This issue is not clear cut and it is NOT the empathetic thing to have a doctor allowed to kill a seriously ill person. Many abuses may result if this bill were to pass. Sick and dying people need help and love, not killing in the name of "good medicine";. PAS is "bad medicine" in my opinion. Thank you.

February 5, 2011

Aloha Senators,

I, Natalie E Diaz, strongly oppose SB803 bill to legalize Physician Assisted Suicide. Please vote, **“No!, on SB803.”**.

This is a bad bill because it opens a door to danger of misuse, euthanasia, etc., that will be very difficult to close. The margins for error are too numerous and dangerous. Medical personnel are to save life, not to end it; there's no conjecture here – your **are** talking about a **viable** human being. Terminally ill patients have been known to recover, - no one knows when death will come. I've had many people relate how a loved one or they themselves have been told that he/she had a short time to live, weeks, maybe a few months. Time goes by and one year, two, three, often more and he/she is still alive and doing well. Terminally ill is not a death sentence.

Michael Manning, M.D. writes,
“I believe the evidence leads to the conclusion that we must not legalize euthanasia or physician-assisted suicide. Instead, our society should mobilize a life-giving health care system that includes compassionate care for the dying, adequate analgesia and human comforts near the end of life, and widespread education about the right to refuse burdensome medical care.”

I know firsthand that the Hospice Group is an excellent alternative to assisted-suicide, not only for the patient but for his/her loved ones. Too often a “terminally ill competent adult” will make a decision based on being a burden than on what he/she really wants. Life has value in all stages.

TO MANY CHANCES FOR ERROR. Bad for Hawaii, bad for my Ohana, bad for me. Mahalo nui loa.

I, Natalie E Diaz, strongly oppose SB803 bill to legalize Physician Assisted Suicide. Please vote, **“No! on SB803”**.

green1 - Karen

From: . [foxells36@aol.com]
Sent: Saturday, February 05, 2011 3:39 PM
To: HTHTestimony
Subject: Testimony supporting SB803

Senate Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair
Testimony supporting SB803 "Relating To Death With Dignity" for Monday, February 07,
2011
2:45 p.m.
Capitol Auditorium

Dear Chair Green, Vice Chair Nishihara and Committee Members:

My name is Mary Jane Fox, I am a resident of Hawai`i and I support the passage of SB803. Thank you.

Mary Jane Fox Ph.D.
Phone # (808-679-1070)

SENATE JUDICIARY COMMITTEE
SB 803 – PHYSICIAN ASSISTED SUICIDE
MONDAY, FEBRUARY 7, 2011
2:45 PM

Evidence from The Netherlands indicates that 26 percent of euthanasia deaths in Holland between 1990 and 1995 were without the consent of the patient. Also, 21 percent of the patients who were killed without consent were competent.

Physicians take an oath “to do no harm,” which is probably why doctors are strongly opposed to physician assisted suicide. They understand that there are better pain management techniques to assist terminally ill patients than helping them to kill themselves.

Such a law as SB 803 will also lead to abuse by family members and others who have an interest in an elderly ill person being dead for financial or other reasons. And the elderly may even feel a duty to die.

Please vote no on SB 803. You may one day be in the position where your family members are forcing a death decision on you.

Sincerely,

Janice Pechauer

green1 - Karen

From: Annie Rupp [christianamericanpatriot@gmail.com]
Sent: Saturday, February 05, 2011 1:22 PM
To: HTHTestimony
Subject: Physician Assisted Suicide: VOTE NO

Honorable Health Committee:

We live on Maui therefore we can not give our testimony in person but please take our opposition to this Bill of Physician Assisted Suicide as a Vote No!

We are not GOD and no one should hold the place of GOD.

Depressed people whether from illness or loss should not be playing GOD with their own lives as well.....

In my lifetime, and I am soon to be 58, I have seen people close to death with illness and then suddenly they receive their miracle where if suicide had been an option it would have looked desirable at the time of their lowest point but then suddenly things turned around and they continued on for many years to live a full and productive life!

Life is precious and we must treat it as such! Abortion has been degrading life as though it was nothing and physician assisted suicide will continue this down hill spiral and you must know there are mental consequences for those that participate in either of these events because life is precious and should be saved at all cost.

I have said all of the above and I will add this last point, it should be up to the person whether or not they want to be on life support. When our lives are propped up by machines then it is upon this premise that I believe the person has the choice of whether or not to use a life support machine because at the point of a machine sustaining all areas of life, again, we have become God....but I must add that many have made miraculous recoveries from life support machines as well!

In addition, this may be unconstitutional and have ramifications in that area as well.

Again, Life is precious but when we degrade it to nothing more than our choices which most often are made during great duress we are playing God with Life which is Precious and with Death which the Lord giveth and the Lord taketh away... we are NOT God.

This appeal is not just Faith Based even though that within itself is enough reason to vote no but it is also physically bound in the mental distress areas where we should never comply..... there are serious repercussions... think about the girls and ladies who daily take lives because of abortion, they have serious mental issues they must deal with the rest of their lives and their entire life is effected because they are TAKING A LIFE AND LIFE IS PRECIOUS AND WE ARE NOT GOD! The same mental disorders will appear maybe in different forms with Physician Assisted Suicide and also what about the Physicians that this is against their beliefs and their VOWS to take care of lives?

This is wrong and there is no way to right it but by Voting NO to Physician assisted Suicide.

Mahalo!

Registered Voter on Island of Maui

Annie Rupp

TESTIMONY ON S.B.803 RELATING TO DEATH WITH DIGNITY

Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

Date: Monday, February 07, 2011
Time: 2:45 P.M.
Place: Capitol Auditorium

Testifier: Jean Aoki

Chair Green, Vice Chair Nishihara, members of the Committee on Health,

I am Jean Aoki testifying on behalf of myself. I support SB 803 and its objectives, and all of the safeguards which are put in place to insure that the assisted death is according to law and the wishes and the rights of the individual are protected.

However, I am arguing for inclusion of more than is provided in SB 803.

I am arguing for processes that would legalize assisted suicide for a relatively small, select segment of the population --- those with terminal illnesses that will result in slow and tortuously painful deaths, those with Alzheimer's Disease, and those rendered helpless by the severest of strokes with no hope of improvement even with therapy. Permission would only come after counseling, after testing, etc., with clear indication that it is the patients' honest desire to end their lives soon or even months later, perhaps when they no longer can indicate their wishes.

We should automatically reject this as a way out for the young who feel that they cannot face whatever frustrations they are suffering, or prisoners who would like to escape the dreariness of long incarcerations, or those with intense emotional problems.

What is so precious about life? Isn't it the ability to see the beauty around us, the ability to smell the scent of roses, the cake baking in the oven, savoring the first sip of coffee, the aroused emotions or thoughts that a good book or movie evokes, the memories aroused by hearing music you grew up with, the enjoyment over a good laugh, the sharing of thoughts and ideas, the warmth of family --- the list is endless.

What if all of this is taken from you. What if you are completely dependent on others to dress you, feed you, to help you with all your bodily functions – with your mind unable to focus on anything – left only with uncontrollable emotions. Have you seen the anger expressed by some of the nursing home patients – not in intelligible words but in unmistakably angry voices and gestures, anger that probably comes from frustration, the inability to express their desires, the inability of their caretakers to understand them.

And the concern is not just pain – not just living the last days, months, years with absolutely no privacy, no dignity, no pride –not just the loss of all control over your life. It is also the emotional and financial drain on your family for a life that has no joy, no meaning.

Years ago, I read an Ann Landers's column on the idea for a hospice, a different kind of hospice --- a place where a person could go when all hope of independent living was gone --- a place where one could voluntarily end one's life, staffed with people who would be qualified to talk things over with you and make sure you understand fully what you are about to do, and that it is really what you want to do.

If the time comes when I would have to make such a decision, I really don't know what my choice will be. But it would be comforting to know that I do have a choice.

Thank you for this opportunity to testify on SB 803 Relating to Death with Dignity.

green1 - Karen

From: Ruthtutu@aol.com
Sent: Saturday, February 05, 2011 11:19 AM
To: HTHTestimony
Cc: HALND55@aol.com
Subject: Testimony Supporting SB803-DEATH w/DIGNITY

Testimony by Ruth Dias Willenborg, 1015 Aoloa Pl. #360, Kailua, Hi. 96734
Ph. #261-1046

Dear Chair Green, V. Chair Nishihara and Committee Members

I support SB803--

I am a (elderly) resident of Hawaii since 1954, age 82, Now Caregiver for a husband, and myself on Oxgen 24/7!
Non_smoker, but our Barbeque smoke laws must be rectified for Condos, to protect the innocent, from this COAL smoke
and lung killer, as this is my cause of Emphysema! Someone write this legislation soon!

I was active for many years in supporting this Death w/Dignity legislation for many, many years, and can attest to the
fact that people of all ages, and from all islands, have continuously supported this legislation, and even more so when
they have been actively involved in the care of loved ones who suffered much and continuously have been denied this
right for their loved ones who were denied the right to a "death with dignity"!

We know that it is successful in the states where it has become legal. Even after you have chosen to use this right, the
person who is facing as suffering death can cancel their use of this legislation!

It is just right that a merciful exit not be denied! Just think of yourself--or a loved one denied this legislation and
suffering!

I have been known in the past by many State Legislative members as AARP Legislative Committee and Capitol City Task
Force Chairman, when these were VOLUNTEER positions., and in my in testifying on many aging issues for several
years. However, AARP would never approve of this legislation and therefore we could not testify for it when in an AARP
position!!!

But, I am loud and clear Now Again, in begging you to not let this legislation die, nor let anymore of our precious loved
ones suffer the indignity of "our not caring" and finally PASSING THIS LEGISLATION!

MAHALO for your kind consideration and passage of this merciful legislation!

Ruth Dias Willenborg

Hawaiian National Communications Corporation
477 Opihikao Place Suite A
Honolulu, HI 96825
Tel (808) 741-4612 – Fax (808) 395-4612
mrjoy@hawaii.rr.com

Senate Committee on Health
Monday, February 07, 2011
2:45 p.m.
Capitol Auditorium
HTHTestimony@Capitol.hawaii.gov

Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair
Senator Rosalyn H. Baker
Senator Suzanne Chun Oakland
Senator Maile S.L. Shimabukuro
Senator Glenn Wakai
Senator Sam Slom

RE: Testimony supporting SB803 "Relating To Death With Dignity"

Dear Chair Green, Vice Chair Nishihara and Committee Members:

I am MarshaRose Joyner, a resident of Hawai'i and I write in strong support the passage of SB803.

When confronted with a terminal illness, I want to end my life when the quality of life has deteriorated to the point that I'm experiencing loss of mobility, control of body functions, and have become totally dependent on others to help me perform even the most basic -routine hygienic and other daily routines.

I've seen too many people lose their homes and everything because hospital bills encumber them. I do not want to linger in a hospital and run up bills for my family to be burdened with after I'm gone

Thank you.
MarshaRose Joyner
President
Hawaiian National Communications Corporation
(808) 741-4612
mrjoy@hawaii.rr.com

green1 - Karen

From: Lillian Chang [lchang@hawaii.rr.com]
Sent: Saturday, February 05, 2011 8:57 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

To the Senate Judiciary Committee:

I would like to go on record as opposing SB 803 relating to Death with Dignity.

All lives are valuable no matter what the circumstances. It is not up to doctors to decide the fate nor the patients who are unable to defend themselves

There are many more options available especially in a Hospice Environment to control pain. Even depression and hopelessness are not forgone conclusions.

This bill opens the doors to abuse of life and sends a message that marginal life is not worth the cost. We will become a nation of cost efficient living and the healthy will rule the world.

There will be little room for compassion and that is the very opposite of what our society needs more.....more tolerance... more compassion..... more and better relationships....

.....more patience. All of these are related to hope.....our hope for the future. Please do not pass this bill for our sake and for the sake of those that cannot defend themselves,

Think of your parents at their age. Think of yourselves when you reach their age in perhaps in 10 to 30 years. Would you want this bill?

Aloha to all.
Frank Chang

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 8:15 PM
To: HTHTestimony
Cc: Celeste360@aol.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Celeste Lindemann
Organization: Individual
Address: 92-104 Waiali'i Place, Unit O226 Kapolei, Hawaii
Phone: 650-867-0663
E-mail: Celeste360@aol.com
Submitted on: 2/5/2011

Comments:

Physician Assisted Suicide should not be permitted in the State of Hawaii, or anyplace else. In addition to being contrary to the Hawaiian culture and way of life, I believe PAS is immoral and is tantamount to murder. No one, physician or otherwise, should ever assist in taking the life of another, even if that person wishes to die. There are many humane end of life treatments available to terminally ill patients that will not directly cause death, but will allow the patient to die comfortably, naturally, and with dignity. I strongly urge the committee to abandon this bill.

green1 - Karen

From: James E. Baker Jr [jebakerjr@aol.com]
Sent: Saturday, February 05, 2011 6:25 PM
To: Sen. Will Espero
Cc: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Senator Espero:

As a concerned citizen and your constituent, I am writing to **OPPOSE SB 803**.

My concerns are with any legislation that erodes the sanctity of life which includes assisted suicide, abortion and the death penalty. These measures when enacted erode our humanity and place the Law of Man before Gods. I understand the bill supposedly will allow a terminally ill individual a legal choice cloaked in the words "a right" and "dignity". These are a fallacy. The State must stand strong and affirm the values and virtues regarding the sacredness of life at all cost at all times in all situations.

I ASK THAT YOU STRONGLY OPPOSE SB 803

Thank you for your civil service.

Sincerely,
James E. Baker Jr

green1 - Karen

From: Malani Baker [malanib@aol.com]
Sent: Saturday, February 05, 2011 5:38 PM
To: HTHTestimony; Sen. Will Espero; Rep. Kymberly Pine
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Representatives and Senators :

I strongly opposed the SB 803 relating to "Death with Dignity". This is a bill that I feel would not be in the best interest of the citizens of Hawai'i and the state/government should not have the ability to legislate this onto it's citizens. Please voice your opposition to this bill and use the power of your vote to oppose it !

Mahalo,

Mrs. Malani M. Baker

(Submitted by email to: HTHTestimony@capitol.hawaii.gov February 5, 2011)

Hearing of the Senate Committee on Health

February 7, 2007, 2:45 p.m. Auditorium, State Capitol

Statement of Al Hamai, 1457 Ala Aolani Street Honolulu, HI 96819
In support of SB 803, Relating to Death with Dignity

Chair Josh Green, M.D., Vice Chair Clarence K. Nishihara and
Members of the Committee,

Thank you very much for scheduling a hearing on this very significant bill, affecting the rational decision making choices of our citizens. The subject of Death with Dignity, a very sensitive and emotional issue, is none the less an important public policy issue to be considered by members of this Committee and your colleagues in the Legislature. Again, thank you for holding this hearing.

The purpose of this bill is to allow a terminally ill, competent adult to receive medication to end life.

This bill have sufficient safeguards for the terminally ill person, making sure that he knows the impact of his decision, while providing him opportunity to change his mind even at the last moment. The important services of the professional health caregivers, including his doctor and pharmacist, are provided for and safeguarded.

In the event that I am diagnosed with a terminal illness, I would like to have the choice provided by SB 803 for Death with Dignity rather have no such choice. This bill is about providing me and other citizens with a limited personal choice on dying, without affecting the well being or rights of other citizens.

Please approve SB803.

Mahalo.

COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

SB 803 Relating to Death with Dignity

DATE: Monday, February 07, 2011

TIME: 2:45 p.m.

PLACE: Auditorium

The acceptance of doctor-assisted suicide sends the message that some lives are not worth living. Social acceptance of doctor-assisted suicide tells elderly, disabled and dependent citizens that their lives are not valuable.

The practice of doctor-assisted suicide creates a duty to die. Escalating health-care costs, coupled with a growing elderly population, set the stage for an American culture eager to embrace alternatives to expensive, long-term medical care. The so-called "right to die" may soon create a dangerous "duty to die" that leads our senior, disabled, and depressed family members into being pressured or coerced into ending their lives. Death may become a less expensive substitute for treatment and care as medical costs continue to rise.

Doctor-assisted suicide ignores what may be a legitimate cry for help. Suicidal thoughts often indicate the presence of severe depression. A study of terminally ill hospice patients found only those diagnosed with depression considered suicide or wished death would come early.

Doctor-assisted suicide opens the door to euthanasia abuses. Allowing physicians to cross the line into killing does not stop with willing patients who request it. A case in point is in The Netherlands where doctors have practiced doctor-assisted suicide and euthanasia for more than a decade. Two Dutch government reports, conducted in 1990 and 1995, found that, on average, 26 percent of euthanasia deaths in Holland were "without the explicit consent of the patient." In 1995, 21 percent of the patients who were killed without consent were competent.

This coalition includes all of Hawaii's medical community, disability rights community, and those who care for Hawaii's elderly and dying citizens. On record as being *STRONGLY OPPOSED* to doctor-assisted death – Hawaii Medical Association, Hawaii Nurses Association, all Hospitals, Nursing Homes, and St. Francis Hospice.

Please vote against Senate Bill 803.

-Judie Hoopai

Testimony to Senate Health Committee regarding SB803

William L. Toffler MD, Professor of Family Medicine

Monday, Feb 7 at 2:45 PM

There has been a profound shift in attitude in my state since the voters of Oregon narrowly embraced assisted suicide 17 years ago. A shift that, I believe, has been detrimental to our patients, degraded the quality of medical care, and compromised the integrity of my profession.

Since assisted suicide became an option, I have had more than a dozen patients discuss this option with me in my practice. Most of the patients who have broached this issue weren't even terminal.

One of my first encounters with this kind of request came from a patient with a progressive form of multiple sclerosis. He was in a wheelchair yet lived a very active life. In fact, he was a general contractor and quite productive. While I was seeing him, I asked him about how it affected his life. He acknowledged that multiple sclerosis was a major challenge and told me that if he got too much worse, he might want to "just end it." "It sounds like you are telling me this because you might ultimately want assistance with your own assisted suicide- if things got a worse," I said. He nodded affirmatively, and seemed relieved that I seemed to really understand.

I told him that I could readily understand his fear and his frustration and even his belief that assisted suicide might be a good option for him. At the same time, I told him that should he become sicker or weaker, I would work to give him the best care and support available. I told him that no matter how debilitated he might become, that, at least to me, his life was, and would always be, inherently valuable. As such, I would not recommend, nor could I participate in his assisted-suicide. He simply said, "Thank you."

The truth is that we are not islands. How physicians respond to the patient's request has a profound effect, not only on a patient's choices, but also on their view of themselves and their inherent worth.

When a patient says, "I want to die"; it may simply mean, "I feel useless."

When a patient says, "I don't want to be a burden"; it may really be a question, "Am I a burden?"

When a patient says, "I've lived a long life already"; they may really be saying, "I'm tired. I'm afraid I can't keep going."

And, finally, when a patient says, "I might as well be dead"; they may really be saying, "No one cares about me."

Many studies show that assisted suicide requests are almost always for psychological or social reasons. In Oregon there has never been any documented case of assisted suicide used because there was actual untreatable pain. As such, assisted suicide has been totally unnecessary in Oregon.

Sadly, the legislation passed in Oregon does not require that the patient have unbearable suffering, or any suffering for that matter. The actual Oregon experience has been a far cry from the televised images and advertisements that seduced the public to embrace assisted suicide. In statewide television ads in 1994, a woman named Patty Rosen claimed to have killed her daughter with an overdose of barbiturates because of intractable cancer pain. This claim was later challenged and shown to be false. Yet, even if it had been true, it would be an indication of inadequate medical care- not an indication for assisted suicide.

Astonishingly, there is not even inquiry about the potential gain to family members of the so-called "suicide" of a "loved one." This could be in the form of an inheritance, a life insurance policy, or, perhaps even simple freedom from previous care responsibilities.

Most problematic for me has been the change in attitude within the healthcare system itself. People with serious illnesses are sometimes fearful of the motives of doctors or consultants. Last year, a patient with bladder cancer contacted me. She was concerned that an oncologist might be one of the "death doctors." She questioned his motives—particularly when she obtained a second opinion from another oncologist that

was more sanguine about her prognosis and treatment options. Whether one or the other consultant is correct or not, such fears were never an issue before assisted suicide was legalized.

In Oregon, I regularly receive notices that many important services and drugs for my patients—even some pain medications—won't be paid for by the State health plan. At the same time, assisted suicide is fully covered and sanctioned by the State of Oregon and by our collective tax dollars. Substitution of assisted suicide for medical care is not a theoretical risk. In 2007 the Oregon Health Plan denied treatment for Barbara Wagner and other patients with cancer. If the state judged that their statistical likelihood of being alive in 5 years to be less than 5% curative therapy is denied. Yet, in the same denial letter Barbara and others received, they were offered full coverage for assisted suicide.

I urge Hawaii's leaders to reject the seductive siren of assisted suicide. Oregon has tasted the bitter pill of barbiturate overdoses and many now know that our legislation is hopelessly flawed. Hawaii has been a leader ensuring access to care for its citizens; I urge every legislator to continue to promote care—not killing.

William L. Toffler MD
1010 SW Cheltenham St.
Portland, OR 97239-2607
503-810-2034

Reginald Ho, M.D.
44-588 Kaneohe Bay Drive
Kaneohe, Hawaii 96744

February 5, 2011

TO: Chair Dr. Josh Green, Vice Chair, and Honorable Committee Members.

HEARING: Monday, February 7th

POSITION: As a physician, I oppose SB803

FROM: Reginald Ho, MD

Chair Dr. Josh Green, Vice Chair, and Honorable Committee Members:

As a medical oncologist, I have frequently encountered patients who are terminally ill and who are in pain. Being called upon to help these people in such distress is both the duty of a physician and at the same time, the privilege to be able to help. I believe in humane and compassionate care for these individuals and this includes appropriate pain control and counseling for them and their families. But deliberately hastening a patient's death is unethical and unacceptable to me. I took the Oath of Hippocrates when I graduated from medical school and swore "I will give no deadly medicine to anyone if asked nor suggest any such counsel."

You are aware that sometimes laws passed with good intentions may have unfortunate unforeseen consequences. I would like to cite a few scenarios which can occur with passage of the Physician Assisted Suicide bill:

1. Potential for abuse by health insurers and family members. The "right" to a lethal dose of drugs could become an expectation, then a duty. The dying patients may be coerced to hasten death because they are a burden to others and to the health care system.
2. The doctor would be called upon to determine the consent of the dying individual, who in many instances would be on narcotics or sedatives. The physician is placed in a difficult position of having to evaluate whether the patient's request is being driven by inappropriate external or internal pressures to end the life, such as the patient's fear of being a burden.
3. Once physician-assisted suicide is an acceptable activity, we have no way of arguing against extending the procedure to patients who are disabled or suffering from conditions other than terminal illness.

4. There is a lack of scientific certainty in determining the course of a patient's illness. All of us have heard of cases of patients given six months to live, who may actually live several more years with a reasonable quality of life.
5. Most pain management specialist will concur that most pain can be controlled with appropriate medications and comfort care in an appropriate setting.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 11:24 PM
To: HTHTestimony
Cc: mlwoj@yahoo.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Mike
Organization: Individual
Address:
Phone:
E-mail: mlwoj@yahoo.com
Submitted on: 2/5/2011

Comments:

I have been a occupational therapist for 20 years. I once had a patient in his mid 40's who was in a coma for 3 months and the doctors asked the wife to agree to harvest his organs and let him go. He went to a nursing home and remained in the coma. One day I told him I was going to keep stretching his arm until he told me to stop (I was performing range of motion). He woke up and yelled "minka" and he walked out of that nursing home, resumed his job as a tiler full time, drove and led a normal life. He was told there was no hope and that they wanted to harvest his organs--Doctors can be wrong you know! Physician assisted suicide is a bad idea as I have seen many patients told they only had months to live and they outlived the prognosis.

Please do not legalize assisted suicide in Hawaii. It would be a big mistake. Doctors can sometimes be wrong with their diagnosis.

THE SENATE
THE TWENTY-SIXTH LEGISLATURE
REGULAR SESSION OF 2011

COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING
DATE: Monday, February 07, 2011
TIME: 2:45 p.m.

Senate Bill 803: Death with Dignity

Good afternoon – I would like to first start off by recalling the words of Guida Swan: *"Death itself is so small a thing compared with a full life"*

My name is Kimo Keawe and I am the executive director of the Hawaii Centers for Independent Living and on behalf of the agency and myself, I personally oppose Senate Bill 803, named: *"Death with Dignity"*, a title that has been changed to make it sound dignified – but commonly referred to as *Physicians Assisted Suicide*.

You have heard and will hear more FACTS of why and why not – but I'm not going to be lengthy or quote cases and debated items, but rather be direct and to-the-point:

The Hawaii Centers for Independent Living is a non-profit organization which helps people with disabilities *have* equal access, opportunities **and choices in life**.

Choices in Life is not the same as SB803 – Senate Bill 803 does not give a *Choice in Life*, but *No Choice in Life*.

Do we need to be reminded that a physician's obligation is, *"first, do no harm"* and not *"First, do HARM"*?

Senate Bill 803 and its related House Bills is in direct contrast of that, as *deliberately killing a patient. . . THAT IS* regarded as *harm*.

Since when is *deliberately killing a patient* permissible by Law? How can it even be consider for passage as the Law?

We are opposed to any change in the law, or medical practice, to make assisted suicide permissible or acceptable.

Suffering and /or terminal illness must be met with compassion, commitment to high-quality services by our physicians and effective medication; meeting it by assisted suicide is merely removing it in the crudest way possible.

Let's face it: An obligation on society, doctors and nurses, to take life or to assist in the taking of life would create a new and unwelcome role for society.

There would be problems ensuring that any law permitting assisted suicide would be sufficiently safe-guarded against abuse.

In closing, I would like to leave you the words of a well-known individual, who up to his last days, still advocated against PAS:

"There is much that I have contemplated these last few months of my illness. But as one who is dying, I have especially come to appreciate the gift of life. Creating a new right to assisted suicide will endanger society and send a false signal that a less than 'perfect' life is not worth living."

This brave individual was Cardinal Joseph L. Bernardin

Mahalo a nui loa,

Honorable Members of the Senate Health Committee:

I am in opposition to SB803, the death with dignity bill. I am here to protect our right to live, to stand for life with dignity.

Life is hard. Every one of us has or will at some point face difficult things whether they be physical, spiritual or emotional hardships. In desperate times, how many of us have thought about "throwing in the towel" so to speak, giving up, calling it a day. But, I know there are people here who can speak for the fact that today they live, they've survived those difficult times, made some big adjustments in their lives, and would tell you life is good! Life is worth living after all.

If you ask family members about loved ones that are now gone, even though that loved one struggled through much difficulty, being given the opportunity to live out their days has often given them the time to resolve issues, work things out, that might never have been taken care of if their life had been cut short through deliberate human intervention.

As a person with a disability, I am very concerned that the day might come when, if I were faced with a life threatening illness, someone might decide it's not worth fighting for my life. They might assume that a disability would make my life not worth living anyway. They might only offer me that prescription for death instead of giving me the option to fight that disease or overcome that illness or injury. I can tell you, I want to live life just as much as you do.

When someone tells me that if they were to become blind they would take their own life, I understand their fear of the unknown, their desperation, their depression, but I also would do everything I could to help that person to get through the difficult times to survive and find hope and love of life again. I would never offer them a prescription to die. That's the easy way out. We learn and grow from every life experience we are given.

So, I'm asking you to vote no on

Senate bill 803. Take a stand for LIFE WITH DIGNITY! Life is a precious gift, we only live it once, we can't change our minds once the deed is done.

Respectfully Submitted,

Charlene Ota

Senate Health Hearing Monday 2/7/2011

As a physician, I oppose SB 803

Senator Green, Nishihara, Slom, Shimabukuro, Baker, Wakai and Chun-Oakland,

Pain (which is why most lay people think they need assisted suicide) can be managed. And if fact pain control in Oregon since PAS, has declined.

PAS is unnecessary and fatally damages the doctor-patient relationship and the trust necessary for good care.

There is a very fine line and it is not up to physicians as to who should live and who should die. It would lead us down a slippery slope rather than truly support patients' rights. Patients already have the right to refuse treatment.

What begins as a choice may become a duty. Patients may fear that they have to take their own life or be a burden. Good pain management and comfort care are far more likely to lead to dignity than a cheap suicide.

Thank you for this opportunity to testify

Lorene Siaw M.D.

green1 - Karen

From: Lynn Cuthrell [lc1994@clear.net]
Sent: Saturday, February 05, 2011 11:28 PM
To: HTHTestimony
Subject: Regarding SB 803 Death with Dignity Bill

Dear Senate Members of the Health Committee on Physician- Assisted Suicide SB 803 "Death with Dignity" Bill,

We respectfully ask that you do not pass this bill for the following reasons:

1. It is morally wrong to kill and it is against our Catholic Christian values
2. Questions of life and death are complex and should not be decided solely by a trusted physician
3. If an individual is in pain, the appropriate medication or whatever it takes to manage and protect that person from pain is utmost
4. The dying individual, their caregivers and family members need to have the education and training, counseling services and support as well as medical and palliative care training that Hospice provides to understand end of life issues

As representatives of that trust we feel that as legislators you can help our society with this issue.

More education and information is needed to bring awareness to this problem within our families. Our family was fortunate that our parish at Sacred Heart Church in Honolulu provided hospice training that allowed me the opportunity to volunteer at Hale Nani and visit the elderly and the dying. Volunteering to visit the elderly under Hospice care provided me an appreciation for the individuals who do care for the dying. They are successful and making a difference in that individual's life. To provide comfort and support to someone at the end of life is an experience that can change one's life in a positive way. For example, my husband and his family had the opportunity to experience the work of hospice volunteers through Hospice Hawaii who cared for his ailing father for several months up until his death. Hospice Hawaii provided medical care, skilled nursing and counseling that gave his family the skills to manage and cope with their terminally ill loved until the doctor predicted how he would die. Yes, there was an end to his life but, he had the support of trained and caring people around him.

We feel that more needs to be done to care for and honor our disabled, elderly and terminally ill and dying when it comes to the end of life. It is our obligation to care for our ohana. They helped to nurture and care for us. So we should never abandon them or the citizens in our society who may not be able to make the right decision because they may feel a burden and chose to die by physician assisted suicide. We as human beings need to be as supportive, nurturing and compassionate as possible in these cases. However, we need the leadership of our elected officials to provide more education and new opportunities such as Hospice training that is proven to help deal with and understand these complex end of life issues versus allowing someone who has the ultimate power to make that final choice without the individual having any alternatives.

Sincerely yours,

Lynn and John Cuthrell
1914 University Ave Apt 101
Honolulu, Hawaii 96822



NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LIEUTENANT GOVERNOR

STATE OF HAWAII
OFFICE OF THE LIEUTENANT GOVERNOR
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E-MAIL: oiip@hawaii.gov
www.hawaii.gov/oiip

CATHY L. TAKASE
ACTING DIRECTOR

To: Senate Committee on Health

From: Cathy L. Takase, Acting Director

Hearing: February 7, 2011; 2:45 p.m.
State Capitol, Auditorium

Re: Testimony on S.B. No. 803
Relating to Death with Dignity

Thank you for the opportunity to submit testimony on S.B. 803. The Office of Information Practices ("OIP") takes no position on the substance of this bill, but offers comment on section 1 at page 18, line 11-14, relating to government records.

This bill provides that information collected by the Department of Health regarding compliance with assisted suicide regulations "shall not be a government record under chapter 92F" and also shall not be available for public inspection. OIP strongly and uniformly recommends against provisions in statutes that seek to exclude records from the UIPA's definition of "government record," which is a defined term under the Uniform Information Practices Act (Modified), chapter 92F (UIPA). HRS § 92F-3.

From the OIP's perspective, creating a patchwork of exclusions of information from that "government records" as defined by the UIPA will lead to confusion. Where the intent is to protect information from disclosure, OIP believes that it is clearer and more appropriate to instead make the records "confidential." Further, where a record is made confidential, it is clear that it may be withheld from disclosure under an exception to the UIPA and it may be considered in an executive meeting, i.e., a closed meeting, under the Sunshine Law. See HRS § 92F-13(4)

(exception to disclosure provided for government records protected by statute from disclosure); HRS § 92-5(a)(8) (exception to open meeting requirement provided to deliberate or decide a matter that requires consideration of information that is confidential by law).

OIP emphasizes that being a “government record” does not necessarily make a record public – the UIPA has exceptions to disclosure that may apply to the records subject to this bill, including the exception for other laws such as a confidentiality statute or the HIPAA medical privacy rules. The definition of “government record” simply describes what records are considered to be maintained by government, as opposed to being private records. If a person requests a “government record,” the agency must at least respond to the requester, even though the response might be a denial. If a person requests something that is not a “government record” – for instance, the records of a private company – then the organization that holds the records has no obligation to even respond because the UIPA doesn’t apply.

Presently, the only records held by a branch of government that are excluded from the definition of “government records” are court records, which are specifically excluded in the definition itself, and the reason given at the time the UIPA was passed was that the Judiciary has a pre-existing public disclosure scheme for court records. There is no need or other reasonable basis to exclude records from “government record” to make them confidential; if the records must be confidential, a confidentiality statute is the correct way to achieve that and not through the definition of “government record.”

OIP thus suggests the following amendment to replace the language quoted above:

The information collected shall be confidential and only used for the purposes set forth in this chapter.

OIP also has concerns about whether the blanket confidentiality clause in this bill is necessary given the strong protections for medical records already present under the UIPA and the HIPAA medical privacy rules. OIP suggests that de-identified records – either non-patient-specific compilations, or records from which all indications of a patient’s identity had been removed – would carry a strong public interest in how DOH was performing its oversight function in this difficult area.

Senate Committee on Health
February 7, 2011
Page 3

Thank you for the opportunity to testify.

**Fernando Ona, MD, FACP, FACG
Catholic Medical Association of Hawaii
88 Moaniala Place
Honolulu HI 96821
(808) 551-9484**

February 5, 2011

Submitted to: Senate Health Committee

Re: Hearing on February 7, 2011
2:45 p.m.

State Capitol Auditorium

To: Honorable Josh Green, M.D., Chair (Senate Health Committee)
Honorable Clarence Nishihara, Vice-Chair (Senate Health Committee)

Testimony in **OPPOSITION to SB803**

As an active practitioner of internal medicine and gastroenterology and on behalf of the 80 members of the Catholic Medical Association of Hawaii, we are grateful for this opportunity to testify our strong opposition to the Senate Bill 803 Death with Dignity which in fact is legalizing Physician Assisted Suicide.

Our opposition is founded on the principle of the sanctity of human life and the importance of the physician-patient relationship.

Legalized Physician Assisted Suicide, or so-called Death with Dignity, (aka SB803) is dangerous for the dying, dangerous for their families, dangerous for medicine, and dangerous for society. Killing isn't caring. We need to offer alternatives.

In ancient Greece and Rome, patients never knew if their physician would heal them or kill them. Thanks to the Hippocratic ethical reform movement, today the vast majority of doctors adhere to this Hippocratic principle: "I will keep (the sick) from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." The American Medical Association has stated, "The social commitment of the physician is to sustain life and relieve suffering. For humane reason, with informed consent, a physician may do what is medically necessary to alleviate severe pain, or cease or omit treatment to permit a terminally ill patient whose death is imminent to die. However, he should not intentionally cause death.



Email to: HTHTestimony@Capitol.hawaii.gov
Hearing on: February 7, 2011
Conference Room: Auditorium

DATE: February 3, 2011

TO: Senate Committee on Health
Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair

FROM: Allen Cardines, Jr., Executive Director

RE: Strong Opposition to SB 803 Relating to Death with Dignity

Honorable Chairs and members of the Senate Committee on Health, I am Allen Cardines, **representing the Hawaii Family Forum**. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii, representing a network of various Christian Churches and denominations. We strongly oppose this bill.

Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. As such, we ***strongly oppose*** any legislation that would legalize doctor assisted suicide by allowing doctors to intentionally prescribe a lethal dose of medication to the patient to end his or her life. In addition, it would also promote doctor-shopping by giving the patient the right to find another doctor should their own doctor choose not to prescribe the lethal dose.

We ***oppose*** doctor assisted suicide for many reasons.

- (1) The so-called right to die will quickly turn into a **duty to die** for Hawaii's treasured kupuna.
- (2) Escalating healthcare costs, coupled with a growing elderly population, set the stage for an American culture eager to embrace alternatives to expensive, long-term medical care. In addition to the duty to die, assisted suicide will lead to **abuse and coercion of our most vulnerable citizens**: Hawaii's elderly, disabled, and depressed family members may be pressured or coerced into ending their lives.
- (3) Death may become a reasonable substitute to treatment and care as medical costs continue to rise. The **doctor-patient relationship will be destroyed**.
- (4) Clinically depressed and vulnerable patients will be delivered death not the clinical care they need and deserve.



HAWAII MEDICAL ASSOCIATION

1360 S. Beretania Street, Suite 200, Honolulu, Hawaii 96814
Phone (808) 536-7702 Fax (808) 528-2376 www.hmaonline.net

Monday February 7, 2011; 2:45 p.m. Capitol Auditorium

To:

COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair

From: Hawaii Medical Association
Dr. Morris Mitsunaga, MD, President
Linda Rasmussen, MD, Legislative Co-Chair
Dr. Joseph Zobian, MD, Legislative Co-Chair
Dr. Christopher Flanders, DO, Executive Director
Lauren Zirbel, Community and Government Relations

Re: SB 803 RELATING TO DEATH WITH DIGNITY.

In Support.

Chairs & Committee Members:

In the last several decades, Medical technology has made tremendous advances in saving and extending lives. As a result, life expectancy has increased dramatically. However, because the quality of end-of-life care has not advanced as quickly, there has been a surge in proposals to legalize physician-assisted suicide.

The Hawaii Medical Association, along with the American Medical Association, oppose any bill to legalize physician-assisted suicide or death. We believe physician-assisted suicide to be unethical and fundamentally inconsistent with the pledge all physicians take to devote themselves to healing and life.

The issue of physician-assisted suicide is a highly charged and emotional issue. Often times, there is confusion as to the distinction between withholding or withdrawing treatment and assisted suicide. There is a critical difference, both ethically and in practice, between a patient's right to refuse unwanted medical treatment and active medical intervention which brings about death.

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The AMA Board of Trustees Report (#48) issued in 1996 articulates well the HMA's views on this issue. It states:

"Physicians, by nature of their calling, have compassion for those who suffer pain and indignity at the end of life. Instead of assisting those patients in committing suicide, this compassion and respect for patient dignity instills a demand on the profession to focus on the quality of care at the end of life....the cost to society of physician-assisted suicide is simply too high. The physician's primary obligation is to advocate for the individual patient. At the end of life, this means that the physician must strive to understand and assist patients with various and unique existential, psychological and physiological factors that play out over the course of end-of-life care. Permitting physician involvement in assisted suicide would impose a significant and irreversible course change in the patient/physician relationship."

There are preferable alternatives to end-of-life care rather than helping patients to kill themselves. Physicians need to learn to better recognize when pain is not being sufficiently treated, as well as signs of depression. In fact, extreme pain and depression are two of the main reasons patients request physician-assisted suicide. Ongoing educational efforts are being conducted to help improve care given by physicians to dying patients in developing knowledge and skills they need to care for patients at the end of life, such as communication, ethical decision-making, palliative care, psychosocial considerations and symptom management.

The words of ethicist Hans Jonas summarize well the consequences of embarking upon the dangerous path of legalized physician-assisted suicide: "The role of taker of life must never be assigned to a physician; in any case, the law must never permit him to perform it, for this would jeopardize and perhaps destroy the physician's role in society. A patient must never have to suspect that his physician might become his executioner. (Hastings Center Report, Vol 25, No 7 – Special Issue 1995).

Hawaii's Partnership for Appropriate & Compassionate Care (HPACC)

A 1998 project of the Hawaii Medical Association (HMA) & Hawaii Family Forum (HFF)

February 3, 2011

To: Senate Committee on Health
Senator Josh Green, Chair
Senator Clarence Nishara, Vice Chair

From: Joy Yadao
Coordinator

Re: **STRONG OPPOSITION TO SB 803, Death with Dignity**

Hawaii Medical Association

Hawaii Nurses Association

Hawaii Psychiatric Medical Association

Healthcare Association of Hawaii

St. Francis Healthcare Systems of Hawaii

Hawaii Centers for Independent Living

Not Dead Yet (Disability Rights Organization)

Hawaii Helps Disabilities

The Arc of Maui

Hawaii Family Forum

Hawaii Catholic Conference

Hawaii Right to Life

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC) was formed in 1998 by the Hawaii Medical Association and Hawaii Family Forum in response to the recommendations of Governor Cayetano's Blue Ribbon Panel on Living and Dying with Dignity. (Panel) The Panel recommended legalizing not only physician assisted suicide, but active euthanasia as well.

HPACC is a coalition of health care, disability rights and faith-based and pro life organizations united in our opposition to legalized physician assisted suicide and in our support for improving end-of-life care in Hawaii.

Many of the individual member organizations of HPACC will be testifying today against SB 803, each from their unique perspectives.

Much has changed since the issuance of the Panel report in 1998. We acknowledge the many improvements in end-of-life care in Hawaii over the last several years.

The members of HPACC urge you to reject SB 803.

Mahalo for your kind consideration.

Senate Health Committee SB803 Opposition
February 7, 2011 2:45 PM Capitol Auditorium
Position Statement: Assisted Suicide 12/08/94
Presented by Jackie Mishler RN BSN PCCN 808 878- 8987



Originated by: Task Force on the Nurse's Role in End-of-Life Decisions Center for Ethics and Human Rights

Adopted by: ANA Board of Directors

Endorsed by: American Association of Critical Care Nurses Oncology Nursing Society

Related Past Action:

Code for Nurses With Interpretive Statements, 1985

Summary

The American Nurses Association (ANA) believes that the nurse should not participate in assisted suicide. Such an act is in violation of the *Code for Nurses with Interpretive Statements (Code for Nurses)* and the ethical traditions of the profession. Nurses, individually and collectively, have an obligation to provide comprehensive and compassionate end-of-life care which includes the promotion of comfort and the relief of pain, and at times, foregoing life-sustaining treatments.

There is a continuum of end-of-life choices that encompasses a broad spectrum of interventions from the alleviation of suffering, adequate pain control, do-not-resuscitate orders, withdrawing/withholding artificially provided nutrition and hydration, to requests for assisted suicide, and active euthanasia. Throughout this continuum nurses can respond to patients with compassion, faithfulness and support. Yet, nurses must understand the subtleties and distinctions of these issues in order to respond in a reasoned and ethically permissible manner.

Terminology

In discussion of any controversial issue, one set of problems arises over definitions. Nurses and others interpret terms in vastly different and perhaps contradictory fashion. Thus clarification of language is essential. The first important distinction to make is that there are some end-of-life decisions that are fully consistent with the *Code for Nurses* and others that are not.

Assisted Suicide:

Suicide is traditionally understood as the act of taking one's own life. Participation in assisted suicide entails making a means of suicide (e.g., providing pills or a weapon) available to a patient with knowledge of the patient's intention. The patient who is physically capable of suicide, subsequently acts to end his or her own life. Assisted suicide is distinguished from active euthanasia. In assisted suicide, someone makes the means of death available, but does not act as the direct agent of death.

Withholding, Withdrawing and Refusal of Treatment:

Honoring the refusal of treatments that a patient does not desire, that are disproportionately burdensome to the patient, or that will not benefit the patient can be ethically and legally permissible. Within this context, withholding or withdrawing life-sustaining therapies or risking the hastening of death through treatments aimed at alleviating suffering and/or controlling symptoms are ethically acceptable and do not constitute assisted suicide. There is no ethical or legal distinction between withholding or withdrawing treatments, though the latter may create more emotional distress for the nurse and others involved.

Background

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. Scientific and technological advances have made it possible to extend life and prolong the dying process. These advances have not necessarily provided for the enhancement of human dignity, personal control or improvement in care.

Nurses witness firsthand the devastating effects of debilitating and life-threatening disease and are often confronted with the despair and exhaustion of patients and families. At times, it may be difficult to find a balance between the preservation of life and the facilitation of a dignified death. Nurses need to recognize their own feelings of sadness, fear, discouragement and helplessness and realize the influence of these feelings on clinical decision making. These agonizing tensions may cause a nurse to consider intentionally hastening a patient's death as a humane and compassionate response, yet the traditional goals and values of the profession mitigate against it. 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 central axiom that directs the profession is respect for persons. This respect extends to and encompasses patients, families, nurse colleagues and team members. The principles of autonomy (self-determination), beneficence (doing good), nonmaleficence (avoiding harm), veracity (truth-telling), confidentiality (respecting privileged information), fidelity (keeping promises) and justice (treating people fairly) are all understood in the context of the overarching commitment to respect for persons. Nurses are challenged to uphold these principles as they confront the realities of professional practice.

Historically, the role of the nurse has been to promote, preserve and protect human life. The *Code for Nurses* states that respect for persons "extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering and the provision of supportive care of the dying. The nurse does not act deliberately to terminate the life of any person."

The profession of nursing is dominated by an ethic of care, an ideal that permeates and underscores all of nursing practice. The essence of caring takes place in the context of the nurse-patient relationship, the respectful and genuine presence of one human being to another. The perspective of care is a crucial and valuable dimension of ethical deliberation. From the perspective of care, nurses appreciate the emotional and contextual dimensions of ethical discernment. The uniqueness of individuals and the particular dynamics of relationships are recognized as integral components of the discernment process. The nurse's caring approach assists patients and families in finding meaning or purpose in their living and dying and furthers the attainment of a meaningful life and death.

Rationale

- The profession's response to nurse participation in assisted suicide is grounded in the ethical traditions and goals of the profession, and in its covenant with society.
- The profession of nursing is built upon the Hippocratic tradition "do no harm" and an ethic of moral opposition to killing another human being. The ethical framework of the profession as articulated through the *Code for Nurses* explicitly prohibits deliberately terminating the life of any human being.
- Nursing has a social contract with society that is based on trust and therefore patients must be able to trust that nurses will not actively take human life. The profession's covenant is to respect and protect human life. (Nursing: A Social Policy Statement) Nurse participation in assisted suicide is incongruent with the accepted norms and fundamental attributes of the profession.

- 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. The nurse should acknowledge to the patient and family the inability to follow a specific request and the rationale for it.
- Acceptance of assisted suicide practices has the potential for serious societal and professional consequences and abuses.
- While there may be individual patient cases that are compelling, there is high potential for abuses with assisted suicide, particularly with vulnerable populations such as the elderly, poor and disabled. These conceivable abuses are even more probable in a time of declining resources. The availability of assisted suicide could foreseeably weaken the goal of providing quality care for the dying.
- Nurses must examine these issues not only from the perspective of the individual patient, but from the societal and professional community perspective. Involvement in community dialogue and deliberation will allow nurses to recommend and uphold initiatives, and provide leadership in promoting optimal end-of-life care.

Discussion

- 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 withholding or withdrawal of life-sustaining treatment such as mechanical ventilation, cardiopulmonary resuscitation, chemotherapy, antibiotics and artificially provided nutrition and hydration can be ethically acceptable. Patients have the right to exercise their decisional authority relative to health care decisions, including foregoing life-sustaining treatments.
- 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 when the interventions entail substantial risks of hastening death." (*Code for Nurses*)
- Nurses should seek to understand the meaning of the request for assisted suicide and continue to demonstrate respect for and commitment to patients.
- It is not uncommon for patients to think about suicide during the course of illness. Requests for assisted suicide can be related to numerous factors including unrelieved pain and other symptoms, depression, feelings of loss of control, fear of isolation, concern for family and a sense of hopelessness. Nurses should avoid judgement of patients or their experience and recognize that only the suffering person can define that suffering.
- There are positive obligations to ascertain the patient's concerns, fears, needs and values, to discuss health care options and to provide counsel and support. Discussion of suicidal thoughts does not increase the risk of suicide and may actually be therapeutic in decreasing the likelihood. The relationship and communication between the nurse and patient can diminish feelings of isolation and provide needed support.
- Nurses have an opportunity to create environments where patients feel comfortable to express thoughts, feelings, conflict and despair. The issues that surround a request for assisted suicide should be explored with the patient, and as appropriate with family and team members. It is crucial to listen to and acknowledge the expressions of suffering, hopelessness and sadness. When possible, factors that contribute to such a request should be alleviated, and existing patient strengths and resources promoted and relied on.
- 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.

- Nurses are obligated to listen compassionately to patients' requests, but must recognize the boundaries of acceptable ethical practice. Nurses can be honest with patients and acknowledge that they can not participate in assisted suicide, yet still manifest a commitment to non-abandonment.
- Acknowledging the prohibition against participation in assisted suicide does not necessarily lessen the distress and conflict a nurse may feel when confronted with a patient's request.
- Nurses may encounter agonizing clinical situations and experience the personal and professional tension and ambiguity surrounding these decisions. The reality that all forms of human suffering and pain cannot necessarily be removed except through death is not adequate justification for professional sanctioning.
- Nurses need to be aware of their own sense of suffering, discomfort, confusion and inadequacy. Acknowledgement of caregiver struggle and vulnerability can connect nurses deeply with the experience of the patient and family.
- Nurses should seek the expertise and resources of others including nurse colleagues, team members, pastoral services, hospice specialists and ethics consultants/committees when confronting the complexity of these issues.
- The willingness to consider participation in assisted suicide is generally motivated by mercy, compassion, promotion of patient autonomy and quality of life considerations. It is recognized that the nurse's views about participation in assisted suicide may be different than the official position of the nursing profession. Regardless of the opinion of the nurse, it is a breach of the ethical traditions of nursing, and the *Code for Nurses*, to participate in assisted suicide.

Recommendations

- 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 can take an active stance to create health care environments that provide humane care.
- Advance the precepts of Nursing's Agenda for Health Care Reform, one of which calls for careful assessment of the "appropriateness of providing high-tech curative medical care to those who simply require comfort, relief from pain, supportive care or peaceful death."
- Engage in professional and public dialogue and decision making around assisted suicide. Encourage the participation of nurses in discussions of this issue at the local, state and national level.
- Collaborate with other members of the health professions and citizens to advance and ensure the availability of quality end-of-life care.
- Provide education for health professionals and the community on ethical and legal rights and responsibilities surrounding health care decision making, treatment options, pain control, symptom management and palliative care.
- Support the use of outcome measurements and further research to ensure more scientifically based, responsible and ethically sensitive end-of-life treatment.
- Advocate for the removal of barriers to the delivery of appropriate end-of-life care through legislation and changes in restrictive regulatory and institutional practices.
- Promote patient and family participation in treatment decision making and the use of advance directives.

Conclusion

Nurses need to remain in the forefront as leaders and advocates for the delivery of dignified and humane end-of-life care. Nurses are obliged to provide relief of suffering, comfort and when possible a death that is congruent with the values and desires of the dying person. Yet, nurses must uphold the ethical mandates of the profession and not participate in assisted suicide. Knowledge of the ethical foundations and parameters of professional practice provides guidance and support to nurses both individually and collectively. Such an undertaking will better prepare nurses to deal with the difficult moral and professional challenges surrounding the issue of assisted suicide.

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Testimony Of
Phyllis Dendle
Director, Government Relations

Before the
Senate Committee on Health
Honorable Josh Green M.D., Chair
Honorable Clarence K. Nishihara, Vice Chair

February 7, 2011
2:45 pm
State Capitol Auditorium

Re: SB 803 Relating to Death with Dignity

Chair Green and committee members, thank you for the opportunity to provide testimony on SB 803 that sets up a process for a physician to write a prescription for medication to end a patient's life.

Kaiser Permanente opposes this legislation.

While we recognize that the supporters of this legislation are motivated by compassion we do not think that helping a person to commit suicide is good medicine.

We believe that as health care providers we have an obligation to do no harm to our patients. Patients count on their physicians to live up to this obligation. They place their trust in physicians based on this obligation. This legislation will harm that essential trust.

We worry that even with what appear to be protections in this bill we still run a risk of having very vulnerable patients coerced into choosing suicide.

We want our patients to have death with dignity. To us that means making the patient as comfortable as possible by controlling their pain, letting them refuse unwanted treatments, and choosing where they want to spend the end of their lives.

We also don't ever want any patient to think that the healthcare providers at Kaiser Permanente are motivated to save money by ending a patient's life sooner than their natural death. Physicians and staff at Kaiser Permanente are dedicated to providing compassionate care for all patients.

We urge you to hold this bill and thank you for your consideration on this matter.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 05, 2011 4:10 PM
To: HTHTestimony
Cc: rpanzer@hospicepatients.org
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Ron Panzer
Organization: Hospice Patients Alliance, Inc.
Address: 4680 Shank Street NE Rockford
Phone: 616-866-9127
E-mail: rpanzer@hospicepatients.org
Submitted on: 2/5/2011

Comments:

We oppose legalization of physician-assisted suicide. In every nation where euthanasia has been legalized, there is confirmation that involuntary euthanasia is widely practiced (as in the Netherlands and Belgium).

In Oregon, those who have sought out lethal prescriptions for "assisted suicide," have not always met the criteria of the law, and have "doctor-shopped." Also, some doctors who are pro-assisted suicide may simply write the prescription without referring to psychologists, even when the patient does not meet the criteria.

Our Constitution and Declaration of Independence clearly affirm the founding principle that individual citizens have a "right to life, liberty and the pursuit of happiness." In the case of those patients who are cognitively-impaired and wards of the court with a court-appointed guardian, or cognitively-impaired and a surrogate is acting as Power of Attorney, their life may be ended as "assisted-suicide" without the patient consciously making such a decision.

Legalizing assisted suicide will lead to victimization of the vulnerable, the very elderly, disabled and cognitively impaired. It is contrary to American values, contrary to Constitutional values and contrary to respect for the sanctity of life given to us.

Respectfully submitted,

Ron Panzer
President, Hospice Patients Alliance
www.hospicepatients.org

TESTIMONY OF THE AMERICAN COUNCIL OF LIFE INSURERS
COMMENTING ON SENATE BILL 803, RELATING TO DEATH WITH DIGNITY

February 7, 2011

Via e mail: hthtestimony@capitol.hawaii.gov

Hon. Senator Josh Green, MD, Chair
Committee on Health
State Senate
Hawaii State Capitol, Capitol Auditorium
415 South Beretania Street
Honolulu, Hawaii 96813

Dear Chair Green and Committee Members:

Thank you for the opportunity to comment on Senate Bill 803, relating to Death with Dignity.

Our firm represents the American Council of Life Insurers ("ACLI"), a national trade association, who represents more than three hundred (300) legal reserve life insurer and fraternal benefit society member companies operating in the United States. These member companies account for 90% of the assets and premiums of the United States Life and annuity industry. ACLI member company assets account for 91% of legal reserve company total assets. Two hundred thirty-nine (239) ACLI member companies currently do business in the State of Hawaii; and they represent 93% of the life insurance premiums and 95% of the annuity considerations in this State.

The purpose of Senate Bill 803 is to, among other things, permit a qualified patient, 18 years of age or older who satisfies the requirements of the bill and who has a terminal disease to obtain a prescription for medication to end his or her own life.

Section 44 (page 19, at lines 11 to 21, and page 20, at lines 1 to 2) entitled "Insurance or Annuity Policies" would prohibit the sale, procurement, or issuance of any life, health, or accident insurance or annuity policy or the rate charged for any policy from being conditioned upon or affected by a qualified patient making or receiving a request for medication to end life in a humane and dignified manner. Section 44 also would prohibit a qualified patient's act of being administered medication from having an effect on a life, health, and accident insurance policy or annuity contract or from being construed as a suicide.

Similarly subsection (b) of Section 43 (page 19, at lines 7 to 10), entitled "Effect of Construction of Wills, Contracts, and Other Agreements" would prohibit any obligation owing under an existing contract from being conditioned or affected by the making or rescinding of a request for medication to end life in a humane and dignified manner.

The American Council of Life Insurers (ACLI) has a technical concern with the provision in Section 44 that prohibits a qualified patient's act of being administered medication from having an effect on a life insurance policy and with subsection 43(b).

Like most, if not every state, Hawaii's insurance code provides for life insurance policies to have a two-year contestability provision that permits an insurer to investigate and contest the validity of life insurance policies based on possible fraud or material misrepresentation at the inception of a policy.

The provisions of Section 44 and Section 43(b), described above, may be construed in a manner that could jeopardize life insurers' right to contest a life insurance policy for cause, based on an underlying medical condition just because an individual may have been administered medicine to end his or her life or made or rescinded a request for medication.

We do not believe that this is the intent of the bill's drafters.

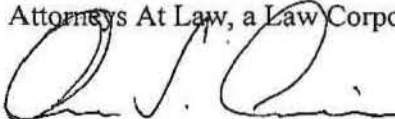
However, an insurance company's ability to contest life insurance policies based on material misrepresentation or fraud at the inception of a life insurance policy is crucial.

Given the importance of this issue, ACLI requests that the foregoing provisions be amended to clearly reflect that these provisions are not intended to prevent or otherwise jeopardize life insurers' ability to contest life insurance policies for cause based on an underlying medical condition.

ACLI is continuing its review of the provisions of Senate Bill 803 with its member companies and may submit additional testimony on this bill in the future.

Again, thank you for the opportunity to comment on Senate Bill 803, relating to Death with Dignity.

CHAR, HAMILTON
CAMPBELL & YOSHIDA
Attorneys At Law, a Law Corporation



Oren T. Chikamoto
737 Bishop Street, Suite 2100
Honolulu, Hawaii 96813
Telephone: (808) 524-3800
Facsimile: (808) 523-1714



SENATE COMMITTEE ON HEALTH
Senator Josh Green, M.D., Chair

State Capitol Auditorium
Feb. 7, 2011 at 2:45 p.m.

Opposing SB 803.

The Healthcare Association of Hawaii advocates for its member organizations that span the entire spectrum of health care, including all acute care hospitals, as well as long term care facilities, home care agencies, and hospices. Thank you for this opportunity to testify in opposition to SB 803, which provides the statutory authority for physician-assisted suicide.

The Healthcare Association does not oppose efforts that allow people to die with dignity, such as a person's decision to have life-sustaining treatment withdrawn in accordance with a living will. However, there is a crucial difference between this type of passive effort and actively advancing someone's passing.

The interest in decriminalizing physician-assisted suicide may be the result of past instances of inadequate end-of-life care. However, the quality of hospice and palliative care is improving in Hawaii, and access to end-of-life care has expanded substantially in recent years. Instead of engaging in the discussion as to whether or not to allow physician-assisted suicide, our efforts should be centered on ways in which we can improve end-of-life care.

For the foregoing reasons, the Healthcare Association opposes SB 803.

Key Objections to the Legalization of Assisted Suicide

(Note: Links to many of the sources cited below can be found at http://dredf.org/assisted_suicide/index.shtml)

1. **Assisted suicide is a deadly mix with our broken, profit-driven health care system**, in which financial pressures already play far too great a role in many, if not most, health care decisions. Direct coercion is not even necessary. If insurers deny, or even merely delay, approval of expensive, life-giving treatments that patients need, patients will, in effect, be steered toward assisted suicide, if it is legal.

For example, patients Barbara Wagner and Randy Stroup, Oregonians with cancer, were both informed by the Oregon Health Plan in recent months that the Plan won't pay for their chemotherapy, but will pay for their assisted suicide. Though labeled a free choice, for these patients, assisted suicide is a phony form of freedom.

2. **Assisted suicide is dangerous to people with disabilities and many other people in vulnerable circumstances**. As only one example, there is considerable evidence that people with mental illness and depression are given lethal drugs in Oregon, despite the claims of proponents that these conditions disqualify a person. (See testimony by Dr. Gregory Hamilton focusing on problems posed by assisted suicide in Oregon for people with psychiatric disabilities, at <http://www.pccf.org/articles/art32HouseOfLords.htm>.) Other states' laws and proposals offer no additional protections beyond Oregon's.

3. **Available statistics show that pain is rarely the reason why people choose assisted suicide**. Most people do so because they fear burdening their families or becoming disabled or dependent. But anyone dying in discomfort that is not otherwise relievable, may legally today, in all 50 states, receive palliative sedation, wherein the patient is sedated to the point where the discomfort is relieved while the dying process takes place. Thus, today there is a legal solution to any remaining painful and uncomfortable deaths; one that does not raise the very serious difficulties of legalizing assisted suicide.

4. **The supposed safeguards included in the Oregon and Washington State laws don't really protect patients for many reasons**, including these:

a. If a doctor refuses lethal drugs, the patient or family simply can – and do – find another doctor (“doctor shopping”).

b. “Six months to live” is often wildly misdiagnosed, opening the dangers of assisted suicide to many who are not terminally ill. (See DREDF’s statement at http://dredf.org/assisted_suicide/97-DREDF-website-version.html in the section on *The Fundamental Loophole of Terminal Illness Prognosis*)

c. Nothing in the Oregon law will protect patients when there are family pressures, whether financial or emotional, which distort patient choice.

d. An article from Michigan Law Review, June 2008, shows how the State of Oregon undermines all the safeguards in the law. See http://www.spiorg.org/publications/HendinFoley_MichiganLawReview.pdf Michigan Law Review, June 2008, “Physician Assisted Suicide: A Medical Perspective” by Dr. Herbert Hendin and Dr. Kathleen Foley. Herbert Hendin is Chief Executive Officer and Medical Director, Suicide Prevention International, and Professor of Psychiatry, New York Medical College. Kathleen Foley is Attending Neurologist, Memorial Sloan-Kettering Cancer Center; Professor of Neurology, Neuroscience, and Clinical Pharmacology, Weill Medical College of Cornell University; and Medical Director, International Palliative Care Initiative of the Open Society Institute.

DISABILITY RIGHTS EDUCATION & DEFENSE FUND

Main Office: 2212 Sixth Street, Berkeley, CA 94710 • tel: 510.644.2555 [V/TTY] fax: 510.841.8645

Government Affairs: 1730 M Street NW, Suite 801, Washington, DC 20036 • tel: 800.348.4232

www.dredf.org



Committee: Committee on Health
Hearing Date/Time: Monday, February 7, 2011, 2:45 p.m.
Place: Auditorium
Re: Testimony of the ACLU of Hawaii in Support of S.B. 803,
Relating to Death With Dignity

Dear Chair Green and Members of the Committee on Health:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of S.B. 803, Relating to Death With Dignity, which would preserve and strengthen the individual autonomy of terminally ill individuals. We recognize this form of decision-making about the means and time of death as a legitimate extension of the right of control over one's own body.

A similar Oregon law has been in effect for thirteen years, and we are not aware of any evidence that the law in that state has been abused. Indeed, in a state with approximately three times as many residents as Hawaii, the number of terminally ill people who have chosen to terminate their lives under this law since 1997 is only 525 (or approximately 40 per year). See Oregon Death With Dignity Act – 2010 Report, available at <http://www.oregon.gov/DHS/ph/pas/docs/year13.pdf>. Apparently many terminally ill persons who have obtained medication to potentially end their life have chosen not to use it: they are comforted by merely having the option available to them. This psychic benefit is a huge part of this kind of legislation; at the last stage of their lives, terminally ill patients have re-gained control and have a choice as to when or whether to end their time on earth.

Strong public support for the law in Oregon was demonstrated by the fact that it passed a public referendum twice, after being legally challenged. Poll results in Hawaii show equally strong support of more than 70% of registered voters. The results, interestingly, do not vary significantly across religious, political or cultural lines.

We urge this committee to have the courage to pass this forward thinking legislation which would guarantee that we can all have control over the quality of our last days or months of life.

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for over 45 years.

American Civil Liberties Union of Hawaii
P.O. Box 3410
Honolulu, Hawaii 96801
T: 808.522-5900
F: 808.522-5909
E: office@acluhawaii.org
www.acluhawaii.org



The Official Sponsor of Birthdays

February 5, 2011

Committee on Health

Senator Josh Green, M.D., Chair

Senator Clarence Nishihara, Vice Chair

Hearing:

February 7, 2011, 2:45 p.m.

Hawaii State Capitol, Capitol Auditorium

RE: SB803 – Relating to Death with Dignity

COMMENTS

Chair Green, Vice Chair Nishihara and members of the Committee on Health, my name is George Massengale and I am the Director of Government Relations for the American Cancer Society Hawaii Pacific, Inc. Thank you for the opportunity to offer these comments regarding SB803.

For over 60 years, the American Cancer Society in Hawaii has led the fight against cancer; however, despite our very best efforts slightly over 2,300 of our residents will lose this battle.

At this time 33 states have statutes explicitly criminalizing assisted suicide. Nine states criminalize assisted suicide through common law. However, three states have abolished the common law of crimes and do not have statutes criminalizing assisted suicide. Ohio's Supreme Court ruled in October 1996, that assisted suicide is not a crime. In Virginia, there is no real clear case law on assisted suicide, nor is there is a statute criminalizing the act, although there is a statute which imposes civil sanctions on persons assisting in a suicide. In recent years, two states, Oregon and Washington, have enacted assisted suicide statutes. In January 2010, the Montana Supreme Court ruled that suicide – even when a physician plays a role – is not a crime, allowing physician assisted suicide. Other states have introduced bills permitting physician assisted suicide.

The American Cancer Society is cognizant of the arguments regarding physician assisted suicide. Many members of the public and health professionals have turned to the Society for a position on this aspect of care for persons with advanced cancer. As a result, our National Advisory Group on Cancer Pain Relief drafted a position statement which was accepted by the Society's Executive Committee on June 24, 1995, and remains in effect.

The Society's official position follows:

Thank you for the opportunity to offer these comments and share with the committee our statement regarding the Society's position on this issue.

Respectfully,

A handwritten signature in black ink, appearing to read "G. Massengale", written in a cursive style.

George S. Massengale, JD
Director of Government Relations



the
**Drug Policy
Forum**
of hawaii

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To: Senator Josh Green, Chair
Senator Clarence Nishihara, Vice Chair
And Members of the Committee on Health

From: Jeanne Y. Ohta, Executive Director

Re: SB 803 Relating to Death with Dignity
Hearing: February 7, 2011 (2:45 p.m., Capitol Auditorium)

Position: Strong Support

Chair Green, Vice Chair Nishihara, and members of the Committee on Health. I am Jeanne Ohta, Executive Director of the Drug Policy Forum of Hawai'i testifying in strong support of SB 803 Relating to Death with Dignity. Thank you for your courage in hearing this bill and for acknowledging this important issue.

We believe that a terminally ill person's end-of-life choices should be his or hers alone, without the interference of government and without the interference of others' religious beliefs.

This measure enables patients to discuss end-of-life choices with their physicians and to discuss appropriate care for severe pain and terminal illnesses.

Many opponents of this bill will ask you to consider focusing on palliative care instead of death with dignity, however, because the federal government is aggressively investigating and prosecuting doctors who deal with patients with chronic and debilitating pain, physicians are reluctant to prescribe sufficient medications on an on-going basis; and many patients are unable to get enough medication to relieve their chronic pain. Governmental interference has had a chilling effect on physicians' ability to practice medicine.

This is a bill about personal choice and freedom. Anyone opposed to assisted dying simply need not ask. This bill would give patients with terminal illnesses the power to choose, not life over death, but one form of death over another. This bill gives people the opportunity to have choices at life's end.

Please pass SB 803. Thank you for providing this opportunity to testify.

Pamela G. Lichty, MPH
Honolulu, HI 96816
808 224-3056
pamelalichty@gmail.com

TO: Senate Committee on Health

RE: **SB 803 - In Support**

DATE: Monday, February 7, 2011; 2:45 p.m. Capitol Auditorium

Aloha Senator Green and members of the Committee. Thank you very much for hearing this bill today. As a long time public health advocate in Hawai'i and member of the ACLU Board and Legislative Committee, I strongly support this bill.

SB 803 would preserve and strengthen the individual autonomy of a terminally ill person. This form of decision-making about the means and time of death is a legitimate extension of the right of control over one's own body.

We understand that this measure contains all the safeguards and prohibitions contained in the Oregon law which has been in effect for thirteen years. There is no evidence that that law has been abused. Indeed, in a state with a far larger population than Hawai'i, the number of terminally ill people who have chosen to terminate their lives under this law since 1997 remains small. Many terminally ill persons who have obtained medication to potentially end their life have chosen not to use it. They are comforted by merely having the option available to them.

And this is the point. At the last stage of their life they have re-gained control of their life. They have a choice as to when to or whether to end their time on earth. Literally, this is the ultimate in human rights.

Strong public support for the law in Oregon was demonstrated by the fact that it passed a public referendum twice, after being legally challenged. Poll results in Hawai'i show equally strong support of more than 75% of registered voters. The results, interestingly, do not vary significantly across religious, political or cultural lines.

We hear the argument that improved pain medication had reduced the possibility of people suffering painful and lingering death. Sadly this is not always the case. Pain management in Hawai'i remains problematic because physicians still fear lawsuits and the possibility of losing their prescriptive privileges or incurring higher insurance premiums if they are charged with overmedicating individuals near death who are suffering intractable pain.

In short, we urge this committee to have the courage to pass this forward thinking legislation which would guarantee that we can all have control over the quality of our last days or months of life. Thank you again for hearing this bill and for the opportunity to testify.

green1 - Karen

From: Mary Kay F Slingerland [slingerland4@juno.com]
Sent: Sunday, February 06, 2011 9:54 AM
To: HTHTestimony
Subject: Testimony supporting SB803

Senate Committee on Health
Senator Josh Green, M.D., Chair
Senator Clarence K. Nishihara, Vice Chair Testimony supporting SB803 "Relating to Death With Dignity" for Monday, February 07, 2011
2:45 p.m.
Capitol Auditorium

Dear Chair Green, Vice Chair Nishihara and Committee Members:
My name is Mary Kay Slingerland, I am a resident of Hawai'i and I support the passage of SB803. Thank you.

Mary Kay Slingerland
Phone #328-9508

green1 - Karen

From: engaged@maui.net
Sent: Sunday, February 06, 2011 10:07 AM
To: HTHTestiony@Capitol.Hawaii.gov
Subject: Conference for Legislature Bill SB 803

SB 803

Re: Request for reasonable accomodation to testify in committee Feb. 7, 2011 at 2:45.

Dear Sirs,

I would like to testify at the Monday afternoon hearing regarding House Bill SB 803. I am disabled and live on Maui so I would like you to a setup video conference center. Also, in the future I would like more than 48 hours notice as, like all people with disabilities, I have to make plans that take longer than 48 hours. For instance hiring people to help me travel.

Thank you for your consideration,

Leslie Williams

808-283-1887

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Thursday, February 03, 2011 3:55 PM
To: HTHTestimony
Cc: mattrifkin28@gmail.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: support
Testifier will be present: No
Submitted by: Matthew Rifkin
Organization: Individual
Address: Keaau, HI
Phone:
E-mail: mattrifkin28@gmail.com
Submitted on: 2/3/2011

Comments:

After watching my father suffer during the last month of his life with multiple cancer, I think the Death with Dignity act is an important law to have.

It may not be appropriate for everyone, and that is fine. But, the option to chose when and how to end one's life (if terminally ill) is a right that should be afforded to everyone.

I urge you to move this bill forward.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 9:50 AM
To: HTHTestimony
Cc: cscholas@hawaii.rr.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Chris Cholas
Organization: Individual
Address: 339 Kapii Place Hilo, HI
Phone: 808 581-5109
E-mail: cscholas@hawaii.rr.com
Submitted on: 2/6/2011

Comments:

As a person with a disability I feel this assisted suicide legislation has dangerous implications especially for persons who lives can be manipulated by the wishes of others.

green1 - Karen

From: chingston@hawaii.rr.com
Sent: Sunday, February 06, 2011 9:27 AM
To: HTHTestimony
Subject: Support SB 803

I support SB 803.

Pandy Ching
Honolulu, Hawaii 96816
808 732-1640

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Sow a thought and you reap an act; sow an act and you reap a habit; sow a habit and you reap a character; sow a character and you reap a destiny.

green1 - Karen

From: Hawaii Right to Life [office@hrtl.org]
Sent: Friday, February 04, 2011 5:20 PM
To: HTHTestimony
Subject: SB803 OPPOSE

Dear Senators, with all humility, I am pretty sure that as a police chaplain I am more acquainted with death, dying, and hopeless looking situations than most, if not all of you. I have had to do the death notifications to every family on Molokai who has lost a loved one tragically in one way or another; stand beside them in waiting rooms as the fate of their loved ones played out. But I have also seen, situations that seemed hopeless by all accounts, miraculously change and they walked out after 10 months in a coma etc. One man in particular fell off a roof and was seared by a cement form pin. The fall alone would have killed most, knife wounds with 4 inch blades have killed, but Mr. Guerrero lived through this, then a flight from Molo to Oahu, then in ICU for 4 months, to 9 months later walking out. This family has no money, I wonder, if this legislation, though try as you may, will open doors to having families like these be encouraged to have "death with dignity". I know that is not your intentions for this bill to be about finances, but to be honest, it will not be you in those rooms making the decisions if this becomes law. I have seen what pain and fear and hopelessness do first hand... It is not the time or place to make such decisions. Please vote NO... there is too much at stake to put lives at risk with this. Thank you.
Pastor David Tipton, former chaplain Maui Police Dept.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 04, 2011 6:45 PM
To: HTHTestimony
Cc: audrey@arcofmaui.org
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

Testimony for HTH 2/7/2011 2:45:00 PM SB803

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: Yes
Submitted by: Audrey McGauley
Organization: ARC of Maui County
Address: 95 Mahalani St. Rm # 17 Wailuku, HI
Phone: 808-242-5781
E-mail: audrey@arcofmaui.org
Submitted on: 2/4/2011

Comments:

TO: Committee Members on Health
February 4, 2011

I oppose SB 803 and the Legalization of Assisted Suicide.

I believe the motivation behind this bill is a lack in our health care system to meet the needs of each individual in the Death and Dying process. I also believe this bill is a desperate and negative response to the fundamental process of dying; rather than a wholesome and affirmative approach.

As a Registered Nurse in the hospital and home care setting, I am seasoned in the dying process. My experience has shown there is never any need for inadequate pain control, and there is always a need to process or to "have and hold" one of the most important phases in our life; our own dying.

This bill would not exist if our health care system could meet the social, psychological and physiological needs of those in the dying process. Is this too much to ask? I don't believe so. Let's look at an example of this magnitude.

In your life time and mine the Waimano Hospital for people with developmental disabilities warehoused more than 700 people. In a short 25 years so much has changed for the better. Lawmakers with a "positive can do approach" built up a health care infrastructure that supported a very different approach to the status quo of institutionalization.

I believe we can once again make a change; this time in the area of Death and Dying. The hospice movement has already begun the work, but so more is needed.

So how do we respond to this lack in our current health care system? Do we accept the lacking status quo and open ourselves to a change in our value system whereby law would promote a suicide mentality? Or do we see this crossroad as an opportunity to develop a better system that meets the needs of the very special population group who are in the dying process.

Please do not pass this bill, it undermines the Death and Dying process, it gives up on our healthcare system, and lacks the respect that the Death and Dying process deserves.

green1 - Karen

From: Sallfield@aol.com
Sent: Friday, February 04, 2011 8:49 PM
To: HTHTestimony
Subject: Testimony Supporting SB803

Dear Chair Green, Vice Chair Nishihara and Committee Members,
My name is Sally Duffield. I am a resident of Hawaii and I support the passage of SB803. Thank you.

Sally Duffield
Phone: 808 261-3356

green1 - Karen

From: wilsond052 [wilsond052@hawaii.rr.com]
Sent: Saturday, February 05, 2011 9:18 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Senators I am asking that you please oppose Bill SB 803 Death with Dignity. The very idea that this is really being considered as a law sends a chill down my spine as it should yours as well. Not only would passage of a law like this have potential to be abused but it would further create a culture that does not value life. This would open the door for older people or ill people to feel pressured to end their life as an option to their family having to take care of them. We are trying to prevent suicides. Imagine if someone you love is struggling and chooses this option. imagine the devastation to find out a son or daughter who could have pulled through or found another way to manage pain decides this as an option. This is the Aloha state please don't allow it to become the Suicide state.

Thank you
David Wilson
Ewa Beach

green1 - Karen

From: David Houle [houled001@hawaii.rr.com]
Sent: Saturday, February 05, 2011 9:06 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

To: Committee On Health,

We are 100% opposed to "Physician Assisted Suicide" and to any bill that would legalize such an abomination.

Life Is Sacred From Conception To Natural Death.

We implore you to utterly reject any such "suicide" bill.

Regards,
David & Olive Houle & Family

green1 - Karen

From: kinborja@aol.com
Sent: Saturday, February 05, 2011 8:47 AM
To: HTHTestimony
Subject: SB803

Aloha Worthy Senators

I plead with you to please at the implications of your endorsement of this bill. We are opening our beautiful Aloha State to further manipulations on the Necessity of human life in our society.

We are giving permission for those with terminal disease or illness to consciously make the decision to end their life.

In most cases, those people are left with no other choices because they do not wish to fight for life due to cost or lack of support from anyone

I implore you most learned Senators to think about this bill if you were in the same situation as those people who will be given the right to chose between life or death!

We will pray that you will make the right decision

With the Love of Jesus

Rev. Deacon Kin Borja
2240696
Sent via BlackBerry by AT&T

