

green1 - Karen

From: Elaine Brown [elainebrown@hawaii.rr.com]
Sent: Sunday, February 06, 2011 9:32 PM
To: HTHTestimony
Subject: OPPOSE SB 830

**LIFE
TESTIMONY**

Aloha Chair Green and Committee Members,

I respectfully OPPOSE SB 830 Relating to Death with Dignity. As a voter and 4th generation life-long resident, I do believe Hawaii should not permit a physician-assisted suicide law. This kind of decision should not rest with legislators and there is no published report showing the impacts, and where voters and residents had time to review and respond. At best, it should be placed on the ballot for the voters to voice their position first. Why rush into passing this kind of legislation without first providing a venue to obtain thorough public comments first? Thank you for considering my concern.

Sincerely,
Elaine Brown

green1 - Karen

From: Julia Jimenez [jvj9212@earthlink.net]
Sent: Sunday, February 06, 2011 10:10 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity
Attachments: My name is Julia Jimenez and I am a student in Mililani.doc

My name is Julia and this is a testimony I would like to submit in opposition to SB803.

**LATE
TESTIMONY**

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE

Regular Session of 2011

February 7, 2011
2:45 P.M.

**LATE
TESTIMONY**

TESTIMONY ON SENATE BILL NUMBER 803, RELATING TO DOCTOR
PRESCRIBED DEATH

TO THE HONORABLE JOSH GREEN M.D., CHAIR, AND MEMBERS OF THE
COMMITTEE

My name is Julia Jimenez and I am a student in Mililani, Hawaii. I feel very strongly that you should NOT vote for SB803.

I, personally, used to be suicidal. And I thank God every day he kept me from keeping that choice. I know the purpose of this bill is meant to be a way to allow elderly people to have control of the end of their lives. But you will find young people with depression coming to the physician door. You will find people like how I used to be, people who know how to pass all the tests to see if they are "fit" to kill themselves. Is anyone "fit" to kill themselves?

All that besides, this bills has so any loop holes in it. The bill says one adult present as a witness can not be a relative or heir, but what about the other one? Also, how about the idea that he doctor never has to see the patient?

For these reasons, I urge you to vote NO of SB803.

TO THE SENATE COMMITTEE ON JUDICIARY AND LABOR

TWENTY-SIXTH LEGISLATURE

Regular Session of 2011

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

**LATE
TESTIMONY**

TESTIMONY ON SENATE BILL # 803, RELATING TO DEATH WITH DIGNITY
ALOHA HONORABLE GREEN AND MEMBERS OF THE COMMITTEE

My name is Richard Hobson. I'm a 15 year-old high school student. I am in opposition to this bill. I want to thank the chair and the members of the committee for the opportunity to make known my voice. First, I would like to be very blunt and say that this type of legislation deeply distresses me. Any kind of legislation that brings death one step closer to overtaking a life should always be avoided if not openly condemned, whatever the rationale. Even more, it is exceedingly disturbing to me that this kind of death, a physician assisted suicide, would be allowed, legitimized, and by extension promoted by the very government that is tasked, and the very government officials that have sworn, to secure and protect the Rights, which are given from God, of the people. Among which are life, liberty, and the pursuit of happiness. This death is not protecting life it is devaluing it. It is not liberty, but bondage not only for the patient but for the doctor as well. It is not the pursuit of happiness. There is a reason why the vast majority of men fear death. If it led to happiness we would not fear it. Having said all of this the greatest reason that I oppose this measure is that it breaks the heart of our Lord Jesus, and of our heavenly Father to see His own creation whom, He loves to run head-long into death without knowing that on the other side is not happiness, but weeping and gnashing of teeth. I will end with this: A.W. Tozer said "Love has gone from his heart. Light has gone from his mind. Having lost God, he blindly stumbles on through this dark world to find only a grave at the end." I look to you and dare to hope that you will not allow this proposition of death to be affirmed by your vote. To do so would be sad and grievous. Thank you for your time. Please vote against this measure.

From: Beth Brown [hibrowns@hawaiiantel.net]
Sent: Sunday, February 06, 2011 10:53 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

**LATE
TESTIMONY**

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

Thank you, members of the Committee on Health, for your service to the people of Hawaii. My name is Beth Brown. I live in Kaimuki and currently stay at home with our three kids. I am a social worker by profession and have worked extensively with persons with developmental disabilities, supporting them in their contributions to their communities. I am submitting testimony today to ask you to vote no on SB 803. Because laws create precedents and the basic understanding of what our community views as good, healthy and beneficial for the people in our community, I especially thank you for your *careful* consideration of this significant legislation.

Laws are often thought of as creating boundaries for our protection, but they do more than that, they also educate us as to what is good for us. In a climate of rising health care costs, and the health care rationing debate, SB 803 communicates to the elderly, disabled and terminally ill citizens of Hawaii that their life is not of value to us. SB 803 sends the message that life, when it does not meet certain criteria, is not worth living and in fact creates a hardship for society and family members of persons who are impaired or ill. This is not the educational message we want to send our elderly, disabled and ill, and their family members and caregivers.

Although the proposed bill attempts to create safeguards to prevent abuse, there is no safeguard against the implicit statement made by a law that suggests that if an individual is too difficult emotionally to live with, if his illness is terrifically expensive, if his physical/emotional state creates discomfort others, society may not consider his life worth living. There can be no true safeguard from the covert pressure put on an elderly person from a frustrated and worn out care giver. These are risks that cannot be fully mitigated even by the most well intentioned safeguards. By passing this bill we implicitly send the message that lives that are powerfully affected by emotional and physical difficulties are not worth living. Laws creates precedents and send messages about what we consider good and worthwhile. Life, whatever form it takes is good and worthwhile—this is the message we want to send to our community. SB 805 sends the opposite message. Please vote no on SB 805.

Testimony on Senate Bill 803, Relating to Death with Dignity

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

**LATE
TESTIMONY**

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

Honorable Chair Green, Vice-Chair Nishihara, and members of the committee, thank for allowing me to submit testimony in regards to Senate Bill 803, relating to death with dignity. My name is Lanson Hoopai, and I strongly oppose this bill, as I believe that it is in no way compassionate, as proponents of this bill assert.

Doctor-assisted suicide is not an "either/or choice." We can be compassionate without opening the door to doctor-prescribed suicide. The solution is expanding and improving pain alleviation that preserves life.

If we can eliminate or greatly reduce pain, then death is not the "only compassionate option." In fact, the medical community has made remarkable breakthroughs in alleviating pain over the past 15 years.

We should encourage and expand those efforts, seeking to continually improve quality of life, rather than settling on death as the only definition of compassion.

There's a great deal of experience now that shows that virtually everybody who expresses a desire to die wants to live once you take care of their problems.

The fundamental question that we must ask ourselves is whether it is more compassionate to get involved with helping patients or simply provide doctor-prescribed death? I believe that saving life is, by far, much more compassionate.

Thank you again for allowing me to submit testimony, and I strongly urge you to vote to defer this bill.

LATE TESTIMONY

Wiser Chairman and
Members of the Committee

I am Marcia Liville
and I am speaking
in support of SB 805,

My testimony will be
short,

I am in support of
this bill because
I am 75 years old
and it is nobody's
business but mine
if and when I choose
to die, Any time I
enter the hospital I
sign a living will.
That means I do not

want to allow a
doctort to force
me to live, if
I don't want to.

Bottom line if you
want to live you
will. IF you don't
want to, that is
your decision.

Back off from
my right to choice

marcia Smell

From: "John & Bev" <jobekim@hawaii.rr.com>

Subject: **Testimony supporting SB893**

Date: February 6, 2011 6:38:04 PM HST

To: "Hawai'i Death with Dignity Society" <hdwds@hawaii.rr.com>

**LATE
TESTIMONY**

I could not email this to the address (hdwds@hawaii.gov) in the bulletin. Would it be possible to have someone take this along with any other testimony to the hearing. Thank You!

Senate Committee on Health

Senator Josh Green, D-Waiahe

Senator Clarence K. Iihara, Vice Chair

Testimony supporting H.D. 803 "Relating to Death with Dignity" for Monday, February 07, 2011
10:00 a.m.
Hawaii Auditorium

Dear Chair Green, Vice Chair Iihara and Committee Members

My name is Deverly Kim, I am a life long resident of Hawaii. I am also a retired Registered Nurse and I am in support of H.D. 803.

I would like the freedom to decide if and when the quality of life is still valuable to me.

Thank you.

Deverly Kim

Phone: 808-255-1111

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

**LATE
TESTIMONY**

Dear Chair Green, Vice Chair Nishihara and Committee Members:

I may only be 25, but to me, life is like our own personal movie in which every moment of our lives builds up to this epic sunset and farewell we know as death. We spend our entire lives making our "movie" as epic as it can possibly be, for those to remember our legacy when we are gone. To any director of a film, the end is the most important part. Our final breath is the epic ending. We must allow these "directors of life" to conclude their life-long masterpiece in their own way. May God bless these individuals in their final moments, for it is an epic final step that takes more strength than we can possibly know. May all men and women have the right to paint their final moments in whatever colors they choose. For it is their life, their film, and we are only spectators.

Mahalo!

Michael Kratzke
1645 Alencastre St.
Honolulu, Hawaii
96816
388-6984 on Oahu

From: Mary A Guinger <maguinger@hawaii.rr.com>
Subject: Testimony Support Senate Bill (SB) 803
Date: February 7, 2011 11:35:54 AM HST
To: HTHTestimony@Capitol.hawaii.gov

**LATE
TESTIMONY**

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

Chair Green, Vice Chair Nishihara, and Committee Members:

My name is Mary A. Guinger
I live over the hill in Kailua , Oahu, Hawaii.
I support SB803.
Jeanne Calment and I were born on February 21st.
She lived to 122 years old.
Jeanne taught me the possibility of life.

Cancer "Grade 3 " taught me the fragility of life.
and the certainty of death.

I am planning to live to 123 years old.
Also, I am planning to die.
I want Death with Dignity, as an option, in my portfolio.

Just as I am responsible for the quality of my life.
I am responsible for the quality of my death.
This is why I am FOR: SB803: "Death with Dignity".

Thank you for your work in Democracy,

Mary A. Guinger
926A Kaipii St.
Kailua, 96734

FOR FURTHER INFORMATION, PLEASE CALL THE COMMITTEE CLERK AT 586-6834.

LATE TESTIMONY

Senator Josh Green, M.D.
Chair

I am for the bill because in some cases ~~modern~~ modern medicine cannot help the dying to be comfortable:

- ① morphine inadequate
- ② bodily changes cannot be handled + provide comfort + so unnecessarily prolonged
- ③ patient is just hanging on because the family ~~has~~ cannot let go

please write in parameters in which these issues are defined

bill can provide choice for patient to prolong the fight or not
Cecilia Springer

LATE TESTIMONY

From: Mary A Guinger <maguinger@hawaii.rr.com>
Subject: **Fwd: Testimony Support Senate Bill (SB) 803**
Date: February 7, 2011 11:50:54 AM HST

Begin forwarded message:

From: Mary A Guinger <maguinger@hawaii.rr.com>
Date: February 7, 2011 11:35:54 AM HST
To: HTHTestimony@Capitol.hawaii.gov
Subject: Testimony Support Senate Bill (SB) 803

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

Chair Green, Vice Chair Nishihara, and Committee Members:

My name is Mary A. Guinger.
I live over the hill in Kailua , Oahu, Hawaii.
I support SB803.
Jeanne Calment and I were born on February 21st.
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Just as I am responsible for the quality of my life,
I am responsible for the quality of my death.
This is why I am FOR: SB803: "Death with Dignity".

Thank you for your work in Democracy,



Mary A. Guinger
926A Kaipii St.
Kailua, 96734

Senate Committee on Health
Senator Josh Green, MD, chair

Senator Clarence K. Nishihara, Vice Chair

Testimony supporting SB 803 - Relating to Death with Dignity
For Monday Feb. 7, 2011 2:45pm

**LATE
TESTIMONY**

Dear Chair Green, Vice Chair Nishihara & Committee members

When I imagine death, I sometimes see a torturous scene of a person in intensive care, with tubes connected to every orifice of their body and a ventilator forcing air into the lungs. Such a vision scares and distresses me, because I have a need for autonomy, freedom and choice over who controls my body. I want that choice for myself only. And if I see myself progressing towards such an end, I would like the freedom to end my life early with dignity. Thus I support the passage of SB 803 - Relating to Death with Dignity.

Duen Hsi Yen
1255 Nuuanu Ave, E2315
Honolulu HI 96817

**LATE
TESTIMONY**

In Favor of Death With Dignity

Dennis Kono 2208313

My Father Died An Agonizingly
Slow Death From Cancer So I Am
In Favor of Death With Dignity.

In Support of SB-803

My name is Robert Orfali. I am here to testify in support of SB-803. I thank the committee for bringing this important issue to the forefront. It's a much needed bill that will greatly improve our palliative care options in Hawaii. Death remains the big untamed. At the end-of-life, we need all the palliative choices we can get.

Background. My wife, Jeri, died from ovarian cancer at St. Francis Hospice on June 19, 2009. I spent the next 18 months trying to unravel what had happened. The results are in two books: one on grieving (just published) and the other on "death with dignity." (Note: The proceeds of both books go to charity.) I'm a computer scientist by training. My specialty was the design of complex software systems. Using simple terms, I wrote several books about how these systems worked. They sold over one million copies and were translated into 17 languages. Our end-of-life system is the most complex system I have ever encountered. Most of us don't understand what's involved or how it works. Perhaps, we prefer not to know. The sad truth is that dying in the age of high-tech medical interventions is not pretty: many will experience torture at the end. Only 20% of us will die the way we envision it: quickly and without pain. The rest of us will die slowly from chronic diseases; many will suffer at the end-of-life. My latest book, *Death with Dignity*, is about unraveling the workings of that system. I believe that the passage of SB-803 will provide an important missing link in the palliative care continuum. It will substantially alleviate end-of-life suffering in Hawaii.

Much has happened since 2002. The Hawaii legislature last looked seriously at this issue in 2002. At that time, Governor Cayetano and his blue ribbon committee supported a "Death with Dignity" initiative that passed the house but was narrowly defeated in the senate. In 2004, a poll revealed that 71% of the public in Hawaii was in favor of assisted dying and 20% were opposed. Since you last looked at this bill, a lot of things have happened—all in favor of "Death with Dignity." It takes an entire book to do this topic justice. My book, *Death with Dignity*, is due to be published next month. It contains a ton of recent information that you'll need to make an informed decision. I rely on primary sources and I've done my homework. Let me touch on a few points (the details and references are in the book but not included in this testimony).

Oregon proves that SB-803 can work. We now have 12 years of solid data on the Oregon experience. The data demonstrates that it was a resounding success. The state leads the nation in palliative care. The safeguards worked. There is synergy between hospice and assisted dying—90% of those who took the pills were also enrolled in hospice. For every 100 people who consider using the act, only one eventually does. Why? Because asking for the prescription results in a palliative conversation about dying. People can openly discuss death with their doctors. Their needs and fears can be addressed. Having the prescription does not necessarily mean it will be used. It's a form of insurance in case all else fails. For many Oregonians it provides peace of mind. Even though few people end up taking the pills, the palliative-benefit multiplier is immense.

LATE TESTIMONY

Oregon's experience is widely supported by both doctors and the public. Over 70% of the U.S. public and about 60% of physicians are in favor of an Oregon-like law in their state. (The latest physician poll was conducted by *Medscape*, in 2010, with 10,000 physicians responding.) After carefully reviewing the Oregon data, major national medical associations have recently come out in favor of the Oregon law (the AMA hierarchy remains the noted exception). Here are some examples:

- *In 2006*, the *American Medical Women's Association (AMWA)* came out in support of Aid in Dying.
- *In 2007*, the *American Academy of Hospice and Palliative Medicine (AAHPM)*, the professional organization representing hospice doctors and nurses, softened its opposition to physician-assisted dying. Noting that its members were divided on the issue, the AAHPM shifted its stance from oppositional to neutral.
- *In 2008*, the *American Medical Student Association (AMSA)* adopted a policy reiterating its 1997 endorsement and broadening its support of Aid in Dying.
- *In 2008*, the *American Public Health Association (APHA)* adopted a position supporting death with dignity for terminally-ill patients.
- *In 2008*, the *American College of Legal Medicine (ACLM)* adopted a position supporting death with dignity for terminally-ill patients.

On November 4, 2008, state of Washington voters decisively approved Initiative 1000, modeled after Oregon's Death with Dignity Act. The vote was 58% to 42%. The public passed the bill after carefully scrutinizing the Oregon record.

The Netherlands: The most recent data conclusively shows that there were no slippery slopes. The Netherlands is now a European leader in palliative care.

Assisted dying (SB-803) provides one more choice in the continuum of palliative care options. Given that death is the "great untamed" we need all the options we can have. As a society we have already sanctioned passive and slow euthanasia. Assisted dying is another palliative choice. Unlike the other two, it has more safeguards because the act is performed by the patient not the physician. The patient gets to control the timing of a life that is already being terminated by the disease. This provides a lot of benefits for both the patients and their survivors: 1) patients feel in control at a time when they control very little, 2) the families grieve better, 3) no mercy killings, 4) death is peaceful—you go into deep sleep, and 5) extreme pain and suffering can be avoided. There are many more benefits. **Note hospice does not have all the answers:** Among hospice patients who were asked about their pain level one week before death, 5% to 35% rated their pain as "severe" or "unbearable." An additional 25% reported their shortness of breath to be "unbearable." This does not include other symptoms such as open wounds, pressure sores, confusion, vomiting, and emotional pain. Palliative sedation is rarely administered fast enough. The situation is much worse in ICUs.

The prohibition is not working. At the end of the day, the choice is between making assisted dying aboveground and part of the palliative continuum versus allowing it to

remain underground. Many in the medical profession know that euthanasia is practiced, and may believe the issue is best left to the discretion of doctors. How widespread is this practice? In the United States, 18-24% of primary care physicians and 46-57% of oncologists report having been asked for their assistance in a patient's hastened death, and about one-quarter of them complied. Sanctions don't work. The best euthanasia drugs are not available, even to physicians. Even with help from doctors many are resorting to not-so-lethal drugs which often result in botched attempts that need to be completed by suffocating patients with plastic bags and pillows (the gory details are in my book). In the black market, two bottles of Nembutal (the drug used in Oregon) sell for about \$10,000 (the cost to a veterinarian is around \$50).

In the name of mercy, end this cruel prohibition. Our choice in Hawaii is between choosing the Oregon path (i.e., passing SB-803) versus tolerating underground euthanasia. Maintaining the current prohibition is a vote for keeping the practice underground with all the dangers that come with it. Underground euthanasia undermines the integrity of medicine and creates a slippery slope for doctors. There are no safeguards. It's also very painful for the families. We were all pained by one such tragedy when Mr. Robert Hagi tried to kill his wife Leatrice in Castle Hospital and then ended up taking his own life. Terminally ill patients and their families face these type of dilemmas every day. Family members dread being asked to help terminate the life of their loved one who is suffering. A vote in support of SB-803 is a vote in favor of palliative care, Oregon style.

What's holding us back? The polls consistently indicate that sizable majorities want assisted dying, Oregon style, to be a palliative-care option for the terminally ill. Oregon and the Netherlands demonstrate that there are no slippery slopes. The safeguards in both places worked as advertised. Oregon also demonstrates that assisted dying is part of the palliative care continuum. So it appears that passing SB-803 is a no-brainer. Unfortunately, the bill is sure to face stiff opposition from a vocal minority (the 20%) who believe that our life does not belong to us. In my opinion, this is a very subjective and personal issue. Each individual must decide if it's "my life, my death, my choice" or if it isn't. Those who believe it isn't can choose never to ask for assisted dying or have anything to do with it—it's their right. SB-803 protects their right. However, those with differing views have no right to interfere with those of us who would like to be given that choice. The state must not take sides. However, by enforcing the prohibition, the state is siding with the 20% who want to impose their personal beliefs on the majority. Senators, you must pass SB-803 to allow doctors to attend to their patients' end-of-life needs in a safe, and above-ground palliative setting with safeguards. You are about to make a very profound decision that can significantly cut down the suffering of the terminally ill, and their families, in the state of Hawaii. May you be granted the wisdom to make the right decision.

LATE TESTIMONY

Senate Committee on Health

Senator Josh Green, M.D. Chairman

Senator Clarence K. Nishihara, Vice Chairman

Testimony supporting SB 803
"Relating to Death with Dignity"
Monday, Feb 7, 2011
2:45 pm.

Dear Chairman Green, Vice Chairman Nishihara, and
Committee Members:

My name is Eue Anderson, I am a resident
of Hawaii, and I support SB 803.

We have discussed this Bill over and
over again, and it is time to vote
it out of Committee onto the floor for
passage.

70% of the public is in favor of this
law — they want the right to make
their own end of life decisions.

Our physically challenged individuals
are afraid their life will be shorter, but
this law does not pertain to them as
they are not dying. They are handicapped

LATE TESTIMONY

in some way, and frustrated because of it. This legislative body should have dealt with this major concern, as this group of people have testified for the last 10 years plus. Their care takers are aware of the concerns, but alone have not been able to assure their patients that they will be properly cared for.

Our religious community are spreading misinformation and fear within the community. They may speak to their followers, but they don't speak to the majority who want the right to the Death with Dignity provisions if they so choose.

A gentleman about his wife's passing, "It was peaceful enough, and she was in charge." Prolonging life just for the sake of prolonging life without taking into account quality of life — just doesn't make sense to me."

The gentleman concluded, "That others feel differently doesn't bother him; why don't those who disagree — simply

3.
**LATE
TESTIMONY**

live and die as they want, and
allow others to do the same?"

Mr. Chairman, Vice Chairman, and Committee
members,

Remember that SB 803 "Relating to
Death with Dignity" is one of choice. When
it passes, only those who wish to use
it will, but it will not impact all others.

So for all those testifying against
SB 803, they are merely announcing
that they will not be using the provisions
of this bill; But they must not keep
others from doing so.

Remember that all elected officials
represent all the votes and non votes
in the state of Hawaii, and many polls
show that more than a majority
favor this bill.

Zoe Anderson
259-7706

**LATE
TESTIMONY**

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 Dayle Bethel. I am a resident of Hawai`i
and I support the passage of SB803. Thank you.

Dayle Bethel
Phone # 808-523-2906

**LATE
TESTIMONY**

February 7, 2011

In Support of SB803

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

Dear Chair Green, Vice Chair Nishihara and Committee Members:

My name is Sylvia A. Law. I am a resident of Hawai'i and I support the passage of SB803.

Thank you.

Sincerely,



Sylvia A. Law
528 Papalani Street
Kailua, HI 96734

808 230 2435

**LATE
TESTIMONY**

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:

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Mahalo!

Michael Kratzke
1645 Alencastre St.
Honolulu, Hawaii
96816
388-6984 on Oahu

LATE TESTIMONY

From: Mary A Guinger <maguinger@hawaii.rr.com>
Subject: Testimony Support Senate Bill (SB) 803
Date: February 7, 2011 11:35:54 AM HST
To: HTHTestimony@Capitol.hawaii.gov

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

Chair Green, Vice Chair Nishihara, and Committee Members:

My name is Mary A. Guinger
I live over the hill in Kailua , Oahu, Hawaii.
I support SB803.
Jeanne Calment and I were born on February 21st.
She lived to 122 years old.
Jeanne taught me the possibility of life.

Cancer "Grade 3 " taught me the fragility of life.
and the certainty of death.

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Also, I am planning to die.
I want Death with Dignity, as an option, in my portfolio.

Just as I am responsible for the quality of my life.
I am responsible for the quality of my death.
This is why I am FOR: SB803: "Death with Dignity".

Thank you for your work in Democracy,

Mary A. Guinger
926A Kaipii St.
Kailua, 96734

**LATE
TESTIMONY**

KAT BRADY
P.O. BOX 37313
HONOLULU, HI 96837
katbrady@hotmail.com



COMMITTEE ON HEALTH

Sen. Josh Green, M.D., Chair
Sen. Clarence Nishimoto, Vice Chair
Monday, February 7, 2011
2:45 p.m.
Capitol Auditorium

STRONG SUPPORT OF SB 803 – DEATH WITH DIGNITY

HTH@Capitol.hawaii.gov

Aloha Chair Green, Vice Chair Nishihara and Members of the Committee!

My name is Kat Brady and I am testifying for myself and for all our citizens who are suffering in strong support of SB 803 – death with dignity.

I speak as a person who was caregiver to two terminally ill people. I helped my friend Adam make the last months of his life as comfortable as possible. His pain was indescribable and I know that if this law had been in effect, it would have brought him some degree of comfort. I'm not sure what he would have chosen, but I know that having the autonomy to make that decision would have brought comfort amidst the raging pain he suffered.

Several years after Adam died; my Mom was diagnosed with colon cancer. I was her caregiver and her health care proxy for the last 9 months of her life. My Mom did ask me to give her the bottle of morphine. I told her I didn't know how to do what she was asking and said that maybe she should take 24 hours to think about it. We never had that conversation again. I suspect she was more worried about me than her own misery. After she died, I could not forgive myself for not fulfilling her request. She died weighing 45 pounds and in excruciating pain. This haunts me.

When a person is terminally ill and barely holding on to life, she or he should have the right to end their suffering.

Mahalo for this opportunity to testify.

green1 - Karen

**LATE
TESTIMONY**

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 5:24 PM
To: HTHTestimony
Cc: katbrady@hotmail.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM
Attachments: KB SUPPORT TESTIMONY SB 803 - DWD 2.7.pdf

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

Conference room: AUDITORIUM
Testifier position: support
Testifier will be present: Yes
Submitted by: Kat Brady
Organization:
Address: P.O. Box 37313 Honolulu, HI
Phone: 927-1214
E-mail: katbrady@hotmail.com
Submitted on: 2/6/2011

Comments:

green1 - Karen

LATE
TESTIMONY

From: Janice Dauw [aniceauw@yahoo.com]
Sent: Monday, February 07, 2011 7:18 AM
To: HTHTestimony
Subject: testimony

Aloha,

Please refer to your so called "Assisted Suicide" bill with the proper name as they do in Oregon and call it the "Death With Dignity" bill. Death with dignity generates the true feelings of this bill. As with your favorite dog, when they are too old to get up and walk, suffering from both urine and fecal incontinence, and in obvious ongoing unrelenting pain, we put down our pets so that they do not have to suffer any longer while they await their undeniable end of life. Why are our pets more important to many of us than Tutu, or our favorite Auntie?

We have freedom of religion here in America and for many that means we have no fear of death. However, whatever our religious beliefs are, we almost all have fear of true suffering. Who are we to inflict more pain and suffering on someone else.

With the death with dignity bill, only the patient can ask for a RX of a lethal dose of drug. Nobody else can ask for them and then the patient must be able to swallow the high number of pills by themselves. The patient must be lucid enough to make the decision for themselves.

My guess is that those who oppose the Death With Dignity bill are those that support both the insurance companies and the pharmaceutical companies, and their undying capitalistic and non-compassionate policies of making money off the suffering and dying. If you find this statement challenging, ask yourself, who really benefits from keeping someone alive who is draining the energy, savings, and time of the rest of the family. The bottom line is that this bill will only be used by those who support it.

Nobody who does not believe in this practice would ever use it so it comes down to another policy where certain people believe their way is right and their way should be made law for all people. This is not a democracy where we have personal freedoms.

Please promote the Death With Dignity Act and really listen to the family members who have had loved ones utilize it in Oregon, Washington, or Montana. You will find very few who regret that their loved one was able to suffer a little less while they moved on to the best thing we all have waiting for us.

Janice Dauw
Kea'au. HI



green1 - Karen

**LATE
TESTIMONY**

From: Lynne Matusow [lynnehi@aol.com]
Sent: Monday, February 07, 2011 7:47 AM
To: HTHTestimony
Subject: IN SUPPORT OF SB 803 Relating to Death with Dignity

Why should terminally ill persons be forced to be hooked up to machines, suffer, and pay for medical services they do not want? Why can't a terminally ill person be allowed to die, at a time and place of their own choosing? Who gave the Church the right to dictate my life, or that of everyone else? We have free will. We can legally euthanize our pets to put them out of their misery. We, humans, should have the same right to do that for ourselves. As our elected representatives you should enable us to have that right, without the physician being punished.

Please vote in favor of this bill.

Lynne Matusow
60 N. Beretania, #1804
Honolulu, HI 96817
531-4260

green1 - Karen

From: pearlchangjohnson@gmail.com on behalf of Pearl Johnson [pearlj@hawaii.rr.com]
Sent: Monday, February 07, 2011 8:05 AM
To: HTHTestimony
Subject: SB803

**LATE
TESTIMONY**

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

Dear Chair Green, Vice Chair Nishihara and Committee Members:

I am a resident of Hawai`i and I support the passage of SB803. At age 76 and a cancer survivor, I want the option of deciding to leave my life without the indignity of being unable to control my bodily functions. I want to be able to decide how much pain I can endure.

Please pass SB803.

Thank you.

Pearl Johnson
2404 Kanealii Ave
Honolulu, HI 96813
808-537-5471

LATE TESTIMONY

Aloha committee members,

I strongly support this bill. I am very happy that SB803 is coming up for discussion. I understand people are opposed to this bill because religious beliefs, however due to the separation of church and state religious beliefs should not effect the decision made to pass or reject this bill.

Mahalo, Ramoda Anand, Disability advocate

green1 - Karen

**LATE
TESTIMONY**

From: Martha E. Martin [mauimartina@gmail.com]
Sent: Sunday, February 06, 2011 6:10 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 SB 803 "Relating to Death With Dignity"
Senate Hearing for Monday,
February 07, 2011, at 2:45pm
Capitol Auditorium

Dear Chair Green, Vice Chair Nishihara and Committee Members:

My name is Martha E. Martin. I am a resident who has lived in Hawaii for 68 years.

This bill will only apply to people who choose to use it. People who reject it will be unaffected by it and they can continue living as they wish.

I support passage of SB 803.

Mahalo,
Martha E. Martin
P.O.Box 790300
Paia, Maui, HI 96779-0300
phone 808.579.9019

WHAT WE BELIEVE

Members of the Hawai'i Death With Dignity Society believe that competent individuals, facing terminal illness should have the right to decide whether to endure the intolerable pain, suffering, and loss of autonomy associated with the deterioration of their minds and bodies or whether to end their lives on their own terms in a dignified manner. Such an intimate and personal decision should not be restricted by the religious beliefs and mores of others. Our members also believe that the organized opposition to *Death With Dignity* legislation in Hawai'i and elsewhere has become more about money and God than it is about solving the many challenges associated with an aging population, the resulting end-of-life issues, or the out-of-control cost of healthcare in our state and nation.

Critics with their own agendas include:

- 1) some faith-based organizations,
- 2) some in the disability rights community who have real and understandable concerns,
- 3) hospitals with unfettered access to [those with] private health insurance benefits Medicare and Medicaid benefits,
- 4) physicians who enjoy a particularly-high standard of living from the status quo and their professional organizations, and
- 4) hospice organizations and their employees who also enjoy unfettered access to [those with] private health insurance benefits, Medicare, and Medicaid benefits.

Last Year Of Life Expenditures
U.S Department of Health & Human Services
Office of Research, Development, and Information
Medicare Current Beneficiary Survey (2003)

“The total health expenditures of Medicare beneficiaries tend to increase dramatically in their last year of life. While there are substantial increases in payments by all sources, Medicare spending increases at the greatest rate. This change in the distribution of payment sources is driven mainly by a tendency to more intensive use of hospital inpatient services in the last three months of a beneficiary's life. **It is well-documented that Medicare expenditures are significantly higher for beneficiaries in their last year of life. In a recent *Health Affairs*' article, the authors found that 'about one-quarter of Medicare outlays are for the last year of life, unchanged from twenty years ago'.** ... Spending on behalf of beneficiaries in their last year of life is almost five times as much as for those who are not in their last year of life. Of all sources Medicare spending shows the greatest differential. Medicare expenditures for those in the last year of life are almost six times that of spending for other beneficiaries.

This compares to end-of-life Medicaid expenditures that are four times as great; out-of-pocket expenditures that are three and one half times as large; and, private health insurance spending that is three times as high. As a result, Medicare provides sixty-four percent of total health expenditures for beneficiaries in their last year of life. ..." [emphasis added]

HAWAII BACKGROUND

In 1998, Ah Quon McElrath and others began to lobby for legislation that would allow for death with dignity, or physician-assisted death. McElrath was instrumental in the formation of the *Governor's Blue Ribbon Panel on Living and Dying with Dignity* in 1996. Until only weeks before her death in 2008, Ah Quon McElrath worked hard to promote greater public awareness of how current medical practices often prolong death, the difficult choices faced by families and individuals with terminal illness, and the escalating cost of dying. ***Sadly, Ah Quon died in the very circumstances she fought so hard against; connected to machines and tubes.***

The Governor's Blue Ribbon Committee on Living and Dying With Dignity

In 1996, former Governor Benjamin J. Cayetano convened the *Blue Ribbon Panel on Living & Dying with Dignity*. With staff support from the Hawai'i Executive Office on Aging, the Panel issued its final report in May 1998, making seven recommendations, each of which was implemented except one -- a death with dignity law. **As the Panel's report stated: "Our respect for individual's rights of self-determination brings us to the view that requests for assistance in dying should be taken seriously."** [emphasis added]

Recommendations

6 unanimous

1 not unanimous

1. Spiritual counseling be made more available to individuals who are afflicted with life threatening illnesses by integrating those services more fully into the healthcare system.
2. Public and healthcare professional education programs be designed and implemented to increase awareness of the choices available to the dying.
3. The content of Advance Directives for Healthcare including (Living Wills) be made more specific, their use more widespread and their provisions more binding.
4. Hospice care be made more available and offered more expediently to the dying.
5. Effective pain management programs be required in all healthcare institutions.

6. Involuntary euthanasia should continue to be a crime.

7) Eleven of the 18 members voted to recommend the legalization, under strict controls, of physician-assisted suicide and physician assisted death for terminally ill persons or those with an intractable or unbearable illness that cannot be cured or successfully palliated. The 18-member panel decided much more work was needed before it can make any policy recommendations to Gov. Ben Cayetano or the state Legislature.

It agreed to study:

- 1) Greater personal autonomy and control over the timely manner of death;
- 2) Removing sanctions for doctors who voluntarily assist patients who request such assistance; and
- 3) Safeguards to ensure that reasonable alternatives are explored, that a patient's decision is informed and voluntary, and that special protection is given for vulnerable individuals such as the disabled and the poor.

To date, Hawai'i law has yet to provide for *Death with Dignity*.

Do Hawaii residents support physician-assisted death?

A comparison of five ethnic groups.

Braun KL.

Comment in: Hawaii Med J. 1998 Aug;57(8):577

Center on Aging, School of Public Health, University of Hawaii, Honolulu 96822, USA.

Abstract

"Surveyed were 250 adults in five ethnic groups--Caucasian, Chinese, Filipino, Hawaiian, and Japanese--on questions about physician-assisted death. **When asked if there were any conditions under which physician-assisted death should be allowed, 52% said yes, 19% said perhaps, and 29% said no.** [emphasis added] Differences in response were seen, however, by ethnicity (with less support among Filipinos and Hawaiians), by religious affiliation (with less support among Catholics), and by educational attainment (with greater support among college graduates). Given the controversial nature of this topic, more public education and debate are needed. Meanwhile, physicians are urged to expand discussions with patients on their expectations about and options for end-of-life care."

NATIONAL & LOCAL POLLS

Public support for *Death With Dignity* legislation is overwhelming as demonstrated in every recent major national and local poll; **and the numbers continue to grow.**

In 2005, a Harris National Poll of 1,010 U.S. adults surveyed by telephone told us that, "... Majorities of U.S. Adults Favor Euthanasia and Physician-Assisted Suicide by More than Two-to-

One; Most people with living wills do not want to go on life-support systems. More than two-thirds of U.S. adults think that the law should allow medical euthanasia for dying patients in severe distress who ask to have their lives ended. Two-thirds of the public would like their states to allow physician-assisted suicide as it is currently allowed in Oregon. Furthermore, most people feel that if they were unconscious and unlikely to recover they should not be kept alive on a life-support system. The majorities in favor of Euthanasia and physician-assisted suicide have increased over the last few years. ..." See <<http://hawaiidwdsociety.org/home/polls/>>.

The Harris and other national polls mirror the 2004 poll done in Hawai`i by the respected QMark Research & Polling: "Registered voters in Hawai`i support proposed Death with Dignity legislation by an overwhelming 71%, the same high level of support found in a similar poll when the bill was introduced one year ago. Both surveys were conducted by QMark Research & Polling. Despite a wave of orchestrated publicity from the mainland by opposition, including many thousands of dollars in advertising, the popular bill has not lost any support among registered voters. ... It seems that the advertising campaign by opponents got people thinking and when confronted with the possibility of suffering a terminal illness, people in Hawai`i clearly want control over their end-of-life decisions and a full range of options to choose from, including a hastened death." [emphasis added]

THE CURRENT ARGUMENTS

The following statements (in quotations) are the current talking points now being used by the *Hawai`i Family Forum* to brief those people who are already fundamentally opposed to our legislation and to lobby the legislature. Our responses/positions follow:

1) "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. Doctors who list death by assisted suicide among the medical options for a terminally or chronically ill patient communicate hopelessness, not compassion."

OUR POSITION: Our members believe there is no compassion or redemption in dying a long, painful, debilitating death and we are only asking for the freedom to decide ourselves whether our lives are still valuable to us or not. Our members believe that it's a basic freedom of choice issue.

2) "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."

OUR POSITION: After 13 years' experience, this has not occurred in Oregon, as borne out by the official Oregon State Annual Reports at: <<http://www.oregon.gov/DHS/ph/pas/ar-index.shtml>>. SB803 contains all of the safeguards and prohibitions contained in the Oregon State legislation. As clearly written into SB803. The legislation only, "...allows a terminally ill, competent adult to receive medication to end life. Prohibits mercy killings, lethal injections, and active euthanasia. Requires informed consent. Allows an 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."

3) "We should seek compassionate alternatives, not death. There are better medical alternatives. Terminally ill patients do not need to suffer a painful death. Today's pain management techniques can provide relief for up to 95 percent of patients, thus offering true death with dignity."

OUR POSITION: We believe that a Hawaii *Death with Dignity* law, as demonstrated by the law that has been so successful for the past 13 years in Oregon, would immediately and dramatically improve palliative care, increase less-expensive [than hospitals] hospice utilization, improve access to better pain management, improve professional education amongst caregivers about caring for the dying, and most importantly, provide a full range of options for dying patients and give them back the control their terminal illness has taken from them. In fact, during the years that Hawai'i's *Death with Dignity* bill has been debated, many end-of-life issues have improved -- but pain management in Hawai'i remains problematic simply because physicians continue to fear lawsuits and increased insurance premiums, and the possibility of losing their prescription licenses should they be charged with over-medicating individuals near death who are suffering from intractable pain. *Most understand that some doctors and nurses already "assist" their dying friends and family with an "easy death".*

4) "The practice of Doctor-assisted suicide threatens to destroy the delicate trust relationship between doctor and patient. Every day patients demonstrate their faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Patients trust that the physicians' actions are in their best interest with the goal of protecting life. Doctor-assisted suicide endangers this trust relationship."

OUR POSITION: Our members may trust their physicians, but they have seen enough suffering and death to want to be in full control of their final days. Should one's physician not want to participate in the decision to end their patient's life on their own terms, the proposed Hawai'i *Death with Dignity* legislation "allows alternate doctor to replace attending doctor if latter declines to prescribe." While many doctors are currently hesitant to talk publicly about where they stand on the issue, there are many, who in principle, indeed approve -- but for social or professional reasons, they don't want to be involved until after the law is passed. Once the law is passed in Hawai'i, we should expect many local physicians to come out of the closet and indeed participate as the 13-year Oregon law has demonstrated. Fifty-nine (59) physicians wrote the 96 prescriptions written in Oregon during 2010.

<<http://www.oregon.gov/DHS/ph/pas/ar-index.shtml>>

5) "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."

OUR POSITION: SB803 is in no way a "slippery slope" to what critics continue to inappropriately describe as a "Netherlands-like euthanasia law". Critics continue to quote old data (often from 1990 and 1995) about the Netherlands, but the reality is, the practice was completely illegal in the Netherlands until 2001 when a law with strict guidelines was passed and welcomed by the Royal Netherlands Society for Health Promotion. Again, after 13 years experience in Oregon, this is not occurring.

-###-

FAX

FEB. 7, 2011

LATE
TESTIMONY

TO: SENATOR JOSH GREEN

FROM: MR & MRS WILLIAM CHANG

SUBJECT: SB 803 - RELATING TO DEATH WITH DIGNITY

WE ARE AGAINST SB 803. WE ASK THAT
YOU OPPOSE SB 803.

Thank you,
William Chang
Janice Chang



being assisted to commit suicide

Thursday, February 3, 2011 12:31 PM

From: "Cheryl C [REDACTED]"
To: "Sherrie Ching" <sherrie_hi@yahoo.com>
Cc: "Bill [REDACTED]"

**LATE
TESTIMONY**

Sherrie,

I swear who has all this time, money, and effort to come up with and fight for all these idiotic bill.

Just who is putting out this suicide bill? Is it doctors or medical people? And again I ask why do we need to make it legal for someone to assist us with taking our own life? As an individual we have never needed help. We have always had that freedom and or right to choose if we wanted to live or die. It isn't that hard to take our own lives if we choose to. It is so easy to get whatever is needed on the Internet, whether it be pill or guns. What are "living wills" and medical directives (health directives) for then? Just what is the real motive and reason for passing such a law? Is it to take away our freedom to actually choose if we want to live or die? Is it a disguise for government to be able to dictate to us what type of medical treatment we get covered or not?

A reasonable, prudent physician does help his patient's die with dignity. This has been done in the past and is being done presently. Maybe we don't really understand what it is to live with "dignity" and respect of each other as human beings.

(Pass this on to whoever you deem necessary. Take out what will not help.)

Because of Christ,
Cheryl

Keala

**Death with Dignity:just another name**

Wednesday, February 2, 2011 4:53 PM

From: "Cheryl [REDACTED]"

To: "Sherrie Ching" <sherrie_hi@yahoo.com>

**LATE
TESTIMONY**

Dear Sherrie,

I am starting the "snowing" documentation. May send this in 2 parts.

As a health care provider and servicer of health care equipment I personally do not condone a "euthanasia" law. My question to the Senate and government is, "Why do we have to legalize it in this way and it be spelt out?" The reason I ask is because it already is legal to a certain extent. When a patient has a terminal illness, when there is no cure and no hope of recovery, is in pain the last resort of "morphine type" pain medication drips is discussed with the family or patient. The general symptoms are that breathing becomes decreased and the person expires.

When people are pulled off respirators or the respirator is "unplugged" is this not a form of "Euthanasia--physician assisted suicide" also?

Is the government trying to quote unquote "legalize" physician assisted suicide so they can mandate and control the parameters of the who and when?

Cheryl Carreira

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:

**LATE
TESTIMONY**

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 medical murder that is done in the name of “compassion.”

I humbly request that you OPPOSE SB 803.

Glenn M L Pang MD
2226 Liliha Street #405
Honolulu, Hawaii 96817

**LATE
TESTIMONY**

Senate Health Committee
Hearing Monday February 7, 2011

STRONG opposition to SB 803

Honorable Senator Josh Green M.D., Chair, and members of the Health Committee...

My name is Glenn Pang and I have been a practicing physician in Hawaii since 1982. As you know the Hawaii legislature has introduced a bill in each biennium to legalize physician assisted suicide (PAS), and each time it has been defeated. All the professional organizations oppose PAS including the HMA (physicians), HNA (nurses) HAH (hospitals) and SF Hospice (hospice), yet it keeps resurfacing. As you are probably aware, the Hawaii bill is basically an Oregon clone.

Advocates of the Oregon sanctioned PAS legislation, large funded by Hemlock Society type organizations have attempted to spread their influence to other states and countries under the guise of Death with Dignity. Some of the arguments utilized by these PAS advocates are listed here-- then I itemize the facts behind the rhetoric:

- 1) the right to die should be a fundamental right of freedom for each person and protected by our constitution
- 2) a dying patient should not have to die in intractable pain
- 3) pain and anguish of the patient's family and friends can be lessened
- 4) health care costs can be reduced, which would save estates and lower insurance premiums
- 5) patients can die with dignity rather than have the illness reduce them to a shell of their former
- 6) vital organs can be saved, allowing doctors to save the lives of others
- 7) reasonable laws can be constructed to prevent abuse and still protect the value of human life
- 8) nurse and doctor time can be freed up to work on savable
- 9) prevention of suicide is a violation of religious freedom
- 10) without physician assistance, people may commit suicide in a messy, horrifying and traumatic

I certainly believe in death with dignity, but I do not believe in PAS. Most of the above arguments are fallacious or may be dangerous to society....

- 1) Under the Supreme Court there is no constitutional right to die (Vacco v. Quill and Washington v. Glucksberg). The US Constitution protects the right of every citizen from deprivation of life, among other inalienable rights, without due process of law. This is also mandated in the Hawaii State Constitution. Hawaii criminal statues also prohibit suicide. Is there a difference in a person wanting to commit suicide because he or she is facing severe penalty and disgrace because of flagrant crimes that he perpetuated and a person who is facing anticipated death in 6 month because of a recent diagnosis of cancer and not wanting to face a painful death or not wanting to place financial or social burdens on his family?
- 2) Research evidence reveals that unrelieved psychosocial and mental suffering is the most common stimulus for requests for PAS. In the Van der Wal et al study patients who were depressed were 4-5 times more likely to have made serious inquiries about PAS or euthanasia. Other prominent reasons for requests were: future suffering, loss of control, indignity, and being a burden to others. Physical suffering, including pain, was a less frequent motivator than most thought. The Van der Maas study indicated that pain was a motivator in 3% of cases, one of several motivators in 46% of requests, and not cited as a factor at all in the remaining 51% of requests. Pain and depression have effective treatments, but the requests for PAS were often made when pain or depression were not adequately addressed by the physician or the patient sought PAS hastily before pain or depression could be adequately treated.
- 3) One excerpt of the Hippocratic Oath taken by physicians states that ... "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect" ... A majority of the physician and physician organizations in most countries have strongly denounced physician participation in legal

executions. In the US only Oregon, Washington, and Montana allow a doctor to prescribe euthanasia with the patient's consent and the concept is still being fought in those states. Switzerland, Belgium and the Netherlands are foreign countries that openly and legally authorize active assistance in dying. A majority of physicians who have developed a relationship with their patients are unwilling to participate in PAS. In Oregon, a referral will often be made to one of a small (about 7%) group of physicians who is willing to provide it, and that physician may not have the same empathetic or compassionate relationship with that patient as his primary care physician. Thus, the important doctor-patient relationship is often compromised. There may be that "let's get it over with" attitude.

- 4) The prognosis for patients who were diagnosed to have an incurable disease has often been underestimated by physicians, and there are numerous documentations of patients living years rather than months as predicted by the physician.
- 5) When a patient is socially marginalized (poor, elderly, isolated, minority groups who lack insurance, or disabled individuals requiring extensive medical care), there might be an increased incentive to grant PAS. This might be especially true in today's society, with the increase cost of health care. The existence of "Death Panels" may become a reality.
- 6) There are end of life organizations that provide good pain and sociological management and social and familial supports, such as Hospices are, that will allow one to die with dignity. Physician assisted suicide is not death with dignity as suggested by SB 803.
- 7) Reasonable laws cannot be constructed to prevent abuse and still protect the value of life because we have numerous examples from Oregon and other places that illustrate the fact that safeguards don't work and virtually every safeguard proposed has had a 'work around'. On top of that, the climate created by allowing the practice has non-physicians taking life without penalty.
- 8) We should be working to recruit & educate more doctors and nurses, not ration the ones we have. Providing services only to those patients guaranteed to survive are ridiculous-there are no guarantees in medicine or in life itself.
- 9) What religion promotes suicide? There wouldn't be many members.
- 10) People already commit suicide in messy ways and Oregon statistics show that in spite of 10 years of assisted suicide, Oregon ranks as one of the States with the highest number of suicides (that are not PAS). And the PAS suicides are not always successful or without problems. What about the man who didn't die, the persons who vomited their medicine, those that got rushed to the ER? We don't have a 'peaceful' pill --the Netherlands, with more experience, acknowledges that they often have to add a lethal injection when the drugs don't work. What do they do in Oregon? Finish it off with a bag over the head?

All States, except Oregon, Washington and Montana oppose PAS. In New York a Task Force on "Life and the Law. When Death is Sought-Assisted Suicide and Euthanasia in the Medical Context" convened. After significant debate it was unanimously recommended that NY laws prohibiting assisted suicide and euthanasia not be changed. They felt that the practices would be profoundly dangerous for large segments of the population. "Public Opinion polls, focusing on whether individuals think they might want these options for themselves one day, also offered little insight about what it would mean for society to make assisted suicide or direct killing practices sanctioned and regulated by the state or supervised by the medical profession itself".

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC) comprised of the Hawaii Medical Association, Hawaii Nurse's Association, Healthcare Association of Hawaii, Hawaii Cancer Pain Initiative, Not Dead Yet (Disability Rights Organization), Disability Rights Hawaii, Hawaii Centers for Independent Living, Hawaii Family Forum, Hawaii Catholic Conference, and the Hawaii Right to Life **illustrates how solid the Hawaii opposition is to PAS- despite wide differences of opinion on other issues. If there is such an insurmountable negativity by the medical community in Hawaii, by 47 of the 50 states, and by most of the world regarding PAS and the bill is passed by this legislature I would ask the questions---"What is their agenda"? and "Who will implement this law and how will it be implemented"?**

Glenn Pang M.D.
Gastroenterologist
Patient Advocate

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

**LATE
TESTIMONY**

Conference room: AUDITORIUM

Testifier position: support

Testifier will be present: Yes

Submitted by: Arvid Tadao Youngquist

Organization: Individual

Address: Kalihi Valley, Hi 96819

Phone:

E-mail: thirr33@gmail.com

Submitted on: 2/7/2011

Comments:

Chair, Sen. Josh Green

Vice Chair & Honorable Members of the Senate Health Committee

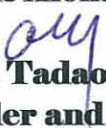
I support the intent of SB 803 Relating to Death with Dignity.

I thank the sponsor of this measure for his courage and considerable promptness in introducing this legislation.

I have been in support of this measure in some kind of incarnation since two-three State conventions or longer.

**My opinions have become more measured and personal over the years.
Recommend that you report this measure out to the full Senate for a debate.
Mahalo for this opportunity to submit written testimony.**

Me Ke Aloha Pumehana,


**Arvid Tadao Youngquist
founder and editor
The Mestizo Association
Kalihi Valley resident**

Richard O Banner, MD. MPH
PO Box 23348
Honolulu, Hi. 96823-3348
February 7, 2011

**LATE
TESTIMONY**

Senator Joshua Green
Chair
Senate Health Committee
Hawaii State Senate

Dear Senator Green:

Thank you for this opportunity to provide testimony against SB 803. This proposed legislation is more accurately named "Physician Assisted Suicide" rather than the rather pleasing to the ear "Death with Dignity" and is harmful for our patients and community.

- 1). Physician Assisted Suicide is unnecessary. Pain can be managed by modern medicine. Often it is the fear of pain that is so distressing; a physician has the means to manage pain and a physician who is trusted to first 'do no harm' allows the patient to direct end-of-life care and have final wishes honored.
- 2). Physician Assisted Suicide injures trust and diminishes the doctor-patient relationship. Your physician is often your best and final advocate, committed to you and you alone.
- 3). Physician Assisted Suicide is a danger for a civil society. Treatment options for the poorest and most vulnerable among us stand threatened because of cost. There is the constant pressure to compromise optimal care because of the patient's perceived "burden" to the family or society at large.

Senator Green and colleagues of the Committee, Physician Assisted Suicide is ultimately a withdrawal from the harder path of compassion. We will not abandon our patients in times of greatest need.

Please reject this well-meaning though ill-conceived proposal.

Sincerely,



Rio Banner MD

**LATE
TESTIMONY**

DATE: Monday, February 07, 2011

TIME: 2:45 p.m.

PLACE: Capitol Auditorium
State Capitol 415 South Beretania Street

RE: **STRONG OPPOSITION TO SB 803**
(Relating to Physician-Assisted Suicide; Medical Prescription for Death)

FROM: Lisa A. L. Shorba, M.A.

Dear Members of the Senate Health Committee,

Please **DO NOT PASS SB803**, relating to "Death With Dignity." It is dishonorable and inhumane to end the life of any person, regardless of their age, sickness or circumstance. I am a resident of Kaimuki, and the majority of our residents are elderly. My land lady is 98 years old, and my neighbors are either in their 70's or 80's, and are full-functioning, amazing people... they are of great value to me. This bill (SB803) waters down the value of human life, and the dignity of the human person. Our kupuna need love and compassion, NOT DEATH. We need to take care of our elderly here in Hawaii, who have brought us life and taught us to value life, to honor family and Hawaii's family traditions, much of which include tending to the needs of our parents, grandparents and great grandparents, as well as the keiki and those with disabilities.

As we age, it is inevitable that we encounter pain, and suffering. It is a natural part of living. We can help alleviate the pain and suffering of aging and be attentive to the elderly with compassionate care through services that bring them comfort through more-effective pain medications, and assistance with any depression they may encounter. Our kupuna are deserving of great honor and dignity **in life**. Death is naturally inevitable, however, killing is a crime. No matter how it is phrased, ending the life of a precious human being, regardless of their age or circumstance, is wrong and has been illegal for centuries.... an act deserving of criminal penalties, usually imprisonment.

Please DO NOT PASS SB 803, and protect the elderly of Hawaii. The laws are made to protect the innocent. Lawmakers must be accountable to us and ensure that the laws that are enacted keep us safe from harm, especially from death, which is irreversible. It will be too late to say this is wrong when the lives of our people are gone. Let's not experiment on our beloved people!

Thank you for the opportunity to testify on this important matter.

Sincerely,



Lisa A. L. Shorba, M.A.

Isaiah K. Sabey Jr.
1216 Wilder Ave.
Honolulu, HI 96822

**LATE
TESTIMONY**

February 7, 2011

SENATE HEALTH COMMITTEE: Senator Josh Green, Chair; Senator Clarence Nishihara, Vice Chair; Senator Rosalyn Baker; Senator Suzanne Chun Oakland, Senator Maile Shimabukuro, Senator Glenn Wakai, Senator Sam Slom.

415 S. Beretania Street
Honolulu, HI 96813
HTHTestimony@capitol.hawaii.gov

Subject: Opposition to Doctor-Prescribed Bill (SB 803 entitled "Death with Dignity")

Dear Senator (s),

I STRONGLY OPPOSE SENATE BILL 803 ("entitled Death with Dignity")

As a middle schooler who deeply believes in the right to life I see that this bill (SB 803) which gives doctors' the right to euthanize people is definitely wrong. This bill which is entitled "Death with Dignity" has nothing to do with dignified death. The definition of Dignity or Dignified means: Having or showing a composed or serious manner that is worthy of respect. How can a death be dignified when the doctors euthanizing the patient does not notify the patient or its family members? How is this a dignified death when the doctor euthanizing the patient doesn't get the permission needed from the patient and its family? How is this a dignified death when you pay \$30 to kill someone? Is this an act worthy of respect? The best way to end a life is to end it naturally. Physician assisted suicide is dangerous for the patient, healthcare professionals, and for the community. First doctors do not know if the patient that is scheduled to be euthanized is going to live another few months. Second it will be dangerous for those who are healthcare professionals because they dampen the trust their practice has held as people who care and are compassionate for others. The definition of compassion is: Sympathetic pity and concern or misfortunes of others. How is killing them or doing them being compassionate. Third it will post a dangerous effect on the community in the future because those who are young now will face tribulations and uncertainty when they are old in the future. Physician assisted suicide (which is disguised as Death with Dignity) is a practice which enables doctors to kill patients without their knowing. This is done in a very secretive state and is done legally in some states. How will this bill help solve our problems? How will this bill solve anything at all? If you ask me this bill will not do anything except provide more corruption in our medical society. So I ask on behalf of me and my generation please vote NO and oppose this bill because as I grow older I will not want to face this kind of secrecy, uncertainty, unreliability, and unrest.

Aloha, 
Isaiah Sabey Jr.
age 11

ISAIAH K. SABEY

1216 WILDER AVENUE #104

HONOLULU, HI 96822

February 7, 2011

LATE TESTIMONY

SENATE HEALTH COMMITTEE: Senator Josh Green, Chair; Senator Clarence Nishihara, Vice Chair; Senator Rosalyn Baker; Senator Suzanne Chun Oakland; Senator Maile Shimabukuro; Senator Glenn Wakai; Senator Sam Slom;

415 S. Beretania Street
Honolulu, HI 96813
HTHTestimony@capitol.hawaii.gov

Subject: Opposition to Physician-Prescribed Death Bill (SB 803 entitled Death with Dignity)

Dear Senator Josh Green, Chair; Senator Clarence Nishihara, Vice Chair; and Senators Baker, Oakland, Shimabukuro, Wakai, and Slom,

I STRONGLY OPPOSE SENATE BILL 803 (entitled Death with Dignity) for the following reasons:

COMPASSION: Compassion means “to suffer along-side with.” This bill is not about compassion. It is about giving doctors the right to KILL their patient(s).

PHYSICIANS-ASSISTED SUICIDE grants a cloak of respectability to something that is inherently unethical. It is a corruption of medicine. Since when is suicide more dignified than dealing with terminal illness. The **Hippocratic Oath**, taken by doctors swearing to practice medicine ethically, **PROTECTS PATIENTS.**

VALUE OF HUMAN LIFE: Acceptance of physician-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.

DUTY TO DIE: 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 cost continue to rise.

SEEK COMPASSIONATE ALTERNATIVES, NOT DEATH: There are better medical alternatives. Terminally ill patients do not need to suffer a painful death. Today’s pain management techniques can provide relief for up to 95 percent of patients, thus offering true death with dignity.

1472
TREAT DEPRESSION: 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.

DESTRUCTION OF RELATIONSHIP BETWEEN PATIENT AND DOCTOR: The practice of Physician-assisted suicide threatens to destroy the delicate trust relationship between doctor and patient. Every day patients demonstrate their faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Patients trust that the physicians' actions are in their best interest with the goal of protecting life. Doctor-assisted suicide endangers this trust relationship.

OPENING THE DOOR TO ABUSE: Physician-assisted suicide opens the door to euthanasia abuse. 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.

BROAD COALITION AGAINST PHYSICIAN-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 physician-assisted death—Hawaii Medical Association, Hawaii Nurses Association, all Hospitals, Nursing Homes, and St. Francis Hospice. Also, referendums have failed in California, Hawaii, Michigan, Maine, Vermont and Washington.

I strongly encourage you to OPPOSE Senate Bill 803. Physician Assisted Suicide is dangerous- for patients, healthcare professionals and society.

"Physician-assisted suicide is bad medicine and flawed law, a violation of death with dignity, a triumph of fear over reason, the abolition of compassion in favor of expedience, and the enemy of good palliative/comfort care." —Andre Van Mol, MD.

Aloha Pumehana,



Isaiah K. Sabey

**LATE
TESTIMONY**

LATE TESTIMONY

To: Senator Josh Green, Chairman
Senator Clarence Nishihara
Members of the Senate Health Committee

From: Lisa Yoshimura

Date: February 7, 2011

Re: Testimony Opposing SB 803, Physician Assisted Suicide

I oppose SB 803, which would permit physicians to prescribe medication to kill their terminally ill patients. In his book, Last Rights, Michael Ulmann states, "...wisdom teaches us always to care, never to kill."

A friend of mine suffered from a serious disease for 6 years. Her illness was misdiagnosed by over 30 doctors in five states. She underwent years of miserable treatment and experienced excruciating off-the-scale pain from head to toe. Her debilitating condition forced her to quit her job and remain homebound. Her only hope was in God. After 6 years she finally received a correct diagnosis and soon thereafter she discovered a natural supplement, which restored her health.

She and her husband have since resumed their Christian missionary work. In her ministry she now shares her miraculous healing and encourages others who are experiencing critical and chronic illnesses. My friend is one of the countless people who faced a dismal prognosis, yet, made a miraculous recovery.

I shudder to even imagine what would have happened if this proposed law were available to individuals in that similar situation as my friend. In a state of discouragement they might have chosen this doctor-prescribed death, denying themselves of the opportunity of getting healed.

Thankfully, our current laws protected these individuals from making that fatal mistake of choosing a doctor-prescribed death. Our laws instead, allowed them the opportunity to seek the spiritual and medical help that can heal their bodies. We must remember pain can be alleviated and terminal illnesses are not always terminal.

Let us always strive to seek healing for our loved ones and if that is not possible, provide comfort until death comes. Our future is in God's Hands. As in my friend's case, lives can be restored in the midst of a hopeless condition. I strongly urge you to oppose SB 803. Thank you.

LATE TESTIMONY

I am respectfully asking you to please vote NO regarding SB 803. I would first like to point out a misnomer written in the last section of the bill, in section 3, part c which states: "(c) This chapter shall not authorize mercy killing, assisted suicide, euthanasia, etc.". SB 803 is entitled "Death with Dignity", but in actuality it is Physician-Assisted suicide because the process described in this bill is essentially the following: the patient requests to die, then physicians assist the patient in committing suicide by providing a drug. For all intents & purposes, this is physician-assisted suicide.

To pass this bill would be a huge mistake. The physician-patient relationship will be strained and trust will be lost. Patients entrust us (I say us because I am a physician) with their most personal information, and consult us to help them make very delicate decisions regarding their life. The only way this system works is by having a trusting relationship. To approve this bill puts physicians in a "conflict of interest" type of position. Patients *and their families* need to know that a protection exists for them to insure that "DO NO HARM" (Hippocratic Oath) will be upheld by their physician at all cost. It is contradictory for a physician, who has taken an oath to help patients and to DO NO HARM, to be providing medication that will lead to a patient's death. The family may be very upset with the physician if the patient kills them self without letting them know. This bill allows this to happen. By virtue of the existence of this bill, the physicians' intentions will be put into question. All patients and their families are vulnerable and will be conflicted if they know in the back of their minds that their doctor could give them medication that will lead to their death. They may wonder if their doctor has given them all of the options available not only here in Hawaii, but also on the Mainland. If they are financially disadvantaged, they may worry that their physician will not try as hard to save them, because they are underinsured or uninsured. They may wonder if they were given a bleak outlook or not all of the options because they are perceived to be poor, and it would cost society or the hospital more financially to treat them. The truth is that no physician absolutely knows how long a patient will live, even when the patient is diagnosed with cancer. I personally have seen several patients live far beyond the predicted time.

If a patient is told they are terminal and should not live beyond a certain time, during that time a promising cure or successful clinical trial may come about that they may be eligible for. Take for an example what the prognosis of HIV infection was a few years ago, and what it is now. With new therapies, patients can live normal lives, provided they remain compliant on their medication. Ongoing research is constantly coming out with cures and major improvements in the quality of life, and even the quality of treatment. It is possible that a patient may find a cure for their illness on the Mainland, if given the time to explore other possibilities. For an example, I had a good friend who needed a liver transplant to live, and was placed on the transplant list here in Honolulu. I asked her if she was offered a partial liver transplant, as opposed to a complete transplant. The partial transplant is not performed here in Hawaii, but is only performed at specialized centers on the Mainland. It is much easier to acquire a partial liver versus a whole liver, because it can come from a living donor. She said no, this option was never explained to her. By this time, it was too late to have her transferred to pursue this; she was too sick. She may have been cured if she had pursued this option earlier. There are many options for treatment available in the Mainland that are not available here. Patients may need time to work toward this end, after digesting the news of their illness. This bill assumes that doctors know how long a patient will live; no doctor has a crystal ball. If a patient gives up because they've been given a textbook percentage of their probable survival, they may miss out on an opportunity to get a new treatment down the line, or in a different place. Many unforeseen mitigating factors may be missed because they felt gave up.

SB 803 is very deficient in another important way. In paragraph 39, # 5 it states: "A report of the outcome and determinations made during counseling, *if performed*". [Counseling was described as being for a psychiatric or psychological disorder causing impaired judgment.] What this means is that there is no requirement for a psychiatrist to evaluate the patient prior to them making a decision to commit suicide. By making the counseling optional, this bill is assuming that the patient's oncologist or primary care doctor is qualified to determine if a patient is depressed or

LATE TESTIMONY

severely impaired in their judgment. This simply is not the case, especially for such a lethal decision. It is not unusual for a patient to become depressed by not only a terminal diagnosis and prognosis, but also by the disease itself. For an example, pancreatic cancer is known to cause depression, even in the early stages when a patient is not aware they have the disease. On top of this, a patient will realistically become depressed if given news they are terminal and hopeless, so their ability to make a decision is impaired by virtue of a diagnosis that is hopeless.

The potential for abuse of this law is a reality, as seen in the Netherlands. After an entire decade of having this physician-assisted suicide established, 26% of patients are now killed without giving their consent. This opens the door to "legalized killing" by physicians. Simply put, as physicians, we should not be in a position to "Play God". Our role is to serve the patient toward health to the best of medical sciences' ability. In the future, patients may worry that their doctor will want to kill them to get their organs to sell (on the off-chance that their organs are usable).

This may sound far-fetched, but in other countries, this is a happening right now. Our current medical knowledge assures us that almost no patient needs to be in pain. We have many effective means of controlling pain now, even without using narcotics and mind-altering drugs. In fact, Pain Management is a specialty unto itself. There are several physicians who specialize in just that, and clinics are set up exclusively to control pain. Therefore, excessive pain is not a significant consideration for this bill.

There is a process to dying that is emotionally and spiritually healing to the patient and family. The process of death is important for settling unfinished business of a personal nature and / or unreconciled problems or relationships. The dying person needs to feel that he has achieved the support and acceptance of his fate by those he leaves behind. Hospice Care is a dignified way to accomplish this. Hospice Care emphasizes focusing on the patient rather than the disease. The patient's psychological and spiritual well-being is addressed, as well as the physical aspects of terminal illness. Let us not forget the needs of the patient's family, which is addressed with Hospice Care. SB 803 gives no consideration to the family who may not even be notified that their love one is planning to commit suicide. They should be given consideration and time to adjust to the passing of their loved one in a Hospice-type of setting.

In summary, No physician should be in a position to order a medicine to kill a patient. This creates a conflict of interest and threatens the trust between patient and doctor. Physicians take an oath to DO NO HARM, and should be expected to uphold it. There is no crystal ball to predict exact times for survival, or what treatments may come up over time. If a patient gives up because they've been given a textbook percentage of their probable survival, they may miss out on the opportunity to get a new treatment, or health care in a different place. The potential for abuse of this law is a reality, and the consequences are deadly. As physicians, we should not "Play God". Our role is to serve the patient toward health to the best of medical sciences' ability. Pain can be well-controlled for most patients in today's world of medicine. The family and patient need to go through the stages of grieving and loss in order to find peace, and in some cases be reconciled, which takes time. Hospice is how a dying person can transition into the next dimension with grace and dignity, receiving emotional and spiritual healing. After all, death is on the continuum of LIFE.

Thank you for listening,

Constance A. Wong, M.D.

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Monday, February 6, 2011
2:45 p.m.

**LATE
TESTIMONY**

TESTIMONY ON SENATE BILL NO. 803- RELATING TO DEATH WITH DIGNITY

TO THE HONORABLE JOSH GREEN, CHAIRS, AND COMMITTEE MEMBERS:

My name is Catherine Gardiner. I am a seventeen-year-old, home-educated student, testifying on behalf of my generation. I seek your support to vote nay on this measure, not for moral or ethical reasons, but simply because S.B. 803 is bad public policy as seen from the results in Oregon, Washington, the Netherlands, Belgium, and other places where implemented.

S.B 803 is modeled after Oregon's assisted suicide law that would transform the crime of assisted suicide into a "medical treatment." Regardless of the number of "safeguards" added to this piece of legislation, such a law would still be *unsafe* for the people of Hawai'i.

One article discussing Oregon's experience observes that Oregon's law contains, "enough loopholes to drive a hearse through them. The safeguards certainly do have the *appearance* of being protective," though.¹ Oregon's law states that psychiatric evaluation is required only if the doctor is *led to believe* that mental illness or depression is causing "impaired judgment."² Yet in that same state, where one out of four patients who request assisted suicide are likely to be clinically depressed³, **not one patient** since 1997 (when the law was implemented) has been referred for counseling or psychiatric evaluation before receiving the overdose treatment.⁴ National studies have shown that among those who request assisted suicide, "depression is the **only** factor that significantly predicts the request for death."⁵ Even if a doctor denied a patient their request for assisted suicide, the patient could go from doctor to doctor until finding a physician who would write the prescription. "Doctor shopping" as some call it would not be prohibited by the law and in fact is done regularly in states allowing physician assisted suicide. Despite the safeguards, an Oregon Health & Science University study concluded that once the request for assisted suicide has been made, all other care treatments are immediately abandoned.⁶ What the law tried to safeguard against has not proven effective at all. A Hawaii bill with these same supposed safeguards would undoubtedly be just as ineffective in preventing doctors from prescribing lethal drugs to mentally ill or depressed patients without counseling or psychological evaluation.

Another flaw in any bill patterned after the Oregon law is that it would not require the overdose prescription to be self-administered, which leads to an inevitable and disastrous problem--coercion. Such a bill would allow a beneficiary of the patient to play a key role in obtaining and administering the prescription in order to prematurely receive the assets of the estate. Studies done by the National Center on Elder Abuse prove that between one and two million Americans, ages 65 and older, are abused each year by those who care for them.⁷ One likely form of abuse would be this sort of coercion. Once again, the intended safeguards in Oregon's law fail to provide the intended protection as promised.

¹http://www.americanthinker.com/printpage?url=http://www.americanthinker.com/2008/09/oregons_suicidal_approach_to_h.html

² http://www.americanthinker.com/2008/09/oregons_suicidal_approach_to_h.html

³ <http://www.bmj.com/content/337/bmj.a1682.full>

⁴ <http://www.oregon.gov/DHS/ph/pas/docs/year10.pdf>

⁵ <http://www.nrlc.org/medethics/What%20We%20have%20Learned%20from%20Oregon.pdf>

⁶ Ganzini et al: Journal of General Internal Medicine (J Gen Intern Med) 2008 Feb; 23(2):154-7

⁷ http://www.ncea.aoa.gov/Main_Site/pdf/publication/FinalStatistics050331.pdf

Subject: Against SB803
From: "Susan Golden" <ssgolden@webtv.net>
Date: Sun, Feb 06, 2011 7:15 pm
To: HTHTestimony@Capitol.hawaii.gov
Cc: ssgolden@webbtv.com

**LATE
TESTIMONY**

I am a long-time advocate AGAINST Physican Assisted Suicide (PAS) or Death with Dignity, the currently preferred name or title. Regardless of what you call it, it is bad public policy.

As a person with a disability, I know that the so-called protections are shams. When I was first diagnosed over 30 years ago with a degenerative neuromuscular disorder, I was told I was terminal with less than year to live. Like most disabled people, medical diagnosis generally labels us "terminal". Obviously this definition is inaccurate.

Efforts to improve the health care system in the US has just begun. Putting PAS in the mix now will likely produce disastrous results. It is always cheaper to kill than to care.

The other "restrictions" have been shown to be routinely ignored. Reporting, which is voluntary, is known to be inaccurate. The protections don't protect the public - just the medical person from personal responsibility.

The requirement that most frightens me though, is the need to "monitor" the death. This seems to slip easily to mercy killing and murder.

Susan Golden
75-5865 Walua Rd., Apt. C-515
Kailua-Kona, HI 96740
808 329-3422

LATE TESTIMONY

From: "John & Bev" <jobekim@hawaii.rr.com>
Subject: Testimony supporting SB893
Date: February 6, 2011 6:38:04 PM HST
To: "Hawai'i Death with Dignity Society" <hdwds@hawaii.rr.com>

I could not email this to the address (<mailto:hdwds@hawaii.gov>) in the bulletin. Would it be possible to have someone take this along with any other testimony to the hearing. Thank You!

Senate Committee on Health
Senator Josh Green
Senator Lawrence K. Ishihara

Testimony supporting H.D. 803 "Relating to Death with Dignity" for Monday, February 07, 2011
in the
Hawaii Auditorium

Dear Senator Green, Senator Ishihara and Committee Members

My name is Deverly Kim and I am a life long resident of Hawaii. I am also a retired Registered Nurse and I am in support of H.D. 803.
I would like the freedom to decide if and when the quality of life is still valuable to me.

Thank you.
Deverly Kim
Hawaii Contact

COMMITTEE ON HEALTH

Senator Josh Green, M.D., Chair

Senartor Clarence K. Nishihara, Vice Chair

Notice of Hearing

Date: Monday, February 7, 2011

Time: 2:45p.m.

Place: Capitol Auditorium

**LATE
TESTIMONY**

Please vote no to Physician Assisted Suicide

Assisted Suicide is ultimately a withdrawal from the harder path of compassion. Modern medicine is able to relieve pain, treat depression, and provide hospice and palliative care so that your last days can have value. And our pledge is to help make sure life does not lose its dignity, even to the last moments.

Submitted by:

Ford Shippey, M.D.

1552 Onipaa St.

Honolulu, Hawaii 96819

**LATE
TESTIMONY**

COMMITTEE ON HEALTH

Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

Notice of Hearing

Date: Monday, February 7, 2011

Time: 2:45p.m.

Place: Capitol Auditorium

Please vote no to Physician Assisted Suicide

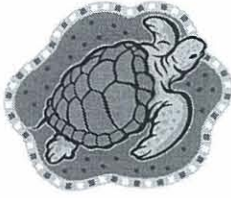
In an era when medical care can be driven by cost concerns, Assisted Suicide is dangerous. Suicide is not simply one more end of life choice. It would change the nature of all choices and restrict good medical care. Suicide is cheaper than good care, but it is not compassionate. Abuses could not be prevented, no matter how carefully legislators try to craft safeguards. And these abuses would fall on the weakest, sickest, poorest, and most vulnerable.

Submitted by:

Heather Shippey, M.D.

3288 Moanalua Rd.

Honolulu, Hawaii 96819-1469



Francine Mae Aona Kenyon

*dba Kuli Ike Kokua
2520 Jasmine Street
Honolulu, HI 96816
archerygal001@gmail.com*



COMMITTEE ON JUDIARY AND LABOR

**Senator Clayton Hee, Chair
Senator Maile S.L. SHimabukuro, Vice-Chair**

**Monday, February 07, 2011
At 2:45 pm
Conference Room AUDITORIUM**

**SENATE BILL NO. 803
RELATING TO DEATH WITH DIGNITY**

Aloha, my name is Francine Mae Aona Kenyon. I am a Deaf advocate for the civil rights of people who are terminally ill and people with disabilities.

I am testifying in opposition of Senate Bill No. 803, Relating to Death with Dignity because of 1) Bureaucracy; (2) Religious Perspective; and, (3) Love.

What kind of bureaucracy will take the control of the loved ones dying from terminal illness or people with disabilities having long-term care?? Death by prescription denies patient's choice by giving too much power to health insurance companies and governments seeking more profits from people. We the people need to provide love which is MUCH STRONGER than the doctor prescribed death.

We strongly believe in good American healthcare that should focus on improving life, not ending it, and providing effective, efficient treatments.

Love is the best way to providing care and comfort to patients with terminally illness and to letting them die with peace and love from us, not to forcing them to die by doctor prescribed death which we believe like a sort of suicide.

We support laws that prohibit doctor-assisted suicide because of the laws that protect patients from being denied life and being pressured into death.

I strongly recommend to opposing Senate Bill No. 803 with respect and dignity for terminally-ill patients as well as for those people with disabilities.

Mahalo nui loa.

Sincerely,

Francine M A Kenyon

Francine Mae Aona Kenyon
Deaf Advocate

PRO-FAMILY HAWAII

P.O. Box 25158

Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

**LATE
TESTIMONY**

Testimony on Feb. 7
SB803
Health & Judiciary
in Auditorium at 2:45 p.m.

Doctor-assisted suicide, really death by killing a person, is not death with dignity. It is, pure and simple, murder. It has always been and always will be murder.

The result is always the same. A doctor or someone else helps to kill a person. Today, that means a long prison term in Hawaii. There is no reason to even consider changing our laws.

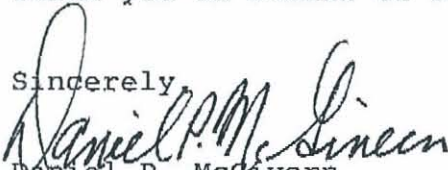
Consider this, most people in Hawaii own property worth over one-half million dollars. An old, ill person could be pushed into suicide so that person's unethical children could get that person's property.

Hawaii's doctors are adamantly against helping people to commit suicide. In the Netherlands, doctor-assisted suicide went to euthanasia, killing without permission, to euthanasia of even those under 21 for depression and illness. Yes, even children. Once the door is open, you can't close it.

What you are voting on is categorically insane and evil. Vote NO to SB803.

Thank you on behalf of Pro-Family Hawaii.

Sincerely,


Daniel P. McGivern
President

SB 803 Physicians Assisted Suicide Bill
February 7, 2011 Auditorium

**LATE
TESTIMONY**

Dear Senate Judiciary Committee:

My Name is Pastor Virginia Domligan
The Prayer Center of the Pacific

Human Life is sacred, at all cost we must preserve it
Death is part of Life
Death is a process that needs to be understood
Sickness cause death or death comes naturally

Physician Assisted Suicide is inhumane
We must preserve death with dignity
Here in our beloved State of Hawaii we have excellent Hospice care who offers pain management for the terminally or chronically ill patients

I came to testify of my parents who passed my father died of naturally cause he was 96 before he passed he was progressively shutting down physically. My conversation to his Physician on the telephone was I think my daddy is dieing I explained all the things that was taking place he said you can bring him in or you can take care of him at home. My choice was to let my Father die in dignity in peace. The night before I asked Him when you die daddy where you going he said to heaven he had peace with God. I changed his bedding, changed his clothes, made him his favorite dish and put him to bed and prayed over him . The next morning I got up to check him he was gone he died in peace.

My Mother had terminally cancer, she was given three months to live the cancer was in her esophagus. I had a meeting with the staff from Hospice at Saint Francis Hospital they explained the process of death medically. As my mother got progressively weaker we put her in a care home and was able to bring her home to visit. She had excellent care her pain was managed. At the last hour of her life she talked to all of us I held her right hand my brother held her other until she breath her last. My mother died with dignity her pain was managed Hospice walked us through with great compassion. My family is forever grateful. My mother never thought of being put to death by her physician neither did that ever crossed our minds. Every humane life is sacred it is gift of God.

I strongly oppose Physician Assisted Suicide it will open the door to euthanasia. A case in point is in The Netherlands where doctors have practiced doctor-assisted suicide and euthanasia for more than a decade. Two Duth 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. **I urge you not to allow SB803 to pass this committee.**

PRO-FAMILY HAWAII

P.O. Box 25158

Honolulu, Hawaii 96825

Phone and Fax: (808) 396-6569

**LATE
TESTIMONY**

Testimony on Feb. 7
SB803
Health & Judiciary
in Auditorium at 2:45 p.m.

Doctor-assisted suicide, really death by killing a person, is not death with dignity. It is, pure and simple, murder. It has always been and always will be murder.

The result is always the same. A doctor or someone else helps to kill a person. Today, that means a long prison term in Hawaii. There is no reason to even consider changing our laws.

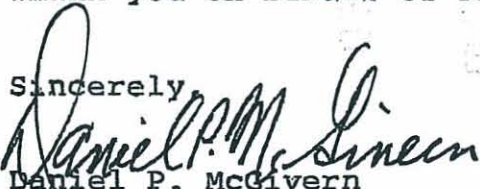
Consider this, most people in Hawaii own property worth over one-half million dollars. An old, ill person could be pushed into suicide so that person's unethical children could get that person's property.

Hawaii's doctors are adamantly against helping people to commit suicide. In the Netherlands, doctor-assisted suicide went to euthanasia, killing without permission, to euthanasia of even those under 21 for depression and illness. Yes, even children. Once the door is open, you can't close it.

What you are voting on is categorically insane and evil. Vote NO to SB803.

Thank you on behalf of Pro-Family Hawaii.

Sincerely,


Daniel P. McGivern
President

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

**LATE
TESTIMONY**

NOTICE OF HEARING

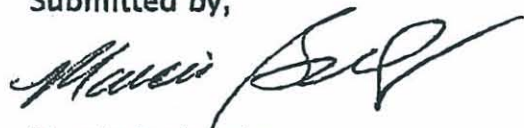
DATE: Monday, February 07, 2011
TIME: 2:45 p.m.
PLACE: **Capitol Auditorium**
State Capitol
415 South Beretania Street

The Maui Chapter of Hawaii Right to Life is requesting the committee on Health VOTE **NO** to Physician Assisted Suicide.

Allowing physician assistive suicide would confuse and deflects physicians from their true role of healing by allowing them to seek death for their patients. Obviously this would lead society down a dangerous path with legalized killing being permitted for disabled, elderly, and clinically depressed individuals, as well as for those who are not mentally competent to request to die. In Zurich the, Dignitas Clinic, which allows individuals to opt for death, Soraya Wernli (a nurse employed by Dignitas for two-and-a-half years, until March 2005), accused the organization of being a 'production line of death concerned only with profits'. If a production line of death could happen in Zurich, it could happen in Honolulu.

Health insurance for people would obviously be affected as well. We have seen in Oregon patients being referred to physicians who promote assisted suicide as a form of health care cost containment, noting that the drugs in an assisted suicide cost are relatively inexpensive (about forty dollars) while medical treatment for a dying patient can cost much more. If we really want choice in our health care system, we must not allow physician assisted suicide to be legalized or patients will be routed to these physicians under the auspice of controlling health care.

Submitted by,



Marcia Berkowitz

President of Maui Chapter

Hawaii Right To Life

P.O. Box 2

**LATE
TESTIMONY**

Kahului, Hawaii

Phone: 808-242-1444

LATE TESTIMONY

My name is Emese Somogyi. I am a palliative medicine physician. I wish to voice strong opposition **against SB 803** and 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.

**LATE
TESTIMONY**

FROM:
Reed E. Hockaday
POB 454
Hoolehua, HI 96729

TO:
Sargent-at-Arms
Hawaii State Senate

RE: Hearing on SB803, February 7, 2011, 2:45 PM
Senate Health Hearing
Capitol Auditorium

Testimony Opposing Senate Bill 803

Dear Members of the Senate Health Committee:

I strongly oppose physician-assisted suicide and Senate Bill SB803.

Legalizing physician-assisted suicide would surely lead to abuse, as the experience in the Netherlands bears out, where the Dutch medical community has moved from physician-assisted suicide to voluntary euthanasia and then to *in*voluntary euthanasia. No safeguards can be formulated which cannot be distorted, sidestepped, or ignored.

Sincerely,

Reed Hockaday

LATE TESTIMONY

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

**LATE
TESTIMONY**

February 6, 2011

John McMahon
P. O. Box 29124
Honolulu, HI 96820

Sgt. At Arms
Hawaii State Legislature
Fax: (808) 586-6659

Re: SB803

I am against SB803; I am against Physician Assisted Suicide. There are better ways to handle the severe suffering that leads some people to choose suicide. Allowing doctors to assist with killing people endangers all patients, including the many people who would not choose suicide.

A handwritten signature in black ink, appearing to read "John McMahon", with a large, stylized flourish at the end.

**LATE
TESTIMON**

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

Carole Grogloth
Post Office Box 562
Kaunakakai, HI 96748
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 p.m.
Committee: Senate Health Committee

Dear Senate Health Committee

I oppose SB803, Relating to Death with Dignity

Some say that if a patient wishes to die and a doctor wishes to kill him or her, it is no one else's business. Let there be no mistake: when a doctor agrees to a request that he or she kill or assist someone to die, it is never a decision that affects only the doctor and the person killed. In the words of the seventeenth century poet John Donne, "No man is an island entire to himself." Even if only a few patients are killed off by only a few doctors, and at their own request, the trust in all doctors will be seriously eroded in the minds of many people.

Some will even be afraid to seek medical treatment. The Dutch experience has shown these fears will not be baseless. Do you really want our elderly to be afraid to go to the hospital for fear of being killed?

Legalization would put vulnerable groups of people at risk for doctor-assisted death. These groups include the elderly, the disabled, and the mentally ill. The care of these patients is often expensive, difficult, and frustrating. They are seen as a burden to their families and to society and sometimes they see themselves as a burden. For these people, the "right to die" could easily become the "duty to die".

In a number of studies, the most common reason patients cite for requesting doctor-assisted death is "being a burden" to their families. Some of the sick and elderly will, rightly or wrongly, feel pressured to "stop being selfish" and allow themselves to be killed before using up more of their families' money or their society's resources.

Certainly none of us want to see family members or friends suffer, and none of us want to suffer ourselves. Alleviating physical pain and suffering can be compassionately managed without killing the patient. Palliative care and medical pain management are humane ways to prevent suffering. Killing the sufferer is not the answer.

I oppose doctor-assisted killings of any kind. Please vote against this bill. Thank you for considering my strong opposition.



Carole Grogloth

Carol Tamulonis
PO Box 562
Kaunakakai HI 96748
February 5, 2011

**LATE
TESTIMONY**

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.

We cannot be so naïve as to think that assisted suicide is the answer to our problems. Abuses will happen, no matter how many "safeguards" we think are in place. The elderly in Holland are afraid to go to the hospital for fear of being killed. The UN committee on Human Rights is investigating euthanasia in Holland because of the inordinate number of deaths by euthanasia in such a tiny country.

Two doctors in Oregon refused to prescribe death-inducing drugs for Kate Cheney. Each noted that the request seemed to come from the daughter, not the patient. Then the daughter found a doctor who would prescribe the drugs. Note that it only takes one unscrupulous, misguided, or over zealous doctor to do a lot of killing. And he will always be looking for new patients because his patients will always be dying.

Surely you can see that as a public policy, assisted suicide cannot protect against abuse.

Some people, who are sick and suffering, don't want to be a burden on their families. Having the option to kill themselves elevates this desire to the level of a duty. This is coercion that society is putting on people to die; it may not even be how their family or friends feel. Yet, when someone or a member of his family is sick and in pain, they are not always rational, and may act upon misguided feelings of the moment. The scale would be tipped toward choosing death.

No one wants to suffer or have their loved ones suffer, but let's not kill the sufferer. Let's learn how to care for them better and respond to their needs. Make it a time of reconciliation, not death with regrets, which will never go away.

Thank you for hearing my testimony.

Sincerely,

C Tamulonis
Carol Tamulonis

**LATE
TESTIMONY**

"Choice" is an appealing word, but inequity in health care is a harsh reality.

If SB803 becomes law, assisted suicide could become the only type of 'medical treatment' to which many people would have equal access.

Cathy Duggan RN
Cathyd111@earthlink.net

Senate Health Hearing at Capitol Auditorium 2/7/11 SB 803

I am a nurse who strongly opposes SB 803 on my own and on my patients' behalf.

Aside from the tremendous disservice it would do to vulnerable individuals in general, there are some very troubling segments in the bill itself.

SB 803 does not require that any family member be notified when a doctor is going to help a loved one commit suicide. Family notification is not required, only suggested. The patient's family does not have to be notified until after the patient is dead.

SB 803 would give government health programs, managed care programs and HMOs the opportunity to approve prescriptions for suicide to cut costs. In Oregon it is happening already and covered under their 'comfort care' options.

SB 803 does not require that requests for assisted suicide be made in person. It can happen by phone and mail.

SB 803 has no provisions to track abuse or the number of deaths from assisted suicide. There are no penalties for not reporting and the Oregon Human Services Department has no authority nor time to investigate any reported improprieties.

These four points along should cast grave doubt upon this legislation given that the government is responsible to look out for the vulnerable in our society.

Thank you for this opportunity to share my concern.

Cathy Duggan RN

Glenn M L Pang MD
2226 Liliha Street #405
Honolulu, Hawaii 96817

**LATE
TESTIMONY**

Senate Health Committee
Hearing Monday February 7, 2011

STRONG opposition to SB 803

Honorable Senator Josh Green M.D., Chair, and members of the Health Committee...

My name is Glenn Pang and I have been a practicing physician in Hawaii since 1982. As you know the Hawaii legislature has introduced a bill in each biennium to legalize physician assisted suicide (PAS), and each time it has been defeated. All the professional organizations oppose PAS including the HMA (physicians), HNA (nurses) HAH (hospitals) and SF Hospice (hospice), yet it keeps resurfacing. As you are probably aware, the Hawaii bill is basically an Oregon clone.

Advocates of the Oregon sanctioned PAS legislation, large funded by Hemlock Society type organizations have attempted to spread their influence to other states and countries under the guise of Death with Dignity. Some of the arguments utilized by these PAS advocates are listed here-- then I itemize the facts behind the rhetoric:

- 1) the right to die should be a fundamental right of freedom for each person and protected by our constitution
- 2) a dying patient should not have to die in intractable pain
- 3) pain and anguish of the patient's family and friends can be lessened
- 4) health care costs can be reduced, which would save estates and lower insurance premiums
- 5) patients can die with dignity rather than have the illness reduce them to a shell of their former
- 6) vital organs can be saved, allowing doctors to save the lives of others
- 7) reasonable laws can be constructed to prevent abuse and still protect the value of human life
- 8) nurse and doctor time can be freed up to work on savable
- 9) prevention of suicide is a violation of religious freedom
- 10) without physician assistance, people may commit suicide in a messy, horrifying and traumatic

I certainly believe in death with dignity, but I do not believe in PAS. Most of the above arguments are fallacious or may be dangerous to society....

- 1) Under the Supreme Court there is no constitutional right to die (Vacco v. Quill and Washington v. Glucksberg). The US Constitution protects the right of every citizen from deprivation of life, among other inalienable rights, without due process of law. This is also mandated in the Hawaii State Constitution. Hawaii criminal statues also prohibit suicide. Is there a difference in a person wanting to commit suicide because he or she is facing severe penalty and disgrace because of flagrant crimes that he perpetrated and a person who is facing anticipated death in 6 month because of a recent diagnosis of cancer and not wanting to face a painful death or not wanting to place financial or social burdens on his family?
- 2) Research evidence reveals that unrelieved psychosocial and mental suffering is the most common stimulus for requests for PAS. In the Van der Wal et al study patients who were depressed were 4-5 times more likely to have made serious inquiries about PAS or euthanasia. Other prominent reasons for requests were: future suffering, loss of control, indignity, and being a burden to others. Physical suffering, including pain, was a less frequent motivator than most thought. The Van der Maas study indicated that pain was a motivator in 3% of cases, one of several motivators in 46% of requests, and not cited as a factor at all in the remaining 51% of requests. Pain and depression have effective treatments, but the requests for PAS were often made when pain or depression were not adequately addressed by the physician or the patient sought PAS hastily before pain or depression could be adequately treated.
- 3) One excerpt of the Hippocratic Oath taken by physicians states that ... "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect"... A majority of the physician and physician organizations in most countries have strongly denounced physician participation in legal

executions. In the US only Oregon, Washington, and Montana allow a doctor to prescribe euthanasia with the patient's consent and the concept is still being fought in those states. Switzerland, Belgium and the Netherlands are foreign countries that openly and legally authorize active assistance in dying. A majority of physicians who have developed a relationship with their patients are unwilling to participate in PAS. In Oregon, a referral will often be made to one of a small (about 7%) group of physicians who is willing to provide it, and that physician may not have the same empathetic or compassionate relationship with that patient as his primary care physician. Thus, the important doctor-patient relationship is often compromised. There may be that "let's get it over with" attitude.

- 4) The prognosis for patients who were diagnosed to have an incurable disease has often been underestimated by physicians, and there are numerous documentations of patients living years rather than months as predicted by the physician.
- 5) When a patient is socially marginalized (poor, elderly, isolated, minority groups who lack insurance, or disabled individuals requiring extensive medical care), there might be an increased incentive to grant PAS. This might be especially true in today's society, with the increase cost of health care. The existence of "Death Panels" may become a reality.
- 6) There are end of life organizations that provide good pain and sociological management and social and familial supports, such as Hospices are, that will allow one to die with dignity. Physician assisted suicide is not death with dignity as suggested by SB 803.
- 7) Reasonable laws cannot be constructed to prevent abuse and still protect the value of life because we have numerous examples from Oregon and other places that illustrate the fact that safeguards don't work and virtually every safeguard proposed has had a 'work around'. On top of that, the climate created by allowing the practice has non-physicians taking life without penalty.
- 8) We should be working to recruit & educate more doctors and nurses, not ration the ones we have. Providing services only to those patients guaranteed to survive are ridiculous-there are no guarantees in medicine or in life itself.
- 9) What religion promotes suicide? There wouldn't be many members.
- 10) People already commit suicide in messy ways and Oregon statistics show that in spite of 10 years of assisted suicide, Oregon ranks as one of the States with the highest number of suicides (that are not PAS). And the PAS suicides are not always successful or without problems. What about the man who didn't die, the persons who vomited their medicine, those that got rushed to the ER? We don't have a 'peaceful' pill --the Netherlands, with more experience, acknowledges that they often have to add a lethal injection when the drugs don't work. What do they do in Oregon? Finish it off with a bag over the head?

All States, except Oregon, Washington and Montana oppose PAS. In New York a Task Force on "Life and the Law. When Death is Sought-Assisted Suicide and Euthanasia in the Medical Context" convened. After significant debate it was unanimously recommended that NY laws prohibiting assisted suicide and euthanasia not be changed. They felt that the practices would be profoundly dangerous for large segments of the population. "Public Opinion polls, focusing on whether individuals think they might want these options for themselves one day, also offered little insight about what it would mean for society to make assisted suicide or direct killing practices sanctioned and regulated by the state or supervised by the medical profession itself".

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC) comprised of the Hawaii Medical Association, Hawaii Nurse's Association, Healthcare Association of Hawaii, Hawaii Cancer Pain Initiative, Not Dead Yet (Disability Rights Organization), Disability Rights Hawaii, Hawaii Centers for Independent Living, Hawaii Family Forum, Hawaii Catholic Conference, and the Hawaii Right to Life illustrates how solid the Hawaii opposition is to PAS- despite wide differences of opinion on other issues. If there is such an insurmountable negativity by the medical community in Hawaii, by 47 of the 50 states, and by most of the world regarding PAS and the bill is passed by this legislature I would ask the questions---"What is their agenda"? and "Who will implement this law and how will it be implemented"?

Glenn Pang M.D.
Gastroenterologist
Patient Advocate

**LATE
TESTIMONY**

Senate Hearing Monday 2/7/11 at Capitol Auditorium

From Peter Muthard MD
mdpete21@hotmail.com

Senate Health Committee,

My name is Peter Muthard, I am a pulmonary and critical care specialist and I strongly **OPPOSE** this proposal for Physician Assisted Suicide.

In my opinion, PAS is not compatible with the trust relationship between a doctor and his patient. Treatment goals should be comfort care, hospice, and palliative care dedicated to easing the dying process rather than accelerating it.

The small few who may consider themselves helped by PAS, must consider the danger to others. **Inappropriate PAS would put lives in jeopardy.**

PAS should not be legalized in the State of Hawaii. There are better ways to provide comfort during the dying process, which are currently standard of care for Hawaii's Ohana.

Thank you for this opportunity to share my concerns.

Peter Muthard M.D.

**LATE
TESTIMONY**

Testimony against SB 803 Opposing Physician Assisted Suicide

Senate Health Committee 2/7/11 2:45 PM Capitol Auditorium

Dear Friends,

I am writing to ask you to seriously consider the important legislation you are being asked to pass. I am speaking about the Death with Dignity Bill. I am not sure that all the implications of this bill have been explored and I want to bring you my own experience since I cannot get to the capitol in person.

I am 57 years old and have raised 3 children on Maui. In 1989, I developed a serious case of MS. I was hospitalized two to three times a year for the next 10 years. At times the doctor told me that I would never be well again. Additionally, the type of MS I have manifests itself in severe and constant pain.

You cannot imagine the life I was living and neither can I at times. My whole day was taken up with just trying to get through the pain. My older children had children of their own and my youngest had to care for me while he went to high school. It was a difficult time for my family and many days I thought that I should just end my life since the doctors had told me there might never be any relief from the pain.

Yet, in 1999, I heard of a neurologist who was doing spinal implants that sometimes helped with pain. I had the surgery and the relief I got, although not complete, was enough to enable me to look at life with hope again. I began preparing to apply to UH graduate school in order to let my family see that no matter how old or how difficult your life may be, there is always hope.

In 2001, I was admitted to the Dept. of Sociology here at UH. I get around with an electric wheelchair and have aides who help me. What a difference my life is from just a few short years ago!

I am a good student and respected by my peers and my professors! I am a contributing member of our state again and will be in the workforce again after 21 years. But, most importantly, my children and grandchildren are proud of me!!

The story of my own life should at least give you pause. In the years since I have been disabled I have been involved in the Disability Movement around the country. It amazes me to learn that many disabled people are thought by others to have a life not worth living. And, if I had a nickel for the number of times someone told me that they would rather die than live in a wheelchair with pain, I would be a rich woman. It is absurd to think that just because you use wheels to get around you would want to die and leave your family. They are just wheels and all grandchildren like to ride on the back of their grandparent's wheelchair! It is fun!!

Who knows the quality of another's life or the future of that life? Who knows what will happen in the future, even the near future to change lives like my own?

**LATE
TESTIMONY**

I am sure that you are thoughtful and caring people who have had a relative who is disabled. After all, disability is just another part of life. We in the disabled community are worried that this bill will open the doors to further legislation, which might not benefit our society as a whole. It has happened in the past and it could happen in the future not out of malevolent intent but out of a miss-guided notion of things that have nothing to do with the intrinsic quality of life, like economics. What if after signing this bill you are then asked to decide which disabled child should live to adulthood? I don't want anyone to have to make those kinds of decisions or even be placed in that position.

Yes, there might be a few people who fit in the category of your bill, I will admit that, but for the sake of a few why take the risk of damage to the society as a whole?

I ask you to reserve your decision until you, yourself, have studied the disabled people's point of view. If you still think it is the right thing to do then there is nothing I or anyone can do except hope that we as a society can learn from history and find other more productive ways to deal with problems like these.

Sincerely and with all my aloha,

Leslie Williams
318 A Makea Street
Makawao HI 96768
808-256-3989

If you have any questions, about my life story or if you would like to talk to me personally, please feel free to call anytime. I can even suggest a book you might want to read about the disability movement named, **"No Pity: People with Disabilities Forging a New Civil Rights Movement"** by Joseph P. Shapiro It is only \$16.00 and you can read a review online.

**LATE
TESTIMONY**

HEAJUNG RUESING, M.D., INC.

Pediatrics & Internal Medicine
868 Ululani St., Ste. 108, Hilo, HI 96720
Tel. (808) 935-2389 - Fax (808) 934-4816

January 28, 2011

~~SENATE~~
House Health Committee

RE: Physician Assisted Suicide

I am a physician in Hilo, Hawaii. I believe physician assisted suicide is unnecessary because pain can be managed by modern medicine.

Physician assisted suicide damages the doctor-patient relationship and the trust necessary for good care.

Sincerely,


Heajung Ruesing, M.D.

LATE TESTIMONY

Strong Opposition to SB803 from Paul Matsumoto MD

*Senate Health Committee Hearing Monday February 7 at 2:45 PM
Auditorium*

*Chair Josh Green M.D., Vice Chair Clarence Nishimoto and members of
the Senate Health Committee,*

Thank you for this opportunity to testify.

I am a retired physician, a former general and thoracic (chest) surgeon. I practiced at Kaiser Hospital in Honolulu for 2 1/2 years, then 28 years on the Big Island. I strongly oppose any legislation that would allow a physician, nurse, or other medical personnel to counsel, advise, or assist any patient, no matter how serious the illness or how dire his mental, social, or physical state to commit suicide.

As a physician I was committed to care for my patient to the best of my ability for his betterment. I was not free to assist him in his death. It would destroy a patient's trust in his physician to know that his treatment includes assisting in his death. If physician-assisted suicide is legalized, under enough pressure from "counseling" by his family, physician, or hospital advisors and ethicists, a patient could be forced to think that his best choice would be his own suicide. Without that pressure he could have easily chosen life. Hospitals, doctors, and nurses must be engaged in offering the sick and the suffering compassion, palliative care, support, and assistance. Family members would be encouraged to follow their instincts for love and support of their suffering relative, if they saw medical professionals doing the same.

Human beings have a dignity that deserves better than suicide at the time of their greatest vulnerability. This dignity separates them from animals who are put to death when they are suffering. Please note that animals do not commit suicide. Please vote "NO" on Physician-assisted Suicide.

*Paul J. Matsumoto, M.D.
Dated: 1/17/11*

Opposition to SB803 from Lloyd Jones MD Hearing 2/7 2:45 Auditorium

H. L. Mencken has said "For every complex problem there is a simple solution. And it is always wrong."

LATE TESTIMONY

Some want Physician Assisted Suicide (PAS) because of a fear of pain.

As an anesthesiologist, I can tell you that the level of pain relief and control available now is remarkable compared to just a few years ago. We have implantable morphine infusion pumps, nerve blocks, brain and spinal cord electrical stimulators among other treatments and there are new therapies on the horizon. We have pain specialists here in Honolulu who are using the most up to date therapies for pain. Can we stop all pain? No we can't. But we can make virtually all pain controllable.

The majority of reasons for PAS have to do with depression (e.g. after suffering a major loss of family, mobility, senses, and relationships) or not wanting to "be a burden". These societal, spiritual, temporary conditions cannot be helped by PAS. The ground breaking work by Doctor Elizabeth Kubler-Ross about death and dying, revealed that depression is the stage that precedes the final stage of acceptance.

If PAS becomes legalized what can we expect to see happen? If you want to see a road map for physician assisted suicide, look to the Netherlands. Euthanasia (physician-performed "suicide") was legalized for the competent, terminally ill who asked for it. This was the late 1970's. Next it included competent people with incurable illnesses or disabilities. This progressed to competent people with the "pain" of depression. Next came incompetent depressed people, e.g., Alzheimer's patients. Now, in the Netherlands, "Gronigen University Hospital has decided its doctors will euthanize children under the age of 12 years old, if the doctors believe their suffering is intolerable or if they have an incurable illness" (The Weekly Standard, 09/13/2004)

And here is major problem with PAS or it's successor, euthanasia: who decides what is 'intolerable', or 'incurable'? Diabetes is incurable and HIV+ status are 'incurable' but controllable. Other people are deciding the individual's fate, or who will live or die. The principle of unintended consequences is what we are seeing. So-called 'compassion' for those in pain led to legalization of Physician Controlled Suicide which led to Committee decided termination of life.

"I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect." (Hippocratic Oath --classical version; Translation from the Greek by Ludwig Edelstein...Johns Hopkins Press, 1943).
What is a real compassionate physician? A compassionate physician has a commitment to you the patient including:
I value you as a person worthy of my best efforts.
I will do all I can to find ways to relieve your pain, discomfort, and suffering.
I will be honest with you.
I will never intentionally kill you.

Thank you,

Lloyd Jones, M.D.

green1 - Karen

LATE
TESTIMONY

From: Margaret Scow [aaadrywall@hotmail.com]
Sent: Sunday, February 06, 2011 4:04 PM
To: HTHTestimony
Subject: Strong OPPOSITION TO SB 803 Relating to Death with Dignity
Attachments: Letter to OPPOSE Doctor-Prescribed Death.doc

February 6, 2011

To: The Senate Health Committee
From: Margaret Scow
Re: Strongly OPPOSE SB 803, relating to "Death with Dignity"

Dear Chairman, Senator Josh Green & Committee Members,

I strongly OPPOSE SB 803, Doctor-Prescribed Death. One of the reasons I oppose this bill so strongly is because I don't believe a teenager at the age of 18 is capable of making a sound decision based upon the limited life they have lived (only 18 years), the limited experiences they have had and especially when an 18 year old is diagnosed with a terminally ill disease and he/she is in pain. A wrong decision to end his/her life, no matter what age, might be made under difficult circumstances.

When I was 31 years of age, I was experiencing such intense pain in my back and the medication that was prescribed to me wasn't working well so I actually prayed to God and asked Him to take my life. God didn't take my life and I'm glad He didn't because I spoke those words when I was in difficult circumstances and in excruciating pain. At the time, I meant what I said but later I regretted what I said. At the time, the pain was difficult to bear. I'm afraid people will sign a Death Consent Form, like the one described in this bill and regret it later – but it may be too late if they are dead.

Also, I know that none of us can create life by ourselves and therefore, we shouldn't have the authority to take life, either. Only God knows how long a person is supposed to live. Perhaps God will heal them of their terminal illness.

When my son was only 8 weeks young, he was diagnosed with an **incurable respiratory disease**. To this day, there is no cure for the illness that my son had. However, I read and studied all the Scriptures in the Bible on healing and prayed for my son, daily. My son was confined to our home and I was told by six different doctors and the atheist Pulmonologist that Matthew would never be able to go to school or play sports. The doctor's report was that my son Matthew would have to stay in the house 24 hours a day, 7 days a week except when he traveled to the doctor's for his weekly doctor's appointment. He took 7 medications, daily and had to breathe into the Pulmonary Aid at least 4 times a day.

When Matthew was 7 ½ months, he was completely healed! The former atheist doctor is now a Christian who believes the Bible and confirmed Matthew's miraculous healing. Matthew went to school: Elementary School, Middle School and High School. He played sports extremely well, going to the Regionals on Maui in Junior Tennis and scoring numerous goals in soccer. Matthew also excelled at baseball and his Mililani Baseball team went on to the Sectionals. This month is

Matthew's birthday. He will be 21. He is nearly 6 feet tall and in perfect health. **Although Matthew was diagnosed with a terminal respiratory disease, God healed him.**

LIFE
TESTIMONY

Another incident occurred last year on January 1st, 2010. My classmate's son-in-law had an accident and was in a coma. Keeping him alive in the hospital was very costly for his new wife of two years. Chris was not responding at all - he went into the coma a couple weeks before Christmas. The doctor said that if Chris did come out of the coma, that he would be a "vegetable" and that his quality of life would be terrible. My classmate told me about Chris and I told her that even though Chris' physical body was not responding, his "spirit man" was very much alive. I gave her a Scripture from the Bible and told her to speak it out loud to Chris every time she visited him. The Scripture I gave her was from Psalm 118:17 which says:

I shall not die, but live, and declare the works of the LORD. Psalm 118:17

But I told her to tell it to Chris, personally: **"Chris, you shall not die, but live, and declare the works of the Lord."**

Chris' wife, my classmate's daughter couldn't afford the medical bills and was planning on "pulling the plug" around January 7th. But every time my classmate visited Chris, she spoke the Scripture to him. Also, I told her to play Bible CD's for him through the night when they weren't there and I told her not to let anyone in the room that would speak "death."

On January 1, 2010, Chris came out of the coma! He was not a "vegetable" but remembered all his family and friends by name, gained all of his memory back and shortly after he came out of the coma, Chris went back to work. Today, Chris is in perfect health and unless he told you, you would never know that he was in a coma.

Hebrews 9:27 says, **"And as it is appointed unto men once to die, but after this the judgment:"**

We all have a day appointed unto us for death. God makes this appointment. No one should alter it or move up the appointment. For only God knows the future.

I leave you with this Scripture:

For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11 NIV

Sincerely,

Margaret Scow

And from the days of John the Baptist until now the kingdom of heaven suffereth violence, and the violent take it by force.

Matthew 11:12 KJV

***God Bless,
Margaret Scow
AAA Drywall & Masonry, LLC***

green1 - Karen

**LATE
TESTIMONY**

From: Joe Shorba [joshko51@gmail.com]
Sent: Sunday, February 06, 2011 5:42 PM
To: HTHTestimony
Subject: SB803

Please, vote no to SB803 Death without Dignity. God gives life, and only God is allowed to take a life.

Joe Shorba
Honolulu, HI

green1 - Karen

From: RUTHPRINZ1@aol.com
Sent: Sunday, February 06, 2011 5:39 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

**LATE
TESTIMONY**

Dear Congressmen and women,

I am appalled that this bill comes up every year. It devalues human life. Doctor assisted suicide sends the message that some lives are not worth living. Our loved ones may feel that they are a burden, especially if they are encouraged to take this route for the sake of their family. It creates a duty to die. There are better medical alternatives like good pain management and hospice. Patients may feel that they cannot fully trust a doctor that might suggest such an option to have their best interests at heart. It will also open the door to euthanasia abuses as unwilling patients will eventually be forced into this "treatment". The Netherlands is a good example of this abuse. Check the New England Journal of Medicine (1996): 335, pp. 1699-1705. The medical community in our state is against it and the majority of the citizens of Hawaii are against it. I ask you not to go against the will of the people by approving this immoral bill.

Sincerely,

Ruth Prinzivalli
45-255 Haunani Pl.
Kaneohe, HI 96744

**LATE
TESTIMONY**

ROBERT K. MATSUMOTO
Attorney at Law
345 Queen St., Suite 701
Honolulu, HI 96813
Telephone: (808) 585-7244
Facsimile: (808) 585-7284
Email: rkmbengoshi@hawaii.rr.com

No. of pages including this page: 5

DATE: February 5, 2011
TO: State Senate
Senate Committee on Health
Dr. Josh Green - Chairman

FACSIMILE NO. 586-6659

RE: SB 803 (Death with Dignity)
Date & Time of Hearing: February 7, 2011 @ 2:45 p.m.
Place of Hearing: State Capitol Auditorium

I am transmitting my personal opposition to SB 803 after many years of study on the issue of physician assisted suicide for the following reasons:

I. THERE IS NO CONSTITUTIONAL RIGHT TO DIE.

The U.S. Supreme Court has made it clear that there is no constitutional right to die. Vacco v. Quill and Washington v. Glucksberg.

The U.S. Constitution protects the rights of every citizen from deprivation of life, among other inalienable rights, without due process of law. 14th Amendment, U.S. Constitution. Furthermore, the Hawaii State Constitution states in particular under Article I, Section 5, that "No person shall be deprived of ...life without due process of law...."

From the foregoing, it is clear that there is a strong mandate in government to preserve life rather than to take it.

**LATE
TESTIMONY**

II. **THE STATE HAS FOUR LEGITIMATE GOVERNMENTAL PURPOSES TO OVERRIDE ANY INTEREST IN ENDING LIFE BY A PERSON ALLEGEDLY TERMINAL ILL.**

Since there is no “fundamental” right to die under either the U.S. or Hawaii State Constitutions, and assuming there is a “liberty” interest to die, the standard of judicial review of such a “liberty” interest to die is not one of “strict scrutiny” but a lesser non-fundamental “balancing of interest” standard. If a law infringes upon a right which a court has deemed “fundamental”, the law is subjected to “strict scrutiny” and will be upheld only if it is narrowly tailored to achieve a compelling governmental interest. However, if a law impedes the exercise of a non-fundamental “liberty” interest, the law is subjected to a balancing test under which the court must weigh the non-fundamental “liberty” interest against the State’s asserted reasons for restraining such a “liberty” interest.

Again assuming arguendo, there is a non-fundamental “liberty” interest in a putative terminally ill patient to die, there are four (4) legitimate governmental purposes to override such interest. These purposes are (1) preserving life; (2) protecting the interest of innocent third parties; (3) preventing suicide; and (4) maintaining the ethical integrity of the medical profession.

1. **Preserving life.**

The Hawaii criminal statutes prohibiting suicide demonstrate the State’s interest in preserving life rather than taking it. Moreover, the State’s refusal to enact any crimes deserving of “capital” punishment whereby the State may execute those adjudged guilty of a capital crime implicitly shows the State’s interest in preserving life.

LATE
TESTIMONY

2. **Protecting the interests of innocent third parties.**

Once a law is enacted which allows physician assisted suicide or death, the proverbial “slippery slope” becomes a reality. The Netherlands and Switzerland are good examples. The term, “Dutch treat” takes on a new significance. The elderly, persons with mental retardation, disabled persons, and the very young are all at risk.

During World War II, the heroic Dutch medical profession resisted the Nazis’ attempts to coerce them into adopting Nazi medical practice, which included euthanasia. In an attempt to intimidate the Dutch medical profession, one hundred Dutch doctors were shipped to concentration camps in the East, from which few returned. But the courageous doctors refused to adopt the Nazi practices that included euthanasia, and it was the Nazis who gave up.

Sixty (60) or so years later, the Dutch medical profession has turned 180 degrees. Today involuntary euthanasia is practiced in the Netherlands, such that 3 Dutch citizens per day (over 1000 per year) are being “euthanized” without their consent (taken from the official Dutch government sponsored report, known as the “Rommelink Report”).

In Switzerland, a decision of the highest court in that country could pave the way for expanding assisted suicide there to include physicians helping mentally ill patients to kill themselves. Switzerland already allows the grisly practice for patients with a wide range of physical disabilities, diseases, or illnesses. The decision of the Swiss Federal Court puts mental disabilities on par with physical ones. The ruling means a decision to end one’s life is not limited to people with physical illness but now is based on whether a person believes that their life “is not worth living anymore.”

LATE TESTIMONY

It must be mentioned that the New York State Task Force on Life and the Law, which consisted of twenty four (24) professional and religious persons, studied the issues relating to physician assisted suicide and euthanasia. To their credit, they unanimously recommended that New York state retain its prohibition of physician assisted suicide and euthanasia because the Task Force concluded "legalizing these practices would be profoundly dangerous for large segments of the population, especially in light of the widespread failure of American medicine to treat pain adequately or to diagnose and treat clinical depression in many cases." This unanimous decision was reached even though some of the professionals themselves personally felt that in certain cases there were overriding reasons to allow physicians to assist in terminating the lives of their patients.

3. Preventing Suicide.

Suicide is a serious problem among the youth and the elderly. Passage of any laws regarding physician assisted suicide would lead toward societal acceptance of any form of suicide, thus opening the door to the encouragement of suicide, whether intended or not, especially among the youth and the elderly. Societal attitudes toward life take on a whole different perspective when life and the worth and dignity of every person are devalued. Therefore, the State's attempts to discourage suicide would be undermined seriously.

4. Maintaining the ethical integrity of the medical and health care professions.

Enactment of any laws permitting physician assisted suicide will damage irreparably the ethical integrity of the medical and health care professions. Since it may be viewed as easier and less costly to permit physician assisted suicide than to

**LATE
TESTIMONY**

treat and care for clients/patients who may need long term treatment and care, such worthwhile programs as hospice care and pain management would be the inevitable casualties of any laws permitting physician assisted suicide. Furthermore, given the pressures concomitant with the business economics of HMOs and the like, there would be a strong temptation to utilize the cheapest way to save on medical costs by way of physician assisted suicide at the expense of other care and treatment which would prolong life.

Given the foregoing, you are respectfully urged not to pass out of committee SB 803.

Very truly yours,



Robert K. Matsumoto

**LATE
TESTIMONY**

Testimony to the House Health Committee in Opposition to SB830 ?

Monday, February 7 2011 Senate Hearing 2:45 in Auditorium

Kevin S. Kimura, Esq.
2333 Kapiolani Blvd. Suite 610
Honolulu, HI 96826

Senator Josh Green M.D. Chair, Clarence Nishihara, Vice Chair, Roselyn Baker, Maile Shimabukuro, Glenn Wakai, Sam Slom and Suzanne Chun Oakland...

I am opposed to physician assisted suicide and SB830 for the following reasons:

All life should be cherished. This is a basic tenant in our legal system. This is precisely why the accused has multiple appeals to be vindicated, before being executed. If the criminally guilty have the right to defend against the taking of their life, shouldn't the terminally ill likewise have this same right? Of course the difference between the death row inmate and the terminally ill seeking to commit suicide is CONSENT. Whereas the death row criminal is losing his or her life against his or her will, the terminally ill patient is consenting to forfeiting his or her life. I believe that an equal amount of safeguards should be built in to the physician assisted suicide process as the death row process, meaning that the terminally ill patient should go through multiple levels of evaluation before being allowed to end life. Since the terminally ill individual does not have as much time as the death row inmate by the very definition of "terminally ill," the time between the multiple evaluations would have to be shortened (from years to months).

In regard to the issue of consent, how can we ensure that the terminally ill individual is truly consenting to forfeiting his or her life? Adequate safeguards must be in place to ensure that the terminally ill person is truly consenting to committing suicide. What safeguards are there for ensuring that the terminally ill have the mental capacity to decide to die, are not emotionally unbalanced when making their decision to die, are fully educated about their decision to commit suicide, and are not being coerced or unduly influenced into committing suicide by parties who have a vested interest in their early demise?

Next, have the issue of the rights of the disabled been fully explored, considered and addressed? How are the disabled to carry out getting physician assisted suicide? This problem is indeed significant, because there is such a wide range and degree of disabilities. Unless each and every type of disability is addressed, the physician assisted suicide bill will not do justice to the disabled, and as such may be discriminatory to the disabled community. Thus the type and degree of disability would need to be assessed, and a process for carrying out physician-assisted suicide would have to be tailored to the specific disability. This would need to be stipulated in the Bill.

Kevin S. Kimura, Esq, Testimony Continued

Also I am troubled by the scope of SB830. What age group will the law apply to? What medical conditions will be covered by the law? What is incurable today will possibly be treatable tomorrow, with the advance of medical science. If the Bill specifically spells out what conditions are covered, then the law will become obsolete in part, in the future. If the Bill leaves the medical conditions covered by physician assisted suicide general and vague, then the law could be over broad and be subject to abuses. What is the threshold for deciding that a terminally ill individual can commit suicide? Using a fixed period of time, such as six months, is arbitrary. What is the rationale behind using six months as the threshold for committing suicide? Roe v. Wade faces a similar situation. Viability of the fetus is the threshold for having the fetus aborted. The fetus that was not viable thirty plus years ago is viable today.

Finally, there is an inherent conflict in allowing a physician to assist a patient to commit suicide. The doctor takes an oath to heal, do no harm, not to take life. Do you propose to have physician-assisted suicide be part of the patient treatment plan if the patient is terminally ill? Will the physician have authority to inform terminally ill patients that suicide is an option in the patient care plan? Or, must the terminally ill patient ask about physician-assisted suicide on his or her own? I can envision tremendous psychological harm to the terminally ill patient who is advised by their doctor to consider suicide as a viable option.

Submitted by,

Kevin Kimura

**LATE
TESTIMONY**

Hawaii SB 803 Death with Dignity Hearing

Good afternoon Chairman, members of the committee. My name is Kimberly Selden. I was diagnosed with Multiple Sclerosis 15 years ago, and I oppose SB 803. I had to resign from a successful marketing career in 2003 because I was no longer able to perform my job; now, I'm on social security disability and have to pay for Medicare that doesn't cover the prescriptions I need to function each day. I take a pill for the extreme burning pain that I get in both my legs everyday. I'm on two types of Alzheimer's medication for my memory. I give myself three injections a week to help slow down the progression plus take 20 additional medications.

Senate Bill 803 opens the door to give public and private insurance programs a loophole to deny coverage because it is cheaper to kill patients than it is to continue providing medical care. It's a cost issue with the insurance companies; they have already cut way back on coverage of medical care as it is.

A bill similar to SB 803 was passed in the state Oregon a few years ago. A woman named Barbara Wagner had terminal cancer, her doctor prescribed a drug for comfort care. But to her surprise, she opened a letter one day from her insurer, the Oregon state insurance program, denying her coverage of the medication because it was too expensive. She couldn't believe her eyes as she read the part that said they offered to pay for a physician to provide aid in dying. I do not want to be a victim of the rationing of medical care... this puts my life at risk! If it can happen to one person it can happen to ANYONE just like it did in the State of Oregon.

**LATE
TESTIMONY**

Last week my husband was preparing to pay our taxes and he said, guess how much your prescriptions were in total last year." He showed me the cost, it was over \$46,000. I don't want to end up in a wheelchair; I don't want to lose all my cognitive abilities. I don't want to receive a letter in the mail one day telling me that my medical care is too expensive so here is an alternative, doctor-prescribed death. Please do not pass SB 803. Thank you

green1 - Karen

**LATE
TESTIMONY**

From: Kimberly Selden [kimberlyselden@mac.com]
Sent: Sunday, February 06, 2011 5:33 PM
To: HTHTestimony
Subject: Testimony in OPPOSITION of Hawaii Senate Bill 803 c/o Kimberly Selden
Attachments: Kimberly SeldenTestimony SB 803 Death with Dignity Senate Hearing.pdf; ATT00001..htm

Testimony for SB 803

DATE: Monday, February 07, 2011

TIME: 2:45 p.m.

PLACE: **Capitol Auditorium**

State Capitol, 415 South Beretania Street

Please find my testimony attached for SB803, I OPPOSE SB 803

**LATE
TESTIMONY**

Alden Cornell
Post Office Box 402
Hoolehua, HI 96729-0402

February 6, 2011

Senate Health Committee

RE: Opposition to SB803

Dear Senators:

I strongly oppose SB803 for many reasons.

First, it's a horrible message to be sending to those we love. Our loved ones with severe medical problems or disabilities need to know how loved and treasured they are to us. Offering to help them die is not the way to send that message.

Second, it puts the sick and vulnerable at great risk. How can the State hope to prevent abuse once those who are supposed to care for the sick are authorized to help them die instead?

Third, it diverts attention away from ways we can and should be focusing our energies, such as making sure proper pain management techniques are available and used properly, and improving end of life care facilities or in home care.

Fourth, it will undermine the trust implicit and necessary between patient and doctor if the patient has to wonder whether the doctor really has their best interest at heart or is giving in to ever increasing pressure to save money by the easy PAS solution.

Please vote against SB803. Thank you.

Sincerely,



Alden Cornell

green1 - Karen

LATE
TESTIMONY

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 5:04 PM
To: HTHTestimony
Cc: karend@hrtl.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: Karen DiCostanzo
Organization: Hawaii Right to Life
Address: Honolulu, HI
Phone:
E-mail: karend@hrtl.org
Submitted on: 2/6/2011

Comments:

Hawaii Right to Life and its members statewide strongly oppose SB 803 relating to "death with dignity".

As a human rights advocacy organization in the area of right to life, it is our strong conviction that assisted suicide laws, while advertised as being about patient choice, ultimately provide cover for healthcare providers, public and private insurers, and government bureaucrats to hasten the deaths of vulnerable patient populations. We recognize and support patient rights and choice over their course of medical treatment, including the right to discontinue care. However, we firmly believe that as a matter of public policy, at the end of life we should support all measures to provide comfort without hastening death.

We know from eyewitness testimony in locations where so-called "death with dignity" is legal that patients do not always pass in peace and dignity. In Oregon, the first state to legalize assisted suicide, the Public Health Division revealed in its 2010 report on death with dignity that after taking their suicide prescriptions, some patients regained consciousness and subsequently declined to repeat the process.

We also know from case studies and firsthand accounts that abuses occur with impunity, recordkeeping is shoddy, and the right to die becomes the duty to die as patients are pressured to "think of others" and "not become a burden" during trips to the doctor. Patient trust in their physicians to deliver healing and comfort is irrevocably altered. Healthcare rationing becomes routine and "aid in dying" is now being offered as a viable alternative to spending thousands on maintaining seriously or chronically ill patients.

In countries where assisted suicide was initially introduced allegedly to ease the suffering of the dying, it is now being used to euthanize the elderly, terminally ill, disabled individuals (even infants), and those "tired of life"--with the active support of many. Assisted suicide is being suggested not just for patients requesting it but also for their otherwise healthy life partners who might find single life distressing.

Also disturbing is that in reviewing case data, virtually none of the patients requesting physician assisted suicide are being referred for psychiatric consultation to determine whether they are suffering from clinical depression prior to issuing a lethal prescription. For example, the Oregon Public Health Division report indicated that only 1.5% of patients received such a referral in 2010.

Suicide becomes a cheap and easy answer for society to deal with those who are sick, elderly, handicapped, and/or depressed. True compassion and aloha is to offer our very best care to these individuals, providing medical, psychological, and spiritual support at their time of need. Please vote NO on SB 803.

**LATE
TESTIMONY**

green1 - Karen

**LATE
TESTIMONY**

From: Susan Golden [ssgolden@webtv.net]
Sent: Sunday, February 06, 2011 4:16 PM
To: HTHTestimony
Cc: ssgolden@webbtv.com
Subject: Against SB803

I am a long-time advocate AGAINST Physican Assisted Suicide (PAS) or Death with Dignity, the currently preferred name or title. Regardless of what you call it, it is bad public policy.

As a person with a disability, I know that the so-called protections are shams. When I was first diagnosed over 30 years ago with a degenerative neuromuscular disorder, I was told I was terminal with less than year to live. Like most disabled people, medical diagnosis generally labels us "terminal". Obviously this definition is innacurate.

Efforts to improve the health care system in the US has just begun. Putting PAS in the mix now will likely produce disasterous results. It is always cheaper to kill than to care.

The other "restrictions" have been shown to be routinely ignored. Reporting, which is voluntary, is known to be inaccurate. The protections don't protect the public - just the medical person from personal responsibility.

The requirement that most frightens me though, is the need to "monitor" the death. This seems to slip easily to mercy killing and murder.

Susan Golden
75-5865 Walua Rd., Apt. C-515
Kailua-Kona, HI 96740
808 329-3422

LATE
TESTIMONY

green1 - Karen

From: agnes [agnesr001@hawaii.rr.com]
Sent: Sunday, February 06, 2011 4:16 PM
To: HTHTestimony
Subject: SB 803

WE STONGLY EXPRESS OUR OPPOSITION TO SB 803

MAXIMINA AGNES
JOANNE AGNES
JUANA AGNES

TO THE SENATE COMMITTEE ON HEALTH

TWENTY-SIXTH LEGISLATURE
Regular Session of 2011

Monday, February 6, 2011
2:45 p.m.

TESTIMONY ON SENATE BILL NO. 803- RELATING TO DEATH WITH DIGNITY

TO THE HONORABLE JOSH GREEN, CHAIRS, AND COMMITTEE MEMBERS:

My name is Catherine Gardiner. I am a seventeen-year-old, home-educated student, testifying on behalf of my generation. I seek your support to vote nay on this measure, not for moral or ethical reasons, but simply because S.B. 803 is bad public policy as seen from the results in Oregon, Washington, the Netherlands, Belgium, and other places where implemented.

S.B 803 is modeled after Oregon's assisted suicide law that would transform the crime of assisted suicide into a "medical treatment." Regardless of the number of "safeguards" added to this piece of legislation, such a law would still be *unsafe* for the people of Hawai'i.

One article discussing Oregon's experience observes that Oregon's law contains, "enough loopholes to drive a hearse through them. The safeguards certainly do have the *appearance* of being protective," though.¹ Oregon's law states that psychiatric evaluation is required only if the doctor is *led to believe* that mental illness or depression is causing "impaired judgment."² Yet in that same state, where one out of four patients who request assisted suicide are likely to be clinically depressed³, **not one patient** since 1997 (when the law was implemented) has been referred for counseling or psychiatric evaluation before receiving the overdose treatment.⁴ National studies have shown that among those who request assisted suicide, "depression is the **only** factor that significantly predicts the request for death."⁵ Even if a doctor denied a patient their request for assisted suicide, the patient could go from doctor to doctor until finding a physician who would write the prescription. "Doctor shopping" as some call it would not be prohibited by the law and in fact is done regularly in states allowing physician assisted suicide. Despite the safeguards, an Oregon Health & Science University study concluded that once the request for assisted suicide has been made, all other care treatments are immediately abandoned.⁶ What the law tried to safeguard against has not proven effective at all. A Hawaii bill with these same supposed safeguards would undoubtedly be just as ineffective in preventing doctors from prescribing lethal drugs to mentally ill or depressed patients without counseling or psychological evaluation.

Another flaw in any bill patterned after the Oregon law is that it would not require the overdose prescription to be self-administered, which leads to an inevitable and disastrous problem--coercion. Such a bill would allow a beneficiary of the patient to play a key role in obtaining and administering the prescription in order to prematurely receive the assets of the estate. Studies done by the National Center on Elder Abuse prove that between one and two million Americans, ages 65 and older, are abused each year by those who care for them.⁷ One likely form of abuse would be this sort of coercion. Once again, the intended safeguards in Oregon's law fail to provide the intended protection as promised.

¹http://www.americanthinker.com/printpage/?url=http://www.americanthinker.com/2008/09/oregons_suicidal_approach_to_h.html

² http://www.americanthinker.com/2008/09/oregons_suicidal_approach_to_h.html

³ <http://www.bmj.com/content/337/bmj.a1682.full>

⁴ <http://www.oregon.gov/DHS/ph/pas/docs/year10.pdf>

⁵<http://www.nrlc.org/medethics/What%20We%20have%20Learned%20from%20Oregon.pdf>

⁶ Ganzini et al: Journal of General Internal Medicine (J Gen Intern Med) 2008 Feb; 23(2):154-7

⁷ http://www.ncea.aoa.gov/Main_Site/pdf/publication/FinalStatistics050331.pdf

Testimony of Catherine Gardiner
S.B. No. 803
February 7, 2011
Page 2

Not only would family members or other beneficiaries try to coerce the patient into requesting an overdose prescription, but government health care programs, managed care programs, and others are given the opportunity to cut health care costs by doing the same. Although S.B. 803 states that it would prohibit coercing or the use of undue influence on a patient, the bill did not prohibit health care providers, insurance companies or others from suggesting lethal prescriptions. This has happened to patients in Oregon, such as Barbara Wagner, whose insurance company would not pay to treat her illness, but would, however, cover the lethal drug for assisted suicide.⁸ Again, a similar law here would hurt our citizens, even with the coercion safeguards.

If we let the door open on this issue, it may very well lead to legalizing physician assisted suicide for children and infants, or even go so far as murder. Why not, right? The Netherlands is a quintessential example of this as we have seen their similar law progress from a well-intentioned option to one where a child can now obtain lethal medications without parental notification. Dr. Greg Hamilton, a Portland psychiatrist confirms this "slippery slope" theory when he said, "Those promoting assisted suicide *promised* Oregon voters that it would be used *only for extreme pain and suffering*. Yet there has been no documented case of assisted suicide being used for untreatable pain. Instead, patients are being given lethal overdoses because of psychological and social concerns, especially fears that they may no longer be valued as people or may be a burden to their families."⁹

Put as many safeguards in the bill as you wish—the fact of the matter is that it has not worked in the past (as evidenced by Oregon, Washington, the Netherlands, and Belgium) and it will not work for us. Again, I ask that you vote NO to any proposed bill to prevent the potential horrendous consequences, however unintended they might be.

Very respectfully,
Catherine Gardiner

Note: The reason I consistently used Oregon as a prime example of how the Death with Dignity Act is unacceptable legislation is because it was the first government in the world to legalize physician assisted suicide and thus has had the most time to track the "side-effects" to such "medical treatment."¹⁰ We have not been able to witness such horrific consequences in the state of Washington since they passed it only two years ago. Given enough time, however, we will undoubtedly see effects in Washington that match those in Oregon. Please understand that there is much more information against physician assisted suicide which I did not include for the sake of brevity.

⁸ <http://www.kval.com/news/26140519.html>

⁹ <http://www.ortl.org/index.php/assisted-suicide/safeguards-dont-work/29?task=view>

¹⁰ <http://www.nrlc.org/medethics/What%20We%20have%20Learned%20from%20Oregon.pdf>

LATE TESTIMONY

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 4:13 PM
To: HTHTestimony
Cc: cmukai@hawaii.edu
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: Cecilia Mukai
Organization: Individual
Address: 27 Hualilili St. Hilo
Phone: 808-935-7050
E-mail: cmukai@hawaii.edu
Submitted on: 2/6/2011

Comments:

I oppose SB 803 as I don't not believe that Physician assisted suicide should be legalized. The drastic act of ending a life can be seen as the only option for someone when more options to improve quality of life may be available and, even, more desireable. Please do not allow physician assisted suicide in Hawaii.
Aloha, Cecilia Mukai

LATE TESTIMONY

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

February 6, 2011

To: The Senate Health Committee
From: Margaret Scow
Re: Strongly OPPOSE SB 803, relating to "Death with Dignity"

**LATE
TESTIMONY**

Dear Chairman, Senator Josh Green & Committee Members,

I strongly OPPOSE SB 803, Doctor-Prescribed Death. One of the reasons I oppose this bill so strongly is because I don't believe a teenager at the age of 18 is capable of making a sound decision based upon the limited life they have lived (only 18 years), the limited experiences they have had and especially when an 18 year old is diagnosed with a terminally ill disease and he/she is in pain. A wrong decision to end his/her life, no matter what age, might be made under difficult circumstances.

When I was 31 years of age, I was experiencing such intense pain in my back and the medication that was prescribed to me wasn't working well so I actually prayed to God and asked Him to take my life. God didn't take my life and I'm glad He didn't because I spoke those words when I was in difficult circumstances and in excruciating pain. At the time, I meant what I said but later I regretted what I said. At the time, the pain was difficult to bear. I'm afraid people will sign a Death Consent Form, like the one described in this bill and regret it later – but it may be too late if they are dead.

Also, I know that none of us can create life by ourselves and therefore, we shouldn't have the authority to take life, either. Only God knows how long a person is supposed to live. Perhaps God will heal them of their terminal illness.

When my son was only 8 weeks young, he was diagnosed with an **incurable respiratory disease**. To this day, there is no cure for the illness that my son had. However, I read and studied all the Scriptures in the Bible on healing and prayed for my son, daily. My son was confined to our home and I was told by six different doctors and the atheist Pulmonologist that Matthew would never be able to go to school or play sports. The doctor's report was that my son Matthew would have to stay in the house 24 hours a day, 7 days a week except when he traveled to the doctor's for his weekly doctor's appointment. He took 7 medications, daily and had to breathe into the Pulmonary Aid at least 4 times a day.

When Matthew was 7 ½ months, he was completely healed! The former atheist doctor is now a Christian who believes the Bible and confirmed Matthew's miraculous healing. Matthew went to school: Elementary School, Middle School and High School. He played sports extremely well, going to the Regionals on Maui in Junior Tennis and scoring numerous goals in soccer. Matthew also excelled at baseball and his Mililani Baseball team went on to the Sectionals. This month is Matthew's birthday. He will be 21. He is nearly 6 feet tall and in perfect health. **Although Matthew was diagnosed with a terminal respiratory disease, God healed him.**

Another incident occurred last year on January 1st, 2010. My classmate's son-in-law had an accident and was in a coma. Keeping him alive in the hospital was very costly for his new wife of two years. Chris was not responding at all - he went into the coma a couple weeks before Christmas. The doctor said that if Chris did come out of the coma, that he would be a "vegetable" and that his quality of life would be terrible. My classmate told me about Chris and I told her that even though Chris' physical body was not responding, his "spirit man" was very much alive. I gave her a Scripture

from the Bible and told her to speak it out loud to Chris every time she visited him. The Scripture I gave her was from Psalm 118:17 which says:

I shall not die, but live, and declare the works of the LORD. Psalm 118:17

**LATE
TESTIMONY**

But I told her to tell it to Chris, personally: **"Chris, you shall not die, but live, and declare the works of the Lord."**

Chris' wife, my classmate's daughter couldn't afford the medical bills and was planning on "pulling the plug" around January 7th. But every time my classmate visited Chris, she spoke the Scripture to him. Also, I told her to play Bible CD's for him through the night when they weren't there and I told her not to let anyone in the room that would speak "death."

On January 1, 2010, Chris came out of the coma! He was not a "vegetable" but remembered all his family and friends by name, gained all of his memory back and shortly after he came out of the coma, Chris went back to work. Today, Chris is in perfect health and unless he told you, you would never know that he was in a coma.

Hebrews 9:27 says, **"And as it is appointed unto men once to die, but after this the judgment:"**

We all have a day appointed unto us for death. God makes this appointment. No one should alter it or move up the appointment. For only God knows the future.

I leave you with this Scripture:

For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11 NIV

Sincerely,

Margaret Scow

green1 - Karen

LATE
TESTIMONY

From: Sukwah Grace Lin [sukwahlin@earthlink.net]
Sent: Sunday, February 06, 2011 11:55 PM
To: HTHTestimony
Subject: *****SPAM***** OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Sirs and Mdms,

I strongly oppose the SB 803 Relating to Death with Dignity.

I am a registered dietitian with an intense interest in looking into nutritional and natural supplements. I also have great facinations with emotional and spiritual healing.

In the recent years, there have been multiple scientific breakthroughs. As an eye witness of how so many lives were changed or rescued while they were previously considered hopeless cases, and how the quality of their lives were restored, I see that having the physicians assisting someone to die is a cowardly, pessimistic and premature way to deal with desperate situations.

My observation over the years is that many people ONLY look to allopathic medicine for answers to sicknesses, while they are wholistic individuals with spirit, soul and body. Even when we look at a person in the physical level, a person needs more than synthetic medicine to help. They need good clean nutrition plus many other things.

Part of the vows that physicians made is to "give no deadly medicine to anyone..." I absolutely think that it is inappropriate for a physician to end a person's life just because a person is discouraged about a situation. So instead of going to a dead end street with someone who is discouraged, I recommend doctors, patients, administrators, legislators to look into other possibilities, including the multiple scientific breakthroughs that have come up or are coming up. At times, they may not even be synthetic medicines. The solutions may be a lot cheaper in the monetary sense than they imagine.

Please, life is precious and valuable. We need to be proactive instead of pessimistic in the way we deal with life.

Sincerely,
Sukwah Grace Lin

LATE TESTIMONY

TESTIMONY IN **OPPOSITION TO SB 803**: RELATING TO DEATH WITH DIGNITY

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

FROM: Betty Lou Larson, Resident of Hawaii
1330 Wilder Ave. #122, Honolulu, HI 96822

Hearing: **Monday, 2/7/11, 2:45 pm; Auditorium**

Chair Green, Vice Chair Nishihara and Members of the Committee on Health:

Thank you for the opportunity to provide written testimony IN OPPOSITION to SB 803.

As an elder and a retiree, I am very concerned about this bill. This bill opens the door to abuse, depression and changes the societal norm that life is valued. I agree that no one should die a painful death. Medical treatments are advancing and there are better pain management and medical alternatives than in the past. This bill is not needed to reduce pain! True death with dignity is ensuring that resources are available so our citizens have access to these options. When my mother was dying of pancreatic cancer, Hospice provided exceptional help to both Mom and the family.

I am also especially concerned about the Right to Die becoming a Duty to Die. With rampant elder abuse and growing financial abuse of the elderly, this sets the stage for our culture to focus on "less costly" options to medical or long term care. Seniors already do not want to "be a burden" to their families. Family dynamics can put this burden upon elderly family members. The elderly, disabled and others who are depressed may seek this as a "less costly" option. A study of hospice patients who were terminally ill found that only those diagnosed with depression considered suicide or wished death would come early. We need to treat depression and make mental health services available. We need to focus on providing the compassionate care and alternatives that people need

I respectfully urge you to HOLD this bill. Thank you very much for listening and for taking action to affirm that every life is valuable.

green1 - Karen

From: Juliet Begley [jbegley002@hawaii.rr.com]
Sent: Monday, February 07, 2011 12:22 AM
To: HTHTestimony
Subject: Testimony in Support of SB803, Americans for Democratic Action - Hawaii Chapter

February 6, 2011

Senate Committee on Health

Senator Josh Green, M.D., Chair

Senator Clarence K. Nishihara, Vice Chair

Testimony supporting SB803 "Relating To Death With Dignity"

Monday, February 07, 2011

2:45 p.m.

Capitol Auditorium

Dear Chair Green, Vice Chair Nishihara and Committee Members:

My name is Juliet Begley; I am the Vice-President of the Hawaii Chapter of Americans for Democratic Action. DWD is an issue our organization has supported for over a decade. Many of our members

are stalwart supporters of this needed legislation, and so ADA asks you to pass out SB803 and allow this bill to move forward.

**LATE
TESTIMONY**

Thank you.

Juliet Begley

Phone (808) 366-5619

green1 - Karen

**LATE
TESTIMONY**

From: Sukwah Grace Lin [sukwahlin@earthlink.net]
Sent: Sunday, February 06, 2011 11:55 PM
To: HTHTestimony
Subject: *****SPAM***** OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Sirs and Mdms,

I strongly oppose the SB 803 Relating to Death with Dignity.

I am a registered dietitian with an intense interest in looking into nutritional and natural supplements. I also have great facinations with emotional and spiritual healing.

In the recent years, there have been multiple scientific breakthroughs. As an eye witness of how so many lives were changed or rescued while they were previously considered hopeless cases, and how the quality of their lives were restored, I see that having the physicians assisting someone to die is a cowardly, pessimistic and premature way to deal with desperatte situations.

My observation over the years is that many people ONLY look to allopathic medicine for answers to sicknesses, while they are wholistic individuals with spirit, soul and body. Even when we look at a person in the physical level, a person needs more than synthetic medicine to help. They need good clean nutrition plus many other things.

Part of the vows that physicians made is to "give no deadly medicine to anyone..." I absolutely think that it is inappropriate for a physician to end a person's life just because a person is discouraged about a situation. So instead of going to a dead end street with someone who is discouraged, I recommend doctors, patients, administrators, legislators to look into other possibilities, including the multiple scientific breakthroughs that have come up or are coming up. At times, they may not even be synthetic medicines. The solutions may be a lot cheaper in the monetary sense than they imagine.

Please, life is precious and valuable. We need to be proactive instead of pessimistic in the way we deal with life.

Sincerely,
Sukwah Grace Lin, M.S., R.D.

LATE TESTIMONY

green1 - Karen

From: Sallie Phelps [ojsdphelps@gmail.com]
Sent: Monday, February 07, 2011 1:14 AM
To: HTHTestimony
Subject: SB (803)

I can't think of anyone I know personally that would even think of an idea that this bill is trying to propose to the American people, but I oppose it and I am part of "We the People" so please take note of my opposition. I could give you a list a mile long of WHY I oppose it but I would hope you already have that list from the thousands of other people who stand with me on this. Next I guess our government will be saying cannibalism is O"K for the homeless because they're hungry. My Gosh! Let's get real and have a little respect for our human race. This bill is absurd!!!! Thanks

LATE TESTIMONY

I am respectfully asking you to please vote NO regarding SB 803. I would first like to point out a misnomer written in the last section of the bill, in section 3, part c which states: "(c) This chapter shall not authorize mercy killing, assisted suicide, euthanasia, etc.". SB 803 is entitled "Death with Dignity", but in actuality it is Physician-Assisted suicide because the process described in this bill is essentially the following: the patient requests to die, then physicians assist the patient in committing suicide by providing a drug. For all intents & purposes, this is physician-assisted suicide.

To pass this bill would be a huge mistake. The physician-patient relationship will be strained and trust will be lost. Patients entrust us (I say us because I am a physician) with their most personal information, and consult us to help them make very delicate decisions regarding their life. The only way this system works is by having a trusting relationship. To approve this bill puts physicians in a "conflict of interest" type of position. Patients *and their families* need to know that a protection exists for them to insure that "DO NO HARM" (Hippocratic Oath) will be upheld by their physician at all cost. It is contradictory for a physician, who has taken an oath to help patients and to DO NO HARM, to be providing medication that will lead to a patient's death. The family may be very upset with the physician if the patient kills them self without letting them know. This bill allows this to happen. By virtue of the existence of this bill, the physicians' intentions will be put into question. All patients and their families are vulnerable and will be conflicted if they know in the back of their minds that their doctor could give them medication that will lead to their death. They may wonder if their doctor has given them all of the options available not only here in Hawaii, but also on the Mainland. If they are financially disadvantaged, they may worry that their physician will not try as hard to save them, because they are underinsured or uninsured. They may wonder if they were given a bleak outlook or not all of the options because they are perceived to be poor, and it would cost society or the hospital more financially to treat them. The truth is that no physician absolutely knows how long a patient will live, even when the patient is diagnosed with cancer. I personally have seen several patients live far beyond the predicted time.

If a patient is told they are terminal and should not live beyond a certain time, during that time a promising cure or successful clinical trial may come about that they may be eligible for. Take for an example what the prognosis of HIV infection was a few years ago, and what it is now. With new therapies, patients can live normal lives, provided they remain compliant on their medication. Ongoing research is constantly coming out with cures and major improvements in the quality of life, and even the quality of treatment. It is possible that a patient may find a cure for their illness on the Mainland, if given the time to explore other possibilities. For an example, I had a good friend who needed a liver transplant to live, and was placed on the transplant list here in Honolulu. I asked her if she was offered a partial liver transplant, as opposed to a complete transplant. The partial transplant is not performed here in Hawaii, but is only performed at specialized centers on the Mainland. It is much easier to acquire a partial liver versus a whole liver, because it can come from a living donor. She said no, this option was never explained to her. By this time, it was too late to have her transferred to pursue this; she was too sick. She may have been cured if she had pursued this option earlier. There are many options for treatment available in the Mainland that are not available here. Patients may need time to work toward this end, after digesting the news of their illness. This bill assumes that doctors know how long a patient will live; no doctor has a crystal ball. If a patient gives up because they've been given a textbook percentage of their probable survival, they may miss out on an opportunity to get a new treatment down the line, or in a different place. Many unforeseen mitigating factors may be missed because they felt gave up.

SB 803 is very deficient in another important way. In paragraph 39, # 5 it states: "A report of the outcome and determinations made during counseling, *if performed*". [Counseling was described as being for a psychiatric or psychological disorder causing impaired judgment.] What this means is that there is no requirement for a psychiatrist to evaluate the patient prior to them making a decision to commit suicide. By making the counseling optional, this bill is assuming that the patient's oncologist or primary care doctor is qualified to determine if a patient is depressed or

LATE TESTIMONY

severely impaired in their judgment. This simply is not the case, especially for such a lethal decision. It is not unusual for a patient to become depressed by not only a terminal diagnosis and prognosis, but also by the disease itself. For an example, pancreatic cancer is known to cause depression, even in the early stages when a patient is not aware they have the disease. On top of this, a patient will realistically become depressed if given news they are terminal and hopeless, so their ability to make a decision is impaired by virtue of a diagnosis that is hopeless.

The potential for abuse of this law is a reality, as seen in the Netherlands. After an entire decade of having this physician-assisted suicide established, 26% of patients are now killed without giving their consent. This opens the door to "legalized killing" by physicians. Simply put, as physicians, we should not be in a position to "Play God". Our role is to serve the patient toward health to the best of medical sciences' ability. In the future, patients may worry that their doctor will want to kill them to get their organs to sell (on the off-chance that their organs are usable).

This may sound far-fetched, but in other countries, this is a happening right now. Our current medical knowledge assures us that almost no patient needs to be in pain. We have many effective means of controlling pain now, even without using narcotics and mind-altering drugs. In fact, Pain Management is a specialty unto itself. There are several physicians who specialize in just that, and clinics are set up exclusively to control pain. Therefore, excessive pain is not a significant consideration for this bill.

There is a process to dying that is emotionally and spiritually healing to the patient and family. The process of death is important for settling unfinished business of a personal nature and / or unreconciled problems or relationships. The dying person needs to feel that he has achieved the support and acceptance of his fate by those he leaves behind. Hospice Care is a dignified way to accomplish this. Hospice Care emphasizes focusing on the patient rather than the disease. The patient's psychological and spiritual well-being is addressed, as well as the physical aspects of terminal illness. Let us not forget the needs of the patient's family, which is addressed with Hospice Care. SB 803 gives no consideration to the family who may not even be notified that their love one is planning to commit suicide. They should be given consideration and time to adjust to the passing of their loved one in a Hospice-type of setting.

In summary, No physician should be in a position to order a medicine to kill a patient. This creates a conflict of interest and threatens the trust between patient and doctor. Physicians take an oath to DO NO HARM, and should be expected to uphold it. There is no crystal ball to predict exact times for survival, or what treatments may come up over time. If a patient gives up because they've been given a textbook percentage of their probable survival, they may miss out on the opportunity to get a new treatment, or health care in a different place. The potential for abuse of this law is a reality, and the consequences are deadly. As physicians, we should not "Play God". Our role is to serve the patient toward health to the best of medical sciences' ability. Pain can be well-controlled for most patients in today's world of medicine. The family and patient need to go through the stages of grieving and loss in order to find peace, and in some cases be reconciled, which takes time. Hospice is how a dying person can transition into the next dimension with grace and dignity, receiving emotional and spiritual healing. After all, death is on the continuum of LIFE.

Thank you for listening,

Constance A. Wong, M.D.

green1 - Karen

**LATE
TESTIMONY**

From: Donna [alohadonna@hawaii.rr.com]
Sent: Monday, February 07, 2011 7:01 AM
To: HTHTestimony
Subject: SB 803 (Doctor assisted suicide)

I am opposed to SB 803 on many levels not the least of which is that it violates the Hippocratic oath of a doctor to "do no harm".

Today too many times principle is violated for expediency. Increased costs may never be the measure for a decision to KILL the patient. Where is the trust in one's doctor when his/her basic duty to protect the patient is totally usurped by cost cutting and the of devaluing life?

When you look at the track record of a decade of doing just this in the Netherlands TWO of their own government studies showed that in an average of 26% of these cases the patients were euthanized without their consent and in one of the studies 21% of the patients who were "killed without their consent were competent". [P.J. Van Der Maas, J.J.M. Van Delden, L. Pijnenborg, *Euthanasia and Other Medical Decisions Concerning the End of Life* (Amsterdam: Elsevier Science Publishers, 1992), pp. 73, 75, 181-182.] [P.J. Van Der Maas, G. Van Der Wal, I. Haverkate, et al. "Euthanasia, Physician Assisted Suicide, and Other Medical Practices Involving the End of Life in the Netherlands, 1990-1995," *New England Journal of Medicine* (1996): 335, pp. 1699-1705.]

The possibilities for abuse are quite literally unconstitutional in their scope.

This bill is diametrically opposed to the duty of the legislature to protect life as a constitutional right and degrades the duty of physicians.

Respectfully,
Donna Goldcamp
45 Kai Nani Pl.
Kailua, HI 96734



PRO-LIFE MINISTRIES THAT CHANGE LIVES

P.O. BOX 3158, GRAND RAPIDS, MICHIGAN 49501 [mail]

616.257.6800 [tel], 616.257.6805 [fax]

b4life@bfl.org [email], www.bfl.org [internet]

February 7, 2011

Hawaii State Senate Health Committee

Statement Concerning SB803 Relating to Death with Dignity

My name is M. Thomas Lothamer. I am the executive director of Baptists for Life, a national pro-life organization based in Grand Rapids, Michigan. Although it is not our mission to lobby governments, as a 501(c)3 we can still speak out in support of the sanctity of human life when opportunities arise. Not only do we represent pro-life Baptists across the country, we also take it as our mandate to protect the weak and vulnerable wherever possible.

The bill in question, SB803, endangers people who are frail, elderly, and nearing the end of life. It also impinges on the conscience rights of doctors and turns their profession from one of healing to medicalized killing. As has become evident in Oregon and the Netherlands, the legalization of physician assisted suicide quickly devolves to full-blown euthanasia – with or without the individual's consent.

Baptists for Life joins with groups such as Hawaii Physicians for Compassionate Care in calling the Senate of Hawaii to fulfill their role of protecting vulnerable citizens. We also stand in support of physicians who maintain the highest standards of medicine – alleviating suffering without taking lives and providing comfort to the sick and dying. When we don't abandon people at the hour of greatest need, they don't resort to killing themselves or requesting suicide assistance.

Through the LIFT ministry designed by Baptists for Life, volunteers from local churches enhance the efforts of life-honoring medical personnel by providing friendship and support to people with chronic and terminal illnesses, and to their families. Care recipients of LIFT have their needs met while knowing they are not alone, not abandoned.

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 8:00 AM
To: HTHTestimony
Cc: alahoku@aol.com
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

**LATE
TESTIMONY**

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

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: JEAN LEONG
Organization: Individual
Address:
Phone:
E-mail: alahoku@aol.com
Submitted on: 2/7/2011

Comments:

Thank you for representing Hawaii's people which includes my husband and me.

Please oppose SB 803, for any form of physician-assisted suicide is a destructive immoral response to illness or disability. Suicide will always be WRONG. Suicide disrupts the inherent dignity of life rather than give dignity. It is really a judgement of misguided mercy. It is bad policy and harmful to the well being of our people of Hawaii.

As Gov. Neil Abercrombie said during the 2010 campaign, physician-assisted suicide would be too divisive and issue and urged lawmakers to focus on hospice and palliative care.

We oppose SB 803 and we pray for your diligent support in positive alternatives, eg. more effective pain management, better diagnosis and treatment, and greater utilization of hospice and palliative care services.
Thank you for listening

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 8:40 AM
To: HTHTestimony
Cc: www@us.army.mil
Subject: Testimony for SB803 on 2/7/2011 2:45:00 PM

**LATE
TESTIMONY**

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

Conference room: AUDITORIUM
Testifier position: oppose
Testifier will be present: No
Submitted by: Charles Brockner
Organization: Individual
Address:
Phone:
E-mail: www@us.army.mil
Submitted on: 2/7/2011

Comments:
Please STOP SB 803. Only God should play God.

Thank you

The Twenty-Sixth Legislature
Regular Session of 2011

**LATE
TESTIMONY**

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

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

**STATEMENT OF THE ILWU LOCAL 142 ON S.B. 803
RELATING TO DEATH WITH DIGNITY**

The ILWU Local 142 supports S.B. 803, which allows a terminally ill, competent adult to receive medication to end life and provides immunity from civil and criminal liability to professionals for acting in good faith, but prohibits mercy killings, lethal injections, and active euthanasia.

Simply put, this bill allows a terminally ill person to have a **choice**. To die with dignity rather than live a life bereft of quality and meaning.

Some may argue that medication to control pain is all a person should need or want. But that argument raises a significant point: what other options are there? If the only option is intractable pain, most will opt for medication. But some may opt against any medication that will leave them unable to remain conscious or competent to enjoy their last days. The current law allows only these two options: medication to ease pain or no medication which leads to a painful death.

Others may raise the "slippery slope" argument, that the terminally ill will choose death for the "wrong" reasons. Those reasons may be to spare their loved ones the expense of medical care or the time and effort to provide care. Or choose death because of growing depression. However, the bill provides for safeguards to ensure that the patient is competent, making an informed decision, and has the opportunity to reconsider that decision.

While some may say this law will allow too many terminally ill patients to choose death, in actuality, only a few will opt for this choice. In Oregon, where a similar law was passed more than a decade ago, relatively few have elected this final option--but they did have a choice.

Choice will be available for physicians as well. Those who understand and want to honor a patient's choice may prescribe lethal medication without fear of prosecution or retaliation. However, those who, for their own reasons, do not want to help another to die may decline.

The ILWU urges passage of S.B. 803. Thank you for the opportunity to share our views on this matter.

green1 - Karen

**LATE
TESTIMONY**

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 8:43 AM
To: HTHTestimony
Cc: praisegf7@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: No
Submitted by: Rev. Velma E. Mariano
Organization: Individual
Address: 644 Waihona Street Wailuku Hawaii
Phone: 808-244-0808
E-mail: praisegf7@hotmail.com
Submitted on: 2/7/2011

Comments:

I believe this bill will and can bring harm to myself and my family

green1 - Karen

LATE
TESTIMONY

From: Carol Denis [carold2654@hawaiiantel.net]
Sent: Sunday, February 06, 2011 7:36 PM
To: HTHTestimony
Subject: SB 803



This e-mail is to confirm that I am against the Physician-Assisted Suicide Bill (SB 803) that will be heard in your Senate Health Committee on Feb. 7th, 2011.

I believe that Physician-assisted suicide represents a final and extremely destructive response to an illness or disability.

Instead, I would suggest the following positive alternatives: more effective pain management, better diagnosis and treatment of depression and greater use of hospice and other care services. Life is so beautiful, from conception to natural death.

It is my prayer that each of you will remain open to all life and make the proper choice against SB803.

Thank you,
Carol Denis
PO Box 90
Hilo, Hi 96721

green1 - Karen

**LATE
TESTIMONY**

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 7:26 PM
To: HTHTestimony
Cc: tjbhawaii@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: No
Submitted by: Thomas Butler
Organization: Individual
Address: 81-10754 Captain Cook Rd. A Captain Cook
Phone: 808-328-9031
E-mail: tjbhawaii@hotmail.com
Submitted on: 2/6/2011

Comments:

Dear Senators,

I oppose the upcoming bill deemed PAS because It has been found that most of the ill who want to die do because the are depressed and would be able to be treated for depression. With the pain killing technology we have today and the hospice care available the ability to,"die with dignity" can be attained without physicians having to do away with the centuries of trusted care they have traditionally given to us for life not death.

green1 - Karen

LATE
TESTIMONY

From: Hawaii Right to Life [office@hrtl.org]
Sent: Sunday, February 06, 2011 7:26 PM
To: HTHTestimony
Subject: OPPOSE SB 803

Dear Senate Health Committee Chair Green, M.D.,

My name is Janet Grace and I strongly oppose HB 803 what in my opinion is Doctor Prescribed Death.

Death with Dignity with the definition of killing people by an outside agent is ludicrous. We are a civilized society and all innocent human beings are worthy of protection from being killed/murdered under the full mantle of the law.

How crazy to think we can be so arrogant and decided who has a right to live and who doesn't. What competent person wants to kill themselves? Maybe a clinically depressed person who can be treated with proper medical care...but no one really wants to die. Desperate people make these irrational, illogical decisions (that I'm sure you've read reports from Oregon, Washington State, Montana and even throughout Europe of the lack of "safeguards" to these deadly laws) that leave much heartache and pain for many.

If my dad told me he wanted to kill himself I would be devastated. This is insane.

What about all of our Kupuna who have poured so much legacy and stability into our beautiful Hawaii Nei and we start discarding them and throwing them under the bus - for a lot of reasons they cost too much money to care for? Our we serious? Beautiful Hawaii will soon be lost.

What message are we sending our keiki and youth. Life has that little value that we can kill people at our choosing? This is a scary message to give our kids. The cycle of abuse and neglect will escalate to epic proportions.

I have SO MUCH for to express on my opposition to these deadly bills but understand you are inundated and will stop here.

Thank you sincerely for taking the time to read my testimony.

**LATE
TESTIMONY**

Wailua Brandman APRN-Rx BC

Ke'ena Mauiola Nele Paia, LLC

615 Piikoi Street, Suite 1509

Honolulu, HI 96814

Written Testimony Presented Before the
Senate Committee on Health

Wailua Brandman APRN-Rx PMHCNS/NP-BC
Testimony in Support with requested Amendment
February 7, 2011, 2:45 p.m.

SB 803 RELATING TO Death with Dignity

Chair Green, Vice Chair Nishihara and members of the Senate Committee on Health.

I Thank you for this opportunity to provide testimony on this bill,

SB 803, which adds a chapter to the HRS, entitled Death with Dignity.

While I support the intent of this bill, I find the language biased toward the "physician" which may include a psychologist, but not an advance practice registered nurse (APRN), who may be the patient's primary care provider or who may be the only provider attending to the patient's mental health needs. While I agree that the provider prescribing the medication to end life should be a physician, the other providers of the patient's overall health care should NOT be restricted to physicians. APRNs are currently providing primary care and are also providing primary psychiatric services to the citizens of Hawai'i; they are licensed to assess, diagnose, create treatment plans and initiate them, prescribe pharmacologic and non-pharmacologic treatment and devices within the scope of their practices and evaluate the patient's response to the treatment.

I currently treat a patient with a terminal illness; should he request Death with Dignity, it would be a hardship for him to find another psychiatric provider dictated by this bill in its current form due to his healthcare coverage and shortage of mental health providers in Hawai'i. My consultation to the physician prescribing a medication to end life with dignity should be recognized and respected as a competent opinion.

Therefore, I strongly recommend that SB 803 be amended to include the

following:

- 1) Define APRN;
- 2) Include APRN in all the instances in the bill referring to the other providers of the patient's care.

**LATE
TESTIMONY**

- 3) Replace all instances of the word "physician," except for the physician prescribing the medication to end life, with provider neutral language such as "health care provider."

I appreciate your continuing support of nursing and healthcare in Hawai'i. Thank you for the opportunity to testify.

Wailua Brandman APRN-Rx PMHCNS/NP-BC

Immediate Past President, Hawai'i Association of Professional Nurses

Clinical Director Ke`ena Mauiola Nele Paia LLC

Medical Co-Director Freedom Recovery Services Inc.

Prescribing Provider for Care Hawai'i Community Based Case Management

green1 - Karen

**LATE
TESTIMONY**

From: Gary Fuchikami [wh6c@yahoo.com]
Sent: Sunday, February 06, 2011 5:51 PM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Dear Members of the Senate Health Committee,

I'm writing to express my opposition to the "physician-assisted suicide" bill before you. You can call it whatever you want to pretty it up, but taking a life is either murder or suicide. Physicians have all taken an oath to preserve life, NEVER to take it and it would be wrong for them to kill under any circumstance. How can they ever justify "healing" someone with the very same hands that killed?

Please do not move this bill out of committee. I'm certain that something like this should at least be left up to the voters, of which I'm sure most of Hawaii's people oppose such a bill.

Respectfully yours,

Gary Fuchikami
Ewa Beach

green1 - Karen

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 07, 2011 9:33 AM
To: HTHTestimony
Cc: jihsan1000@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: jacquelin ihsan
Organization: Individual
Address: 747 kokomo place honolulu hi
Phone: 808 393 2351
E-mail: jihsan1000@yahoo.com
Submitted on: 2/7/2011

**LATE
TESTIMONY**

Comments:

I oppose physician assisted suicide as it is against the laws of nature and suicide.

CHRISTIAN VOICE of HAWAII

Standing for Righteousness in the Public Square
Post Office Box 23055 • Honolulu, Hawai'i 96823

**LATE
TESTIMONY**

SENATE COMMITTEE ON HEALTH

PUBLIC HEARING:

FEBRUARY 07, 2011 - 2:45 PM

CAPITOL AUDITORIUM

TESTIMONY IN OPPOSITION TO SB 803 RELATING TO DEATH WITH DIGNITY

CHAIR JOSH GREEN, VICE-CHAIR CLARENCE NISHIHARA and MEMBERS OF THE SENATE COMMITTEE ON HEALTH:

Aloha. I offer this testimony today on behalf of Christian Voice of Hawaii, a network of more than 800 ministers from many denominations throughout Hawaii. The network involves pastors and leaders of numerous faith-based ministries that are active in providing support services in communities throughout the islands — from homeless shelters, to food distribution, family counseling, medical care, elderly and hospice care, social and spiritual counseling, assisting un-wed mothers, problem pregnancies, child services, education and so forth.

The members of the Christian Voice of Hawaii network register our **OPPOSITION** to **Senate Bill 803** – euphemistically called, “DEATH WITH DIGNITY.”

First of all, we will refer to **SB 803** by what it actually seeks to accomplish: DOCTOR ASSISTED SUICIDE or, DEATH BY PRESCRIPTION.

Secondly, what SB 803 espouses, doctor assisted suicide, is not the same as a patient’s individual right to die. There are clear distinctions in the circumstances and the moral and ethical choices available.

Third, legalizing death by prescription provides inordinately strong financial incentives for insurance companies and government bureaucracies to coerce patients toward offing themselves. It will cause insurance companies and government to exert undue influence on a person’s end-of-life decisions; to use death as a cost-cutting “treatment.”

Fourth, doctors, hospitals and insurance companies often make mistakes in prognosticating when a person will die. Often, patients in a life-or-death situation will recover and live considerably longer productive, meaningful lives. Those of us in the faith community each can attest to first-hand knowledge of many miraculous recoveries by the divine intervention of God through prayers.

Fifth, people under stress make poor choices. To put a patient under extreme stress into the position of making a choice that is as irreversible as death, is awful. It will be like

LATE TESTIMONY

extracting a confession under torture. Most people will say anything when subjected to enough pain. This is not the right decision-making climate for the patient. This is like the game show host asking, "Is this your final answer?" and the contestant dies as the result.

Sixth, putting doctors into the position of "helping" patients kill themselves is morally and ethically reprehensible. The doctors' sole purpose should be to preserve life, not to take life or assist someone to take his/her life. For the sake of the integrity of the profession there should never be cause for the public to have the slightest doubt that their physician only administers life-giving and life-preserving medicine. SB 803 would undermine the doctor-patient trust so crucial for the healing process.

Above all there is God, and there is the profound mitigating factor of prayer. Even though this body may not believe it needs God in its decision-making, it should not impose the same standard on the people of Hawaii, especially in life or death situations. Please do not unleash the motives of corporate profit and government "fiscal responsibility" into the equation of living or dying. And please do not try to veil this under the misguided prescription of "compassion."

These are just some of the profound reasons why the members of the Christian Voice of Hawaii network implore you not to pass **SB 803**.

Respectfully submitted,



Leon Siu
Director,
Christian Voice of Hawaii

green1 - Karen

LATE
TESTIMONY

From: Matt Binder [mattbinder@earthlink.net]
Sent: Sunday, February 06, 2011 8:39 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 Matthew Binder, I am a teacher on the Big Island and I support the passage of SB803.

Anyone who has seen a loved one die knows that this is not a simple issue of a right way and a wrong way to die. There are so many decisions to be made and each one is personal and excruciating. Letting a person suffer to satisfy religious proscriptions is so cruel.

When religious fanatics try to tell you that "only God can decide when a person must die," they are trying to force their religious opinions into law. We must resist this for the same reason we resist religious discrimination against gays and for the same reason we resist teaching creationism instead of real science. Government has a duty to serve the needs of the people, not the whims of the religious institutions.

Please do not let the religious fanatics push you around. Do what you know is the right thing to do, as you did with Civil Unions.

Thank you.

Matt Binder
Kealakekua
324-0430

green1 - Karen

**LATE
TESTIMONY**

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 8:42 PM
To: HTHTestimony
Cc: stevesagucio@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: Steve Sagucio
Organization: Individual
Address: 1448 Thurston Ave. #4 Honolulu, Hawaii
Phone: (808) 521-1629
E-mail: stevesagucio@aol.com
Submitted on: 2/6/2011

Comments:

I strongly believe that only God has that power to end a person's life.

green1 - Karen

**LATE
TESTIMONY**

From: Charlene Mato [charm@hawaiiantel.net]
Sent: Sunday, February 06, 2011 8:52 PM
To: HTHTestimony
Subject: Physician Assisted Suicide

As a "Christian believer"/human being. I sincerely believe it's not the physician's decision to assist in the suicide of his patient. It would be the family member or Power of Attorney's decision. How would it be the Physician's place to make such a decision as serious as a person's life?

The physician could commit a murder & no one would question his/her intentions or motives if this law should pass. GOD FORBID!

Charlene Mato
(808) 221-3155



2/6/2011

To Members of the Senate Health Committee

I am writing on behalf of the Board of Directors of Disability Rights Hawaii. We are writing to oppose SB803, the bill fallaciously entitled "Death with Dignity." It is our opinion that a bill to legalize assisted suicide is contrary to the interests of the disabled citizens of Hawaii.

Some thoughts on the basis of our opposition:

Most people find the idea of taking a pill to end their life a very comforting and appealing option. At first glance, we too would want to have all options available, were we tired of living. But that doesn't make legalizing assisted suicide good public policy.

We're very unhappy to hear that the legislature is one again considering legalizing physical assisted suicide. We are strongly opposed to legalizing medical killing. We ask you to search your conscience and consider the difference between thinking of assisted suicide is a personal choice, and realizing how complex it is to develop sound public policy.

As a public-minded citizens and persons with disabilities who deal with the challenges and chronic pain associated with disability every day, we have been studying this issue and are horrified that:

- (1) in the Netherlands, euthanasia is sliding down the slippery slope of "termination without specific request";
- (2) the protections in the Oregon law are essentially meaningless if action was taken with "good intent";
- (3) some HMO administrators consider assisted suicide a reasonable cost-containment strategy;
- (4) many people - - including doctors - - are ignorant about disability and think that needing to ask for help is a fate worse than death;
- (5) doctors are often too afraid of liability to offer enough medication to effectively manage pain;
- (6) many doctors know little about pain management or end-of-life care;
- (7) many people don't know that suicidal depression, even that which often accompanies terminal illness, is treatable.

We the Board of Directors of Disability Rights Hawaii do not trust in our ability to write laws that are precise enough to guard against a poorly informed medical community or general public. Please take a stand against SB803.

[Of the seven members of the Board of Directors of DRH, five have affirmed this submission two have been unable to respond on this short deadline. The Board of Directors in the past has gone on record to oppose legalization of assisted suicide.]

Sincerely,



Ron Amundson, Secretary
Disability Rights Hawaii
ronald@hawaii.edu
POB 5575, Hilo, HI 96720

**LATE
TESTIMONY**

green1 - Karen

**LATE
TESTIMONY**

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 06, 2011 8:59 PM
To: HTHTestimony
Cc: oellien@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: Patricia J Oellien
Organization: Individual
Address: 51-339 Kamehameha Hwy Kaaawa
Phone: 808-237-8008
E-mail: oellien@hawaii.rr.com
Submitted on: 2/6/2011

Comments:

This bill would be bad for my loved ones and the people of Hawaii. Please do NOT let this form of murder become legal.

Patrica J Oellien

SANDRA G. Y. YOUNG

Attorney at Law
Pearlridge Office Center, Suite 402
98-211 Pali Momi Street
Aiea, Hawaii 96701
Telephone: (808) 487-8464

**LATE
TESTIMONY**

February 6, 2011

THE HON. JOSH GREEN, M.D., Chair
THE HON. CLARENCE K. NISHIHARA, Vice-Chair
Members of the Health Committee
State Capitol
Honolulu, HI 96813

Re: Strong Opposition to **SB 803** (Death with Dignity)
Hearing Date and Time: February 7, 2011; 2:45 p.m.

Dear Chair Green, Vice-Chair Nishihara and Members of the Health Committee:

I strongly oppose the Physician Assisted Suicide Bill for following reasons.

1. Physician Assisted Suicide would be destructive to the physician-patient relationship. The doctor, now an instrument of life and healing, would become an instrument of death. How can the infirm, poor or elderly or the families of these people trust the doctor when the doctor performs or is willing to assist the patient in ending his/her life?

In reaffirming its long-standing opposition to physician assisted suicide, the American Medical Association has stated that physician assisted suicide "... threatens the very core of the medical profession's ethical integrity" and is "... fundamentally inconsistent with the physician's professional role." American Medical Association, Council on Ethical and Judicial Affairs, Code of Medical Ethics Reports, Vol. V. No. 2 (July 1994), Report 5, Physician Assisted Suicide, 269 and 274, respectively. Further, the JAMA has stated that "allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling and other modalities. Patients near the end of life should continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. "Decisions Near the End of Life," adopted June 1991, and "Physician-Assisted Suicide," adopted December 1993 (JAMA. 1992; 267: 2229-2233); updated June 1996.

**LATE
TESTIMONY**

2. Physician assisted suicide would destroy the value of human life. Under current criminal laws, human life is sacred and accorded the highest protection, as violations result in severe criminal penalties. Modifying the policy to allow physicians to terminate the lives of their patients would diminish the value of human life and open the doors to abuse, injustice, and a host of problems.

3. Our social policy should be on suicide prevention, as it is the eighth leading cause of death in the country. "Studies that examine the psychological background of individuals who kill themselves show that 95 percent have a diagnosable mental disorder at the time of death. Furthermore, "[l]ike other suicidal individuals, patients who desire suicide or an early death during a terminal illness are usually suffering from a treatable mental illness, most commonly depression." New York State Task Force Report, When Death is Sought – Assisted Suicide and Euthanasia in the Medical Context (May 1994), at 9, 11, 13 (footnotes omitted).

4. The focus for patients who are suffering from physical illness or disease should be on providing palliative care. If PAS were legalized, palliative care may be diminished. Oregon, the first state to legalize PAS, ranks dead last in palliative care. It also ranks last in paid ombudsmen who advocate for the elderly. In addition, patients suffering from mental illness, particularly depression, should receive appropriate treatment for their condition.

5. The most vulnerable members of our society would be susceptible to exploitation, abuse, coercion and undue influence. The "right to die" will become a "duty to die" because patients do not want to be a burden to their families and to society. Where will be the dignity in that? For these reasons and others, I ask that you do not pass the Physician Assisted Suicide bill. Thank you for your attention and time, as well as your service to the people of Hawai'i.

Very truly yours,

SANDRA YOUNG

green1 - Karen

From: Sandra Young [sandrayoungesq@yahoo.com]
Sent: Sunday, February 06, 2011 9:11 PM
To: HTHTestimony
Subject: Opposition to SB803 (Physician Assisted Suicide)
Attachments: pas.2.6.11.pdf

**LATE
TESTIMONY**



Dear Sir/Madam:

My letter of opposition to SB 803 (Physician Assisted Suicide) is attached.

Sandy

Sandra G.Y. Young

Attorney at Law

98-211 Pali Momi Street, Suite 402

Aiea, HI 96701

(808) 487-8464

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green1 - Karen

From: prayer center of the pacific [prayercenterpacific@hawaii.rr.com]
Sent: Sunday, February 06, 2011 9:21 PM
To: HTHTestimony
Cc: 'prayer center of the pacific'
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity

Importance: High

**LATE
TESTIMONY**

SB 803 Physician Assisted Suicide Bill
February 7, 2011 Auditorium

Dear Senate Judiciary Committee:

My name is Pastor Virginia Domligan
The Prayer Center of the Pacific

Human life is sacred, at all cost we must preserve it
Death is a part of life
Death is a process that needs to be understood
Sickness causes death or death comes naturally

Physician Assisted Suicide is inhumane
We must preserve death with dignity

Here in our beloved State of Hawaii we have excellent Hospice care who offers pain management for the terminally or chronically ill patient

I came to testify of my parents who passed my father died of natural causes he was 96. Before he passed he was progressively shutting down physically. My conversation to his Physician on the telephone was I think my daddy is dyeing I explained all the things that was taking place he said you can bring him in or you can care for him at home. My choice was to let my Father die with dignity in peace. The night before his death I asked him when you die where you going he said to heaven he had peace with God. I changed his clothes changed his linen cook his favorite dinner latter that night put him to bed and prayed over him. The next morning I got up to check he was gone he died in peace.

My mother had terminal cancer, she was given three months to live the cancer was in her esophagus. I had a meeting with the staff from Hospice at Saint Francis Hospital they explained the process of death medically. As my mother got progressively weaker we put her in a care home and was able to bring her home to visit. She had excellent care her pain was managed. At the last hour of her life she talked to all of her children I held her right hand my brother her left until she took her last breath. My mother died with dignity her pain was managed Hospice walked us through the process of death with great compassion. My family is forever grateful.

I strongly oppose Physician Assisted Suicide it will open the door to euthanasia. A case in point is in the Netherlands where doctors have practiced doctor-assisted suicide and euthanasia for more than a decade, 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. **I urge you not to allow SB 803 to pass this Judiciary Committee**

February 6, 2011

LATE TESTIMONY

Re: SB803 (Physician Assisted Suicide)

To our State Legislators:

We are dismayed to see that the question of physician assisted suicide has been raised in our State of Hawaii. An individual's decision to take his or her own life is always a matter of deep tragedy, for which compassion rather than judgment is appropriate. Nonetheless, it is a very different matter when we involve the medical profession in facilitating such action. From time immemorial physicians, as expressed in the Hippocratic Oath, have governed their conduct, which has such power over ordinary people, by the principle of doing no harm. The fact that an individual may request his or her own life to be ended does not detract from the fact that the deliberate ending of a life is a harmful action.

Were laws to be put in place that would permit medical personnel to assist in a person's decision to end his or her own life, the public perception of the medical profession would inevitably become compromised. Going to a hospital in the State of Hawaii would begin to be something ambiguous and terrifying, especially for older people, those with HIV/AIDS, and the homeless. There will always be the suggestion that perhaps it would be more "generous" of them to request assisted suicide, once it was legal, and so ease their fear that they may be a "burden" to others. The value of human life would be seen as disposable, even in what ought to be the safe haven of a hospital.

While it may be that the present proposals seriously limit the scope of physician assisted suicide and allow for doctors to opt out for reasons of conscience, the fact remains that legalizing assisted suicide implies some kind of right to it, with the implication that as a right, such a service ought to be provided. What would be the situation if there were only a small number of physicians available, or even one, that did not wish to end a patient's life, even if he or she requested it? Would it not inevitably be the case that doctors would be expected to fulfill the request once such a law was in place, and, therefore, be obliged to commit an act that they can see only as murder? A longer term result of this would be the kind of young people who hold a stronger view about the value of human life would feel unable to enter the medical professions, since at some point they might be compelled to perform actions which, although legalized, would go against their deepest instincts.

Our State of Hawaii already has so many human and social problems that we feel we are astonished that SB803 is being considered. We feel that it would only serve to open up so many dark prospects for those of our citizens who feel unwanted and hopeless about themselves.

As we said at the beginning, a person's desire to end their own life is something the rest of us should look upon only with deep compassion and grief, but the question of this legislation has to do, rather, with the role of the medical profession and its image in the eyes of our citizens.

We respectfully ask you to reject SB803.

Sincerely,

Fr. Paul and Gabrielle Burholt

**LATE
TESTIMONY**

green1 - Karen

LATE
TESTIMONY

From: Margaret Scow [jonlovesmargaret@yahoo.com]
Sent: Monday, February 07, 2011 9:46 AM
To: HTHTestimony
Subject: OPPOSITION TO SB 803 Relating to Death with Dignity
Attachments: Letter to OPPOSE Doctor-Prescribed Death Bill SB803.doc

Aloha Senator Green & Health Committee Members,

Here is my letter in strong OPPOSITION to Doctor-Prescribed Death. My letter is also attached.

Mahalo!
February 6, 2011

To: The Senate Health Committee
From: Margaret Scow
Re: Strongly OPPOSE SB 803, relating to "Death with Dignity"

Dear Chairman, Senator Josh Green & Committee Members,

I strongly OPPOSE SB 803, Doctor-Prescribed Death. One of the reasons I oppose this bill so strongly is because I don't believe a teenager at the age of 18 is capable of making a sound decision based upon the limited life they have lived (only 18 years), the limited experiences they have had and especially when an 18 year old is diagnosed with a terminally ill disease and he/she is in pain. A wrong decision to end his/her life, no matter what age, might be made under difficult circumstances.

When I was 31 years of age, I was experiencing such intense pain in my back and the medication that was prescribed to me wasn't working well so I actually prayed to God and asked Him to take my life. God didn't take my life and I'm glad He didn't because I spoke those words when I was in difficult circumstances and in excruciating pain. At the time, I meant what I said but later I regretted what I said. At the time, the pain was difficult to bear. I'm afraid people will sign a Death Consent Form, like the one described in this bill and regret it later – but it may be too late if they are dead.

Also, I know that none of us can create life by ourselves and therefore, we shouldn't have the authority to take life, either. Only God knows how long a person is supposed to live. Perhaps God will heal them of their terminal illness.

When my son was only 8 weeks young, he was diagnosed with an **incurable respiratory disease**. To this day, there is no cure for the illness that my son had. However, I read and studied all the Scriptures in the Bible on healing and prayed for my son, daily. My son was confined to our home and I was told by six different doctors and the atheist Pulmonologist that Matthew would never be able to go to school or play sports. The doctor's report was that my son Matthew would have to stay in the house 24 hours a day, 7 days a week except when he traveled to the doctor's for his weekly doctor's appointment. He took 7 medications, daily and had to breathe into the Pulmonary Aid at least 4 times a day.

When Matthew was 7 ½ months, he was completely healed! The former atheist doctor is now a Christian who believes the Bible and confirmed Matthew's miraculous healing. Matthew went

to school: Elementary School, Middle School and High School. He played sports extremely well, going to the Regionals on Maui in Junior Tennis and scoring numerous goals in soccer. Matthew also excelled at baseball and his Mililani Baseball team went on to the Sectionals. This month is Matthew's birthday. He will be 21. He is nearly 6 feet tall and in perfect health. **Although Matthew was diagnosed with a terminal respiratory disease, God healed him.**

Another incident occurred last year on January 1st, 2010. My classmate's son-in-law had an accident and was in a coma. Keeping him alive in the hospital was very costly for his new wife of two years. Chris was not responding at all - he went into the coma a couple weeks before Christmas. The doctor said that if Chris did come out of the coma, that he would be a "vegetable" and that his quality of life would be terrible. My classmate told me about Chris and I told her that even though Chris' physical body was not responding, his "spirit man" was very much alive. I gave her a Scripture from the Bible and told her to speak it out loud to Chris every time she visited him. The Scripture I gave her was from Psalm 118:17 which says:

I shall not die, but live, and declare the works of the LORD. Psalm 118:17

But I told her to tell it to Chris, personally: **"Chris, you shall not die, but live, and declare the works of the Lord."**

Chris' wife, my classmate's daughter couldn't afford the medical bills and was planning on "pulling the plug" around January 7th. But every time my classmate visited Chris, she spoke the Scripture to him. Also, I told her to play Bible CD's for him through the night when they weren't there and I told her not to let anyone in the room that would speak "death."

On January 1, 2010, Chris came out of the coma! He was not a "vegetable" but remembered all his family and friends by name, gained all of his memory back and shortly after he came out of the coma, Chris went back to work. Today, Chris is in perfect health and unless he told you, you would never know that he was in a coma.

Hebrews 9:27 says, **"And as it is appointed unto men once to die, but after this the judgment:"**

We all have a day appointed unto us for death. God makes this appointment. No one should alter it or move up the appointment. For only God knows the future.

I leave you with this Scripture:

For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future. Jeremiah 29:11 NIV

Sincerely,

Margaret Scow

Are you ready for Jesus Christ's return? Don't be getting ready.....Be ready!

February 6, 2011

To: The Senate Health Committee
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**LATE
TESTIMONY**

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**LATE
TESTIMONY**

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Sincerely,

Margaret Scow

Testimony in opposition to SB 803, by Chris Niemczyk. Sunday, Feb. 6, 2011

Good morning Mr. Chairman and members of the committee. I appreciate this opportunity in addressing you this morning. Once again, the issue of Physician Assisted Suicide is being debated before the Hawaii State Legislature, more commonly referred to as the Death with Dignity bill. One must ask if anyone exercises this option in hastening their death is any more dignified than those who don't choose this option.

The advocates of Physician Assisted Suicide argue that this bill will only give those who have been declared 'terminally ill' and have six months or less to live, the option to end their lives to alleviate pain and suffering and the end of life. No one wants to see anybody suffer undue pain. Physician Assisted Suicide should never be an option. I believe, as do many others, that there are many other alternatives which should be considered instead of Physician Assisted Suicide. Here I would like to thank the Legislators' efforts in past years of making

LATE TESTIMONY

palliative care and pain management more available. This is where the State's focus should remain. The whole emphasis of our society is based on the preservation of life. The Declaration of Independence states that everyone has a right to life, liberty and the pursuit of happiness. The whole essence of the medical profession is to save and to preserve life. Legalizing Physician Assisted Suicide, the whole essence of society and the medical profession would change. The advocates argue that this is only a voluntary choice made by themselves and the doctor. In reality, it is ultimately the State making the decision on which groups can live or die, setting a dangerous precedent. Once the decision has been made, society's attitudes towards Physician Assisted Suicide will slowly change. The numbers of people and groups demanding to be included under this law will only continue to grow.

Already in the twelve years I've been fighting against PAS bills, I've watched as the emphasis has slowly shifted from concerns over pain management to the issue of being a burden

to one's family and the issue of choice. In some sense, I can empathize with those who are concerned about end of life care, having dealt with the medical profession throughout my life. Sometimes professionals do not always have the best bed-side manner. This is particularly true in nursing homes, where one's fears are rightfully so concerned about the loss of one's dignity. On the other hand, it is the professional and their attitude which must be dealt with and not the patient with the legal means in which to kill themselves. Although I know this is not in the proposed legislation, these are common arguments that proponents of Physician Assisted Suicide use to advocate their position.

Furthermore, these arguments are alarming for many of us in the disability community who may have personal care issues, such as dressing and toilet assistance. For some who have never had to deal with these issues before, this is humiliating, but in the disability community, it is accepted as a fact of life.

These concerns may seem far fetched, but in societies, such as the Netherlands, which have already legalized Physician Assisted Suicide for

the terminally ill, the practice very quickly spread to include those who were chronically ill, the elderly suffering from dementia, to those suffering from depression, which now include youth as young as twelve. In Oregon, some nurses gave patients suffering from dementia the medication to kill themselves. This was a violation of Oregon's physician assisted suicide law. In spite of the safeguards in place, such events still occur. The nurses were charged with violating the law, however, they were only punished by temporary suspension of their licenses. Another concern that I have, is that if physician assisted suicide were to be made legal is how insurance companies would interpret the law.

In Oregon, Barbara Wagner, an individual suffering with breast cancer, was denied by her insurance company the experimental chemotherapy that she sought was too expensive but that they would pay for the drugs for physician assisted suicide. There is the case of Kate Cheney, who initially sought a physician who would prescribe the lethal medication necessary for suicide. Her family physician

refused on the grounds that he felt that she was being coerced by family members. She found another doctor who prescribed the pills. Initially, Kate refused to take the pills, but after spending time in a nursing home, she thought she had three choices: burdening her family, the hell of a nursing home, or death. So she took the pills. Thus, doctor shopping is a very real concern.

Within the last few years, the Netherlands has even gone a step further in legalizing the euthenization of infants born with birth defects. Two years ago, Belgium legalized Physician Assisted Suicide, and already they are considering a bill which would legalize the euthenization of infants born with birth defects. In my mind, this is very disconcerting. As a person born with cerebral palsy, a birth defect, I find this both appalling and scary. The proponents argue that this could never happen here, however we already have some bioethicists, such as Peter Singer at Princeton, arguing that parents should have the right to kill their children that were born prematurely up to a month after their birth. Of course, these dire

predictions will not happen overnight. It took
the Netherlands twenty years to get there.

**LATE
TESTIMONY**