SB1129

Measure Title: RELATING TO HEALTH.

Report Title: Health; Death with Dignity

Description: Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

Companion:

Package: None

Current Referral: CPH, JDL

Introducer(s): K. RHOADS, Inouye, Kidani, Ruderman

TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2017

ON THE FOLLOWING MEASURE:
S.B. NO. 1129, RELATING TO HEALTH.

BEFORE THE:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

DATE: Wednesday, February 15, 2017 **TIME:** 8:30 a.m.

LOCATION: State Capitol, Room 229

TESTIFIER(S): Douglas S. Chin, Attorney General, or
Angela A. Tokuda, Deputy Attorney General

Chair Baker and Members of the Committee:

The Department of the Attorney General provides the following comments.

The purpose of this bill is to enact a death with dignity law, modeled after Oregon's death with dignity law, as a new chapter in the Hawaii Revised Statutes (HRS). The bill provides safeguards to ensure that a terminally ill adult who chooses to request medication to end the individual's life is able to do so and also retains the right to rescind the request.

We recommend that several issues in this measure should be addressed.

(1) We recommend that on page 4, line 2, a definition of "health care facility" should be included. As the bill is currently written, it is unclear what constitutes a health care facility. We recommend including the definition of "health care facility" in section 323D-2, HRS.

(2) To receive a prescription for medication to end a person's life, the person must make both oral and written requests, with the written requests witnessed by two adults. For an individual residing in a long-term care facility the bill, at page 6, lines 17 - 21, requires one of the witnesses to be designated by the facility, with qualifications specified by the Department of Human Services. It is the Department of Health that regulates long-term care facilities, so we suggest that reference should be to the Department of Health instead.

(3) The bill at page 13, lines 11 through 20, states that "[o]nly requests made by residents of this State under this chapter shall be granted." Current Hawaii law does not prohibit a Hawaii licensed physician or osteopathic physician from treating out-of-state residents. Requiring a terminally ill adult to establish residency (with documentation listed on page 13, lines 15 – 20, of the bill) could make it difficult for an out-of-state terminally ill adult to benefit from this chapter. Requiring individuals to be residents of this State may be challenged as unconstitutionally discriminating against out-of-state adults who seek treatment under this chapter.

(4) The bill at page 16, lines 1 – 12, does not provide immunity from liability for health care facilities participating in the activities under the measure, although it does provide immunity for persons (page 16, lines 1 – 10). We suggest including on page 17, following line 12:

> (5) No health care facility shall be subject to civil or criminal liability for participating in good faith compliance with this chapter, including but not limited to the designation of a witness for an adult who makes a written request when residing in a long term care facility.

(5) We recommend that several statutes be amended to conform to this measure. First, we suggest adding these two new sections to the bill:

SECTION __. Section 327E-13, Hawaii Revised Statutes, is amended by amending subsection (c) to read as follows:

"(c) This chapter shall not authorize mercy killing, assisted suicide, euthanasia, or the provision, withholding, or withdrawal of health care, to the extent prohibited by other statutes of this State[~~.~~]; except that this subsection shall not apply to actions taken under chapter ___."

SECTION __. Section 327H-2, Hawaii Revised Statutes, is amended by amending subsection (b) to read as follows:

"(b) Nothing in this section shall be construed to:

` (1) Expand the authorized scope of practice of any licensed physician;

(2) Limit any reporting or disciplinary provisions applicable to licensed physicians and surgeons who violate prescribing practices; and

(3) Prohibit the discipline or prosecution of a licensed physician for:

(A) Failing to maintain complete, accurate, and current records that document the physical examination and medical history of a patient, the basis for the clinical diagnosis of a patient, and the treatment plan for a patient;

(B) Writing false or fictitious prescriptions for controlled substances scheduled in the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or in chapter 329;

(C) Prescribing, administering, or dispensing pharmaceuticals in violation of the provisions of the Federal Comprehensive Drug Abuse Prevention and Control Act of 1970, 21 United States Code 801 et seq. or of chapter 329;

(D) Diverting medications prescribed for a patient to the licensed physician's own personal use; and

(E) Causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual; provided that it is not "causing, or assisting in causing, the suicide, euthanasia, or mercy killing of any individual" to prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment may increase the risk of death, so long as the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in causing, death for any reason, except actions taken under chapter .”

Second, we also recommend amending relevant criminal statutes, such as section 707-701.5, HRS, and section 707-702, HRS, to be consistent with this chapter. We will be happy to work with the Legislature on appropriate wording.

(6) These areas also should be clarified to conform with the Legislature’s intent:

- (a) On page 9, line 20, the term “identified agent of the patient” needs to be defined.
- (b) The bill on page 16, lines 4 – 10, is overbroad and vague as to who is protected from “civil or criminal liability.” This section needs to identify who is protected and what conduct is being protected.
- (c) If the Legislature intends that the qualified patient must self-administer the medication, that should be made explicit. It is implied at page 8, lines 3 – 6 (note the reference to "when the patient takes the medication"), but the bill does not specifically require self-administration.

If the Committee proceeds with this measure, we respectfully request that these recommended changes be made.

DAVID Y. IGE
GOVERNOR OF HAWAII

VIRGINIA PRESSLER, M.D.
DIRECTOR OF HEALTH

STATE OF HAWAII
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Testimony COMMENTING on SB1129 RELATING TO HEALTH.

SENATOR ROSALYN BAKER, CHAIR
SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Hearing Date: February 15, 2017 Room Number: 229

Fiscal Implications: Undetermined costs for proposed medical records reviews.

Department Testimony: The Department of Health offers technical comments only and takes no position on the merits of allowing mentally competent adults with six or fewer months to live to request and be dispensed prescription medication with which to end their life.

<u>Licensure of Attending Provider</u>

Amend the definition of "Attending physician" to "Attending provider," consistent with chapter 327K, "Provider Orders for Life-Sustaining Treatment," which limits professions that may prescribe medications for the purpose of ending an individual's life to physicians licensed pursuant to chapter 453 and advanced practice registered nurses licensed pursuant to chapter 457. Similar amendments should be made to references to "physicians" throughout SB1129, as apropriate.

The department notes that other licensed health care providers may also prescribe and dispense certain medications such as dentists, optometrists, and naturopathic physicians, or dispense certain medications with standing orders.

<u>Reporting Requirements</u>

SB1129 proposes records reviews and reporting requirements for the Department of Health that appear to serve no public health purpose, unlike and by contrast mandated reporting by health care providers of certain diseases. Furthermore, the collection of information for "compliance with this chapter" would not be well served by record sampling and may be better adjudicated by relevant professional boards.

Regardless of a reporting scheme, the department questions whether any records should be made available for inspection by the public even under very limited and defined circumstances. As a result, page 14, line 10 should be amended from "may not be made available" to "shall not be made available for inspection by the public."

Offered Amendments: See body of testimony.

Kōkua Mau
“Continuous Care”
Hawaiʻi Hospice and Palliative Care Organization

February 13, 2017

Dear Chair Baker, Co-Chair Nishihara and members of the committee,

I am glad to have the opportunity today to submit testimony on SB 1299.

I currently serve as the Executive Director of Kōkua Mau, Hawaii Hospice and Palliative Care Organization. We have taken a stance of **studied neutrality** on medical aid in dying as we believe this important issue requires more discussion and examination before any policy decisions are made or laws are adopted. We welcome the opportunity to be a part of the conversation.

We have members on both sides of the issue and see the need for a well-informed discussion on a variety of aspects of this proposed measure including:

- Creating safeguards for vulnerable people including elderly and disabled,
- Developing provider training to ensure well-informed and balanced conversations,
- Ensuring training on existing hospice, palliative care and support services,
- Researching actual experiences in Oregon and Washington which have had Medical Aid in Dying for a longer period but have different outcomes,
- Examining the consequences of implementing such a measure given other funding and staffing priorities, and
- Researching funding and support needed to implement the measure including reporting requirements, data collection, oversight, funding mechanisms, health plan involvement, provider safeguards, patient supports, and grief and bereavement support for loved ones.

For more than 17 years, Kōkua Mau has been the state’s leading advocate to raise awareness about the value of quality care throughout someone’s life, including the end of life. Our membership is composed of a broad base of physicians, nurses, social workers, chaplains, spiritual care professionals, and others in the community who have collectively made the topics of palliative and hospice care easier to discuss with loved ones. Despite our progress, we see that there is still a need to encourage more conversations to provide greater clarity on the benefits of palliative and hospice care for individuals and their loved ones as well the importance of discussing and documenting people’s wishes for care in an Advance Healthcare Directive and POLST, if appropriate.

There are three points I would like to make

1. **The Need for More Extensive Development and Use of Hospice and Palliative Care**

We believe the real challenge before us as a community is to make sure everyone understands the value of palliative and hospice care and how and where to access it. Hospice continues to have negative associations because people may not want to talk about dying or they feel they are giving up on loved ones by calling hospice rather than understanding that they are bringing into the home an extra layer of support that hospice professionals offer.

Palliative care is often seen as a last resort, not as specialized care that supports a person with serious illness and their loved ones while they are pursuing curative treatments. Through HMSA and UHA, high quality hospice in the home is available on all our islands and palliative care is now available at most hospitals. However, there is a need for more palliative care, especially community-based options, and we need to look at funding mechanisms to make this possible.

We know that some groups may tend to focus on negative outcomes for those diagnosed with life-limiting conditions. They forewarn patients to expect the worst; that they can expect to only have bad days and uncontrollable suffering ahead of them; and that aid in dying is the only way to take control of their destiny. Our concern is that painting these types of pictures leaves out the alternatives of palliative and hospice care, the very things that Kōkua Mau has fought so hard to promote in our community and whose positive impact is well-documented.

2. Comprehensive Team Approach to Care to Restore Patients Sense of Control

Our healthcare system consists of primary care providers (PCPs) and specialists. PCPs refer patients to specialists when there is a need for providers who have expertise for specific health conditions. In cases in which specialists such as oncologists determine their patients need expert assistance to control the pain, symptoms, or emotional, spiritual or social stress caused by their illness, these specialists can call in other colleagues who specialize in palliative or hospice care so that their patients can enjoy the best quality of life. A critical part of palliative and hospice care is restoring these patients' sense of control over their treatments and their destiny especially since they may feel their illness has robbed them of this control.

We believe virtually all patients diagnosed with a serious illness can benefit from quality palliative and hospice care and recognize the need and benefit to have more people take advantage of these services earlier.

3. Conversations on Wishes for Care

Kōkua Mau's vision is to build a community where it is the norm for people to have conversations with their loved ones about their wishes and goals for care. We see that these conversations are crucial for preventing crisis. It will help families who are struggling to ensure they receive the best care possible.

We encourage everyone 18 and older to complete an Advance Healthcare Directive which is a document that lets you appoint an agent if you cannot speak for yourself and lets you indicate your wishes for care at the end of life. After nearly two decades, it is our experience that far too few people have these conversations in a meaningful way and this is a concrete, inexpensive step that can increase people's sense of control, support caregivers, and genuinely impact the care people receive.

We should never discount the tremendous value that palliative and hospice care offers patients. We are confident that as more in our community embrace hospice care and experience palliative care as well as have discussions about advance care planning, more people and their loved ones will be able to experience a better quality of life until their last breath.

Thank you for the opportunity to submit testimony today and am happy to provide further input on this topic.

Sincerely yours,

Jeannette Koijane
Executive Director
jkoijane@kokuamau.org

PRESENTATION OF THE
BOARD OF NURSING

TO THE SENATE COMMITTEE ON
COMMERCE, CONSUMER PROTECTION, AND HEALTH

TWENTY-NINTH LEGISLATURE
Regular Session of 2017

Wednesday, February 15, 2017
8:30 a.m.

WRITTEN TESTIMONY ONLY

TESTIMONY ON SENATE BILL NO. 1129, RELATING TO HEALTH.

TO THE HONORABLE, ROSALYN H. BAKER, CHAIR,
AND MEMBERS OF THE COMMITTEE:

My name is Lee Ann Teshima, Executive Officer for the Board of Nursing ("Board"). I appreciate the opportunity to testify on Senate Bill No. 1129, Relating to Health. The Board takes no position on the intent of this bill but is requesting that advanced practice registered nurses ("APRNs") be included under the definition of "Counseling", which includes a state licensed psychiatrist or psychologist.

The recognition of APRNs and their practice will allow more access to health care services qualified APRNs are able to provide.

Thank you for the opportunity to submit written testimony on Senate Bill No. 1129.

ACLU
AMERICAN CIVIL LIBERTIES UNION
of HAWAIʻI

Committees: Commerce, Consumer Protection, and Health
Hearing Date/Time: Wednesday, February 15, 2017, 8:30 a.m.
Place: Room 229
Re: *Testimony of the ACLU of Hawaii in* ***Support*** *of S.B. 1129, Relating to Health*

Dear Chair Baker, Vice Chair Nishihara, and Committee Members:

The American Civil Liberties Union of Hawaii ("ACLU of Hawaii") writes in support of, with a requested amendment to, S.B. 1129, which allows competent, terminally ill adults to obtain prescription medication to end their own life.

The ACLU of Hawaii strongly supports the right to bodily autonomy, which includes, among other things, the right to refuse treatment, the right to access necessary medical care, and the right to make personal decisions about how to spend one's final days. Six states — Oregon, Montana, California, Vermont, Washington, and Colorado — have legalized physician-assisted death.

While the ACLU of Hawaii is unaware of any documented widespread abuse, it is important that any physician-assisted death legislation include proper safeguards to prevent abuse or coercion. In order for physician-assisted death to truly be a choice, it must not be the only option. Patients must have access to information about pain medication, and palliative care must be readily available. Patients should never be pressured or coerced into requesting life-ending medication, whether by a doctor, spouse, or family member. S.B. 1129 provides adequate safeguards to address these concerns.

The ACLU of Hawaii ultimately supports this measure, but respectfully requests the Committee to amend S.B. 1129 to eliminate any reference to "death with dignity," which erroneously implies that individuals who rely on caretakers to assist with basic life functions live with less dignity than others. For this reason, the ACLU of Hawaii requests that the term "death with dignity" be replaced with either "physician-assisted death" or "medical aid in dying."

Thank you for this opportunity to testify.

Mandy Finlay

Mandy Finlay
Advocacy Coordinator
ACLU of Hawaii

The mission of the ACLU of Hawaii is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawaii fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawaii is a non-partisan and private non-profit organization that provides its services at no cost to the public and does not accept government funds. The ACLU of Hawaii has been serving Hawaii for 50 years.

LGBT
CAUCUS
FORMED IN 2001

LGBT CAUCUS
DEMOCRATIC PARTY OF HAWAIʻI

THE FIRST CAUCUS OF THE
DEMOCRATIC PARTY
OF HAWAIʻI

February 13, 2017

Senate's Committee on Commerce, Consumer Protection and Health
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, HI 96813

Hearing: Wednesday, February 15, 2017 – 8:30 a.m.

RE: **STRONG SUPPORT for Senate Bill 1129** – RELATING TO HEALTH

Aloha Chairperson Baker, Vice Chair Nishihara and fellow committee members,

I am writing in STRONG SUPPORT to Senate Bill 1129 on behalf of the LGBT Caucus of the Democratic Party of Hawaiʻi. SB 1129 establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

The preamble to the platform of our great party states, "The abiding values of the Democratic Party are liberty…and compassion and respect for the dignity and worth of the individual. At the heart of our party lies a fundamental conviction that Americans must not only be free, but they must live in a fair society."

In recognition of the sanctity of individual rights, especially that most personal and private right to avoid prolonged suffering if terminally ill, last June our party formalized our many years of support for the issue, adding a resolution to our platform urging lawmakers to legalize medical aid in dying in the islands.

HHS 2016-02 On Death With Dignity resolves:

"That the Democratic Party of Hawaiʻi urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawaiʻi residents are provided with a full range of end of life options, including a decision to advance the time of death, and provide safeguards to ensure patients are in control if they choose [medical aid in dying]."

The resolution was adopted two weeks before the enactment of California's End of Life Option Act that went into effect June 9, 2016, tripling the percentage of terminally ill Americans who have option to choose medical aid in dying from 4 to 16 percent. Subsequent to that, the voters of the state of Colorado in November 2016 passed a ballot measure authorizing medical aid in dying. Later that same month, the Washington, D.C. City Council passed a resolution to that effect.

A legal, accessible medical aid in dying option for Hawaiʻi is a top priority for the LGBT Caucus and the Democratic Party of Hawaiʻi. As we've researched the issue and talked to members, we are struck by the desperate, violent measures some terminally ill kamaʻaina have been forced to take, alone and in secrecy, to end their suffering. Some have resorted to shooting or hanging themselves—one person's aunty hung herself from the garden gate—, leaving family members devastated and traumatized at their inability to help a member of their own ʻohana to pass peacefully, surrounded by loved ones.

Some palliative care doctors will say that the pain and anxiety management they provide is sufficient, and for many, it is. However some kamaʻaina perhaps don't wish to be subjected to what's euphemistically known as "terminal sedation," addled by ever increasing doses of morphine until they lose consciousness and eventually stop breathing.

Ironically, some doctors who are opposed to medical aid in dying say it is wrong or immoral to prescribe life-ending medication to anyone, no matter what the circumstance. Yet these same doctors somehow subscribe to the questionable "principle of double effect," which allows them to justify the administration of potentially life-ending doses of medication if their main intent is to end suffering – even if they know the medication will cause death.

How is that moral? How is that right? How is that preferable to allowing an adult who is terminally ill, with six months or less to live, and who is mentally capable of making their own health care decisions, and who is acting under their own free will with no coercion, to have the option to request, obtain and self-administer their own life-ending medication in order to die peacefully, on their own terms?

Our party is the party of personal freedom and liberty. Who are we to deny this most personal liberty to the people of Hawaiʻi?

Thank you, Chair and Members of the Committee, for your thoughtful consideration and of SB 1129.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
LGBT Caucus for the DPH

Testimony on SB 1129, The Hawaiʻi Death with Dignity Act
Kat West, National Director of Policy & Programs, Compassion & Choices
Hawaiʻi Senate Commerce, Consumer Protection and Health Committee
February 13-15, 2017

Introduction

Good morning Chair and Members of the Committee. My name is Kat West, Director of Policy & Programs for Compassion & Choices, the nation's oldest and largest nonprofit organization working to improve care and expand choice at the end of life. We are here today to express our support for SB 1129, the Death with Dignity Act, and its goals of improving the quality of end-of-life care for Hawaii's terminally ill patients and their families.

What is Medical Aid in Dying?

Medical aid in dying refers to a medical practice in which a mentally capable, terminally ill adult with six months or fewer to live may request from his or her physician a prescription for a medication that the he or she can self-administer to achieve a peaceful death when, and if, their suffering becomes unbearable. Many dying patients suffer, even with the best care and pain management. Terminally ill people should have a full range of end-of-life options, whether for disease-specific treatment, palliative care, refusal of life-prolonging treatment and the right to request medication the patient can choose to self-administer to shorten a prolonged and difficult dying process.

Voter Support for Medical Aid in Dying is Strong

Numerous polls from a variety of sources, both nationally and at the state level, demonstrate that the American public consistently supports medical aid in dying. In Hawaiʻi, a recent poll[7] demonstrated overwhelming support from voters (80%). In 2016, a Lifeway Research survey put national support for medical aid in dying at 67%. Majority support spanned a variety of demographic groups including White Americans (71%), Hispanic Americans (69%), more than half of Black, Non-Hispanic Americans (53%); aged 18 to 24 (77%), 35 to 44 (63%) and 55 to 64 (64%); with some college education (71%), with graduate degrees (73%) and with high school diplomas or less (61%). Majority support also included most faith groups, including Christians (59%), Catholics (70%), Protestants (53%), those of other religions (70%) and those who identified as non-religious (84%).

Physician Support for Medical Aid in Dying is Strong

Among U.S. physicians, support for medical aid in dying is also strong. A December 2016 Medscape poll[8] of more than 7500 U.S. physicians from more than 25 specialties demonstrated a significant increase in support for medical aid in dying from 2010. Today well over half (57%) of the physicians surveyed endorse the idea of medical aid in dying, agreeing that "Physician assisted death should be allowed for terminally ill patients." Additionally, most of the medical associations in authorized states currently have neutral positions on medical aid in dying including Oregon, California, Washington and Colorado.

SB 1129

The bill you are considering is modeled after the groundbreaking Oregon Death with Dignity Act, which was drafted over 20 years ago, during a time when no other state authorized the medical practice of aid in dying. In a growing number of jurisdictions, lawmakers like yourselves are

examining the Oregon experience and developing legislative approaches that are appropriate for them. SB 1129 is sound legislation based on a proven track record.

Established Process: Eligibility Criteria and Core Safeguards

SB 1129 establishes strict eligibility criteria as well as guidelines that meet the highest standard of care for the medical practice of aid in dying as described in clinical criteria published in the prestigious and peer reviewed Journal of Palliative Medicine. To be eligible for aid-in-dying medication, an adult must be terminally ill, with a prognosis of six months or less to live and mentally capable of making his or her own healthcare decisions. In addition to the strict eligibility criteria, SB 1129 establishes core safeguards including that the attending physician must inform terminally ill adults requesting medical aid in dying about other end-of-life options including comfort care, hospice care and pain control and the terminally ill adult must self-administer the aid-in-dying medication.

Additional Regulatory Requirements

SB 1129 requires that a consulting physician must confirm the terminal diagnosis, prognosis of six months or less to live and mental capability of the terminally ill individual requesting this option. If either the attending or consulting physician is unable to determine whether the individual has mental capacity in making the request, a mental health professional (psychiatrist or psychologist) must evaluate the individual and ensure that they are capable of making their own healthcare decisions prior to a prescription being written.

The terminally ill adult must make two verbal and one written request to their doctor that is signed by two witnesses; the doctor must offer the individual multiple opportunities to withdraw their request; and inform the individual that they may withdraw their request at any time or choose not to take the medication.

Voluntary Participation

A healthcare provider may choose whether to voluntarily participate in medical aid in dying. The bill ensures that no doctor or pharmacist is obligated to prescribe or dispense aid-in-dying medication. However, if a doctor is unable or unwilling to honor a patient's request and the patient transfers his or her care to a new provider, the prior provider must transfer upon request a copy of the patient's relevant medical records to the new physician.

Criminal Conduct

Additionally, SB 1129 establishes that any person who, without authorization from the patient, willfully alters, forges, conceals or destroys an instrument, a reinstatement, or revocation of an instrument or any other evidence or document reflecting the terminally ill individual's desires and interests with the intent and effect of hastening the death of the individual is guilty of a Class A felony.

A Combined Thirty Years of Experience Demonstrates Medical Aid in Dying is a Safe and Trusted Practice

Medical aid in dying is a safe and trusted practice. Opponents to medical aid in dying legislation try to use scare tactics by painting a dark picture of fraud, coercion, and murdering relatives. These scare tactics includes concerns the law would target the disabled, elderly, frail, uninsured or any vulnerable groups. *These dire predictions simply do not happen.* In the more than 30 combined years of medical aid in dying in authorized states, there has not been a single instance of documented coercion or abuse. The experience in the authorized state shows us the law has worked as intended, with none of the problems opponents had predicted.

Indeed, rather than posing a risk to patients or the medical profession, the Death with Dignity Act has galvanized significant improvements in the care of the terminally ill and dying in Oregon. Surveyed on their efforts to improve end-of-life care since medical aid in dying became available, 30% of responding physicians had increased referrals to hospice care, and 76% made efforts to improve their knowledge of pain management.[10] Hospice nurses and social workers surveyed in Oregon observed an increase in physician knowledge of palliative care and willingness to refer to hospice.[11]

In addition to the improvement of end-of-life care, the option of medical aid in dying has psychological benefits for both the terminally ill and the healthy.[12] The availability of the option of medical aid in dying gives the terminally ill autonomy, control and *choice*, the overwhelming motivational factor behind the decision to request assistance in dying.[13] Healthy Oregonians know that if they ever face a terminal illness, they will have this additional end-of-life option and the peace of mind it provides. And importantly, surviving loved ones of patients who choose medical aid in dying suffer none of the adverse mental health impacts that come when a loved one commits suicide.[14]

Patient Privacy, Reporting on Death Certificates

One provision we would like address is that SB 1129 does not require that the death certificate list the underlying terminal illness as the cause of death. That means that the death could be reported as medical aid in dying or overdose. Not only does this treat patients who make the personal decision to use medical aid in dying differently than patients who choose other means to achieve comfort and symptom relief during the process of death but failing to protect the patient's privacy on publicly reported documents could influence the patient's decision. We would suggest a friendly amendment to include this provision within the bill.

Conclusion

The bill before you is a responsible piece of legislation that responds to your many constituents who believe that medical aid in dying should be available as a end-of-life care option and that this deeply personal decision should be left to the patient, their family and their doctor.

Thank you again, Chair and Members of the Committee, for your timely leadership on this important issue.

Kat West is the National Director of Policy & Programs for Compassion & Choices.
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References

1. Compassion & Choices brought landmark federal cases establishing that dying patients have the right to aggressive pain management, including palliative sedation. *Vacco v. Quill, 521 U.S. 793 (1997); Washington v. Glucksberg*, 521 U.S. 702 (1997).
2. Compassion & Choices drafted and sponsored introduction of legislation requiring comprehensive counseling regarding end-of-life options. See, California Right to Know End-of-Life Options Act, Cal. Health & Safety Code §442.5; New York Palliative Care Information Act, N.Y. Pub. Health Law § 2997-c.
3. For example, Compassion & Choices is pursuing accountability for failure to honor a patient's wishes as documented in a POLST, *DeArmond v Kaiser,* No. 30-2011-00520263 (Superior Court, Orange County, CA). In another case, Compassion & Choices represented a family in bringing into the public eye a situation where patient wishes to forego food and fluid were obstructed. See Span, "Deciding to Die, Then Shown the Door," *The New York Times*, Aug. 24, 2011, available at http://newoldage.blogs.nytimes.com/2011/08/24/deciding-to-die-then-shown-the door/? ref=health; Uyttebrouck, "Couple Transported Out of Facility After Refusing Food," *Albuquerque Journal*, Jan. 08, 2011, available at http://www.abqjournal.com/news/metro/08232859metro01-08-11.htm.
4. See supra n. 1, Bergman, Tomlinson, Tolliver, Hargett; See supra n. 3, DeArmond.
5. *Washington v. Glucksberg*, 521 U.S. 702 (1997); *Vacco v. Quill,* 521 U.S. 793(1997); *Hargett v Vitas*, No. RG10547255 (Cal. Super. Ct. July 6, 2011).
6. Compassion & Choices brought two federal cases to the United States Supreme Court urging recognition of a federal constitutional right to choose aid in dying. *Washington v. Glucksberg*, 521 U.S. 702 (1997); *Vacco v. Quill, 521 U.S. 793(1997).* Compassion & Choices was in leadership in the campaigns to enact the Death with Dignity Acts in Oregon and Washington. Or. Rev. Stat. § 127.800 (2007); Wash. Rev. Code Ann. § 70.245 (West 2011).
7. Big Island News, Hawaii Voters Express Overwhelming Support for Medical Aid in Dying Option, November 2016. Available from: http://bigislandnow.com/2016/12/21/hawaii-voters-express-overwhelming-support-for-medical-aid-in-dying-option/
8. Medscape Ethics Report 2016: Life, Death, and Pain, December 23, 2016. Available from: http://www.medscape.com/features/slideshow/ethics2016-part2#page=2
9. Colorado Medical Society Member Survey, Physician Assisted Death, February 2016. Available from: http://www.cms.org/communications/physician-assisted-death-polling-shows-a-divided-membership
10. Ganzini et al., *supra,* at 2363.

11. Elizabeth R. Goy et al., *Oregon Hospice Nurses and Social Workers' Assessment of Physician Progress in Palliative Care Over the Past 5 Years,* 1 Palliative & Supportive Care 215, 218 (2003).
12. Kathy L. Cerminara & Alina Perez*, Empirical Research Relevant to the Law: Existing Findings and Future Directions*, *Therapeutic Death: A Look at Oregon's Law*, 6 Psychol. Pub. Pol'y & L. 503, 512–13 (2000).
13. *Id.* (acknowledging concerns about negative effects of aid in dying, but the data from Oregon in one year justifies optimistic view); Smith et al., *supra*, at 445, 449. *See also* Linda Ganzini et al., *Oregon Physicians' Perceptions of Patients who Request Assisted Suicide and Their Families*, 6 J. Palliative Med. 381, 381 (2003) (finding physicians receiving requests for lethal medication perceive patients as wanting to control their deaths); Linda Ganzini et al., *Experiences of Oregon Nurses and Social Workers with Hospice Patients who Requested Assistance with Suicide*, 347 New Eng. J. Med. 582, 582 (2002) (showing nurses and social workers rated desire to control circumstances of death as most important reason for requesting aid in dying).
14. Linda Ganzini et al. Mental Health Outcomes of Family Members of Oregonians Who Request Physician Aid in Dying, 38 Journal of Pain and Symptom Management 807 (2009).
15. Vermont does not release an annual report on medical aid in dying, it simply makes the number of prescriptions written each year publicly available information.

compassion & choices | HI

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Testimony on SB 1129, The Hawaiʻi Death with Dignity Act
Mary Steiner, Compassion & Choices Hawaiʻi, Campaign Manager
Senate Commerce, Consumer Protection and Health Committee
February 15, 2017

Introduction

Good morning Chair Rosalyn Baker, Vice Chair Clarence Nishihara and Members of the Committee. My name is Mary Steiner, I'm the Hawaiʻi Campaign Manager for Compassion & Choices. I'm here today to speak in strong support of SB 1129, the Death with Dignity Act, which will provide a desperately needed option for Hawaii's terminally ill patients and their families.

Hawaiʻi: a Legacy of Leadership

Hawaii's dedication to personal liberty, diversity and tolerance has set a shining example for our nation and established the Aloha State as a fearless and progressive leader. We were the first state to legalize reproductive rights (1970), the first state to require minimum standards of health care by law (1974), an early proponent of equality in marriage, and the third state to raise the minimum wage to $10.

So it's not surprising that the people of Hawaiʻi overwhelmingly support medical aid in dying, the hallmark of patient-centered care. The most recent poll[1] of Hawaiʻi voters, completed by Anthology Marketing Group (formerly QMark) in December 2016, shows a supermajority 80 percent in favor of this end-of-life care option, across all demographics including ethnicity, age, economic status and religion.

The support for medical aid in dying is well-established. Indeed, kamaʻaina have been striving for access to medical aid in dying for more than 20 years, before any other state passed a law to authorize the practice. Spearheaded by the esteemed Ah Quon McElrath, a grassroots effort in the mid-1990s collaborated with Governor Ben Cayetano to convene his visionary Blue Ribbon Panel on Living and Dying with Dignity in 1996. That panel made several recommendations, including an option for medical aid in dying, and proposed a bill to authorize the practice in 2002. Since then, the people have attempted to get a law passed nearly a dozen times.

In December 2016, in an unprecedented show of solidarity, four former Hawaiʻi governors, Abercrombie, Cayetano, Waihee and Ariyoshi, jointly drafted and signed an opinion piece in the *Honolulu Star-Advertiser*[2] urging lawmakers to act this session.They stated, and I quote:, "We do agree on this: A terminally ill person should be able to choose to end his or her own life in the

Aloha State. A physician should be able to help a dying patient obtain a prescription for life-ending medication as part of the medical standard of care.”

In the meantime, six states now have authorized medical aid in dying, giving 18 percent of the nation’s terminally ill adults access to the option; resulting in a combined 30 years of practice with not a single documented case of abuse.

Honoring ‘Ohana, Caring for Kupuna

Nowhere else in our nation is the concept of ‘ohana more deeply embedded in our social fabric. Extended families gather *en masse*, in celebration or sympathy, for the milestones of life in the islands: births, graduations, marriages, illnesses and, finally, deaths.

Across all cultures in Hawai‘i, we have in a common a respect and love for our kupuna. We take care of them with open arms; our homes are a haven for multiple generations. Should they, or any adult family member, become terminally ill with a prognosis of six months or less to live, being able to honor their wishes for a peaceful death, free of suffering and surrounded by loved ones, is the ultimate gift.

Yet despite waiting for decades, our loved ones in Hawai‘i still are not able to access this option at the end of life. While hospice and palliative care are widely available and doing excellent work in the islands, they sometimes are not enough to alleviate the excruciating pain, suffering and anxiety that can come as part of a terminal illness. Some will say, “Just move to Oregon or California if you want medical aid in dying.” It is the height of callousness and cruelty to propose that terminally ill island residents should uproot themselves from their home and family at this stage in their life, at their most ill and vulnerable time. Not to mention the prohibitive cost and disruption to relocate 3000 miles away in order to achieve a peaceful death on their own terms. It is clear that Hawai‘i residents are distinctly disadvantaged without authorized access to medical aid in dying in our most geographically isolated home state.

Medical Aid in Dying is Not Suicide

I want to make it very clear medical aid in dying is not suicide. Suicide involves people who are so severely depressed that they no longer want to live. Medical aid in dying involves individuals who would love to live. But they can’t. They’re dying—and soon. These people request aid in dying, not out of despair or depression, but to maintain some dignity and comfort in their final days, to ease their pain and suffering, and to help them die peacefully.

Local Organizations in Support of Medical Aid in Dying

The following organizations have announced their official support of medical aid in dying in Hawai‘i:

- ACLU of Hawai‘i
- Democratic Party of Hawai‘i
- ILWU Local 142
- Interfaith Alliance Hawai‘i
- Kupuna Caucus of the Democratic Party of Hawai‘i
- LGBT Caucus of the Democratic Party of Hawai‘i

- Life of the Land
- Rainbow Family 808
- First Unitarian Church of Honolulu

Importantly, the **Hawaiʻi Medical Association** has switched its long-standing opposition to medical aid in dying, recently adopting a neutral stance.[3]

Equally important, the **Hawaii Disability Rights Center** remains neutral on medical aid in dying.

SB 1129

The bill before you is drafted by and for the people of Hawaiʻi. It is modeled after the groundbreaking Oregon Death with Dignity Act, which has almost two decades in practice with not a single documented case of abuse. The culmination of more than 20 years of dedicated and thoughtful effort in the islands, SB 1129 is sound legislation based on a proven track record, representing the will of the vast majority of Hawaii's people.

Conclusion

Hawaiʻi voters overwhelmingly support the practice of medical aid in dying. SB 1129 will provide a safe, proven end-of-life care option for those with terminal disease and prognosis of six months or less to live who have exhausted all hope for further curative treatment, and who are facing only increasing suffering before certain death. We should always provide quality end-of-life care for people who have an incurable and irreversible terminal illness. Quality care should include the option—when a person only has months, weeks or even days to live, when there is nothing else that medicine can treat and it becomes impossible to provide relief from extreme pain. We should allow a person the option of choosing a peaceful death when the time comes.

Thank you, Chair and Members of the Committee, for considering this important issue.

[1] Hawaii Voters Express Overwhelming Support for Medical Aid in Dying Option, November 2016. Polling Summary Available from: https://drive.google.com/a/compassionandchoices.org/file/d/0B9vEXfXcqXuOekF5WGw5cXBmRGc/view?usp=sharing

[2] "Allowing Life-Ending Medication Is a Compassionate Choice," *Honolulu Star-Advertiser*, December 15, 2016: https://www.compassionandchoices.org/allowing-life-ending-medication-is-a-compassionate-choice/

[3] "HMA Shifts Toward Accepting End of Life Legislation," *West Hawaii Today*, January 29, 2017, http://www.westhawaiitoday.com/news/local-news/hma-shifts-toward-accepting-end-life-legislation

The Twenty-Ninth Legislature
Regular Session of 2017

THE SENATE
Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
State Capitol, Conference Room 229
Wednesday, February 15, 2017; 8:30 a.m.

STATEMENT OF THE ILWU LOCAL 142 ON S.B. 1129 RELATING TO HEALTH

The ILWU Local 142 **supports** S.B. 1129, which establishes a Death with Dignity Act under which a terminally ill, competent adult resident may obtain a prescription for medication to voluntarily end his or her own life.

Simply put, this bill allows a terminally ill person to have a **CHOICE**. To die with dignity, on the patient's own timetable and at the patient's own volition, or to continue to live with pain another few days, weeks, months until death mercifully comes. There is very little quality of life for someone who is waiting for death and suffering intractable pain. Even when the patient can no longer take in food and nutrition, death is slow. In the meantime, the patient loses awareness and is no longer the person he or she once was.

S.B. 1129 is a thorough bill that provides for many more safeguards than perhaps is needed. However, these safeguards should provide ample reassurance that the process to request the lethal medication is thoughtful, informed, and offers protections against liability for the physician and against abuse of the patient.

Although some will argue that pain medication for terminally patients with severe pain should be sufficient, the reality is that pain medication usually dulls the mind and consciousness, leaving a once vibrant and alive human being to wither away into someone that even loved ones will no longer recognize. Many people, if given the choice, would prefer to have their loved ones remember them as they lived, not as they died.

Religious arguments will be made against S.B. 1129, but the U.S. Constitution protects religious freedom and the separation of church and state. Just as lawmakers must be mindful that laws should not force individuals to abandon their religious views and beliefs, neither should laws be enacted to deny rights to someone who does not subscribe to certain religious beliefs.

S.B. 1129 does not force any patient to seek to end his or her life nor does it force any physician to prescribe lethal medication to a terminally ill patient. And, in truth, some patients who ask for and receive the medication may decide not to use it. But S.B. 1129 will allow the patient to decide when and if they will take the medication to end life. Most, if not all, terminally ill patients want to live, but their illness makes death a matter of when, not if.

The ILWU urges passage of S.B. 1129. Thank you for the opportunity to share with you our views and concerns on this important matter.

Chamber of Commerce For
Persons with Disabilities - Hawaii

MarshaRose Joyner
http://www.cocpwdhawaii.com/ * Mrjoy@hawaii.rr.com

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING

DATE:	Wednesday, February 15, 2017
TIME:	8:30 a.m.
PLACE:	Conference Room 229 State Capitol 415 South Beretania Street

AGENDA

SB 1129 Status & Testimony	RELATING TO HEALTH. Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.	CPH, JDL

Testimony in STRONG SUPPORT of SB1129

In the contentious debate over whether people have a right to die, the staunchest opponents on either side usually agree on one point — that the terminally ill ought to be made as comfortable as possible in their final days.

Terminal Sedation is the most common medical method to keep dying patients, who cannot be made comfortable in any other way, unconscious until they die. As a last resort, such drug-induced sedation is legal in the U.S., and it is widely accepted as a mainstay of end-of-life care. However, this is the doctor's decision. **Not the patient**. Terminal Sedation does not have all of the safeguards that SB1129 has.

SB 1129 “Death with Dignity” allows the terminally ill to decide for themselves what's best for them and to regain control over their illness and the conditions of their death.

SUGGESTED AMENDMENT SB1129 reads (Page2, line 14):
"These safeguards include confirmation by two physicians of the patient's diagnosis, prognosis, mental competence, and voluntariness of the request ...".

Due to Hawaii's geographical makeup, we request this paragraph be amended to read: "... by at least one consulting physician who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's disease." Patients should not be penalized because they do not live in Urban Honolulu.

In addition: Advanced Practice Registered Nurses can sign death certificates, and are primary care providers (PCP) to many patients in the state, especially in rural areas of the Neighbor Islands. They must be included.

Justification: For Advanced Practice Registered Nurses, who practice in rural areas, will have to seek out the cooperation of **two** "physicians" who support Death with Dignity, and are willing to become a PCP for a patient they do not know, and is terminal. This increases the stress on everyone involved, the patient, the family as well as the caregivers unnecessarily. APRN's should have some role with their patients in this legislation. In Hawaii 268,163 people live in rural Hawaii There are only 2 Rural Health Clinics in Hawaii and 14 Federally Qualified Health Centers.

Advanced practice registered nurses (APRN) are a vital part of the health system of the United States. They are registered nurses educated at Masters or post Masters level and in a specific role and patient population.

APRNs are prepared by education and certification to assess, diagnose, and manage patient problems, order tests, and prescribe medications.

Hawaii Republican Party
State House District 41
(Ewa, Ewa Beach, Ewa Gentry, Ewa Villages, Hoakalei, Ocean Pointe)

February 10, 2017

Senate Committee On Commerce, Consumer Protection, And Health
Hawaii State Capitol
415 South Beretania Street, Room 229
Honolulu, HI 96813

Hearing: Wednesday, February 15, 2017 – 8:30 a.m.

RE: STRONG OPPOSITION for Senate Bill 1129 – Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

Aloha Chair Baker, Vice Chair Nishihara and fellow committee members,

There is nothing more personal or private than the end of a family member's life. Whether you call it “death with dignity," “aid-in-dying,” “assisted dying,” or “assisted death,” “patient choice,” it is “assisted suicide,” and this legislation places the government squarely in the middle of a private family matter.

In 2012 Massachusetts tried to pass death with dignity legislation through a ballot initiative. Vicki Kennedy, wife of late Senator Edward Kennedy, first came out against the measure, called “Question 2” on the Massachusetts ballot, in an op-ed for the Cape Cod Times. I’ve provided an excerpt below…

> *“My late husband Sen. Edward Kennedy called quality, affordable health care for all the cause of his life. Question 2 turns his vision of health care for all on its head by asking us to endorse patient suicide — not patient care — as our public policy for dealing with pain and the financial burdens of care at the end of life. We’re better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line.*
>
> *Most of us wish for a good and happy death, with as little pain as possible, surrounded by loved ones, perhaps with a doctor and/or clergyman at our bedside. But under Question 2, what you get instead is a prescription for up to 100 capsules, dispensed by a pharmacist, taken without medical supervision, followed by death, perhaps alone. That seems harsh and extreme to me.*
>
> *Question 2 is supposed to apply to those with a life expectancy of six months or less. But even doctors admit that’s unknowable. When my husband was first diagnosed with cancer, he was told that he had only two to four months to live, that he’d never go back to the U.S. Senate, that he should get his affairs in order, kiss his wife, love his family and get ready to die.*

> *But that prognosis was wrong. Teddy lived 15 more productive months. During that time, he cast a key vote in the Senate that protected payments to doctors under Medicare; made a speech at the Democratic Convention; saw the candidate he supported elected president of the United States and even attended his inauguration; received an honorary degree; chaired confirmation hearings in the Senate; worked on the reform of health care; threw out the first pitch on opening day for the Red Sox; introduced the president when he signed the bipartisan Edward M. Kennedy Serve America Act; sailed his boat; and finished his memoir "True Compass," while also getting his affairs in order, kissing his wife, loving his family and preparing for the end of life.*
>
> *Because that first dire prediction of life expectancy was wrong, I have 15 months of cherished memories — memories of family dinners and songfests with our children and grandchildren; memories of laughter and, yes, tears; memories of life that neither I nor my husband would have traded for anything in the world.*
>
> *When the end finally did come — natural death with dignity — my husband was home, attended by his doctor, surrounded by family and our priest.*
>
> *I know we were blessed. I am fully aware that not everyone will have the same experience we did. But if Question 2 passes I can't help but feel we're sending the message that they're not even entitled to a chance. A chance to have more time with their loved ones. A chance to have more dinners and sing more songs. A chance for more kisses and more love. A chance to be surrounded by family or clergy or a doctor when the end does come. That seems cruel to me. And lonely. And sad.*
>
> *My husband used to paraphrase H.L. Mencken: for every complex problem, there's a simple easy answer. And it's wrong."* Vicki Kennedy.

Here's the truth. This legislation is not about bringing families together to make end of life decisions; it's intended to exclude family members from the actual decision making process to guard against patients being pressured to end their lives prematurely. It's not about doctors administering drugs such as morphine to ease patients' suffering; it's about the oral ingestion of up to 100 capsules without requirement or expectation that a doctor be present. It's not about giving choice and self-determination to patients with degenerative diseases like ALS or Alzheimer's; those patients are unlikely to qualify. It's not about death with dignity at all.

If you want to see what our future may look like if we head down this slippery slope, look at what this has led to in the Netherlands', since 1981, they are now actually debating if a person can take ones life if they feel it is complete.

> https://www.government.nl/latest/news/2016/10/21/government-scope-for-assisted-suicide-for-people-who-regard-their-life-as-completed

If we pass assisted suicide it will turn affordable health care on its head by forcing us to endorse patient suicide, not patient care, as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than this. We should be expanding palliative care, pain management, nursing and hospice care, not trade the dignity and life of a human being for the bottom line.

I believe life is a gift from God; every human life is sacred from conception to natural death. The life and dignity of every person must be respected and protected at every stage and in every condition. I strongly OPPOSE this legislation, and encourage you to vote NO.

> *"We have been placed in this world under certain conditions and for specific purposes. But a suicide opposes the purpose of his Creator; he arrives in the other world as one who has deserted his post; he must be looked upon as a rebel against God."* Immanuel Kant German philosopher

Mahalo,
Brett Kulbis
District Chairman

Hawai‘i Psychological Association

For a Healthy Hawai‘i

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Testimony on Senate Bill No. 1129
Relating to Health
February 15, 2017

Honorable Chair Baker, Honorable Vice-Chair Nishihara, and Members of the Committee,

The Hawai’i Psychological Association wishes to offer testimony on SB 1129, Relating to Health.

We appreciate that the decision to end one’s life may be the most difficult decision a person can make. We also appreciate that this is likely to be extremely emotional for the patient’s loved ones. Finally, we are aware that there may be questions of competency that may be raised by those questioning the patient’s ability to make a rational choice in the final stages of his or her life.

Therefore, we believe it is extremely important to include an advanced degree mental health professional (i.e. psychologist or psychiatrist) to evaluate the patient to insure the decision to aid in the termination of his or her life is rationally considered. Such an evaluation will insure that a) the patient is cognitively competent to make the decision, b) important aspects of the decision have been well thought-out, and the decision is not merely from fear, anxiety, or depression that could be treated, and c) they understand the procedure in detail. Such evaluations are already performed in the case of surgical procedures such as Bariatric, transsexual, lung and liver transplants.

In addition, we would like the committee to consider adding this decision to one’s Advanced Directive in case, at the time of the decision to terminate one's life, the patient's competency is questioned.

Thank you for consideration of this testimony.

Respectfully submitted,

James Spira

James L Spira, Ph.D., M.P.H.
President, Hawai‘i Psychological Association

Hawaiʻi
Death with Dignity
Society

Testimony supporting Senate Bill 1129 “Relating To Health”

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice-Chair

Wednesday, February 15, 2017
8:30 a.m.
Conference Room 229
Hawai`i State Capitol

Aloha Chair Baker, Vice-Chair Nishihara and honorable committee members.

My name is Scott Foster and I am testifying as the Communications Director for the *Hawai`i Death With Dignity Society,* a position I have held since 2002 when we came close to passing a similar bill but lost that by only three Senate votes. According to the Hawai`i State Department of Health, since 2002, approximately 7% per 1000 people have died annually and one might only imagine how many of those who have passed since 2002 suffered prolonged, painful, hopeless deaths in cold hospitals connected to machines and plastic tubes of all descriptions.

» It’s important to know that Death with dignity laws greatly improves palliative and hospice care. After 20-years, over 90% of Oregonians requesting life-ending medications are in hospice, *twice the US average.*

» This law would allow a person the freedom of choice to die at a time and place of their choosing. Nationally, only 20% of people die at home while 90% of people using *Death With Dignity* die at home surrounded by their family, friends and their loving pets.

» *Death With Dignity* laws allow the terminally ill to decide for themselves what’s best for them and to regain control over their illness and the conditions of their death.

» The option to die a peaceful death at the time and place of their choosing provides the terminally ill with invaluable peace of mind at an extremely private time of their lives.

» The latest Hawaii poll (Fall of 2016) revealed that “eight out of 10 Hawaii voters (80%) agreed that a mentally capable adult who is dying of a terminal disease that cannot be cured should have the legal option to request prescription medicine from their doctor, and use that medication to end their suffering in their final stages of dying." A majority of Catholics (82%) and those associated with the Christian Fellowship (83%) said terminally ill adults definitely or probably should have this legal option.

Some of the many safeguards in SB1129 include:
1) Confirmation by two physicians of the patient's diagnosis, prognosis, mental competence, and voluntariness of the request;

2) Multiple requests by the patient: an oral request followed by a valid written request for medication which must be witnessed by at least two individuals in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request. One of the witnesses shall be a person who is not: A relative of the patient by blood, marriage, or adoption; A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or An owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident.

3) The patient's attending physician at the time the request is signed shall not be a witness.

4) If the patient is a patient in a long term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having qualifications specified by the department of human services by rule.

5) Only adult residents of Hawaii who are mentally competent and have a terminal illness that will lead to death in six months or less will qualify. Patients must be capable of taking the medication themselves without assistance. No one will qualify solely based on age or disability.

Similar laws are now in effect in California, Colorado, Vermont, and Washington and today, 22 other states are considering *medical aid in dying* legislation.

Please pass Senate Bill 1129 today and give all of Hawaii's citizens the freedom to choose a Death With Dignity.

Sincerely,

Scott Foster

808-590-5880
fosters005@hawaii.rr.com

WOMEN'S CAUCUS
DEMOCRATIC PARTY OF HAWAIʻI

February 15, 2017

To: Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair and
Members of the Committee on Commerce, Consumer Protection, and Health

From: Jeanne Y. Ohta, Co-Chair

RE: SB 1129 Relating to Health
Hearing: Tuesday, February 15, 2017, 8:30 a.m., Room 229

POSITION: Support

The Hawaiʻi State Democratic Women's Caucus writes in support of SB 1129 Relating to Health.

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

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

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

The Democratic Party of Hawaiʻi overwhelmingly passed a resolution at the 2010 Convention in support of Death with Dignity. The Hawaiʻi State Democratic Women's Caucus is a catalyst for progressive, social, economic, and political change through action on critical issues facing Hawaii's women and girls.

We ask the committee to pass this measure and thank the committee for the opportunity to provide testimony.

Hawaiʻi State Democratic Women's Caucus, 404 Ward Avenue Suite 200, Honolulu, HI 96814
hidemwomen@gmail.com

Nursing Advocates & Mentors, Inc.
. . . a non-profit organization with a mission to address the global nursing shortage by providing guidance and assistance for nursing colleagues to obtain their professional license in nursing.
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Tina Salvador, RN, BSN, CNN

Linnette Takenaka, RN, DON

TESTIMONY IN STRONG SUPPORT OF SB 1129
Senate Committee on Commerce, Consumer Protection and Health
Feb. 15, 2017, 8:30 a.m., Conference Room 229

To: Chair Rosalyn H. Baker and Vice Chair Clarence K. Nishihara
Members of Senate Committee on Commerce, Consumer Protection and Health

From: Beatrice Ramos-Razon, RN, FACDA
President, Nursing Advocates and Mentors, Inc.

Subject: Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

My name is Beatrice Ramos-Razon. As the founder and president of NAMI (Nursing Advocates & Mentors, Inc.), I am humbled to submit our strong support for this bill. NAMI's membership is comprised of over 75 volunteer nurses, instructors, allied health care professionals, and Filipino leaders, who are dedicated to improve the health of Hawai'i's people through education, mentoring, advocacy and service.

As a registered voter and constituent in District 32, Salt Lake, and as a nurse, my nursing colleagues and I have personally seen the pain and suffering of countless patients, including loved ones of friends and my own family. We uphold the diverse religious beliefs, disbeliefs of all people, while at the same time respect that the personal decisions of end of life are a private matter, best left to the patient. This bill will be a great help, because it empowers people with a compassionate choice.

Thank you for hearing this bill and for the opportunity to submit testimony to encourage this bill's passage.

Sincerely,

Beatrice Ramos Razon, RN, FACDA, President, Nursing Advocates and Mentors, Inc.

hawaii family forum

ONLINE TESTIMONY SUBMITTAL

DATE: February 12, 2017

TO: Senate Committee on Commerce, Consumer Protection & Health
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair

FROM: Eva Andrade, President

RE: Strong Opposition to SB1129 Relating to Health

Aloha and thank you for the opportunity to submit testimony in strong opposition to this measure. Hawaii Family Forum is a non-profit, pro-family education organization committed to preserving and strengthening families in Hawaii. We oppose SB1129 for several reasons:

Suicide is Contagious!

Physician-prescribed lethal-dose "cocktails" are not a medical treatment and we should not promote that message to our keiki**.** Studies have shown that in the few states that have passed this law, suicides increased.[i] In Hawaii, suicide was the most common cause of fatal injuries among Hawaii residents between 2010-2014, accounting for one-quarter of all fatal injuries. In fact, per current statistics, one person dies by suicide in Hawaii every two days. In Oregon where assisted suicide was legalized in 1994, their suicide rate has increased by 35%. SB1129 imposes Oregon style suicides on Hawai'i and we simply should not do anything to worsen the problem we already have.

Record keeping and a lack of transparency in reporting has been a big problem in the few states where this is legal.

Once the patient leaves the pharmacy, all alleged safeguards go away. If there are any problems, there is no mechanism to investigate. In fact, if we look at the Oregon model, we find the following:

> "The identity of participating physicians is coded, but the identity of individual patients is not recorded in any manner. Approximately one year from the publication of the Annual Report, all source documentation is destroyed"[ii]

In the end, physicians will not list death by assisted suicide on the death certificates. This means they are falsifying records and that should cause great concern to both prosecutors and the legal system. This type of law will make it extremely difficult to investigate and prosecute potential cases of abuse. Per the National Adult Protective Services Association, recent research indicates that elder financial exploitation and abuse is widespread, expensive, and sometimes even deadly.

It puts the poor, elderly, sick and disabled at risk for abuse – no matter what the proposed safeguards.

With elder abuse already a major problem in Hawaii (one news story reported a 300% increase)[iii], turning the right to die into a duty to die – creating subtle pressure on the elderly to end their lives early so as not to be a burden to their families – may very well be a consequence of this law.

Claims of "zero" abuse statistics do not make sense. Local physician Dr. Michael H. Plumer recently stated in a letter to the editor, "Actually, this probably proves that the Oregon record-keeping is meaningless. No human endeavor involving sickness and death operates for 20 years without abuse, fraud, complications and difficulty. Oregon's records were deliberately set up by the organization to conceal problems, and they have done so for 20 years.[iv]"

Finally, contrary to conventional wisdom, the contemporary debate in this area is not about a mentally competent adult's legal right to refuse medical treatment. That legal right currently exists. SB1129 is really about a physician's so-called right to intentionally participate in ending the life of another person by prescribing a 9-10g lethal dose[v] of barbiturates. And that, when it is clearly articulated to the public, is simply not what the people of Hawaii want.

Mahalo for the opportunity to testify.

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[i] http://sma.org/southern-medical-journal/article/how-does-legalization-of-physician-assisted-suicide-affect-rates-of-suicide/ (accessed 02/11/17

[ii] https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/faqs.pdf (accessed 02/11/17)

[iii] http://khon2.com/2016/04/19/more-alleged-victims-come-forward-after-elder-abuse-crimes-come-to-light/ (accessed 02/11/17)

[iv] http://thegardenisland.com/news/opinion/guest/assisted-suicide-question-requires-some-clarification/article_f3ee7da5-5ac7-5ce5-8e61-23e0c7d3fc48.html (accessed 02/11/17)

[v] http://www.medscape.com/viewarticle/742070_3 (accessed 02/13/17)

COMMENTS OF EMILY KAWASHIMA WATERS, ON BEHALF OF THE HAWAII ASSOCIATION FOR JUSTICE (HAJ) REGARDING S.B. NO. 1129

Date: Wednesday, February 15, 2017
Time: 8:30 a.m.
Room: 229

To: Chairwoman Rosalyn H. Baker and Members of the Senate Committee on Commerce, Consumer Protection and Health:

My name is Emily Kawashima Waters, and I am presenting comments on behalf of the Hawaii Association for Justice (HAJ) regarding S.B. No. 1129, Relating to Health.

The Hawaii Association for Justice generally opposes any limitation of civil liability, which would reduce protection for consumers and limits or lessens the incentive for everyone to act responsibly to reduce or eliminate harm to others. While this measure does require good faith compliance with its terms, we request that it be amended to also require that "reasonable care" be exercised as well.

Just last legislative session, Act 068, Relating to Opioid Antagonists, was passed with the following language:

> (d) A person who, acting in <u>good faith and with reasonable care</u>, administers an opioid antagonist to another person whom the person believes to be suffering an opioid-related drug overdose shall be immune from criminal prosecution, sanction under any professional licensing law, and civil liability for acts or omissions resulting from the administration. (emphasis added).

Accordingly, HAJ would request that this measure's language be consistent with regard to the level of responsibility. We request that the measure at page 16, line 4, be amended to read:

> (1) No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with this chapter <u>and exercising reasonable care</u>, including being present when a qualified patient takes the prescribed mediation to the end the qualified patient's life in a humane and dignified manner;

Thank you very much for allowing me to testify regarding this measure. Please feel free to contact me should you have any questions or desire additional information.

Email: ekw@kawashimawaters.com

Phone: (808) 744-4688

TESTIMONY to Senate Committee on Commerce, Consumer Protection, and Health
Re:S.B. 1129 Relating to Health Wed.,, February 15, 2017 8:30 AM State Capitol Conference Rm. 229

Submitted in **OPPOSITION** by: Hawaii Federation of Republican Women
Chair Baker, Vice Chair Nishihara and Committee Members:

The proponents of this bill make a very big assumption: that things will be better on the other side of life. Since this is not a proven fact and can't be proven or disproven government should not take on the moral responsibility of approving this chose for another human being.
Those desiring suicide are putting their hope in death and asking us to validate that choice. Which, in all good conscious, I am unwilling to do and I surely do not want to be mandated by law to participate.

This legislation is a serious slippery slope to involuntary euthanasia. Patients will be offered the suicide pills as a less costly solution to their health care than the medications that would prolong their life. Promoting death to cut health care costs is not acceptable for Hawaii. It will stifle innovation and cures for diseases. Our aging loved ones could easily feel the pressure of the "duty to die" so that they don't become a burden on their family and society. There is nothing humane nor dignified about that. Additionally, it leads to a loss of respect for elders as the "standard of care" ignores the dignity of all humanity.
There are not sufficient safeguards against coercion and elder abuse. At least one in ten elderly people is the victim of domestic abuse, which is difficult for a healthcare provider to identify. Because any doctor can write a lethal prescription, an abuser can "doctor shop" until they find a provider willing to assist them in killing their victim.
Oregon reports that the dominant reasons motivating patients to choose assisted suicide have nothing to do with pain management. The primary concerns center around having a disability: losing autonomy (92%), being less able to engage in activities making life enjoyable (90%), and losing dignity (79%). Fear of inadequate pain control is one of patients' least cited reasons.

Once the "state" endorses death as a solution for one segment of society, there is no good rationale for denying others the death pills.

Hawaii has a high teenage suicide rate. Promoting suicide for any segment of the population even if it is disguised under a "compassionate name" sends the wrong message -- that escape from one's problems through death is dignified and humane – This is false. Regardless of how many times the bill repeats the phase "dignified and humane" -- it doesn't make either true.

Calling suicide pills "medication" is deceptive. Medication is a remedy to symptoms or an illness, not a means of ending human life.

Many people who suffer from temporary depression would be eligible to commit suicide under the provisions of this bill. Attempted suicide is usually a cry for help -- not a request to be pushed over the edge.

Having physicians willing to participate in the prescription of death, weakens doctor- patient trust that has been the foundation of our health care success.

Vote NO on SB 1129.

February 15, 2017 @ 8:30am
Conference Room 229
Committee on Commerce, Consumer Protection, and Health

TESTIMONY IN SUPPORT:
SB1129 RELATING TO HEALTH. ESTABLISHING A DEATH WITH DIGNITY ACT

SUBMITTED BY: Amy Agbayani, chair
FILIPINO-AMERICAN ADVOCACY NETWORK (FAN)
3432 B-1 Kalihi St. Honolulu, Hi 96819

Chair Baker and members of the Committee

The Filipino-American Advocacy Network strongly support SB 1129 because we believe all individuals should have the right to die with dignity. I was born in the Philippines and raised as a Catholic. I feel that my religious beliefs are consistent with my support for this bill and I also believe in the separation of church and state.

The states who have enacted death with dignity laws can document that there are appropriate safeguards against abuse. The physicians, family members and patients in these states and the state of Hawai'i understand the critical need to respectfully follow strict requirements to enable terminally ill residents to make decisions to end their lives in a peaceful manner.

Please approve sb1129.

St. Francis
HEALTHCARE SYSTEM OF HAWAII
A Legacy of Caring for Hawaii's People

Testifier's Name:	Gary Simon Director of Corporate Affairs and Advocacy St. Francis Healthcare System of Hawaii
Testimony Is Directed To:	Senate Committee on Commerce, Consumer Protection, and Health
Measure:	SB1129 RELATING TO HEALTH Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.
Date & Time of Hearing:	Wednesday, February 15, 2017, 8:30 a. m.
Location:	State Capitol Conference Room 229
Position:	**St. Francis Healthcare System of Hawaii strongly opposes SB1129.**

Dear Chair Baker, Vice Chair Nishihara, and Honorable Members of the Senate Committee on Commerce, Consumer Protection, and Health:

I am Gary Simon, Director of Corporate Affairs and Advocacy for St. Francis Healthcare System of Hawaii (SFHS).

I am testifying as an individual who has worked in healthcare for over thirty years, including seven years as Executive Director of St. Francis Hospice. I am offering testimony on behalf of SFHS.

SFHS strongly opposes SB1129.

SFHS values life. Our philosophy and practices of hospice and palliative care are concerned chiefly with the dignity of persons throughout the trajectory of a terminal illness. When symptoms are unbearable, effective therapies are now available to relieve almost all forms of discomfort, distress, and pain during the terminal phase of an illness without purposefully hastening death.

Instead of introducing assisted suicide, as a community we should focus our efforts on improving access to high quality end-of-life care.

Hawaii has made tremendous progress in promoting the value of hospice and palliative are, but there is much more we can do to meet the comprehensive needs of patients/families facing terminal illnesses. We must continue our efforts at:

- professional education,
- public awareness,
- developing our healthcare systems,
- improving public policy to eliminate barriers to hospice and palliative care,
- promoting best practices, and
- research to increase the body of knowledge needed to improve care.

Improving access for all to high quality end-of-life care is imperative and is a strategic goal of SFHS and St. Francis Hospice.

We strongly urge you to oppose SB1129.

Sincerely,
Gary Simon
Gary Simon
Director of Corporate Affairs and Advocacy
St. Francis Healthcare System of Hawaii
2226 Liliha Street, Room Number 217
Honolulu, Hawaii 96817

Email gsimon@stfrancishawaii.org

DEMOCRATIC PARTY OF HAWAI'I
The Kupuna Caucus

Testimony supporting Senate Bill 1129 “Relating To Health”

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice-Chair

Wednesday, February 15, 2017
8:30 a.m.
Conference Room 229
Hawai`i State Capitol

Aloha Chair Baker, Vice-Chair Nishihara and honorable committee members.

My name is Scott Foster and I am testifying as the Chair of the Kupuna Caucus of the Democratic Party of Hawai`i (DPH) which currently represents nearly 2000 active Democrats across the state.

As you may know, the Party’s unwavering support for Death With Dignity legislation dates back several decades. This year, the issue was selected by the DPH State Legislative Committee as #1 in the list of “Primary Issues.”

As a 75-year old kupuna, I’ve witnessed many tragic, painful, deaths with much prolonged suffering and like 80% of Hawaii’s registered voters, I want this freedom of choice when my time comes. The other 20% of Hawaii’s registered voters who have philosophical differences with the concept are free to choose to <u>not</u> use the law. It’s just that simple.

Senate Bill 1129 is based on the historic Oregon statute and includes all of the proven safeguards that have served to protect Oregon patients from any misuse. In fact, the Oregon law has been in effect since 1997 without a single incident of misuse and Oregon’s documented 20-year history and experience with the law has proven this, despite what opponents in Hawai`i may say today.

Using the law is strictly voluntary for both patients and physicians. Only the patient can make the request for medication, the patient can rescind the request at any time and the patient must self-administer the medication.

We urge you to pass this legislation today and let Hawaii’s citizens have this important freedom of choice which is now enjoyed by the citizens of Oregon, California, Vermont and Washington State.

Sincerely,

Scott Foster

Scott Foster, Chair
808-590-5880
fosters005@hawaii.rr.com

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:45 AM
To: CPH Testimony
Cc: janetmgrace@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Grace	Hawaii Life Alliance	Oppose	No

Comments: February 13, 2017 Testimony to Senate Committee on Commerce, Consumer Protection and Health Regarding S.B. 1129 Relating to Health Wednesday, February 15, 2017 8:30a.m. -- State Capitol Conference Room 229 Submitted in OPPOSITION by: Janet Grace, Coordinator, Hawaii Life Alliance Chair Baker, Vice Chair Nishihara and Members of the Committee: Hawaii Life Alliance is comprised of many organizations Statewide that uphold the sanctity of human life and believe that life begins at conception and ends at natural death. This is why we ask you to search your conscience on such a grievous piece of legislation. Assisted Suicide involves a physician prescribing lethal drugs for a patient with the knowledge that the patient intends to use the drugs to commit suicide. Refusing ventilator, or some other life sustaining machine or treatment is not assisted suicide. The intent of refusing medical treatment is not to end a life, but to allow nature to take its course. With physician assisted suicide the intent is to kill the patient. If assisted suicide is legalized, it becomes impossible to contain. It becomes impossible to protect the vulnerable and mentally ill. If legalized, it becomes, essentially death on demand. Supporters of assisted suicide have long maintained that assisted suicide is necessary for those suffering from intractable pain; however, to date, there is still no documented case of assisted suicide being needed for untreatable pain. In fact, in the list of reasons patients choose to use assisted suicide, pain, or fear of pain, is the least used reason. Dr. Linda Ganzini, professor of psychiatry at Oregon Health & Science University, surveyed family members of Oregon patients who requested assisted suicide. Her published report emphasizes this truth: “No physical symptoms experienced at the time of the request were rated higher than 2 on a 1 to 5 scale. In most cases, future concerns about physical symptoms were rated as more important than physical symptoms present at the time of the request. The study found that many physicians are surprised at the lack of suffering experienced by a patient who is requesting assisted suicide. “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.” Dr. Greg Hamilton, Portland psychiatrist. Suicide is always a tragedy. For all the rhetoric about dignity, assisted suicide is still suicide. Terminally ill patients need care to address the many aspects of their suffering. We can't allow our medical system to be corrupted by the illusion that suicide is an acceptable response to pain and depression for all. Please, in the true and unique spirit of aloha and the special way Hawaii's ohana care for our Kupuna, sick and disabled, I urge you to KILL SB 1129. Aloha Place for Women in Waipio, Aloha Pregnancy Care & Counseling Center, Aloha Life Advocates, Hawaii Family Forum, Hawaii Family Advocates, Hawaii Christian Coalition, The Pearson Foundation, PULSE, PEACE, Hawaii Catholic Conference, Respect Life Hawaii

Testimony for SB1129 – Public Hearing on February 15, 2017, 8:30am, Room 229

By Wilma Youtz, Legislative Liaison
Concerned Women for America of Hawaii
P.O. Box 10273, Honolulu, HI 96816-0273
(808) 368-5240

Senators Baker, Nishihara, Chang, Espero, Ihara, Kidani, and Ruderman:

Thank you for your patience in hearing the impassioned testimony from both sides on the issue of physician-assisted suicide. This issue is so emotionally charged, for who in this room has not been touched by the sorrow and pain of losing a loved one to an untimely, if not difficult and painful, death?

Hawaii is the “Aloha State.” It is the deep concern of Concerned Women for America of Hawaii that Hawaii not become a “Pro-Suicide State” for many reasons. Human life is precious, from keiki to kupuna. Our laws should serve to protect the lives of the weak and defenseless, not enable the unnatural demise of them. What safeguards would there be against coercion and elder abuse? How can doctors fulfill their oath to “do no harm” if they are called upon to prescribe and condone lethal medication?

There have been notable advances made by modern medicine in the area of pain control. Doctors can now treat pain in terminally ill patients with a number of options, including palliative sedation as a last resort. And yet studies done by the state of Oregon, the first state to legalize assisted suicide, report that patients choose assisted suicide primarily because of reasons related to disability -- loss of autonomy, being less able to engage in enjoyable activities, and loss of dignity -- not due to fear of inadequate pain management. Hospice Hawaii has helped countless individuals and their families cope with impending death with love, comfort, and dignity. Instead of sanctioning an irrevocable and deliberate means to end life through physician-assisted suicide, support should be given to organizations and services that can assist the terminally ill in addressing the psychological, social, and physical pain that disability can bring.

There are many reasons to oppose physician-assisted suicide. But the most profound reason can be found when one simply contemplates what causes and enables the human heart to continue beating from day 22 within an embryo until natural death. God knows the end of each of our lives from the beginning. Who would not want another year, month, week, day, or minute with a now-departed loved one? Let us seek ways to ease their pain without promoting their premature and unnatural death. On behalf of Concerned Women for America of Hawaii, I respectfully ask the Committee to vote “No” on SB1129.

Thank you.

Hearing 8:30 am, February 15, 2017
Committee on Commerce, Consumer Protection, and Health
Conference Rm 229

TESTIMONY IN SUPPORT OF SB 1129 RELATING TO HEALTH ESTABLISHING A DEATH WITH DIGNITY ACT

SUBMITTED BY: FAYE KENNEDY, CO-CHAIR
HAWAI'I FRIENDS OF CIVIL RIGHTS
3072 Felix St.
Honolulu, Hi 96816

Chair Baker and members of the Committee:

I am writing to urge your support for sb1129. As an 85 year- old female who has had a very fulfilling, relatively healthy life, I am appalled by the thought of spending my final days in pain and suffering, should I develop a terminal illness. I find it repugnant to think that a physician could be subject to any civil or criminal liability for prescribing a prescription to me to alleviate my suffering, upon my request.

I speak as co-chair of the Hawaii Friends of Civil Rights (HFCR], an organization that promotes justice, equality and human dignity for all . Thank you for doing the right thing on this important, long- overdue issue.

Euthanasia, Assisted Suicide, and Aid in Dying

Date: April 24, 2013

Status: Revised, Combined Position Statement

Originated by: ANA Center for Ethics and Human Rights

Adopted by: ANA Board of Directors

Purpose: Historically, nurses have played a key role in caring for patients at end-of-life across healthcare settings. Nurses provide expert care throughout life's continuum and at end-of-life in managing the bio-psychosocial and spiritual needs of patients and families both independently and in collaboration with other members of the interprofessional healthcare team. While resources do exist to educate and support nurses in this role, there are limited resources to assist nurses in understanding and responding to patient and family questions related to euthanasia and assisted suicide.

The purpose of this position statement is to provide information that will describe the nurse's ethical obligations in responding to requests for euthanasia and assisted suicide, define these terms, support the application of palliative care nursing guidelines in clinical practice, and identify recommendations for nursing practice, education, administration, and research.

Statement of ANA Position: The American Nurses Association (ANA) prohibits nurses' participation in assisted suicide and euthanasia because these acts are in direct violation of *Code of Ethics for Nurses with Interpretive Statements* (ANA, 2001; herein referred to as *The Code*), the ethical traditions and goals of the profession, and its covenant with society. Nurses have an obligation to provide humane, comprehensive, and compassionate care that respects the rights of patients but upholds the standards of the profession in the presence of chronic, debilitating illness and at end-of-life.

History/previous position statements: ANA adopted position statements on Euthanasia and Assisted Suicide originated by the Task Force on the Nurse's Role in End-of-Life Decisions, Center for Ethics and Human Rights on December 8, 1994.

Supersedes: Position Statements: Assisted Suicide (12/08/94); Active Euthanasia (12/08/94).

Supportive Materials

ANA's Foundational Documents

Code of Ethics for Nurses with Interpretive Statements

Provision 1, Interpretive Statement 1.3 of *The Code* (2001) speaks to the nurse's commitment to the inherent:

> "… worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by death, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying" (p. 12).

In a succeeding paragraph, the statement goes on to say that:

> "… nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and families at the end-of-life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying…Nurses may not act with the sole intent of ending a patient's life even though such action may be motivated by compassion, respect for patient autonomy and quality of life considerations" (p. 12).

Nursing's Social Policy Statement: The Essence of the Profession

In the section entitled, "Knowledge Base for Nursing Practice" of this document, it states that "Nurses are concerned with human experiences and responses across the life span. Nurses partner with individuals, families, communities, and populations to address issues such as….physical, emotional, and spiritual comfort, discomfort, and pain…emotions related to the experience of birth, growth and development, health, illness, disease, and death….decision-making and the ability to make choices" (2010b, pp.13-14). In its discussion of the Code of Ethics for Nurses, the section entitled, "Standards of Professional Nursing Practice", *Social Policy Statement* clearly states that "although the Code of Ethics for Nurses is intended to be a living document for nurses, and health care is becoming more complex, the basic tenets found within this particular code of ethics remains unchanged" (2010b, p. 24).

Nursing: Scope and Standards of Practice, 2nd Edition

Standard 7, under the heading "Standards of Professional Performance," reiterates the moral obligation of the nurse to practice ethically and to provide care "in a manner that preserves and protects healthcare consumer autonomy, dignity, rights, values, and beliefs" and "assists healthcare consumers in self determination and informed decision-making" (2010a, p. 47).

Other Supporting Material

Palliative and hospice care provide individualized, comprehensive, holistic care to meet patient and family needs predicated on goals of care from the time of diagnosis, through death, and into the bereavement period. The following excerpt from this document emphasizes the role of palliative nursing care in the nurse's recognition and relief of symptoms within his or her professional boundaries and in a manner consistent with safe, competent, ethical nursing practice:

> "…Palliative care recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life. Palliative care affirms life and neither hastens nor postpones death. Palliative care exists in the hope and belief that through appropriate care and the promotion of a caring community, sensitive to their needs, patients and families may be free to attain a degree of mental, emotional, and spiritual preparation for death that is satisfactory to them" (ANA & HPNA, 2007, p. ix–x).

World Health Organization on Palliative Care

The World Health Organization (WHO) defines palliative care as:

> "… an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (National Consensus Project for Quality Palliative Care, 2009, p. 8). Palliative care "affirms life and regards dying as a normal process" and "intends neither to hasten nor postpone death" (National Consensus Project for Quality Palliative Care, 2009, p. 8).

Terminology

Assisted suicide: Suicide is the act of taking one's own life. In assisted suicide, the means to end a patient's life is provided to the patient (i.e. medication or a weapon) with knowledge of the patient's intention. Unlike euthanasia, in assisted suicide, someone makes the means of death available, but does not act as the direct agent of death. Nurses have an opportunity to create environments where patients feel comfortable to express thoughts, feelings, conflict, and despair. The issues that surround a request for assisted suicide should be explored with the patient, and as appropriate with family and team members. It is crucial to listen to and acknowledge the patient's expressions of suffering, hopelessness, and sadness. Factors that contribute to such a request should be further assessed and a plan of care initiated to address the patient's physical and emotional needs. Discussion of suicidal thoughts does not increase the risk of suicide and may actually be therapeutic in decreasing the likelihood. The relationship and communication between the nurse and patient can diminish feelings of isolation and provide needed support.

Aid in dying: Aid in dying is an end-of-life care option in which mentally competent, terminally ill adults request their physician provide a prescription for medication that the patients can, if they choose, self-administer to bring about a peaceful death (Compassion & Choices, 2012).

Euthanasia: Euthanasia, often called "mercy killing", is the act of putting to death someone suffering from a painful and prolonged illness or injury. Euthanasia means that someone other than the patient commits an action with the intent to end the patient's life, for example injecting a patient with a lethal dose of medication. Patients may consent to euthanasia (voluntary), refuse euthanasia (involuntary), or be unable to consent to euthanasia (non-voluntary). In euthanasia someone not only makes the means of death available, but serves as the direct agent of death.

For the purpose of this position statement, the term *euthanasia* refers to those actions that are inconsistent with the *The Code* and are ethically unacceptable, whether the euthanasia is voluntary, involuntary, or non-voluntary. The nursing profession's opposition to nurse participation in euthanasia does not negate the obligation of the nurse to provide compassionate, ethically justified end-of-life care which includes the promotion of comfort and the alleviation of suffering, adequate pain control, and at times, foregoing life-sustaining treatments. Though there is a profound commitment both by the profession and the individual nurse to the patient's right to self-determination, limits to this commitment do exist. In order to preserve the moral mandates of the profession and the integrity of the individual nurse, nurses are not obligated to comply with all patient and family requests. The nurse should acknowledge to the patient and family the inability to follow a specific request and the rationale for it (2010c).

Hospice care: Hospice care is the care of patients and families at end-of-life during the last few weeks or months of life and, as such, builds on the palliative care model to minimize suffering by providing appropriate symptom management and emotional support. In a study conducted by Herman and Looney (2011), symptom distress was the variable that most significantly correlated with quality of life following by symptom frequency, severity, and depression. The higher the symptom distress (inclusive of depression), frequency, and severity, the lower the quality of life. As noted by Sherman and Cheon (2012):

> "In short, palliative care/hospice partnership creates a common sense allocation of health care resources as patients move across the illness trajectory and approach the end-of-life. With palliative and hospice care, the wishes and preferences of patients and families are respected, often with a desire to withdraw life-prolonging treatments and insure their comfort and dignity as death approaches." (p. 156)

Palliative sedation: The primary intent of palliative and hospice care is to relieve or minimize suffering through effective symptom management in order to enhance the patient's quality of life and support patients and families in the dying process. There are times, however, when the patient's symptoms may become intractable and refractory to treatment. Both the definition and terminology associated with palliative sedation have been widely debated. In its 2011 position statement entitled "Palliative Sedation", the Hospice and Palliative Nurses Association (HPNA) states that:

> "While there is no universally accepted definition, palliative sedation can be understood as the controlled and monitored use of non-opioid medications intended to lower the patient's level of consciousness to the extent necessary, for relief of awareness of refractory and unendurable symptoms. Previously, palliative sedation was termed terminal sedation; however, the term palliative sedation more accurately describes the intent and application to palliate the patient's experience of symptoms rather than to cause or hasten the patient's death" (p. 1).

Interdisciplinary assessment and collaboration is essential to determining the appropriateness of palliative sedation and assure effective communication between the patient, family, significant other, surrogate, and/or other healthcare providers. (HPNA, 2011, p. 2). As patient advocate, the nurse plays a pivotal role in maintaining the human dignity of persons by providing highly competent, compassionate nursing care that is ethically appropriate and consistent with acceptable standards of nursing practice. HPNA describes:

> "… the ethical justification that supports palliative sedation is based in precepts of dignity, respect for autonomy, beneficence, fidelity, nonmaleficence, and the principle of double effect, which evaluates an action based on intended outcome and the proportionality of benefit and harm" (p. 1).

Withholding, withdrawing, and refusal of treatment: The withholding or withdrawal of life-sustaining treatment (WWLST), such as mechanical ventilation, cardiopulmonary resuscitation, chemotherapy, dialysis, antibiotics, and artificially provided nutrition and hydration, is ethically acceptable. Studies indicate that most patients who die in a hospital, particularly in intensive care, do so following the withdrawing or the withholding of life-prolonging therapies (Ersek, 2005). WWLST is allowing the patient to die from their underlying medical condition and does not involve an action to end the patient's life.

Patients have the right to exercise their decisional authority relative to health care decisions, including foregoing life-sustaining treatments. The provision of medications with the intent to promote comfort and relieve suffering is not to be confused with the administration of medication with the intent to end the patient's life. In palliative sedation, medications are used to create varying degrees of unconsciousness for the relief of severe, refractory symptoms at end-of-life, when all other palliative interventions have failed. Some clinicians and ethicists consider this an alternative to assisted suicide, as the intention of the physician is not to cause death, but to relieve suffering (Quill, Lee, & Nunn, 2000). Some have argued that patients have a right to the autonomous choice of assisted suicide and that ending suffering quickly is an act of beneficence (Ersek, 2004, 2005).

Legislative and community initiatives: Fontana (2002) asserts that nurses caring for terminally-ill patients who are considering assisted suicide will increase as the aid-in-dying movement continues to achieve momentum. Three states have legalized assisted suicide, beginning with Oregon in 1997, followed by Washington in 2008, and Montana in 2009 (Lachman, 2010). The mission of the organization, Compassion & Choices, is to "improve care and expand choice at the end of life" (www.compassionandchoices.org). Compassion & Choices provides education, support, and advocacy to patients and families related to accessing excellent end-of-life care, promotes healthcare policy initiatives to expand the option of assisted suicide, and upholds an individual's right to seek assisted suicide to avoid intolerable suffering. Nurses will likely be increasingly exposed to requests from patients or families and encounter ethical dilemmas surrounding the legal option of assisted suicide. Nurses need to be aware of their own sense of suffering, discomfort, confusion, and inadequacy that could be caused by aid-in-dying. Nurses should seek the expertise and resources of others including nurse colleagues, other interprofessional healthcare team members, pastoral services, hospice specialists, and ethics consultants/committees when confronting the complexity of these issues. Acknowledgement of the struggle of those loved ones caring for the patient and the patient's vulnerability can connect nurses deeply with the experience of the patient and family.

Despite changes in a few states regarding the legalization of assisted suicide, the public, as well as professional nursing, remains uneasy. Seventy percent of the Ferrell et al (2002) sample of oncology nurses opposed legalization of assisted suicide. Carroll (2007) found a public divided, but an increasing acceptance toward support of both assisted suicide and euthanasia. Nursing needs to be prepared for political and public moral discourse on these issues and to understand how *The Code* responds to these questions. Nurses must examine assisted suicide and euthanasia not only from the perspective of the individual patient, but from the societal and professional community perspectives as well. Involvement in community dialogue and deliberation on these issues will allow nurses to recommend, uphold initiatives, and provide leadership in promoting optimal symptom management and end-of-life care.

The Oregon Nurses Association (ONA) has developed resources to guide nurses in their practice around patient or family requests for assistance in dying (ONA, 1997). Nurses can choose to be involved in providing care to a patient who has made the choice to end his/her life or may decline to participate based on personal moral values and beliefs. In this latter case the nurse can "conscientiously object to being involved in delivering care. ONA states that the nurse is obliged to provide for the patient's safety, to avoid abandonment, and withdraw only when assured that alternative sources of care are available to the patient" (Task Force, 2008, p. 2).

If the nurse chooses to stay involved with the patient, the nurse may do all of the following:

- Explain the law as it currently exists.
- Discuss and explore patient options with regard to end-of-life decisions and provide resource information or link the patient and family to access the services or resources they are requesting.
- Explore reasons for the patient's request to end his or her life and make a determination as to whether the patient is depressed and, if so, whether the depression is influencing his or her decision, or whether the patient has made a rational decision based on personal values and beliefs (ONA, 1997, p. 2).

***Professional organization perspectives on participation*:** Both the American Medical Association and the ANA (2010b) state that clinician's participation in assisted suicide is incompatible with professional role integrity and violates the social contract the professions have with society. Physician-assisted suicide is essentially discordant with the physician's role as healer, would be problematic to control, and would pose grave societal risks. Instead of joining in assisted suicide, physicians must aggressively answer to the necessities of patients at the end of life (AMA, 1996). Both have vowed to honor the sanctity of life and their duty not to inflict harm (nonmaleficence). The American Psychological Association (2009) takes a position that neither endorses nor opposes assisted suicide at this time. The American Public Health Association (2008):

> "Supports allowing a mentally competent, terminally ill adult to obtain a prescription for medication that the person could self-administer to control the time, place, and manner of his or her impending death, where safeguards equivalent to those in the Oregon DDA [Death with Dignity Act] are in place. A "terminal condition" is defined in state statutes. Some states specify a life expectancy of 1 year or 6 months; other states refer to expectation of death within a "reasonable period of time". .

Acknowledging the prohibition against participation in assisted suicide does not necessarily lessen the distress and conflict a nurse may feel when confronted with a patient's request. Nurses may encounter agonizing clinical situations and experience the personal and professional tension and ambiguity surrounding these decisions. The reality that all forms of human suffering and pain cannot necessarily be removed except through death is not adequate justification for professional sanctioning of assisted suicide.

Nurses receiving requests for assistance in dying is not new. Many studies have documented such requests (Asch, 1996, 1997) Ferrell, Virani, Grant, Coyne, & Uman 2000; Ganzini, Harvath, Jackson, Goy, Miller, & Delorit, 2002; Matzo & Emanuel, 1997; Volker, 2003). The number of requests and the nurse's subsequent illegal action was initially startling to some, especially in the Asch (1996) study, where 17% of the critical care nurses received requests and 16% engaged in assisted suicide or euthanasia. The validity of the study was questioned because the definitions were vague. In Matzo and Emanuel (1997) only 1% of respondents stated that they provided or prescribed drugs they knew would be used for assisted suicide. Ferrell, et al. (2000) found 3% had assisted in helping patients obtain medication and 2% had administered a lethal injection at the patient's request.

The nurse may not administer the medication that will lead to the end of the patient's life. Also the nurse may not subject patients, families, or colleagues to judgmental comments about the patient's choice. If the nurse believes that assisted suicide is morally justified, but works in a jurisdiction where assisted suicide is illegal, then participating puts the nurse at risk for civil and criminal prosecution, loss of license, and imprisonment (Ersek, 2005). Relative to ANA's position, participation in assisted suicide would be in direct violation of *The Code*.

Several questions are still relevant to assess the patient's request for dying. All of the questions are directed to understanding the meaning of the request to the patient. For example, questions such as: What reason does the patient give for the request? Does the patient view suicide as the only option? What is the social, cultural, and religious context? These questions assist nurses in better understanding the meaning of these requests and help patients deal with the emotional suffering that may accompany this burden.

Recommendations

- Increase education for undergraduate, graduate, and doctorally-prepared nurses in developing effective communication skills in caring for patients with life threatening illnesses who request assisted suicide or euthanasia.

- Increase education for nurses in values clarification to promote nurses' understanding and clarify attitudes towards euthanasia and assisted suicide while at the same time supporting a patients' autonomous decision-making.

- Develop and/or coordinate efforts with other nursing organizations to help nurses reframe end-of-life care communication to avoid inflammatory language (i.e. "pull the plug") that undermines improvements in palliative care and to continue the dialogue regarding nursing's role when patients request assistance in dying.

- Collaborate with local nursing organizations in states where assisted suicide is legal to educate nurses regarding what professional obligations do and do not exist when nurses in those states are present at such requests.

- Increase ANA outreach to the media to assist the public in acquiring a better understanding of palliative care and hospice and dispel potential misunderstandings.

- Promote frank and open discussions within nursing at the highest levels of leadership in an effort to discourage secrecy and misunderstanding as to the realities of daily nursing practice for those nurses who work in practice settings where these issues are not unusual, given the population being served.

- Provide resources to help nurses manage their own distress and the distress of their patients when assisted suicide or euthanasia is requested.

- Encourage nurses to seek the expertise and resources of others including nurse colleagues, other interprofessional healthcare team members, pastoral services, hospice specialists, and ethics consultants/committees when confronting the complexity of these issues.

- Increase nursing's voice in the assisted suicide and euthanasia debates in practice and legislative arenas to articulate the reasons for ANA's opposition to nursing's participation, based upon its ethical position as reflected in *The Code.*

Summary

The American Nurses Association recognizes that assisted suicide and euthanasia continue to be debated. Despite philosophical and legal arguments in favor of assisted suicide, it is the position of the ANA as specified in *The Code* that nurses' participation in assisted suicide and euthanasia is strictly prohibited.

Nurses must acquire the competencies required to become experts in providing palliative care and manage the patient's symptoms compassionately and effectively in collaboration with other members of the interprofessional healthcare team. Nurses must remain informed and be cognizant of shifting moral landscapes, legislative activity, and ongoing debate related to assisted suicide and euthanasia. More education is needed to assist nurses in responding in an ethical and compassionate manner that is consistent with the provisions and interpretive statements outlined in *The Code* when patients present with such requests.

ANA acknowledges that there are nurses working in states where assisted suicide is legal. The ANA Center for Ethics and Human Rights is available to provide consultation to nurses who are confronted with these ethical dilemmas to assist them in upholding their professional responsibilities, despite the moral distress they may encounter when confronted with these situations.

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ADA
HAWAI'I
AMERICANS FOR DEMOCRATIC ACTION

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MAILING ADDRESS
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February 13 , 2017

TO: Honorable Chair Baker and Members of the Commerce, Consumer Protection, and Health Committee

RE: SB 1129 Relating to Health
Support for hearing on Feb. 15

Americans for Democratic Action is an organization founded in the 1950s by leading supporters of the New Deal and led by Patsy Mink in the 1970s. We are devoted to the promotion of progressive public policies.

We support SB 1129 as it would establish a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life. This is not a death panel. This is a choice. We must put ourselves in the shoes of those who are suffering and terminally ill. The medical field has developed with the purpose to alleviate suffering in life. Death is a part of life and should be as peaceful and free of suffering as possible.

Thank you for your consideration.

Sincerely,

John Bickel
President

February 14, 2017

TIM VANDEVEER
Chair

MARGARET WILLE
SEAN SMITH
Legislation Committee Co-Chairs

In Support of SB 1129 “Relating to Health”

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Senate Committee on Commerce, Consumer Protection and Health
February 15, 2017 8:30 a.m. State Capitol Conference Room 229

Submitted On Behalf of the Democratic Party of Hawaiʻi

The Democratic Party of Hawaiʻi (DPH) strongly supports SB 1129. The purpose of the bill is to enact a death with dignity act, which will allow mentally capable, terminally ill adults in Hawaiʻi to request and self-administer prescription drugs so they may die in a peaceful, humane manner. **Establishing a legal medical aid in dying option for mentally capable, terminally ill people in Hawaiʻi is one of DPH’s legislative priorities for the 2017 legislative session.**

This legislation is consistent with DPH’s platform, which counts “compassion and respect for the dignity and worth of the individual” as one of the “abiding values of the Democratic Party.” SB 1129 is also consistent with DPH resolution HHS 2016-02, which was adopted by the Party at its State convention last June. This resolution acknowledges DPH’s “long history of support for and endorsement of Death with Dignity for ill patients at the end of life.” The resolution also urges state lawmakers to “take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawaiʻi residents are provided with a full range of end of life options, including a decision to advance the time of death, and provide safeguards to ensure patients are in control if they choose Death with Dignity[.]”

Within the last year, California, Colorado and Washington D.C. have passed medical aid in dying laws, tripling the number of terminally ill Americans with access to a medical aid in dying option. We believe terminally ill people in Hawaiʻi should have the same option. DPH is concerned by reports that some in our community have taken desperate, violent measures to end their lives in the absence of such an option. We believe mentally capable, terminally ill people should be allowed to pass peacefully if they choose.

Mahalo for the opportunity to testify on this bill.

Respectfully submitted,

Tim Vandeveer
Chair of the Democratic Party of Hawaiʻi

/s/ Margaret Wille
/s/ Sean Smith
Legislative Committee Co-chairs

From: Marilyn Golden
To: CPH Testimony
Subject: Testimony of the Disability Rights Education & Defense Fund (DREDF)
Date: Monday, February 13, 2017 2:13:28 PM

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

Testimony of the Disability Rights Education & Defense Fund (DREDF) on SB 1129

We would like to submit to the Committee the following statement by:

National Disability Rights Organizations

Opposing Assisted Suicide Laws

We, as disability rights organizations, oppose the legalization of assisted suicide, which is a dangerous and harmful public policy.

We also support the continuation of the Affordable Care Act and everything it does to provide good health care to people with disabilities. Any degradation in health care will drive increased demand for assisted suicide.

Our reasons for opposing assisted suicide laws are many. When assisted suicide is legal, it's the cheapest treatment available—an attractive option in our profit-driven healthcare system. Terminal diagnoses and prognoses are too often wrong, leading people to lose good years of their lives. If one doctor says "no," people can "doctor shop" for that "yes." No psychological evaluation is required, putting depressed people in danger.

The highly touted "safeguards" turn out to be truly hollow, with no real enforcement or investigation authority. Assisted suicide is a prescription for abuse: an heir or abusive caregiver can steer someone towards assisted suicide, witness the request, pick up the lethal dose, and in the end, even administer the drug—no witnesses are required at the death, so who would know? Many other pressures exist that can cause people with compromised health to hasten their death. Evidence appears to show that assisted suicide laws also lead to suicide contagion, driving up the general suicide rate. We all already have the right to good pain relief, including palliative sedation if dying in pain.

Because the dangers and harms are so significant, many national disability and medical organizations oppose assisted suicide laws, and many legislatures have repeatedly rejected them.

- ADAPT
- American Association of People With Disabilities
- Association of Programs for Rural Independent Living
- Autistic Self Advocacy Network
- Disability Rights Center
- Disability Rights Education & Defense Fund
- National Council on Independent Living
- National Organization of Nurses with Disabilities
- Not Dead Yet

- TASH
- United Spinal Association

This statement is available online here: http://notdeadyet.org/disability-rights-organizations-statement-opposing-assisted-suicide-laws-and-supporting-health-care.

Yours truly,

Marilyn Golden

Marilyn Golden
Senior Policy Analyst
Disability Rights Education & Defense Fund (DREDF)
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Phone (510) 549-9339

DREDF: Doing Disability Justice

Hawai`i Advocates For Consumer Rights
Working for Hawaii's consumers since 1994
Scott Foster, Communications Director
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Testimony In Support of Senate Bill 1129 "Relating To Health"

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice-Chair

Wednesday, February 15, 2017
8:30 a.m.
Conference Room 229
Hawai`i State Capitol

Aloha Chair Baker, Vice-Chair Nishihara and honorable committee members.

My name is Scott Foster and I am testifying as the Communication Director of *Hawai`i Advocates For Consumer Rights* (AFCR) representing our 2000+ members across the state. 2017 begins our third decade advocating for Hawai`i consumers on issues such as car and health insurance reform, medical marijuana and Internet access.

We have supported *Death With Dignity* for many years and sincerely hope that you will pass this important legislation this year. Senate Bill 1129 is based on the acclaimed Oregon statute and includes all of the proven safeguards to protect patients from misuse. The Oregon law has been in effect since 1997 without a single incident of misuse and Oregon's documented 20-year history and experience with the law has proven this to be fact, despite what vocal opponents may say.

While we fully support SB1129, we do have the following suggestion for your consideration:

Because of Hawaii's geographical makeup and the growing shortage of doctors especially on the Neighbor Islands, we urge you to consider a role for Hawaii's *Advance Practice Registered Nurses,* many of whom are already engaged in palliative care in Hawaii's hospices where anyone with a 6-month terminal diagnosis may go to receive end-of-life care.

In any event, please pass this legislation today and let Hawaii's citizens have this important freedom of choice, which is now enjoyed, by the citizens of Oregon, California, Vermont and Washington State.

Sincerely,
Scott Foster
Communications Director

ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII

Hawaii Catholic Conference
The Public Policy Voice of the Roman Catholic Church in the State of Hawaii

Submitted Electronically: February 11, 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Wednesday, February 14, 2017 @ 8:30 a.m. in room #229

SUBMITTED BY: Walter Yoshimitsu, Executive Director
POSITION: **STRONG OPPOSITION TO SB 1129 Relating to Health**

The Hawaii Catholic Conference is the official public policy voice for the Roman Catholic Church in the State of Hawaii. The above-referenced bill would establish a death with dignity act under which a terminally ill adult resident may obtain a prescription for a lethal dose to end the patient's life. The Hawaii Catholic Conference **opposes** this bill for many reasons.

- It can blur longstanding medical, moral and legal distinctions between withdrawing extraordinary medical assistance and taking active steps to destroy human life. One lets people die a natural death; the other is the deliberate and direct act of hastening death.
- It can undermine the physician’s role as healer, forever alter the doctor-patient relationship, and lessen the quality of care provided to patients at the end of life. The American Medical Association has stated that assisted suicide is “fundamentally incompatible with the physician’s role” and would be “difficult or impossible to control.”
- It can lead to psychological, financial and other pressures for vulnerable persons to end their lives. In today’s era of health care rationing and cost-cutting, assisted suicide could easily rise to the level of the most acceptable, and even expected, “treatment” for terminal illness.

Rather than giving the doctors the legal protection to kill their patients, government should be consistent in its efforts to prevent it. It is illogical for the state to promote/facilitate suicide for one group of persons — calling the suicides of those with a terminal illness and a specific prognosis “dignified and humane,” while recognizing suicide as a serious statewide public health concern in all other circumstances, and spending enormous resources to combat it.

Assisting in a person’s death is not medical treatment, no matter how it is spinned. In Hawai’i, everyone, especially our kupuna, deserves better than a doctor who dispenses pills to intentionally cause death. Patients are best served when medical professionals, together with families and loved ones, provide support and care with dignity and respect, not lethal doses of drugs. Improved education and training of physicians in pain management, together with appropriate diagnosis and treatment for depression, would go a long way toward eliminating calls for suicide among the sick and the dying. Mahalo for the opportunity to testify.

Written Testimony IN SUPPORT of SB1129
From the First Unitarian Church of Honolulu

TO: The Senate Committee on Commerce, Consumer Protection, and Health; Senator Rosalyn H. Baker, Chair; Senator Clarence K. Nishihara, Vice Chair
DATE: Wednesday, February 15, 2017, 8:30 a.m.
PLACE: Conference Room 229

Aloha e Chair Baker, Vice Chair Nishihara, and Committee Members,

My name is Steve Lohse, I am Chair of the Social Justice Council of the First Unitarian Church of Honolulu. Thank you for this opportunity to submit written testimony from First Unitarian IN SUPPORT of SB1129, Relating to Health, establishing a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

SB1129 is about freedom – freedom of life choices, freedom from unwarranted interference in our personal beliefs and values, and freedom from unnecessary suffering. The First Unitarian Church of Honolulu affirms and promotes the inherent worth and dignity of all persons, with justice, equity, and compassion in human relations, and supports the following Position Statement of The Interfaith Alliance Hawaii (TIAH):

"The Interfaith Alliance Hawaii and Religious Leaders for Assisted Dying state that we respect the right of competent adults to make their own decisions concerning end of life choices according to their own beliefs and values.

So there are no misunderstandings, we do not support the indiscriminate taking of one's own life, but rather acknowledge that in certain carefully defined circumstances, it would be humane to recognize that death is certain and suffering is great. We believe that, by whatever name we call our Supreme Being, we have been granted the responsibility of individual choice over our lives. **Just as we should be free to worship according to our individual understanding of faith, we should have the freedom in making our own end-of-life choices.**

Those who oppose assisted dying based on their own moral, ethical, or religious beliefs simply need not participate. We do not believe it is up to any religious leader to dictate how this final and perhaps most intimate decision between a dying person and his or her God should be made. Instead, we must support and accept such decisions, even if they do not represent the course that we ourselves might have chosen." (TIAH and Religious Leaders for Assisted Dying, http://www.interfaithalliancehawaii.org/position-statements/assisted-dying/)

Please do the right thing and PASS SB1129. Thank you!

Aloha no,
Steve Lohse
Chair, Social Justice Council
First Unitarian Church of Honolulu
2500 Pali Highway, Honolulu, HI 96817
Phone: 808-595-4047

Life of the Land

P.O. Box 37158, Honolulu, Hawai`i 96837-0158
Phone: 927-0709 henry.lifeoftheland@gmail.com

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Wednesday, February 15, 2017
8:30 a.m.
PLACE:
Conference Room 229

SB 1129 RELATING TO HEALTH VERY STRONG SUPPORT

Life of the Land is Hawai`i's own energy, environmental and community action group advocating for the people and `aina for 47 years. Our mission is to preserve and protect the life of the land through sound energy and land use policies and to promote open government through research, education, advocacy and, when necessary, litigation.

Death with Dignity is intensely personal. It allows an individual, headed for death, to make the transition, without going through endless pain. The bill has the necessary safeguards to make sure than abuse does not occur. This very popular bill should be passed.

Mahalo,

Henry Curtis,
Executive Director

SB 1129 Death with Dignity
February 15, 2017 Capitol Room 229

Dear Senate CPH Committee:

Testifying in person
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 Death with Dignity 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 Death with Dignity 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 SB 1129 to pass this committee.**

From: Diane Coleman
To: Sen. Roz Baker; Sen. Clarence Nishihara; Sen. Stanley Chang; Sen. Will Espero; Sen. Les Ihara, Jr.; Sen. Michelle Kidani; Sen. Russell Ruderman; CPH Testimony
Subject: CORRECTED: TESTIMONY OF DIANE COLEMAN, JD, PRESIDENT OF NOT DEAD YET OPPOSING HAWAII SB 1129
Date: Monday, February 13, 2017 12:04:08 PM

TESTIMONY OF

DIANE COLEMAN, JD, PRESIDENT/CEO OF NOT DEAD YET

OPPOSING HAWAII SB 1129

Committee on Commerce, Consumer Protection & Health

DATE: Wednesday, February 15, 2017
TIME: 8:30 a.m.

Submitted February 13, 2017

I am a severely disabled woman, and head up the national disability group, Not Dead Yet, which has members in Hawaii. I've spent a lifetime advocating for the rights of disabled people, young and old, to control our own lives and not have our choices dictated by doctors and other professionals. So you might wonder why I oppose a bill that is widely portrayed as giving people choice and control over their own death.

But who actually has choice and control under assisted suicide laws? Anyone could ask their doctor for assisted suicide, but the law gives the authority to doctors to determine who is eligible. More importantly, the purported "safeguards" to prevent mistake, coercion and abuse are empty window dressing, with little substance or effect.

One of the most frequently repeated claims by proponents of assisted suicide laws is that there is "no evidence or data" to support any claim that these laws are subject to abuse, and that there has not been "a single documented case of abuse or misuse" in Oregon during the 18 reported years. These claims are demonstrably false. Although SB1129 is actually a euthanasia bill, as explained later below, an examination of the Oregon myth is still relevant and essential to the Committee's deliberations.

Regarding documented cases, please refer to a compilation of individual cases and source materials pulled together by the Disability Rights Education and Defense Fund entitled Oregon and Washington State Abuses and Complications.[1] For an in-depth analysis of several cases by Dr. Herbert Hendin and Dr. Kathleen Foley, please read Physician-Assisted Suicide in Oregon: A Medical Perspective.[2]

The focus of the discussion below is the Oregon Health Division data.[3] These reports are based on forms filed with the state by the physicians who prescribe lethal doses and the pharmacies that dispense the drugs. As the early state reports admitted:

"As best we could determine, all participating physicians complied with the provisions of the Act. . . . Under reporting and noncompliance is thus difficult to assess because of possible repercussions for noncompliant physicians reporting to the division."

Further emphasizing the serious limits on state oversight under the assisted suicide law, Oregon authorities also issued a release in 2005 clarifying that they have No authority to investigate Death with Dignity case.[4] Thus, all of the state reported data is a statistical summary of self-reports submitted by physicians who prescribe lethal drugs, nothing more.

Nevertheless, contrary to popular belief and despite these extreme limitations, the Oregon state reports substantiate some of the problems and concerns raised by opponents of assisted suicide bills.

Non-Terminal Disabled Individuals Are Receiving Lethal Prescription In Oregon

The Oregon Health Division assisted suicide reports show that non-terminal people receive lethal prescriptions every year.

The prescribing physicians' reports to the state include the time between the request for assisted suicide and death for each person. However, the online state reports do not reveal how *many* people outlived the 180-day prediction. Instead, the reports give that year's median and range of the number of days between the request for a lethal prescription and death. This is on page 7 of the 2015 annual report.[5] In 2015, at least one person lived 517 days; across all years, the longest reported duration between the request for assisted suicide and death was 1009 days. In every year except the first year, the reported upper range is significantly longer than 180 days.

The definition of "terminal" in the statute only requires that the doctor predict that the person will die within six months. There is no requirement that the doctor consider the likely impact of medical treatment in terms of survival, since people have the right to refuse treatment. Unfortunately, while terminal predictions of some conditions, such as some cancers, are fairly well established, this is far less true six months out, as the bill provides, rather than one or two months before death, and is even less true for other diseases. Add the fact that many conditions will or may become terminal if certain medications or routine treatments are discontinued – e.g. insulin, blood thinners, pacemaker, CPAP – and "terminal" becomes a very murky concept.

The state report's footnote about "other" conditions found eligible for assisted suicide has grown over the years, to include:

". . . benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, cerebrovascular disease, other vascular diseases, diabetes mellitus, gastrointestinal diseases, and liver disease."

Overall as of 2015, 7%, or 68 individuals across all reported years, had conditions classified as "other". Another 16% had ALS, chronic respiratory or heart disease, or HIV/AIDS. In addition, it should be noted that the attending physician who determines terminal status and prescribes lethal drugs is not required to be an expert in the disease condition involved, nor is there any information about physician specialties in the state reports.

The Only Certifiers of Non-Coercion And Capability Need Not Know the Person

Four people are required to certify that the person is not being coerced to sign the assisted suicide request form, and appears capable: the prescribing doctor, second-opinion doctor, and two witnesses.

In most cases, the prescribing doctor is a doctor referred by assisted suicide proponent organizations. (See, M. Golden, Why Assisted Suicide Must Not Be Legalized,[6] section on "Doctor Shopping" and related citations). The Oregon state reports say that the median duration of the physician patient relationship is 12 weeks. Thus, lack of coercion is not usually determined by a physician with a longstanding relationship with the patient. This is significant in light of well-documented elder abuse-identification and reporting problems among professionals in a society where an estimated one in ten elders is abused, mostly by family and caregivers. (Lachs, et al., New England Journal of Medicine, Elder Abuse.[7])

The witnesses on the request form[8] need not know the person either. One of them may be an heir (which would not be acceptable for witnessing a property will), but neither of them need actually know the person (the form says that if the person is not known to the witness, then the witness can confirm identity by checking the person's ID).

So neither doctors nor witnesses need know the person well enough to certify that they are not being coerced.

No Evidence of Consent or Self-Administration At Time of Death

In about half the reported cases, the Oregon Health Division reports also state that no health care provider was present at the time of ingestion of the lethal drugs or at the time of death. Footnote six clarifies:

"A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of death and circumstances surrounding death only when the physician or another health care provider is present at the time of death. This resulted in a larger number of unknowns beginning in 2010."

While the only specific example mentioned is the "time of death," other "circumstances surrounding death" include whether the lethal dose was self-administered and consensual at the time of death.

Therefore, although "self administration" is touted as one of the key "safeguards" in the Oregon law, in about half the cases, there is no evidence of consent or self-administration at the time of ingestion of the lethal drugs. If the drugs were, in some cases, administered by others without consent, no one would know. The request form constitutes a virtual blanket of legal immunity covering all participants in the process.

What is perhaps most shocking about SB1129 is that it doesn't even purport to require self-administration of the lethal dose. Even if an ill person requests a lethal prescription just in case they want it later, of their own volition or "encouraged" to do so, once the drugs are in the home, the ill person has no protection from unscrupulous family or caregivers. And with no requirement, procedural or enforcement provisions related to self-administration, this is not an assisted suicide bill, but an open and full blown euthanasia bill.

Pain Is Not the Issue, Unaddressed Disability Concerns Are

The top five reasons doctors give for their patients' assisted suicide requests are not pain or fear of future pain, but psychological issues that are all-too-familiar to the disability community: "loss of autonomy" (92%), “less able to engage in activities” (90%), "loss of dignity" (79%), “losing control of bodily functions” (48%), and "burden on others" (41%).

These reasons for requesting assisted suicide pertain to disability and indicate that over 90% of the reported individuals, possibly as many as 100%, are disabled.

Three of these reasons (loss of autonomy, loss of dignity, feelings of being a burden) could be addressed by consumer-directed in-home long-term care services, but no disclosures about or provision of such services is required. Some of the reported reasons are clearly psycho-social and could be addressed by disability-competent professional and peer counselors, but this is not required either. Moreover, only 5.3% of patients who request assisted suicide were referred for a psychiatric or psychological evaluation, despite studies showing the prevalence of depression in such patients.

Basically, the law operates as though the reasons for suicidal feelings don’t matter, and nothing need be done to address them.

Conclusion

The Oregon assisted suicide data demonstrates that people who were not actually terminal received lethal prescriptions in all 18 reported years except the first, and that there is little or no substantive protection against coercion and abuse. Moreover, reasons for requesting assisted suicide that sound like a “cry for help” with disability-related concerns are apparently ignored. Thus, the data substantiates problems with the implementation of assisted suicide laws and validates the concern that the risks of mistake, coercion and abuse are too great. Well-informed legislators on both sides of the aisle should vote against assisted suicide bills.

Please vote NO on SB1129.

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[1] https://dredf.org/wp-content/uploads/2015/04/Revised-OR-WA-Abuses.pdf

[2] https://dredf.org/wp-content/uploads/2012/08/Hendin-Foley-Michigan-Law-Review.pdf

[3] https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx

[4] https://dredf.org/wp-content/uploads/2012/08/Oregon-DHS.pdf

[5] https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf

[6] https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/

[7] http://www.nejm.org/doi/full/10.1056/NEJMra1404688

[8] https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/pt-req.pdf

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Diane Coleman, JD, MBA
President/CEO
Not Dead Yet
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SECOND THOUGHTS MASSACHUSETTS
Disability Rights Advocates against Assisted Suicide

February 14, 2017
Senate Committee on Commerce, Consumer Protection, and Health
In Opposition to SB 1129
John B. Kelly
SecondThoughtsKelly@Gmail.com

Chair Baker, Vice-Chair Nishihara, Members of the Committee on Commerce, Consumer Protection, and Health:

I am the director of Second Thoughts Massachusetts: Disability Rights Advocates against Assisted Suicide. We take our name from the finding that the more people learn about assisted suicide, the more they oppose it. We were one of the progressive voices that helped stop assisted suicide at the ballot in 2012.

Like other assisted suicide bills, SB 1129, the "Death With Dignity Act," ignores the cruel downside of assisted suicide programs: the premature deaths of non-terminal, vulnerable people due to misdiagnosis, the cost of medical care, outside influence, and abuse.

MISDIAGNOSIS. In 2014, CBS News reported that physician misdiagnosis affects 12 million Americans yearly, putting half at risk of severe harm. So if you receive your prescribed overdose from a doctor and their colleague after they misdiagnose you, you may tragically and needlessly cut short your life.

About 15% of people diagnosed as "terminally ill" live longer than six months. For example, the late Sen. Ted Kennedy was given 2-4 months to live, but lived an entire year longer than predicted. TV star Valerie Harper was told four years ago – incorrectly – that she had months to live because of brain cancer. But Harper was nowhere near her "end of life." If, based on the false information given to her, Valerie had exercised her "right" to "death with dignity," she would now be dead. Luckily for her, her family and everyone who appreciates her acting, she did not take her own life.

Additional evidence comes from the thousands of Americans yearly who outlive their terminal prognoses and "graduate" from hospice. The Medicare hospice benefit limits eligibility to people "reasonably expected" by a doctor to live less than six months, but the six-month terminal window is arbitrary, having more to do with congressional cost concerns than any clinical basis.

Assisted suicide advocates took what was essentially a bureaucratic criterion and made it the linchpin of their new medical "treatment," state-approved barbiturate poisoning. Assisted suicide laws turn the best outcome under hospice – proving you weren't terminal after all – into the worst possible end for people who might live months, years, or decades longer, but are instead persuaded (or coerced) under threat of agonizing death to commit suicide.

ABUSE. If SB 1129 passes, abusers and criminals will be offered a no-questions-asked opportunity to engineer someone's death. Especially vulnerable will be the 10% of Hawai'i adults over the age of 60 estimated to be abused every year, almost always by family members.

The Associated Press reported in 2013 that Oregon realtor

> Tami Sawyer also faces charges of criminal mistreatment and theft as a result of a state charge that she stole more than $50,000 after a man [Thomas Middleton] who suffered from Lou Gehrig's disease moved into her home, named her his estate trustee, deeded his home to a trust, and then died by physician-assisted suicide.

Because no assisted suicide law requires an impartial witness to the death, we have no idea how Thomas Middleton really died. We do know that days later, Sawyer listed Middleton's property and then stole some of the proceeds. Her crimes came to light, not through any program safeguards, but by a federal investigation into suspicious real estate transactions. The state did not bother to pursue its charges.

Suspicious circumstances like Middleton's are not included in the Oregon reports. Even when there is evidence of abuse, Oregon has taken no action.

For example, Wendy Melcher died after being given massive doses of barbiturate suppositories by two nurses, one of whom was having an affair with Wendy's partner. The nurses claimed that Melcher had requested assisted suicide, but there was no doctor's prescription, Wendy did not self-administer, and the nurses never reported her death to the Oregon Department of Health as an assisted suicide.

Yet instead of referring the nurses to authorities for criminal charges, the state nursing board secretly suspended one nurse's license for 30 days and placed the other on two years "probation." It took a reporter's phone call years later to inform Melcher's devastated family that she had been killed. It seems that the very existence of the assisted suicide law turned evidence of a serious crime into an excusable mistake. The Portland Tribune editorialized, "If nurses — or anyone else — are willing to go outside the law, then all the protections built into the Death With Dignity Act are for naught."

DISABILITY. People do not make decisions in isolation. That's especially true when people become disabled due to illness and need physical assistance from other people. When people do not have access to paid in-home caregivers, they are susceptible to feeling like a burden. Indeed, prescribing Oregon physicians report that 40% of program deaths stem in part from feelings of being a "burden on family and friends/caregivers."

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

A belief common among people thinking of suicide, whether "conventional" or assisted, is that their deaths will benefit others. SB 1129, contrary to the state's own suicide-prevention efforts, reclassifies what should be evidence of impaired judgment as a rational response to disabling, serious illness.

SB 1129 shows no concern for whether the person feeling like a burden is "suffering from a psychiatric or psychological disorder or depression," as long as in the untrained opinion of two doctors and two witnesses, that suffering isn't also "causing impaired judgment." But impairing judgment is what depression ***does***.

Ruthie Poole, president of the board of Massachusetts MPOWER, a grassroots group of people with lived experience of mental health diagnosis, trauma, and or addiction testified a few years ago that: okay

> Those of us in MPOWER are very familiar with the insidious nature of depression. As a therapist once told me, depression does not cause black and white thinking; it causes black and blacker thinking. Absolute hopelessness and seeing no way out are common feelings for those of us who have experienced severe depression. Personally, as someone who has been suicidal in the past, I

> can relate to the desire for “a painless and easy way out.” However, depression is treatable and reversible. Suicide is not.

Last summer, seriously-ill Californian Stephanie Packer received a letter from her insurer refusing to cover a prescribed course of chemotherapy. Meanwhile, she was told that her co-pay for just-legalized assisted suicide would be $1.20. Congress is now in the process of repealing the Affordable Care Act, threatening millions with loss of insurance. Because assisted suicide will always be the cheapest treatment, short- and long-term, its availability will inevitably affect medical decision-making. That means less choice for people, not more.

Many people think assisted suicide is necessary to prevent agonizing pain, but attentive comfort care – now this is a right to insist on! – can control pain in dying patients, through palliative sedation if necessary. And people have had the long-standing right to refuse any treatment, including food and water.

We now have 25 years of reports from Oregon and Washington, which show that pain (which includes fear of future pain) is the sixth-cited of seven “end-of-life concerns.” Oregon physicians report giving lethal drugs mainly due to psychosocial distress about disability. First is distress about dependence on other people (“losing autonomy” 92%), second is grief over lost abilities (89%), followed by feelings of shame about the effects of illness (“loss of dignity” 79%), upset about issues like incontinence (“losing control of bodily functions” 50%), and believing that suicide would leave loved ones better off (“burden on family, friends/caregivers” 40%).

These reasons suggest a meaning of dignity that depends not on everyone’s inherent worth, but on an ability-based hierarchy. This sort of dignity is fragile and easily lost through disability. The people whose suicides are informed by these views, proponents admit, tend to be wealthier, better educated, and people with a strong preference for control. Their desire to hold onto this privilege is understandable, but it cannot justify a pro-suicide public policy that endangers everyone else.

The lives of non-“terminal” disabled people share many traits with people requesting assisted suicide, but we reject the notion that personal dignity is somehow lost through reliance on others, or because we are not continent every hour of every day. That’s why for 40 years the disability rights movement has insisted on funded in-home supports for all disabled people, including people disabled by their serious illness.

SB 1129 would set up a two-tier system, under which some people get suicide prevention services while others get suicide assistance. The difference between the two groups would be based on value judgments about so-called “quality of life.” Many of us already get told, straight to our face and through medical hostility, that we might be better off dead. Legalized assisted suicide makes that prejudice official policy.

Instead, let’s make sure that people have the choice and supports to live – and die – comfortably at home, with pain controlled and dignity intact.

The committee should protect the public health of Hawai’i from the mistakes, coercion and bottom-line thinking that, under an assisted suicide program, would send innocent people to their premature deaths.

John B. Kelly
66 The Fenway APT 22
Boston, MA 02115
(617) 536-5140

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 7:49 AM
To: CPH Testimony
Cc: Burdick808@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Alan B Burdick	Progressive Democrats of Hawaii	Support	No

Comments: We all die. We all should have the right to avoid unnecessary suffering as we die. Currently, our laws are not interpreted as recognizing this right. That is wrong. For this reason, Progressive Democrats of Hawaii joins many other organizations in urging this Legislature to let people avoid end-of-life torture, if they so choose. This is a matter of choice. Please pass this bill. Thank you for the opportunity to testify.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: Bob Gould
To: CPH Testimony
Subject: SB 1129
Date: Monday, February 13, 2017 11:26:02 AM

PLEASE PASS OUT SB 1129 on Medical Help in Dying

Dear Senators Baker and Nishihara and members of the Senate Commerce, Consumer Protection and Health Committee,

This is an important year for this bill. I think it has a very real chance of passing, so I hope you will give the full Senate a chance to look at it.

I have long felt this is a good idea. I could relate to the person who wrote a letter to the editor recounting their experience with "putting down" an animal. We ARE more compassionate with our pets than with our loved ones. I have had to do this with my cat, but I was unable to help my mother, who finally just coughed to death. It was a horrible thing to experience and we all felt so helpless. We would not have done anything until the last morning when she died, so it wasn't like we were just hovering and hoping to "do away with her"!! We wanted her to decide if she was ready to go and when she was suffering so much, there was no question that it was time to help her bypass those last long awful hours and help her die a little earlier and be at rest.

I think John Radcliffe is a very reasoned man and is a great spokesperson for this bill. He provides an excellent example of how I would feel, if I were in such a position. Please give all of us some hope that we won't have to suffer and bankrupt our children for care that we may no longer wish to have. What an awful torture to force on people!! Please let doctors help us.....they are supposed to relieve pain and suffering, which is what this bill would do.

Mahalo,

Gretchen Gould,
Kaneohe

In Opposition to SB 1129

I am a recently retired longterm care and palliative care physician. I am opposed to SB 1129, the Death With Dignity Act. In my firsthand experience with caring for those with terminal illnesses, I have found that in virtually all patients, I can, with my expertise, control and manage well all the physical symptoms that accompany the last chapter of a person's life. This scenario of a person writhing in pain tethered to a hospital or nursing home bed is simply not true and is a picture conjured up by the national advocacy group, Compassion and Choices in order to persuade the public to pass such a bill.

Instead, what I have found that a request for dying is often based upon more than the physical symptoms, but involves emotional, psychological, social, spiritual, and existential components. To support an individual who is in such a situation, it takes a team of dedicated and trained individuals in these areas in order to optimally provide cared. If this option of death by ingestion of lethal drugs is made available to the vulnerable elderly, those with advanced illnesses, and the disabled, doctors whose main agenda is to prescribe these drugs will certainly be prone to cause inappropriate deaths.

If one thinks that the safeguards built in to SB 1129 will prevent such a situation from ever happening, please realize that with the inability of the records to be available for investigation or review, as well as the layers of immunity given to the providers as this bill reads, it is hardly plausible that this safety net will protect the vulnerable. The statistics in Oregon and Washington pointedly expose this. 1) treatable depression in this cohort of individuals runs a prevalence rate of at least 25%. Yet only 4% at most, of the individuals prescribed the lethal drugs were ever referred to a mental health therapist. Elder abuse runs 10% in the United States. To imagine that not one case of abuse has ever been noted points not as much to the magnificent deterrence factor of the safeguards, but rather how loose the safety net really is!

Therefore, in conclusion, this bill legalizing death with dignity, while perhaps benefiting the few who would appropriately choose this, has the real potential of harming a greater number of vulnerable individuals.

Respectfully submitted

Craig Nakatsuka, MD

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:20 AM
To: CPH Testimony
Cc: catgraham48@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine Susan Graham	First Unitarian Church of Honolulu	Support	No

Comments: Aloha Senators, The time is now to allow people with 6 months left to live to decide their own journey to death. This is not a mandate to kill anyone. No one else will have the responsibility to takes a life. It is the patient him or herself who decides. Who will maintain control over their destiny until the end. This is a humane bill. Please pass it.

2/14/2017 8:15 AM

TESTIMONY TO THE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH

As the State Director for Concerned Women for America of Hawaii, I join with my members here in Hawaii in opposing SB1129. There is no "Dignity for Death" when a person is helped to end their own life. God, and God alone, is the author of life. We must not take on the role of God and take life based upon our inconsistent judgment.

Here are just some of the many concerns we have about physician-assisted suicide:

- There are not sufficient safeguards against coercion and elder abuse. At least one in ten elderly people is the victim of domestic abuse, which is difficult for a healthcare provider to identify. Because any doctor can write a lethal prescription, an abuser can “doctor shop” until they find a provider willing to assist them in killing their victim.
- Oregon, the first state to legalize assisted suicide, provides the most complete data available on the practice of assisted suicide in the United States. Oregon reports that individuals primarily choose assisted suicide because of reasons related to a disability: loss of autonomy, loss of enjoyable life activities and loss of dignity.
- Modern medicine has made significant advances in pain control. Doctors now have a range of options to treat pain in terminally ill patients, including even palliative sedation as a last resort.
- Oregon reports that the dominant reasons motivating patients to choose assisted suicide have nothing to do with pain management. The primary concerns center around having a disability: losing autonomy (92%), being less able to engage in activities making life enjoyable (90%), and losing dignity (79%). Fear of inadequate pain control is one of patients’ least cited reasons.

God has given us the gift of life, He is the only one who can take it away. We are asking you to vote NO on SB1129.

Sincerely,

Barbara J. Ferraro
State Director
Concerned Women for America of Hawaii
P. O. Box 10732
Hilo, HI 96721

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 5:14 PM
To: CPH Testimony
Cc: vpressler@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Virginia Pressler	Individual	Support	No

Comments: I am testifying as an individual. I believe an individual who is at end of life should be allowed to choose when the time is right. Everyone should have the right to die with dignity.

February 10, 2017

TO: Honorable Chair Baker and Members of Senate Committee
on Commerce, Consumer Protection, and Health

RE: SB 1129 Relating to Health
Support for hearing on February 15

I am a private citizen with a strong interest in the rights of individuals in our democracy and today's world to make their own informed decisions when such decisions do not harm others.

I support SB 1129 to establish a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life. Should the time come when I am terminally ill, I expect to be able to make a personal decision about whether and when to end my life and not be forced by others and by law to endure meaningless pain and suffering. I say this as a private citizen who is enabled to make other decisions about my own health and well-being, so should also be able to do so about my own death.

This is not a philosophical issue for me, as I am in my 70s and will die within the foreseeable future, one way or another. I support this bill and the death with dignity act it will establish as a person who has been treated successfully for cancer. While I survived one episode through chemotherapy and major surgery, I have lived a rich and full life. If there is a reoccurrence, I am fully aware that my chances of survival would be remote. We will all die eventually, and my personal choice is to die with dignity—not have my family and loved ones see and try vainly to support me to no avail. It is wrong to force terminally ill patients to tolerate pain and suffering that serves no purpose other than stripping away one's final shreds of dignity through a slow and miserable death. Just as I would not force another person to end his or her life, I believe that it is no one else's right to force me to live when terminally ill.

Thank you for your consideration.

Sincerely,

Luanna H. Meyer, Ph.D.
Professor Emerita, Education

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 4:12 PM
To: CPH Testimony
Cc: kaulanad@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kaulana Dameg	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 4:12 PM
To: CPH Testimony
Cc: victor.ramos@mpd.net
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Victor K. Ramos	Individual	Oppose	No

Comments:

CPH Testimony

From: nedra <happysong@hawaii.rr.com>
Sent: Sunday, February 12, 2017 11:00 AM
To: CPH Testimony
Subject: Death with Dignity Bill

Dear Members of the House of Representatives and State Senate,

I'm writing to support HB 201. I know it's a complicated and controversial bill, but I have many reasons to support it.

- Moral and ethical: This is a bill designed to ease human suffering when there are no other options.
- Medical: the bill calls for a patient of sound mind, an attending physician, and a prognosis that offers no hope of survival. This will ease the burdens of family and loved ones, the overtaxed medical system and the patient who's suffering.
- Practical: Having seen what my own family and friends have had to endure, it makes sense to allow a humane and conscious way of dying when all the legal requirements, which are covered by this bill, are met. I am a baby boomer, and we are all aging en masse in the midst of a physician exodus and rapid escalation of prescription medicine; we want reassurance that we will have some say, some control, when our lives are hanging in the balance. Please don't force us to leave the state if and when we face this challenge.

In addition to taking care of my mother, who lived to be 99-years-old and who suffered immeasurably in her final days, I had two close friends who died within 18 months of each other. He was the first to be diagnosed with cancer. She took care of him throughout her own battle with cancer, saw him through his death, and died a year and a half after him. This is what she said to me while cancer painfully coursed through her withering and weak body and she wanted it to be over, "It's so HARD to die!"

My father also suffered a painful death from cancer. He said, "No one should have to suffer like this."

My aunt ended her painful, prolonged battle with cancer by hanging herself on the driveway gate.

I realize this bill is controversial and there will be strong opposition. But as with legalized abortion and same-sex marriage, it takes courage and strength to stand up for what is right, and it will only be a matter of time before death with dignity is accepted as a national standard. This may not be the year it's passed, but a healthy and supportive discussion would be a great start to what I feel is inevitable.

I hope you will consider and move forward HB 201.

Respectfully submitted,

Nedra Chung
Tel: 988-5623
Honolulu 96826

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 5:55 PM
To: CPH Testimony
Cc: inhocsig@lava.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Duffy	Individual	Oppose	No

Comments: Please oppose this bill. Proponents are attempting to portray assisted suicide as a "compassionate option." Euphemisms like "Compassion and Choices" are only there to hide what this is really all about. Assisted suicide is not a compassionate option. Instead of accompanying patients during illness, it gives up on them. Hawaii is a place that cares for its people. Please keep it that way.

NOT DEAD YET
The Resistance

Michael Tada, mtada347@gmail.com

Not Dead Yet Disability Activists Oppose Assisted Suicide As A Deadly Form of Discrimination

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Lessons From Disability History

Prior to the formation of Not Dead Yet, disability activists opposed a number of so-called "right to die" court cases involving ventilator users who sought freedom from nursing homes, essentially arguing "give me liberty or give me death." Society's response, denying them freedom but granting them death, was a wake up call to the disability rights movement. *(Herr, S.S., Bostrom, B.A, & Barton, R.S. (1992). No place to go: Refusal of life-sustaining treatment by competent persons with physical disabilities. Issues in Law & Medicine, 8 (1), 3-36.)*

Suicide v. Assisted Suicide

It should be noted that suicide, as a solitary act, is not illegal in any state. Disability concerns are focused on the systemic implications of adding assisted suicide to the list of "medical treatment options" available to seriously ill and disabled people.

What's Disability Got To Do With It?

The disability experience is that people who are labeled "terminal," predicted to die within six months, are – or will become – disabled. It is well documented that the six month prediction called for in the Oregon and Washington laws is unreliable. The Oregon Reports demonstrate that some people who received prescriptions were not terminal (i.e. lived longer than six months).

Broad Agenda, Incremental Strategy, Not Just for the Terminally Ill

The political agenda of many assisted suicide organizations includes expansion of eligibility to people with incurable but not necessarily terminal conditions who feel that their suffering is unbearable *(Baron, C.H. et al. (1996). Statute: A model act to authorize and regulate physician-assisted suicide. Harvard Journal on Legislation, 33 (1), p.11)*, without examining the cause of the suffering or whether it can be alleviated.

Physicians Are Assisted Suicide Gatekeepers

Anyone could ask for assisted suicide, but physicians decide who gets it. Physicians must predict, however unreliably, whether a person will die within six months. Physicians judge whether or not a particular request for assisted suicide is rational or results from impaired judgment.

Disability is the Issue

Although intractable pain has been emphasized as the primary reason for enacting assisted suicide laws, the top five reasons Oregon doctors actually report for issuing lethal prescriptions are the "loss of autonomy" (89.9%), "less able to engage in activities" (87.4%), "loss of dignity" (83.8%), "loss of control of bodily functions" (58.7%) and "feelings of being a burden" (38.3%). *(Death With Dignity Act Annual Reports, PDF download)* These are disability issues.

We Don't Need To Die to Have Dignity

In a society that prizes physical ability and stigmatizes impairments, it's no surprise that previously able-bodied people may tend to equate disability with loss of dignity. This reflects the prevalent but insulting societal judgment that people who deal with incontinence and other losses in bodily function are lacking dignity. People with disabilities are concerned that these psycho-social disability-related factors have become widely accepted as sufficient justification for assisted suicide.

Physicians Misjudge Quality of Life

In judging that an assisted suicide request is rational, essentially, doctors are concluding that a person's physical disabilities and dependence on others for everyday needs are sufficient grounds to treat them completely differently than they would treat a physically able-bodied suicidal person. There's an established body of research demonstrating that physicians underrate the quality of life of people with disabilities compared with our own assessments *(Gerhart, K. A., Kozoil-McLain, J., Lowenstein, S.R., & Whiteneck, G.G. (1994). Quality of life following spinal cord injury: knowledge and attitudes of emergency care providers. Annals of Emergency Medicine, 23, 807-812; Cushman, L.A & Dijkers, M.P. (1990). Depressed mood in spinal cord injured patients: staff perceptions and patient realities, Archives of Physical Medicine and Rehabilitation, 1990, vol. 71, 191-196).* Nevertheless, the physician's ability to render these judgments accurately remains unquestioned. Steps that could address the person's concerns, such as home care services to relieve feelings of burdening family, need not be explored. In this flawed world view, suicide prevention is irrelevant.

Elder Abuse Equals Coercion

The prevalence of elder abuse has been one factor that raises concerns about the risk that older people with health impairments may be coerced into choosing assisted suicide. Disability abuse is similarly prevalent but less well known.

Door Open for Involuntary Euthanasia

Assisted suicide's so-called "safeguards" apply when the lethal prescription is requested, but not when it is administered. Oregon's law contains no requirement that the patient be capable or give consent when the lethal dose is administered. Someone other than the patient is allowed to provide the lethal dose.

Health Care Cuts Severe

For seniors and people with disabilities who depend on publicly funded health care, federal and state budget cuts pose a very large threat. Many people with significant disabilities, including seniors, are being cut from Medicaid programs that provide basic help to get out of bed, use the toilet and bathe.

Involuntary Denial of Care

Most people are shocked to learn that futility policies and statutes allow health care providers to overrule the patient, their chosen surrogate or their advance directive and withhold desired life-sustaining treatment. With the cause of death listed as the individual's medical conditions, these practices are occurring without meaningful data collection, under the public radar.

Window Dressing Safeguards, Immunity Law for Physicians

The Oregon law grants civil and criminal immunity to physicians providing lethal prescriptions based on a stated claim of "good faith" belief that the person was terminal and acting voluntarily. This is the lowest culpability standard possible, even below that of "negligence," which is the minimum standard theoretically governing other physician duties. The Oregon Reports also consistently admit that the state has no way to assess the extent of non-reporting or the extent of non-compliance with the law's criteria.

ADA Discrimination

Legalized assisted suicide sets up a double standard: some people get suicide prevention while others get suicide assistance, and the difference between the two groups is the health status of the individual. This is blatant discrimination and a violation of the Americans with Disabilities Act (ADA).

National Disability Rights Organizations

A number of established national disability organizations have joined Not Dead Yet to adopt positions against assisted suicide, including ADAPT, the National Council on Independent Living, the National Spinal Cord Injury Association, the Disability Rights Education and Defense Fund, the National Council on Disability and others.

Unacceptable Losses

Disability is at the heart of the assisted suicide debate. Some people fear disability as a fate worse than death. Proponents of legalized assisted suicide are willing to treat lives ended through assisted suicide coercion and abuse as "acceptable losses" when balanced against their unwillingness to accept disability or responsibility for their own suicide.

My name is Don W Hill, M.D., F.A.C.P. email address is dhill@hhsc.org. As Medical Director for the Hematology/Medical Oncology Department for MMMC, I am writing you this letter to express my concern regarding potential future state bills that may address the issue of physician assisted suicide. As a Medical Oncologist with 29 years of practice experience I believe patient assisted suicide is morally wrong and unnecessary. At this time, through the advancements made through hospice care we are able to provide comfort, dignity and pain free death for the majority of patients now afflicted with terminal illnesses. I believe patient assisted suicide, by whatever euphemistic title that may be labeled upon such action to be a dangerous and potential "slippery slope" that will devalue human life. Please recall Nazi Germany in the 1930's started a euthanasia program with the support of National Socialist physicians to eliminate terminally ill, elderly, and mentally challenged individuals. Although initially considered "good intentions" the dehumanization this casued spiraled into a broad policy of genocide. As a Medical Oncologist practicing in the State of Hawaii, I am vehemently opposed to any legislation that would allow the legalization of any law that would permit overt physician assisted suicide.
Sincerely,
Don W Hill, M.D., F.A.C.P

I read these bills and the news that the legislature push physician assisted suicide (PAS) and would like to share 5 reasons that I, a long time Honolulu physician, believe doing so should make you beware of what you are wishing for. PAS will ultimately bring regret to Hawaii.

1. The Supreme Court has asserted that "the asserted 'right' to assistance in committing suicide is not a fundamental liberty interest protected by the due process clause." (U.S. Supreme Court Majority Opinion 6/26, 1997).
Washington v. Glucksberg, and *Vacco v. Quill.*
Those two cases decided that the government's interest in preserving life and preventing intentional killing outweighed the patient's interest in the liberty to choose to die. Furthermore, refusing life-saving medical treatment is different than asking a physician to end a patient's life, and the states are free to make laws treating these two acts differently. Hawaii has not chosen to allow intentional killing so far and we have Hawaii law that protects our citizens from what you want to call 'aid in dying' which we know is assisting a suicide... it is against Hawaii law.

2. The Hippocratic Oath states "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." There is a sanctity to life which the physician must respect at all times. Any physician who agrees to perform PAS is rejecting the oath he took when he became a physician. Activists who praise these physicians do so under the guise of compassion. But this physician likely had very little to do with true care of the patient. He is able to write a prescription for a fee and someone is guaranteeing him freedom from liability.

3. The reason for pursuing PAS is to end the suffering from pain or "loss of quality of life". If we are not able to relieve pain or maximize the quality of the lives of our patients, then we are lacking as physicians. We utilize pain management physicians, psychiatrists, hospice, and family conference to help bring the family together to support the patient and family at the end of life. Patients who have severe pain or poor quality of life often are not cancer patients but those with orthopedic, neurologic, psychiatric, cardiopulmonary problems who have 5-10 years or more of life. At some time during their illness, because of the pain they are experiencing or the psychological turmoil with spouse or family, they wish to end their lives. With the compassionate care of the physicians and support of their family they most often are happy that they did not make that choice to end their lives when they expressed they would like to.

4. The cost of medical care to the patient and family during an illness may be a factor. The family may sometimes express concerns about the cost or the patient may worry about the burden he is placing on his family. He may secretly request a physician to prescribe medication to end his life. There may be 2 or more physicians in a group that will agree on prescribing the end of life medication because they "understand his dilemma". Passing a law to allow PAS will protect the doctors prescribing these medications, even if it's definitely the wrong thing to do. Today I have seen patients with cancers who are living years longer than predicted being able to enjoy their family and friends because of their will to live through that pain and compromised quality of life. Doctoring is more than prescribing drugs. Compassionate care and support are even more important in allowing the patients to proceed through their illness. This takes a little more time for the physician. With the decrease in reimbursement and the attempt to see more patients to make up for the decrease it will make it easier for doctors not to have to "spend so much time with these patients". If this is what the State wants, then this will happen.

5. Government should not be involved in determining if PAS should be legalized since government has a role in controlling the cost of medical care. At some point Government may step in to decide who lives or who dies...largely based on the cost of surgery, chemotherapy, psychiatric care, extended care of Alzheimer's patients, etc.

I emphatically state that the proposed 'safeguards' spoken of by legislators cannot be crafted. They have failed in all places that tried them regardless of what proponents will claim.

Let us not all live to have to regret opening the door to this cheap solution to the pain and suffering in life rather than the rich solution of embracing true compassion which 'suffers with'. Doctoring is more than prescribing drugs. Compassionate care and support would be compromised. Dr. Glenn Pang 808-533-1708 Call me anytime.

FR. GLENN PANG

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 5:13 PM
To: CPH Testimony
Cc: rontthi@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Taniguchi, Pharm.D.	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 4:17 PM
To: CPH Testimony
Cc: pangd004@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Pang	Individual	Support	No

Comments: I am in total support of a Death with Dignity law for the state of Hawaii. When a person has a terminal illness with no remaining medical choices and with extreme pain, it is unconscionable to me that they should be required to continue to suffer. The only other option a person presently has is to cease taking any liquids or nutrition and basically starve to death. That is also unacceptable. The other issue that I want to impress upon you is to not let the religious community take control of this profound individual right. Though I respect their beliefs, I want to emphasize that those are their beliefs as to when a person dies and if a higher deity controls the timing of that death. They have no right to control my decisions at the end of my life. Do not let the previous authority position of Duke Aiona have any more legitimacy on this issue than my voice. Mr. Aiona has already publicly stated that he will oppose this legislation. Thank you for hearing this bill.

From:	mailinglist@capitol.hawaii.gov
Sent:	Sunday, February 12, 2017 2:33 PM
To:	CPH Testimony
Cc:	frankiestapleton@gmail.com
Subject:	Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/12/2017

Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Frances K. (Frankie) Stapleton	Individual	Support	No

Comments: Aloha e Chair Baker and members of the Committee on Commerce, Consumer Proteection and Health, I am Frances K. Stapleton, a 47-year resident of the state of Hawaii and I strongly support this bill that would enable a undeniable and legal option for people facing end-of- life certainties. It has been disheartening to see this issue come before the State Legislature so many times in the past only to be denied apparently based on religious issues, religions to which the majority of the population here do not subscribe. And for religious objectors to make it so that individuals suffering lengthy, lingering, painful terminal illnesses have no recourse but to continue suffering is inhumane. Please do all within your power to help make this bill become law in the state of Hawaii ASAP. Mahalo nui for your attention to my testimony. I am a retired journalist and public school teacher; I live at 14-803 Crystal Circle, Pahoa, HI 96778. Respectfully, Frances K. (Frankie) Stapleton

Written Testimony, Senate Bill 1129

I am writing today in support of **SB 1129, Hawaii's proposed medical aid in dying legislation.** I believe strongly that terminally ill, mentally capable adults be allowed this end of life option.

I witnessed firsthand the suffering of both of my parents during their last years and understand the toll it takes on the individual, their family, and their caregivers. Mom had no quality of life during most of her last three years, she couldn't see, hear, or walk. She lived her last years in a nursing home just waiting to die. Every six months her medical team would inform the family that she had less than six months to live and so she was under Hospice care at her nursing home for almost three years.

During her final year in the nursing home, my father joined her. Dad always said he wanted to age in his home and did not want to endure the kind of life that Mom lived. One morning he collapsed and was taken by ambulance to the hospital. He suffered from congestive heart failure, water on the lungs, plus several other ailments. He couldn't live at home anymore (even with assistance) and required 24/7 skilled nursing care. My parents were in their 90's and had enjoyed full and productive lives. They did not fear death and they were fully aware that they were already dying. During my visits Dad would tell me how each night before going to sleep he asks the universe to please take him and Mom, and with tears in his eyes he would also ask if I could help them die. One of Dad's arguments for death with dignity, was how we allow our pets to die in a humane way, yet there isn't a legal option for humans that are already dying and do not want to suffer anymore.

It was explained to me that it would be okay if my parents wanted to refuse food and water, but any other form of aid in dying is illegal in Hawaii. They did not choose death by starvation and could not understand how taking a pill to end their life is considered a worse option than death by starvation.

My parents passed away in 2014 and their deaths were not sad. Everyone who knew and loved them felt thankful and relieved that their suffering was finally over. Unfortunately, both of them died alone. My sister and I live on neighbor islands and both times we were notified only a few hours prior to their death that the end was coming and we did not have time to get there before they passed. That was another end of life wish of theirs, wanting their family by their side as they transitioned to the afterlife. So, not only could I not honor their wish to help find a way for them to die with dignity and in peace, but we also could not be with them at the end.

As a side note… Our family was very lucky, we didn't face the financial hardship most families do when a loved one is under nursing home care. My parents had saved enough of their hard earned money to afford the high cost of nursing home care. They did hope to leave their estate to their children and grandchildren, but the total cost for the three years Mom required nursing care and the one year Dad did was $400,000. (That was 2011-2014 so the cost would be even higher now.) The emotional toll was awful, but at least we didn't have need to worry about how to pay for their care.

My story is just one many. As I talk to my friends and neighbors about this issue, I realize they all seem to have similar stories. The people of Hawaii want this legislation. All we are asking is to be allowed the same option that people living in Oregon, California, Washington, Montana, Vermont, and Colorado have. **Please, isn't it time that end-of-life options in Hawaii are expanded to include the medical aid in dying option?**

Respectfully submitted,

Lana Oura

Address: 43 Pohina St., Unit 1601, Wailuku, HI 96793
Ph: 808-264-1990
Email: lana.oura@gmail.com

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 2:56 PM
To: CPH Testimony
Cc: mckenziec002@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chris McKenzie	Individual	Support	No

Comments: I watched my Father, Mother and Wife die. My Father and Wife died because of lung and breast cancer respectively. In my Father's case, he was a WWII vet and Matson Captain who smoked camel cigarettes. He was a tough self-made man who died horribly. At the end of his life he had a hole in his chest through which his heart could be seen. He was in great pain and he and my Mother had to change his dressing daily and deal with his pain. More money (more than $100,000 as I recall) was spent in medical expenses in his last year than had been spent on him in the prior ten years. Although HMSA paid most of the money it is still significant because we all pay in higher premiums or higher taxes to pay for Medicare. I can't say for sure if he would have chosen it but it would have been nice if he had the option to die with dignity. My Mother, on the other hand, chose when and where she died. For years she taught ballet in Honolulu and was very active, even into her eighties. Finally towards the end she was not able to be physically active. Also, due to increasing pain she was not able to read books and listen to music, her favorite non-physical activities. She did not wish to have any further medical treatment. She told her family that she was going to die. She put on her best pajamas, we all gathered around her bed she said goodby to her family including grandchildren, a great grandchild and me. We all exchanged "I love you" with her, we went into an adjoining room and she died shortly thereafter. Her death was peaceful and not at all traumatic for the surviving family. My wife was diagnosed with a particularly virulent form of breast cancer. She experienced the shock of the initial diagnosis, traveling to the mainland for a second opinion, being horribly sick and losing her hair because of the chemotherapy, being maimed by having a breast cut off, and endured radiation. Not to mention all the mental distress of being bewildered, scared and confused that a cancer diagnosis causes. Finally, her last hope was to be part of a trial at a renowned cancer hospital in Seattle. Despite being in a lot of pain and only able to breathe with the help of an oxygen tank she was able to fly to Seattle. Unfortunately, she was too sick to participate and died two days later. I am sure that had if she had the option of ending her life peacefully that she would have been comforted and may have chosen that option. Other than on religious grounds, I cannot see why anyone would object to choosing to die with dignity. Those with religious objections are free to refuse to do so; don't impose those views on the rest of us. A columnist last named Shapiro wrote, in todays Star Advertiser, a very good explanation of why there should not be any objections to the proposed bill. I respectfully request that the Death With Dignity Bill be passed. Thank for your public service and attention. Chris McKenzie, 73 Lumahai St., Honolulu,HI 96825. 808 256 2400.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 2:18 PM
To: CPH Testimony
Cc: caplettr001@hawaii.rr.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Caplett	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 1:48 PM
To: CPH Testimony
Cc: athurston@irmt.org
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Anne Thurston	Individual	Support	No

Comments: SB1129 is modeled on the historic Oregon statute and includes all of the proven safeguards to protect patients from misuse. The Oregon law has been in effect since 1997 without a single incident of misuse. I support this legislation warmly.

To: Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

From: Marianne H. Frank

RE: SB 1129: Assisted Suicide

Position: OPPOSE

I strongly oppose this measure for several reason:

1. Suicide is not the solution. This bill sends the message that suicide is ok. Where does it all end? Who else may be encouraged to commit suicide? Those who are depressed?
2. Patients may feel that they have an obligation to die due to the high costs of maintaining life. They may feel they owe it to their families to take their own lives.
3. This goes against what doctors have been trained to do and are obligated to do. “First, do no harm” is in direct opposition to providing drugs to bring about death of a patient.
4. There are better medical alternatives for those in pain and close to death. Pain management drugs and palliative care through hospice are better answers.
5. There is a large coalition of professionals (including the AMA) in Hawaii who are opposed to assisted suicide.

Thank you for allowing to present my testimony.

Testimony in favor of SB 1129

Joe Herzog, DVM

808-366-8650

jherzogdvm@yahoo.com

I am a veterinarian and not a human physician. Much of my decision, made years ago, to pursue veterinary medicine over human medicine, was based on my belief that all humans should be able to determine the course of their final days in this realm.

As a veterinarian, I do not see myself as a killer when I help an ancient, decrepit, suffering pet via euthanasia. I see it as a service to the client and a kind thing to do for that pet. We say it is the last loving thing that a pet owner can do for their beloved pet. It is never easy. Yet, for those pets in need of relief from the inability to function, euthanasia does give the owner some comfort while giving the pet release from ongoing frustration, pain and decreased quality of life.

If this approach to the end of life is good for my beloved pets, it is good for me, too.

I support Death with Dignity legislation as proposed in Senate Bill 1129 "Health; Death with Dignity."

Even with Hospice care, too many citizens are not able to die without lingering at death's door for many months with no control over their own bodies or daily life. There is no dignity for the patient or the loved ones caring for the patient. There are very few people who would choose to live this way if there was an alternative, peaceful death. There are, however, plenty of well-intentioned people, who think they know what is best for others and who want to inflict their personal belief system on other people like me. Please do not allow this to continue.

I, and almost everyone I know, has no desire to exist a state where there is no hope of recovery and death is just a matter of time. I can think of nothing worse than barely existing, in pain, with no hope of a future of anything but pain and death. I don't want it for me and I certainly don't want it for those who would care for me. I absolutely do not want someone taking care of me instead of moving on to live their life.

The first time I had to put one of my beloved pets to sleep I was completely distraught. As soon as it was over my very first thought was – why are we not able to be as merciful to humans?

I have personally witnessed the horrible, prolonged death of more than one cancer victim. It is simply inhumane to force someone to exist in this condition for months when they clearly are ready to die.

Choosing death over existing (not life, existing) is the most difficult decision one ever has to make but it is also the most merciful and humane. Please end the suffering and enact Senate Bill 1129.

Kathleen McMillen
75-5768 Makelina Place
Kailua Kona, HI 96740
Ph 808-326-4633 (no texts)

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 12:59 PM
To: CPH Testimony
Cc: aubrey@aubreyhawkpr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
AUBREY HAWK	Individual	Support	No

Comments: Chair Rosalyn Baker, Vice Chair Clarence Nishihara and Committee Members, I'm writing to express my strong support of SB1129. As Archbishop Desmond Tutu said recently in his plea for the right to assisted death, "I pray that politicians, lawmakers and religious leaders have the courage to support the choices terminally ill citizens make in departing Mother Earth with dignity and love."

I wish to state my opposition to SB 1129 relating to physician-assisted suicide.

Instead of passing legislation that many have argued against from a variety of perspectives, I would encourage our legislators to pass bills that support the hospice movement inn our state. The modern hospice movement, which began in Great Britain in the late 1950s, is a worldwide effort to assist those who are dying, and their families, to bring their lives to an end in a pain-free, dignified manner. The autonomy of the patient is uppermost. There are safeguards against abuse at all levels. Families can enjoy the ending of a loved ones life with respect and compassion and care. Supporters of this bill are well meaning and I am sure care for and love their families and friends. But, all the stated goals of the assisted suicide programs can be met with the hospice program.

This is not a religious issue. It is a medical issue. I agree that each of us has the right to die pain-free and with dignity, and that our families will receive the necessary support to allow us to do so. But not by assisted suicide. The hospice programs across the nation have provided quality, compassionate care for thousands of people facing a life-limiting illness or injury. Hospices provide a team-oriented approach to medical support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well. The dignity of the individual is uppermost in their minds and actions. Cost is minimal and often free. THIS is the way in which we can offer "death with dignity"

Hospices receive funds from government programs or private insurance, from donations made by the public or other corporations, and from grants donated by charitable foundations. Hospices are reimbursed by Medicare, Medicaid, or private insurance for care provided to the terminally ill. Hospices are not reimbursed on a fee for service basis: rather, hospices are paid, on a basis of how many days the patient is enrolled in the program and received services: the per-diem basis. In return for payment, Medicare, Medicaid and private insurance companies expect the hospices to provide all services which the patient and family need which are related to the terminal illness. The Centers for Medicare Services (CMS) regulations mandate that the hospice comply with the regulations.

While nonprofit hospices can solicit as well as receive charitable donations, for-profit hospices can only receive donations. After the death of their loved one, some families suggest making memorial donations to the hospice they used. This is a very significant source of funds to the hospice and helps to cover expenses incurred in running the hospice.

Nonprofit charitable hospices are supposed to provide hospice services to those persons who do not have coverage and cannot afford to pay for care. So when you donate to a nonprofit hospice, there is a greater likelihood that charitable hospice services will be provided. Whether or not your loved one has Medicare, Medicaid or private insurance, you should never have to pay out of your own pocket for hospice covered services. If you do not have any coverage by Medicare, Medicaid or private insurance, a nonprofit hospice can provide services to you FREE OF CHARGE as part of its charitable mission. The nonprofit status of the hospice often requires it to provide charitable services. You can find a larger nonprofit hospice if you have no coverage; the nonprofit hospices are dedicated to the mission of serving those in need.

I once again oppose the passage of this bill. Hospice, not euthanasia, is the answer to this issue.

Michael E. Weaver
1031 Lunaai Place
Kailua, HI 96734
(808) 5452-2084
lunaai@hawaii.rr.com

Make it stop…

It's a terrible thing to watch your child suffer...As our parents age, roles modify and children become parents and parents become children. Dependent upon you for love, support, and all too often seeking the answers to unanswerable questions..."daddy / son, it hurts, please make it stop!" "I can't dad, it will all be over soon", I say, hoping that this is not a lie. My father / son, William Edward Harper expressed these exact words to me as my mother / daughter watched helplessly as he writhed in pain and mental anguish as he tried to comprehend what exactly was happening to him..."are we leaving soon, I want to see Tevin and Kaya"..." Yes dad, soon...knowing that he would never leave, but only lie there in pain waiting to die. The doctors shrugged as there was nothing they could do..."we'll make him comfortable..." they said... I'm not sure if this was meant for me or them..."Ouch, is there something there" he rolled over and exposed the red, bloody, wounds he developed from being bedridden for so long..."what is that?" he asked..."those are just sores, dad" let me get the nurse..." "Mr. Harper, your father’s liver is 95% gone and he will die a slow painful death as his body will attempt to excrete his waste through the pores in his skin..." What??!!" I say...what can we do to ease his suffering?" "We can administer morphine; however, the dose will be so high that he will not know where he is or what is happening to him." "If you want to say goodbye, we will stop the morphine...the pain will be intense, however he will be aware of his surroundings and you can say your final goodbyes." "No, I say, I cannot see my son / father in anymore pain. Please make him comfortable so he can pass quickly and painlessly." My father died the next day in 2006, he was cremated and his ashes were spread in the ocean at Magic Island...his favorite place to walk.

The above scenario played out over one week and I cannot imagine going through this again for any length of time. My father was full of life and energy and just being a little sick was a terrible burden. The family knew his wishes well in advance and did not need the State of Hawaii to intervene on such a personal decision. My father's organs were harvested and in death he helped over 10 people with new eyes, lungs, a heart, kidneys, etc. Please stay out of my medical room and let my family make that final life ending decision without any fear of repercussions from the state.

Best regards,

Thomas James Harper
Son / Father

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 11:45 AM
To: CPH Testimony
Cc: joshua@joshuakay.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joshua Kay	Individual	Support	No

Comments: I support SB1129 because it has the proper safeguards to prevent abuse.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Please lend your support to SB 1129 for these reasons:

- It gives people with a terminal illness a personal choice that does not infringe on the health or safety rights of anyone else
- It accords compassion and allows death with dignity to patients who experience extreme physical/mental/emotional pain, agony, or suffering from a terminal illness. We do not condone waiting for the inevitable natural death of pets when they suffer miserably from a catastrophic illness or injury. We deem prolonging the suffering as torturous not only to the animals but often to the pet owners who love them. We display compassion and humanitarian empathy by seeking the assistance of veterinarians to put the animals out of their misery. Some owners may take their own measures to end the suffering. While it may viewed as ironic, these are acts of "doing no harm." It's time we extend this compassion to our fellow man.
- It does not impose obligations or requirements on people whose religious or personal beliefs are not in alignment with the intent of the measure
- It does not force all unwilling professionals in the medical field to actively participate in this dignified and end-of-life scenario
- It ensures safeguards and eliminates or minimizes potential abuses by family members, caregivers, or health care providers
- It offers legal protection to family members, caregivers, and health care providers who provide the support or assistance the patient requires to die with dignity under the provisions of this law
- It allows dying Hawaii residents an option where they would not have to move themselves and/or or loved ones to another state (having death-with-dignity provisions) while they are in an already highly stress-ridden state
- It gives terminally-ill patients contemplating suicide some degree of hope and/or peace for themselves and their loved ones. Our residents who took their lives early in an illness that was deemed terminal did not have the option of dying with dignity. They recognized the toll it would take on themselves and/or their loved ones. Their desperation led them to take their own lives, leaving a legacy tainted by the stigma of suicide. Their circle of family and associates often eventually understood and accepted the motive behind their shocking, bold, and ultimately illegal actions. This tide must turn, for we are a rational and compassionate people.
- It is a strong and comprehensive piece of long-awaited legislation

Thank you and aloha,
Eunice Saito
eunsaito@hawaiiantel.net
POB 233
Kamuela, HI 96743
885-4722

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 11:42 AM
To: CPH Testimony
Cc: dearly1@juno.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Dona Early	Individual	Support	No

Comments:

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From:	mailinglist@capitol.hawaii.gov
To:	CPH Testimony
Cc:	jimwolfe@gmail.com
Subject:	Submitted testimony for SB1129 on Feb 15, 2017 08:30AM
Date:	Sunday, February 12, 2017 11:28:38 AM
Attachments:	Testimony

SB1129

Submitted on: 2/12/2017

Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
James Charles Wolfe	Individual	Support	Yes

Comments: James C. Wolfe 55 South Judd Street Apt 1808 Honolulu, Hawaii 96817 808 528-7112 (h) 808 436-5923 (c)

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 10:58 AM
To: CPH Testimony
Cc: marilynmick@pobox.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marilyn Mick	Individual	Support	No

Comments: Using the law will be voluntary for both patients and physicians. Only the patient can make the request for medication. The patient can rescind the request at any time. SB1129 is modeled on the historic Oregon statute and includes all of the proven safeguards to protect patients from misuse. The Oregon law has been in effect since 1997 without a single incident of misuse. Some of the many safeguards in SB1129 include: 1) Confirmation by two physicians of the patient's diagnosis, prognosis, mental competence, and voluntariness of the request; 2) Multiple requests by the patient: an oral request followed by a valid written request for medication which must be witnessed by at least two individuals in the presence of the patient, attest that to the best of their knowledge and belief the patient is capable, acting voluntarily, and is not being coerced to sign the request. One of the witnesses shall be a person who is not: A relative of the patient by blood, marriage, or adoption; A person who at the time the request is signed would be entitled to any portion of the estate of the qualified patient upon death under any will or by operation of law; or An owner, operator or employee of a health care facility where the qualified patient is receiving medical treatment or is a resident. 3) The patient's attending physician at the time the request is signed shall not be a witness. 4) If the patient is a patient in a long term care facility at the time the written request is made, one of the witnesses shall be an individual designated by the facility and having qualifications specified by the department of human services by rule. 5) Only adult residents of Hawaii who are mentally competent and have a terminal illness that will lead to death in six months or less will qualify. Patients must be capable of taking the medication themselves without assistance. No one will qualify solely based on age or disability. Similar laws are also in effect in California, Colorado, Vermont, and Washington. Today, 22 other states are considering medical aid in dying legislation. This law allows a person the freedom to die at a time and place of their choosing. Nationally, only 20% of people die at home while 90% of people using Death With Dignity die at home » Death with dignity laws improve palliative and hospice care. Over 90% of Oregonians requesting life-ending medications are in hospice, twice the US average. The latest Hawaii poll (Fall of 2016) revealed that "eight out of 10 Hawaii voters (80%) agreed that a mentally capable adult who is dying of a terminal disease that cannot be cured should have the legal option to request prescription medicine from their doctor, and use that medication to end their suffering in their final stages of dying." A majority of Catholics (82%) and those associated with the Christian Fellowship (83%) said terminally ill adults definitely or probably should have this legal option.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 10:26 AM
To: CPH Testimony
Cc: judyinhawaii@hotmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Judith Browning	Individual	Support	No

Comments: I support passage of SB1129.

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 10:20 AM
To: CPH Testimony
Cc: shannonkona@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Shannon Rudolph	Individual	Support	No

Comments: Support

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:26 AM
To: CPH Testimony
Cc: robeanderson@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
rob anderson	Individual	Support	No

Comments: I was my brothers caregiver as he slowly died from stomach cancer. His suffering toward the end was unnecessary since he was diagnosed as stage 4 and would have met the proposed law's requirements. Had he been given the option he could have passed peacefully weeks before he did and avoided his prolonged, needless suffering.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:17 AM
To: CPH Testimony
Cc: lynnehi@aol.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
lynne matusow	Individual	Support	No

Comments: For the LIFE of me, I do not understand what is taking so long to get a bill of this type passed and enacted into law. This is a personal decision, one which should not be influenced by anyone except the person who wishes to die. I was not a sentient human being when the decision was made that I should be born, but I am a sentient human being who should have the right to make a decision to die. I am sick and tired of hearing fro the self righteous religious opponents of this legislation. The have no right to impose their religious beliefs on me, just as I have no right to impose mine on them.I also object to doctors saying we should not have this choice. If they do not want to participate fine. But there are medical professionals who will. I support John Radcliffe in his struggle to get his bill enacted into law so he may take advantage of it, just as I support all others who too may need to avail themselves of this opportunity. Similar legislation became law in Oregon and other states. It is pending in more than 20 now. Don't control my life. Let me control my life. Let me choice to die on my own terms, if the situation warrants. Fortunately I am healthy now, fortunately I don't have to avail myself of this option now. But we don't know what the future holds. The one thing it should hold is this option be available to those who want and need it. Those who don't want or need it will still be free to die in pain, hooked up to artificial devices, given palliative care with morphine and other drugs, and maybe linger for days, weeks, months, years. I do not want to be in that category. I want the right to choose. That you Sen. Rhoads for introducing this legislation. Lynne Matusow 60 N. Beretania, #1804 Honolulu, HI 96817 531-4260

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:10 AM
To: CPH Testimony
Cc: mattbinder@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Binder	Individual	Support	No

Comments: Dear Senators, I recently had a very horrifying experience with an elderly family member. She was in extreme pain but, because of her state's laws, her only option to legally kill herself was to starve herself to death. This is not right. It was a long, painful process that was agonizing for her and her friends and family. It is not until you are in this type of situation yourself that you begin to see all the roadblocks and complexities. If you help the person die peacefully you can be prosecuted, as many people have been. Before this experience, I thought it was just a matter of a person getting sleeping pills or pain pills and taking a large dose, but it turns out that this usually results in a failed suicide and causes worse problems because of toxic effects from the overdose. Other common methods are even more grotesque. There are a few states that currently allow terminally ill people to get prescriptions for the only drug that really works - barbituates - so that they can die quickly, peacefully, and without pain. I urge the state legislature to add Hawaii to the list of states that treat its terminally ill patients with dignity and compassion by allowing them to die on their own terms. Matt Binder Waimea

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:02 AM
To: CPH Testimony
Cc: tbohl8@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ted Bohlen	Individual	Support	No

Comments: I support death with dignity with appropriate safeguards, as this bill appears to contain. Please pass!

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From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 12:07 AM
To: CPH Testimony
Cc: ORFALI@HAWAII.RR.COM
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Orfali	Individual	Support	No

Comments: Everything has been said in California, Oregon, Washington State, snd Vermont. It works! The people of Hawaii deserve to have this kind of end-of-life insurance. Those who oppose it can choose not to use this option. It's our life, our death and our choice. Mahalos in advance for doing the right thing.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 11:47 PM
To: CPH Testimony
Cc: birdofparadise@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Nandoskar	Individual	Support	No

Comments: Aloha, My name is Andrea Nandoskar and I am a resident of Waikiki. I strongly support this bill. Having read cently experienced the death of a loved one after a long illness I deeply realize how important it is to honor the wishes of a dying person and allow them the dignity to decide what is best for them at the end of their life. Death With Dignity allows the terminally ill to decide for themselves what's best for them and to regain control over their illness and the conditions of their death. Please pass this bill. Mahalo for your consideration.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 9:49 PM
To: CPH Testimony
Cc: nataliejeanf@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
natalie forster	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 8:15 PM
To: CPH Testimony
Cc: gayechan@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Gaye Chan	Individual	Comments Only	No

Comments: My mother and I cared for my father who died with lung cancer three years ago. After he lost all abilities to have any quality of life from pain and a total loss of personal dignity and autonomy, his only wish to his doctor, hospice care-givers and his family, was to end his suffering and indignities. We deeply longed to give him the relief that he so desperately seeked but was prevented from doing so because of the current laws. To not support this bill is to unnecessarily prolong suffering for our loved one, for no reason than to impose certain religious beliefs over everyone.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 4:43 PM
To: CPH Testimony
Cc: aslanforpresident@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Bryant	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 4:05 PM
To: CPH Testimony
Cc: leeniegeek@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Eileen M Gawrys	Individual	Support	No

Comments: My life experiences have being a hospital nurse and having family members supported in their journey, via the kindness of hospice. A gentle passing from this life is a wish i have for all. Please pass this bill,

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COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Committee Members:
Stanley Chang, Will Espero, Les Ihara Jr., Michelle N. Kidani, Russell E. Ruderman

DATE: Wednesday, February 15, 2017
TIME: 8:30 a.m.
PLACE: Conference Room 229
State Capitol

STRONG OPPOSITION to: Senate Bill 1129

Dear Senator Rosalyn Baker and Committee Members,

Thank you for your service to the State of Hawaii and representing the common interests of the people.

I am writing to express my STRONG OPPOSITION to SB 1129, Dr. Assisted Suicide.

As a concerned citizen and business woman born and raised in Hawaii, I'm deeply troubled by the message this bill is sending to our ohana. We know that life has its ups and downs and there are times when we feel like we can't cope, lose fight, too stressed and because we have no hope, we give up.

Hawaii has one of the highest teen suicide rates in the nation and we have upcoming legislation (HB 844, HB 1452, SB 384) proposing to establish suicide prevention methods/guidelines, yet SB1129 encourages suicide when all hope is gone. Do you see the contradiction? On one hand we want to prevent suicide and on the other we want to encourage it? Suicide rates in the general public have been shown to increase in states that legalized doctor-prescribed suicide. In Oregon where doctor assisted suicide is legal, suicides in the general public are now more than 40% higher than the national average.

Legalizing suicide for the terminally ill could have the unintended consequence of increasing suicides, which are already alarming, in vulnerable populations such as teens, as well as people with psychiatric disabilities who struggle with the very thought that death is the solution.

The other reason why I OPPOSE SB 1129 is elder abuse and abuse of the disabled. This segment of the population is vulnerable and targeted. Pressure from greedy family members, intentionally abusive care givers or thoughtless friends make life not worth living. If doctor assisted suicide is legalized, it will become another "health care" option and we will be on the slippery slope to devaluing human life, even our own.

I believe, we in Hawaii are a community with ALOHA. With compassion, we look after the terminally ill and our aging kupuna. We cherish our moments with them, to bring them pain relief and comfort thru palliative care till they meet a natural death. We offer hope, encouragement and value even when they don't see it.

No matter what we face, good or bad, LIFE is precious and AloHa is our message.

Sincerely, Lois Young

Having watched a loved on suffer the painful, and lengthy death brought on by cancer, I can only choose to support a death with dignity bill. Prior to his death, Sir Terry Pratchett stated that "it should be possible for someone stricken with a serious and ultimately fatal illness to choose to die peacefully with medical help, rather than suffer." A brilliant man who suffered from Alzheimer’s disease at an early age, he believed we should be able to choose how and when we die. He wrote that refusing someone their death was “like sending them to hell before they’ve even passed away.” I am in complete agreement with his beliefs on the subject. I support this death with dignity measure, but I also suggest adding the ability for someone in the early stages of Alzheimer’s or other mentally incapacitating disease to be able to designate a time to die when they are no longer able to make a clear and conscious decision on their own instead of forcing them to live on because they are no longer able to make that decision with a clear state of mind.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 2:03 PM
To: CPH Testimony
Cc: lkakatsu@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn Murakami-Akatsuka	Individual	Support	No

Comments: I strongly support the passage of SB 1129. The bill has safeguards and procedures that defines how a terminally ill adult resident will have the choice to terminate their life with dignity. The bill's safeguards assure that there will be no coercion by others on an individual selecting this choice and the decision can be rescinded by the individual at any point in time. Please pass SB 1129. Thank you for the opportunity to testify.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 1:57 PM
To: CPH Testimony
Cc: ariannafeinberg@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Arianna Feinberg	Individual	Support	No

Comments: As a lifelong Maui resident and active Democrat, I urge you to support SB1129 "Related to Health". Give terminally ill patients the right to end their life when they choose.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 1:26 PM
To: CPH Testimony
Cc: emmaharberwhite@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Emily White	Individual	Support	No

Comments: Death with dignity is about freedom and keeping the government out of personal decisions. Please support freedom and help decrease suffering. Mahalo.

JAMES HOCHBERG
ATTORNEY AT LAW, LLLC

Telephone:
(808) 534-1514

Fax:
(808) 538-3075

700 Bishop Street
Bishop Street Tower, Suite 2100
Honolulu, Hawaii 96813

via USPS: P.O. Box 3226
Honolulu, HI 96801

Cellular Telephone:
(808) 256-7382

Email Address:
Jim@JamesHochbergLaw.com

February 11, 2017

TESTIMONY IN STRONG OPPOSITION TO SB 1129

Committee on Commerce,
Consumer Protection, and Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Hearing on SB1129 Wednesday, February 15, 2017 at 8:30 AM, Conference Room 229

Dear Chair, Vice Chair and Committee Members,

My name is Jim Hochberg and I am a civil rights attorney who has practiced law in Hawaii since 1984 (33 years). I testify in strong opposition to this bill. We should not change the definition of the practice of medicine (the treatment of disease and maintenance of health) to include now the elimination of the patient by suicide. That is simply not the definition of the practice of medicine and you should not change the definition to include it.

In 1896, the Hawaii Territorial Legislature enacted the statutory definition of the practice of medicine to be the treatment of disease in humans. That concept has been the definition of the practice of medicine since Hippocrates of Kos offered it in the late 5th century BC. For the last roughly 2,500 years, that understanding has led to the trust between medical professionals and their patients that continues to today. The Hawaii definition has only been changed a couple of times since 1896, and all of those changes increased the type of treatment permitted, and permitted those new treatments **only** for maintaining health and treating disease.

Without an accepted medical protocol for suicide, doctors are guessing on the proposed protocol for medical suicide. In the places that have legalized physician assisted suicide, the suicide medicine often comes with dangers of unintended survival of the patient with new health issues, or organ failure, coma and the like. **MORE IMPORTANTLY**, should the patient not consume the prescribed 100 capsules of the deadly medicine those pills will be left somewhere in the home without doctor supervision. This is **TOO DANGEROUS**!

The physician writes a prescription for anti-nausea pills and 100 capsules of seconol, a sedative drug. After giving the patient the prescription, that is the end of the doctor's assistance in the suicide process. All alone and without help from family, the patient must empty the 100 capsules to accumulate nine grams of pure, bitter-tasting seconol. To mask the bitterness of the suicide medicine, it is mixed with something to make it somewhat easier to swallow.

Before the patient actually consumes the suicide mixture, she must ingest the anti-nausea medication, to avoid rejection of the suicide mixture which would result in failed suicide. The doctor is not present to help with any complications: suffocation or multiple organ failure. On the other hand, in places in Europe when the doctor is present for the suicide, he fixes a failed suicide by lethal injection.

Physician–assisted" suicide is very little assistance from the physician. It quite easily is *not* a peaceful and dignified death. Recognize that intentionally taking the life of the patient to alleviate health symptoms is not the treatment of disease or the maintenance of health so not the practice of medicine understood for 2,500 years. Don't radically alter the practice of medicine to include the intentional elimination of the patient.

For the foregoing reasons I oppose the bill and ask that you kill it today in committee. If you have any questions please feel free to call me.

Sincerely,

JAMES HOCHBERG

JH

C:\Share\Firm Files\2017 Legislative Testimony\2017-2-11 Testimony on SB1129 PAS.frm

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 12:50 PM
To: CPH Testimony
Cc: nancyk28@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Klikunas	Individual	Oppose	Yes

Comments: I am against physician assisted suicide. It would be a big step toward normalizing suicide as a quick answer to suffering. Other options, both medical and social, should be offered to help those who are suffering get through their last days.

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From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 12:40 PM
To: CPH Testimony
Cc: carolt83@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Tamulonis	Individual	Oppose	Yes

Comments: Thank you for this opportunity to testify against SB1129. I am Carol Tamulonis from Maui and I am against euthanasia, physician assisted suicide, death with dignity. What is dignified about suicide? We have a high rate of suicide in our state and are working to lower that rate. How can one person's suicide be a tragedy and another's dignified? You can't have it both ways. You may have a suffering loved one or heard of some cases and want to help. But you are not deciding a law just for loving people. You only have to read the newspaper to know not everyone has the best interests of others in mind. You are making laws for unscrupulous as well as misguided people. Open this door and you may not like what comes through. Please vote against SB1129.

Dear Honorable Senators:

I am adamantly opposed to Hawaii allowing physicians, especially D.O. physicians, to prescribe medication to cause someone to die. It is inhumane and Hawaii should not take part in this.
Hospice care is available, along with many palliative drugs. People who are suffering from a painful illness should be made as comfortable as they can by whatever means necessary. We can already do this with our physician's help.

In my humble opinion, it is NOT loving to kill someone merely because they suffer; it is loving to comfort, console, and ease their pain and suffering – the "Aloha" and "Dignified" way treat these suffering souls before their deaths. The dignity of the human person requires us to refrain from killing others, or assisting to kill themselves. Physician Assisted Suicide is immoral and amounts to <u>murder in the first degree</u>. Some legislators talk about "Death with Dignity" in the Senate Bill 1129 in total disregard for human dignity. It is a lie from the "Culture of Death", and the pit of Hell.

The suffering person, like all persons, has human dignity. Suffering does not take away that dignity (nothing can). That dignity commands reverence and love for the suffering person, even if that person himself or herself does not understand and embrace that dignity. What for now is being touted as a merciful "right to die" will easily erode to an overwhelming "responsibility to die" for the poor, disabled, depressed and powerless. Medical and psychological research have shown that the primary motivation for suicide is depression, not pain or debilitation. Depression (and pain) can be managed with treatment sensitive to the needs of each person.

What is good for the suffering person is LOVE and ALOHA, especially in the "Aloha State". The suffering person needs love. Loving a person requires recognizing the dignity of that person and showing that person due reverence because of that dignity rather than violating it. It seems this was recognized even before Christianity, since 300 BC...in the Hippocratic oath: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect." Every physician takes this Oath, I am told, so this Bill is in effect, a repudiation of their Oath to DO NO HARM. But perhaps there is hope to rally all possible Senators to this concept of <u>doing NO harm</u>, by voting "NO!"

Mahalo nui loa and Aloha!

Mr. Gregory A Correa
2112 Kolo Pl
Wailuku, HI 96793

Cell #: 808-276-0160

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 11:50 AM
To: CPH Testimony
Cc: caroleg33@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carole Grogloth	Individual	Oppose	Yes

Comments: I am against assisted suicide. It is a terrible thing to kill yourself but it is also a terrible thing to have someone kill you. What does it do to people, especially if that person is family or a friend? Will they always wonder what could have been if they had not killed or helped kill or not tried to stop the death?

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 10:37 AM
To: CPH Testimony
Cc: cathyr4@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Cathy Reinel	Individual	Oppose	No

Comments: Say no to assisted suicide – SB1129 I have worked as a nurse in long term care for a number of years and have seen that the residences often outlive their prognosis. Ten years later they are still doing fine.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Honorable Chair Baker, Vice Chair Nishihara and esteemed Committee on Commerce, Consumer Protection, and Health Members:

As a physician, I appreciate the time you have allowed for discussion of this important public health issue. Physician-assisted suicide is a contentious and highly polarizing issue. I recognize there are people of great integrity, compassion, and intelligence that hold contrary opinions. It is certainly easy to understand why polls of the general public find people generally sympathetic to what, on the surface, seems a simple question of personal choice and individual liberty. However, I would like to respectfully share why, after many years of thought and study on the subject, and a medical career that focuses on the care of people living with serious, often terminal illness, I have come to a different conclusion.

Time precludes a full discussion here but, with our shared goal of balancing the needs of the few with the public's health and safety, I humbly ask the committee to address the following safety concerns in any legislation you consider:

1. Proponents of assisted suicide raise the lack of documentation of any abuse under Oregon's Death With Dignity Act as a reassurance. With national estimates of elder abuse at 10%, the lack of documentation of a single case of abuse is far from reassuring: it strongly suggests the lack of an effective system to monitor and prevent abuse.
2. Studies show a strong association between the desire for hastened death and depression. Therapy has been shown to be effective in reducing the desire for hastened death among those with terminal illness. Yet, very few of those requesting assisted suicide in Oregon are even referred for a mental health evaluation, less than 4% in the most recent report. Elsewhere in medicine, when a depressed patient expresses a desire to die, we use all of our resources to prevent it. Why should the seriously ill be provided a lower standard of care?
3. The slippery slope is not an irrational fear: it is inevitable. Canada and some European countries already permit assisted suicide as well as active euthanasia and do not require that one be terminally ill to qualify. For a truly chilling experience, visit the government website for the Netherlands to see that a 12-year-old may petition for euthanasia for unbearable suffering, absent any terminal illness.
4. Understandably, many people take comfort from having lethal medication available and never ingest it but, instead, die naturally. In Oregon, 1,545 lethal prescriptions have been written resulting in 991 (64%) deaths by ingestion. What happens to the other 36% of lethal medication? We have a national suicide epidemic, with suicide now a leading cause of death among youth. None of the other states with assisted suicide laws adequately secure unused medication. When access to lethal medication is increased at the same time that society

sends a clear message that ending one's life in the face of suffering is sanctioned as a rational and personal choice, how can we not expect suicide to continue to rise?

5. These laws give immunity to prescribe lethal medications to all licensed physicians. Yet, few doctors have the added training and skills to attend to the many forms of suffering experienced by those living with terminal illness. I hold my medical colleagues in the highest regard. My dermatologist, orthopedic surgeon and ophthalmologist all provide me with exceptional care within their scope of specialization. Yet, I would not expect them to have the skills to assess or treat suffering in a terminally ill patient. These laws do not distinguish among doctors: all are authorized to prescribe lethal medication. Skills in attending to suffering are not required, just a prescription pad.

Knowing what I know about the amazing, yet flawed, profit-driven US health system, I cannot believe this will be the single decision in healthcare where personal values and autonomy trump all the other factors that guide every aspect of US health care. Despite what we all might wish for, for every other medical decision, personal means, geography, access, and demographics are far more decisive factors. From having a home birth to where and how we die, these are the factors that drive US health care delivery and it is naïve to believe that assisted suicide will be the sole exception to this rule. Those that would entrust the medical industrial complex with the power to take life, cannot possibly appreciate its drivers.

Hawaii has some of the most progressive gun control laws in the nation and, as a result, gun violence in our islands is thankfully rare. Just as the constitutionally protected right to bear arms is not unlimited, so we must recognize that the individual rights of those who want this option should not trump the public safety and our desire for a compassionate and caring society.

Suffering is an inherent part of the human condition: it is not something restricted to the last six months of life. Doctors, especially those that practice palliative medicine, know that suffering can be extreme in non-terminal situations or essentially absent at the end of life. There is simply no correlation between prognosis and suffering. This is why we worry about the slippery slope. Canada and the Netherlands already do not require a terminal diagnosis for assisted suicide or even euthanasia, only "unbearable suffering."

Physician-assisted suicide devalues the existence of all of those with limited time to live by sending the message that as a society we believe that their time left is so insignificant in comparison to their suffering that we condone ending their life. What message does this send to the terminally ill and elderly if we measure the inherent value of a life by its remaining length? Dame Cecily Saunders, the founder of the modern hospice and palliative care movement, has instilled in us the message to our patients, "You matter because you are you. And you will matter right up to your last breath."

Again, I thank the committee for its time and thoughtful consideration on this important issue. Only a small number of people would likely use assisted suicide should it become available in Hawaii, about 40 people per year if we extrapolate the Oregon experience to Hawaii. I know the committee joins me in wishing for the most compassionate and highest quality care for all of the approximately 11,000 people that will die in Hawaii this year. There is no law against suicide in any state and, sadly, despite our best efforts, five times as many people will commit suicide in Hawaii next year without physician assistance than would use this law. As much as we can all deeply respect and empathize with the desire for self-determination, giving immunity to physicians for a right the 40 already have, does not make sense if it exposes the 11,000 to these risks.

Respectfully,

Daniel Fischberg, MD, PhD, FAAHPM
Kailua, HI

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 9:15 AM
To: CPH Testimony
Cc: nancyk28@earthlink.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Klikunas	Individual	Oppose	No

Comments: I am against physician assisted suicide. It would be a big step toward normalizing suicide as a quick answer to suffering. Other options, both medical and social, can be first explored to help those who are suffering get through their last days.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Saturday, February 11, 2017 3:50 AM
To: CPH Testimony
Cc: geesey@hawaii.edu
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/11/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Yvonne Geesey	Individual	Support	No

Comments: Please support.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 9:59 PM
To: CPH Testimony
Cc: mikegolojuch808@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Golojuch	Individual	Support	No

Comments: I strongly support SB1129. It must be passed to give individuals the right to make their own choice at the end of life as we know it.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 8:09 PM
To: CPH Testimony
Cc: alohabettylou@hotmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Betty Lou Larson	Individual	Oppose	No

Comments: When my mother was told she had pancreatic cancer, people whispered to us that this could be a very painful death. No, not at all. With Hospice help, pain can be controlled. Fear of pain is not a reason for assisted suicide. Neither is a message that if your quality of life seems to be poor, then suicide is OK. What message is that for teens (suicide on the rise there) or others who are struggling and may feel THEY have a poor quality of life. Do we really want to encourage suicide at any age if you feel you do not have hope for the future or nothing to live for? For my mom's cancer, I felt privileged to be able to be with her at the end of her life, dancing around in a circle to guide her to a wheelchair, or holding her hand. The grandkids saw a beautiful death. Not something to fear, but a natural end to life. Please do not pass this bill on assisted suicide.

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 6:52 PM
To: CPH Testimony
Cc: lady.flach@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Teri Heede	Individual	Support	Yes

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Friday, February 10, 2017 6:23 PM
To: CPH Testimony
Cc: matt@cscpahi.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/10/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Matt Smith	Individual	Oppose	No

Comments: If a terminally ill person wants to end their life, they can already do so by choosing to stop eating and drinking. We don't need to legalize the extermination of unwanted people in our society which is what will happen if you legalize suicide. We already allow the murder of babies, what people group is next to have their life in jeopardy from those who will benefit from not having them around anymore? This is a slippery slope that we as a caring community do not want to go near to.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

February 11, 2017

Aloha Members,

Re: Testimony in support of SB 1129

I am Larraine Koike and I am in full support of SB 1129 as it stands in its present form. Surviving on a state pension and social security, I am a widow who was married for 38 years to the same man whom I loved dearly. Years ago he died of lung cancer and I was his primary caregiver during this heartbreaking time. At the end, he had such difficulty breathing and no amount of medication could relieve this torture. My husband was a vibrant, active, and energetic person all of his life. No one should have to go through this process of helplessly watching their loved one slowly wither away. Had there been any type of "death with dignity" legislation at that time, I would have had options of how to lovingly, painlessly, and legally end his life which he would have wanted as his mind was as sharp as ever. It would also have been a dignified process that allowed him a say in how he wanted to live his last days on earth.

SB 1129 should become law as it is the decent humane thing to do for those who are terminally ill and their families who tend and care for them.

Thank you for allowing me to offer this testimony which reflects my personal journey and how SB 1129 is related to it.

Larraine Koike, Nuuanu

3176 Kaohinani Drive

Honolulu, HI 96817

Ph: 808-5954158

Email: larrainekoike@gmail.com

From: Laura Sprowls <laurasprowls@gmail.com>
Sent: Sunday, February 12, 2017 3:13 PM
To: CPH Testimony
Subject: Senate Bill 1129 (SB1129)

Aloha,
My name is Laura Sprowls.
I live in Kahala.
I am in favor of Senate Bill 1129 (SB1129).
Thank you for voting in favor of this bill!!

From:	Carolann Biederman <cabc.consulting@gmail.com>
Sent:	Sunday, February 12, 2017 1:54 PM
To:	CPH Testimony
Subject:	Re: Support SB1129 ONLINE ONLY, NOT IN PERSON PLEASE

On Feb 12, 2017, at 1:53 PM, Carolann Biederman <cabc.consulting@gmail.com> wrote:

Aloha Chair Rosalyn Baker, Vice Chair Clarence Nishihara and Members of the Commerce, Consumer Protection and Health Committee"

I am writing to submit my support for SB1129.

While my family and I are hopefully years away from benefiting from this legislation, I believe strongly that people who are at the end of their lives, and are suffering from pain and anguish, and are of sound mind but compromised body, should be able to decide for themselves when to let go of life, through the method described in SB1129.

The safeguards are very important and the example set by the Oregon laws can be a good guide for Hawaii.

Anyone who has had a serious illness and lived through it can tell you that, until you experience that illness yourself, you don't know what medical choices you would make in the situation.

People who don't care to participate or who have moral objections to the concept of the law, can hold onto their beliefs.
Passing this new law will mean that their beliefs don't dictate what those who are in the terminal pain and suffering stage of life can do with their own bodies.

Thank you for considering this important bill and voting yes.

Sincerely, Carolann Biederman

44-391 Nilu Street, #4
Kaneohe, HI 96744

808-386-7728
cabc.consulting@gmail.com

CPH Testimony

From: Thomas Harper <tjames.harper@gmail.com>
Sent: Sunday, February 12, 2017 11:56 AM
To: CPH Testimony
Subject: Senate Bill 1129; Hawaii's Death with Dignity Act

It's a terrible thing to watch your child suffer...As our parents age, roles modify and children become parents and parents become children. Dependent upon you for love, support, and all too often seeking the answers to unanswerable questions..."daddy / son, it hurts, please make it stop!" "I can't dad, it will all be over soon", I say, hoping that this is not a lie. My father / son, William Edward Harper expressed these exact words to me as my mother / daughter watched helplessly as he writhed in pain and mental anguish as he tried to comprehend what exactly was happening to him..."are we leaving soon, I want to see Tevin and Kaya"..." Yes dad, soon...knowing that he would never leave, but only lie there in pain waiting to die. The doctors shrugged as there was nothing they could do..."we'll make him comfortable..." they said... I'm not sure if this was meant for me or them..."Ouch, is there something there" he rolled over and exposed the red, bloody, wounds he developed from being bedridden for so long..."what is that?" he asked..."those are just sores, dad" let me get the nurse..." "Mr. Harper, your fathers liver is 95% gone and he will die a slow painful death as his body will attempt to excrete his waste through the pores in his skin..." What??!!" I say...what can we do to ease his suffering?" "We can administer morphine, however the dose will be so high that he will not know where he is or what is happening to him." "If you want to say goodbye, we will stop the morphine...the pain will be intense, however he will be aware of his surroundings and you can say your final goodbyes." "No, I say, I cannot see my son / father in anymore pain. Please make him comfortable so he can pass quickly and painlessly." My father died the next day in 2006, he was cremated and his ashes were spread in the ocean at Magic Island...his favorite place to walk.

The above scenario played out over one week and I cannot imagine going through this again for any length of time. My father was full of life and energy and just being a little sick was a terrible burden. The family knew his wishes well in advance and did not need the State of Hawaii to intervene on such a personal decision. My father's organs were harvested and in death he helped over 10 people with new eyes, lungs, a heart, kidneys, etc. Please stay out of my medical room and let my family make those final life ending decisions without any fear of repercussions from the state.

Best regards,

Thomas James Harper
Son / Father

From: Valrie Griffith <valriegriffith@yahoo.com>
Sent: Sunday, February 12, 2017 10:39 AM
To: CPH Testimony
Subject: SB1129

Aloha
My name is Valrie Griffith and I live and vote in Honolulu Hawaii.
I am writing to support SB1129.
Some years ago my mother was terminally ill with lung cancer that had spread thru-out her body.
SB1129 would have been a blessing to her (and her family) to allow my mom a peaceful instead of a painful death.
History shows no abuse or coercion in other states that allow death with dignity and I strongly ask to allow people in Hawaii to have this option.
Mahalo
Valrie Griffith

CPH Testimony

From: Kathy H Winter <khwinter@hawaii.rr.com>
Sent: Sunday, February 12, 2017 9:52 AM
To: CPH Testimony
Subject: death with dignity bill

I support this bill with my soul and my mind. Having been a caregiver for 3 family members in the last months of life, I see the blessing and sense in helping someone near her or his end of this life have a safe, effective and quick way to die instead of refusing food and dying slowly.

Kate H. Winter

From:	marksheehan8@gmail.com on behalf of Mark Sheehan <mark@marksheehan.com>
Sent:	Sunday, February 12, 2017 8:54 AM
To:	CPH Testimony
Subject:	SB1129

Dear Legislators,

It is time for Hawaii to join other progressive states in passing a bill that allows terminally ill patients this option to die at a time and place of their choosing.

I have reviewed the bill and approve of it. It is a choice that I would like to have available to me if it becomes necessary; and I would wish the same option available for those I love and care for.

Mark Sheehan
Mahikum Maui

CPH Testimony

From: Mike Dickerson <mr.dh@aol.com>
Sent: Sunday, February 12, 2017 8:31 AM
To: CPH Testimony
Subject: SB 1129

Dear Senators:
As a part-time resident of two states, Oregon and Hawai'i, I already have the right to die with dignity without pain and suffering from the State of Oregon. Please don't make those of us who fall victim to debilitating maladies exit Hawai'i to pass with some semblance of relief. Remember that the "dying" have rights as well. I sincerely hope that all those of this voting body never experience the distress of family members watching and agonizing over loved ones kept alive by a medical system more interested in the bottom line than in the well being of their patients.

Respectfully, Mike Dickerson,
Here today, but what will tomorrow bring?

CPH Testimony

From:	Joann Tall <talljoann@gmail.com>
Sent:	Sunday, February 12, 2017 7:58 AM
To:	CPH Testimony
Subject:	Sb1129

I want to support SB1129 Death with Dignity Bill. I have had to watch both my parents struggle with their end of life issues. My father desperately wanted to have the opportunity to have control over how his life would end and did not have that option. My mother was saved from that fate only thru the calamity of dying quickly on her own albeit aided by sympathetic hospice personnel.

The caregivers and medical personnel who care for end of life patients understand all too well how important it is for patients to have the power to decide for themselves how to transition the end of their lives. This is a fundamental right for every person who is coming to the end of their life.

Please make the correct and wise decision to pass this bill and allow each individual to control his/her own passage thru this life.

Sincerely
Dr. Joann Tall

Sent from my iPad

From:	Anson Rego <regoa@hawaii.rr.com>
Sent:	Saturday, February 11, 2017 10:50 AM
To:	CPH Testimony
Subject:	SB 1129

I am opposed to assisted physician suicide allowed in this bill SB1129.

Many reasons opposing same have already been given to the committee by many other groups and organizations and individuals opposed to this bill. For the most part, the reasoning therein stated are valid and therefore I join them.

I would like to also state that as a practicing attorney, who has assisted many elderly clients and families for many years, I have seen many families successfully resolve the issues of end of life informally and within existing law without ending arbitrarily the life of the loved one. Doctors and families of loved ones and the loved ones who are terminal are able to communicate and using the health care directive are able to terminate life in a natural and dignified manner without the arbitrariness of killing someone otherwise.

Thank you for the opportunity of testifying.

Anson O. Rego
Attorney At Law
A Law Corporation

Telephone: (808)696-7061
Fax: (808)696-7765
Email: regoa@hawaii.rr.com
Web: ansonregolaw.com

CPH Testimony

From: Anthony Lenzer <tlenzer@hawaii.rr.com>
Sent: Saturday, February 11, 2017 1:45 PM
To: CPH Testimony
Subject: Testimony in Support of Senate Bill 1129

To: Committee on Commerce, Consumer Protection, and Health
From: Anthony Lenzer, PhD
Re: Support for SB 1129
Hearing: Wednesday, February 15, 2017, 830 a.m.
Conference Room 229, State Capitol

Chair Baker and Committee Members:

Ny name is Anthony Lenzer. I am testifying on this matter as an individual, both as a concerned citizen, and one who has studied end of life issues and taught graduate courses on this subject at UH Manoa and at the University's Osher Lifelong Learning Institute.

Death with Dignity legislation, or physician aid in dying, has been on the Hawaii legislature's agenda twelve times since 1998. This year, five bills have been introduced on this subject. Interest in such legislation is a national phenomenon. Nearly half of all state legislatures are considering death with dignity legislation during this session.

Hawaii legislators can be encouraged by the fact that nearly 77% of Hawaii residents support such legislation, according to a Stanford University poll. Furthermore, the Hawaii Medical Association has indicated that it will not oppose such bills this session. Medical Association neutrality has been critical in every state in which such legislation has been enacted.

Senate Bill 1129 is based upon the first such law, enacted in Oregon, which went into effect in 1997. Between 1998 and 2015, the number of people requesting lethal prescriptions under the Oregon law has varied from 24 to 218 per year. During the same time period, the number of deaths associated with the use of such prescriptions has ranged from 16 in 1998 to 132 in 2015. This is a tiny fraction of all deaths in Oregon. However, having this choice has been shown to be of great comfort and value to those terminally ill persons who select this option. Please give Hawaii citizens the same choice by passing Senate bill 1129. Thank you for the opportunity to testify in support of this bill.

CPH Testimony

From: John Heidel <jheidel808@icloud.com>
Sent: Saturday, February 11, 2017 2:47 PM
To: CPH Testimony
Subject: *****SPAM***** Testimony for SB 1129

TO: Chair Rosalyn Baker
Vice Chair Clarence Nishihara
Members: Commerce, Consumer Protection and Health Committee

RE: SB 1129

Hearing Date: February 15, 2017 8:30am

Place: Conference Room 229

My name is John Heidel and I stand in strong support of SB 1129. Mahao for holding this hearing and listening to the voices of the community.

Professionally, I have been studying theology and following the teachings of Jesus for 64 years. I have grown from a very strong traditional foundation of Methodism in the early 1950s to an equally strong progressive approach to Christianity in 2017. I am an ordained minister of the United Church of Christ (1967), a former chaplain of Punahou School (1969-2001) and, in retirement, the former president of The Interfaith Alliance Hawaii (2004-2012). I have been affiliated with Christ Church, Uniting Disciples and Presbyterians in Kailua since 1974.

So, professionally, I know the difference between following a prescribed system of belief designed by a "bunch of old, white men" over 1,400 years ago and an understanding of God that is dynamic (always growing) and compassionate (always loving). I respectfully ask you to resist the arguments of the conservative Christians who maintain the beliefs of the past (Catholic, Mormon, and most evangelicals) and hear the position of progressive Christians (mostly mainline Protestants) who are defining the spirituality of the future. The conservatives may have a loud voice and a "huge" presence but, on this issue, they are a small minority and, this time, the majority has the moral perspective.

Personally, I have been recently diagnosed with prostate cancer. Therefore, my position has grown stronger since I first addressed this issue in 2002.

So, personally, after many professional experiences with people suffering a protracted and painful end of life, this has taken an interesting turn. Since I know what other families have endured, I don't want the people I love the most to go through a similar struggle. Since I have seen the prolonged physical, mental and spiritual suffering endured by too many, it is extremely hopeful to see the possibility of a different choice offered by this bill. End of life choices are intensely personal and individual; this bill doesn't force a choice on anyone but offers the freedom of choice to everyone.

Please enact this important legislation.

Rev. Dr. John R. Heidel

1341 Manu Mele Street
Kailua, Hawaii 96734
261-4585
jheidel808@icloud.com

Testimony on SB 1129, Bill re: Assisted Suicide

Wednesday, February 15, 2017

From: Donna Goldcamp, 45 Kai Nani Place, Kailua, HI 96734

I am opposed to this bill based upon the corruption of Medical ethics and possibility for abuse.

Assisted suicide is opposed by the American Medical Assoc., American Psychiatric Assoc., Association of American Physicians and Surgeons, American Nurses Assoc., and Disabled Rights Education and Defense.

Why should we oppose assisted suicide? While the idea of compassion may be the reaction to this concept at first blush in countries & states where this has been approved unintended consequences in shaping attitudes and societal norms have occurred.

- Opens the door to abuse of the elderly or infirm. Once a lethal prescription is written, an abusive caregiver or relative who stands to inherit from the patient can pick it up and give it to the patient in food or drink. Since no witness is required at the time of death, who would know if the patient consented?

- Cheapens life. If assisted suicide is made legal, it quickly becomes just another form of treatment. It will always be the cheapest option, especially in a cost-conscious healthcare environment. Barbara Wagner, an Oregon resident, was denied coverage for her cancer treatment but received a letter from the Oregon Health Plan stating the plan would cover assisted suicide. Another Oregon resident, Randy Stroup, received an identical letter, telling him that the Oregon Health Plan would cover the cost of his assisted suicide, but would not pay for medical treatment for his prostate cancer.

- A threat to the most vulnerable. Those living with disabilities or who are in vulnerable healthcare circumstances have justifiable concerns should assisted suicide become an option. Financial pressure, peer pressure, and even pressure from uncaring family members can be placed on these individuals to take the suicide option. In fact, nothing in the Oregon or Washington style laws can protect from explicit or implicit family pressures to commit suicide, or personal fears of "being a burden." There is NO requirement that a doctor evaluate family pressures the patient may be under, nor compel the doctor to encourage a patient to even notify their family.

- Bad data puts patients at risk. Oregon's data on assisted suicide is flawed, incomplete, and tells us very little. The state does not investigate cases of abuse, and has admitted, "We cannot determine whether physician assisted suicide is being practiced outside the framework of the Death with Dignity Act." The state has also acknowledged destroying the underlying data after each annual report.

Do not open this Pandora 's Box. You may one day find yourself on the wrong end of a ill advised decision made by someone on your behalf.

CPH Testimony

From: Richard Spiegel <spiegelbee@yahoo.com>
Sent: Sunday, February 12, 2017 12:35 AM
To: CPH Testimony
Subject: SB 1129

I am a resident of Hamakua for over 40 years.

I support the passage of Senate Bill 1129.

Richard Spiegel
809-936-6600

From: surfzone@hawaii.rr.com
Sent: Sunday, February 12, 2017 7:13 AM
To: CPH Testimony
Subject: SB 1129

As a mentally sound, 81 year old female Hawaii resident and a retired Registered Nurse, I eagerly support Senate Bill 1129. I have read the bill. While I can't suggest I understand every minute aspect of it because of the rather complex, circuitous language used in many parts, I feel I do grasp the intent and appreciate the cautions built in to ensure that such a momentous decision is being made by the individual with a sound mind and the support of medical professionals and others pertinent to the decision.

Betty L. Bodlak
P O Box 1124
Haleiwa, HI 96712

From: Bill Metzger <wjmetzger@hotmail.com>
Sent: Sunday, February 12, 2017 7:45 AM
To: CPH Testimony
Subject: SB29 (Death with Dignity)

Over the past 3 years I have served as the primary caregiver for two friends and my mother-in-law as they passed away. While their dying was peaceful and under Hospice care, I understood the importance of having the CHOICE of dying by self-administering medications that could ensure their peaceful death.

My wife and I want to have that choice and I urge all legislators to pass this important bill.

Sincerely,
William Metzger
3120 Beaumont Woods Place
Honolulu, Hi 96822
988-6220

CPH Testimony

From: Chris McKenzie <mckenziec002@hawaii.rr.com>
Sent: Sunday, February 12, 2017 2:43 PM
To: CPH Testimony
Cc: Chris MCKENZIE
Subject: Death with Dignity

I watched my Father, Mother and Wife die.

My Father and Wife died because of lung and breast cancer respectively. In my Father's case, he was a WWII vet and Matson Captain who smoked camel cigarettes. He was a tough self-made man who died horribly. At the end of his life he had a hole in his chest through which his heart could be seen. He was in great pain and he and my Mother had to change his dressing daily and deal with his pain. More money (more than $100,000 as I recall) was spent in medical expenses in his last year than had been spent on him in the prior ten years. Although HMSA paid most of the money it is still significant because we all pay in higher premiums or higher taxes to pay for Medicare. I can't say for sure if he would have chosen it but it would have been nice if he had the option to die with dignity.

My Mother, on the other hand, chose when and where she died. For years she taught ballet in Honolulu and was very active, even into her eighties. Finally towards the end she was not able to be physically active. Also, due to increasing pain she was not able to read books and listen to music, her favorite non-physical activities. She did not wish to have any further medical treatment. She told her family that she was going to die. She put on her best pajamas, we all gathered around her bed she said goodby to her family including grandchildren, a great grandchild and me. We all exchanged "I love you" with her, we went into an adjoining room and she died shortly thereafter. Her death was peaceful and not at all traumatic for the surviving family.

My wife was diagnosed with a particularly virulent form of breast cancer. She experienced the shock of the initial diagnosis, traveling to the mainland for a second opinion, being horribly sick and losing her hair because of the chemotherapy, being maimed by having a breast cut off, and endured radiation. Not to mention all the mental distress of being bewildered, scared and confused that a cancer diagnosis causes. Finally, her last hope was to be part of a trial at a renowned cancer hospital in Seattle. Despite being in a lot of pain and only able to breathe with the help of an oxygen tank she was able to fly to Seattle. Unfortunately, she was too sick to participate and died two days later. I am sure that had if she had the option of ending her life peacefully that she would have been comforted and may have chosen that option.

Other than on religious grounds, I cannot see why anyone would object to choosing to die with dignity. Those with religious objections are free to refuse to do so; don't impose those views on the rest of us. A columnist last named Shapiro wrote, in todays Star Advertiser, a very good explanation of why there should not be any objections to the proposed bill.

I respectfully request that the Death With Dignity Bill be passed. Thank for your public service and attention. Chris McKenzie, 73 Lumahai St., Honolulu,HI 96825. 808 256 2400.

CPH Testimony

From: Linda Henning <lmooneyhenning@hawaiiantel.net>
Sent: Sunday, February 12, 2017 7:23 PM
To: CPH Testimony
Subject: compassionate death

I have been an RN for 51 yrs. 45 of those yrs have been spent in the islands. Subsequently I have had a firsthand personal experience of death. I have seen the difference between a peaceful death & one of severe pain & anguish. Trust me in saying you would chose the formal vs the later. Do people actually think they will get to so called heaven by experiencing more suffering? It is easy for various religious organizations to oppose it until such time as they face their inevitable passing. Also it shouldn't be anyone's decision other than the person making the choice. I am very tired of a few making the choices affecting others. Personally want the decision to be between my MD & myself. Linda Henning RN

Testimony of John M. Knox to
STATE SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
In Support of S.B. 1129
Feb. 15, 2017, State Capitol Conference Room 229

Chair Baker, Vice Chair Nishihara, and Members of the Senate Health Committee, my name is John Knox, and I strongly support Senate Bill 1129.

Twenty-five years ago, in another state, I watched my mother struggle through her final days with a mix of lung cancer and hospital pneumonia.

I will never know for sure, but I believe it is possible she did have medical assistance in dying – but illegally so. Her small-town doctor, now long gone himself, was her next-door neighbor, a friend, and a kind man. I know he shared our family's distress in her pain and misery. One night I saw him having a quiet conversation with the nurses, and then he came and told me he believed my mother would die that night. I saw her receive a sedative that left her much quieter and calmer, and she died a few hours later, holding my hand. I never asked him about that medication, but I suspect it was an immediate cause of death, and I was deeply, deeply grateful. My mother had explicitly rejected heroic measures to prolong life, so I did not see her as any sort of unwilling victim.

We should have the right to end our suffering peacefully and legally, without having the sense we're breaking the law and traumatizing our family by an unexpected and grisly form of suicide. And those doctors who *wish* to assist should have that right, too. Thank you for your attention.

John M. Knox, 808-342-3749, johnmknox808@gmail.com
41-858 Laumilo St., Waimānalo HI 96795

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:40 AM
To: CPH Testimony
Cc: normnic007@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Norman Nicolson	Individual	Support	No

Comments: I strongly support Death with Dignity; that individuals should be able to be legally provided with a comfortable, painless way to die if they are in a state of extreme suffering. I believe it is cruel and unjustified to deny all humans this. If an individual has religious objections to it, then they do not have to request it, but it is not for religious organizations to force their beliefs on others.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:32 AM
To: CPH Testimony
Cc: tampaltin@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tamara Paltin	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:50 AM
To: CPH Testimony
Cc: ogyechan@yahoo.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Donni Gye Corrow-Sanchez	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:49 AM
To: CPH Testimony
Cc: hosuklee808@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ho Suk Lee	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:40 AM
To: CPH Testimony
Cc: Merway@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
marjorie erway	Individual	Support	No

Comments: The Oregon law has been in effect since 1997 without a single incident of misuse,so since this bill is modeled on the historic Oregon statute and includes all of the proven safeguards to protect patients from misuse, I urge you to support it.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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I am a 41-year-old woman that supports Death with Dignity. I've been witness to several of my family members having a horribly slow and painful death. I felt the horror and helplessness of my loved ones as they dealt with not only coming to terms with their own mortality, but having to watch them feel guilty about putting their children and grandchildren through so much more pain and suffering than necessary.

Death is never easy. But for people who are facing a terminal illness, being able to to take control of their life and leaving this world on their own terms, could be the greatest gift they can give to themselves and their families.

Sometimes it's hard for people to understand unless they are put in the position themselves. Either way, this should be an individual CHOICE. We all should have the right to choose.

I think that it's important to say that this has absolutely nothing to do with religion. If this goes against someone's religion, then they themselves would not be a good candidate for this. But they shouldn't be able to make decisions for others. Spirituality means different things to different people and that's ok…we don't have to believe in the same things as long as we always respect each other. That's what makes this such a great country to live in.

Hokulani Lee

TO: Senator Rosalyn Baker, Chair Consumer Protection and Health
Senator Clarence Nishihara, Vice-Chair Consumer Protection and Health
Members of the Senate Consumer Protection and Health Committee

FR: John H. Radcliffe

RE: Testimony in **SUPPORT** of **Senate Bill (SB) 1129** Relating to Health
Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

Dear Chair Baker, Vice-Chair Nishihara, Members of the Committee:

My name is John Radcliffe, and this is the forty-first year that I have had the joy and pleasure of working as a lobbyist in these halls. It has been my life, and I am so grateful to have had such a singular opportunity. Thank you and all your colleagues going back to January of 1976.

I am here to testify for justice for doctors, and by so doing permit already terminally ill, adult patients with less than six months to live, and who are mentally competent, to control the time and place of their own death—without having their physician have to face criminal sanctions.

That is what SB 1129 does. This bill is a substantial mirror of the Oregon legislation of 1997, the oldest and longest serving law in the country. In short, it is fashioned after the oldest, most conservative, and longest serving model legislation in the country. And there has never been a problem with it.

The medical condition that it ends, shortens the amount and duration of extraordinary, extreme pain and suffering that must be endured. And don't kid yourself, this is no more about morality than was the choice that hundreds of people in the Twin Towers on 9/11 to jump into space rather than be ravaged by fire at their backs. That was about life ending relief. It was about being human. And so is this. That's all it is.

This is about your chance to, if not vanquish death, at least cheat him out of a little extra agony at the end.

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 10:22 PM
To: CPH Testimony
Cc: fmnhawaii@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Support	Yes

Comments: Chair Baker, Vice Chair Nishihara and members of the Senate Commerce, Consumer Protection and Committee, I speak in support of SB 1129. Before my 96-year old mother passed away of terminal heart failure, she pleaded with her children for over a year to let her die. She was in constant pain after she suffered a spinal injury which left her bed ridden. Just years before, she enjoyed life, was able to walk with assistance, and even take an occasional trip to Las Vegas. During her last days of lucid thinking in hospice care, she still pleaded with us to let her go. By then, massive bed sores caused by lack of blood pressure and immobility racked her with pain with every movement on top of her severe back pain. Yet, her family could do nothing for her As an attorney, I knew fulfilling her last wish was impossible and illegal. Hawaii had no medical aid in dying law. Current law would allow her doctor to provide only palliative care. Anything more would put her doctor at risk of criminal prosecution, just to grant her her last wish. You have the power to change that for people, like my mother, who only wish to die with dignity and end their excruciating suffering. It is no one else’s business to force my mother to endure all the suffering she bore once she, while she had the capacity to choose, decided it was past time to end her miserable existence. SB 1129 will finally allow people, like my mother in the last days of her life, to die as they wish once their prognosis is terminal. It provides adequate safeguards to assure that a dying person truly wants to die when they so choose and at their own hands. It is not suicide. They are already dying. No one else but the dying can make that decision. Their last moments will be calm, peaceful and dignified, allowing them to avoid the unbearable pain and suffering which are often related to death today. It has been 15 years since this State seriously considered giving dying persons the right to die with dignity. Thousands of our citizens have been denied that basic right since then, including my mother. Let’s not deprive thousands more, including persons like myself who are getting older and prone to having serious health issues, the right to dignity and peace in their last days. Please pass SB 1129. Thank you.

To the Hawaii State Legislature

I am in full support of Medical Aid in Dying. As a practicing physician in Hawaii for the past 18 years, I have seen many patients who have expressed a direct interest in having the ability to end their own lives should they ever face a terminal illness and have no chance of recovery.

I myself would want such options.

The opponents to this bill have cited many situations where they feel this measure might be inappropriate utilized, but in each and every scenario they have proposed, the bill would prohibit that exact action from taking place. For example, those who do not have decision making capacity, such as those who have dementia, have a mental illness, have mental challenges from birth, these individuals would NOT be allowed to have access to medical aid in dying.

Hospice organizations provide excellent care, and in places like Oregon, 94% of the people who were given medical aid in dying by obtaining a prescription from their physician were enrolled in hospice services. Therefore, there should be no concern on the part of the legislature that hospice services would be negatively impacted.

In addition, hospice is provided when a person has a terminal diagnosis, however, their death is presided over by the hospice agency, and there is no personal control over the event by the person who is terminally ill. This would allow an individual to choose the time of their own death, and give them a less painful way of dying than committing suicide, the only choice right now that is under their full control.

The overall numbers of people who might utilize this aid is limited, and even in Oregon, less than 1% of deaths in the state are associated with medical aid in dying in any given year. However, for all those vocal opponents against this bill, their reasoning is personal, based on the potential for abuse of the law which has not been seen in other states thus far, and is restricting for those who may benefit, because of personal or religious biases.

Rather than restricting this opportunity because of fear of misappropriation, it’s time to legitimize what 80% of all Hawaii residents have said they support, medical aid in dying. It’s allowing for people suffering from terminal illnesses the option to choose. Those who are opposed can still choose not to utilize medical aid in dying, that choice is already available.

it’s time to give everyone the right to decide for themselves, and allow those who want to have medical aid in dying to have the option. This does not infringe on any of the rights of those who choose not to utilize this option. If someone is opposed, then for their personal situation, they can still have the right to use the current available resources for help. Nothing changes, except for those who want to have medical aid in dying who have a terminal illness. For that group, this bill provides the legal means to seek relief.

Please consider this when voting on the matter.

Respectfully,

Dr Kathleen Kozak

SB1129 deserves a peaceful death.

Its passage would make suicide a "medical treatment." But you can't say "suicide," any dictionary to the contrary notwithstanding.

And a doctor's in charge. Dr. Death, that is.

Read the convoluted language, euphemisms, massive assumptions, misrepresentations, child-like attempts at persuasion, and singular co-optation of the medical profession in this travesty.

Neither birth nor death are particularly dignified. "Dignity" has just become a sales tool.

"Aid in dying medication," in the real world, is poison. Thankfully, patients will know the "risks" of taking it: IT KILLS YOU.

And now a million-dollar campaign is pushing the legislature to expand patient "options" to include special help and a pat on the back for killing yourself. The big bucks push has neutralized the Hawaii Medical Association and implies to the public that the physicians in Hawaii are in favor of being allowed to kill their patients.

This couldn't be further from the truth. Doctors do not support assisted suicide. Medical professionals pledge to "do no harm" and not to take a life. Medicine is one of Hawaii's most trusted professions. In the past, local doctors have bought full page ads signed by over 100 Hawaii physicians asking the legislature not to allow assisted suicide.

Now, driven by mainland money, economics, insurance, inheritance, fear, disrespect, and an inequity within the health care system, our "lower classes," seniors, disabled, unemployed, and homeless are at risk on a practical level. Who are these who want our culture to put the stamp of approval on some "right to die" and have our respected physicians deliver the poison? And have your pharmacist be required to dispense it?

They have lost this argument over and over again at the Legislature in Hawaii, for very good reasons. It is not the will of the people nor part of the Hawaiian culture and lifestyle to look for an easy way out. Treat the suffering by eliminating the sufferer? What kind of compassion is that?

Physicians do not want their patients first question to be "Are you one of those docs who kills patients?" Doctors are the ones who will stick with us through thick and thin.

If you have to change the language to sell your position there is something wrong with your message. SB1129 is euthanasia dressed up as "choice." It is wrapped up with false promises of protection and imaginary safeguards.

The oh-so-sweet sounding "aid in dying" should be swiftly administered to this sick bill.

Michael G. Palcic

1907 St. Louis Drive • Honolulu, HI 96816

(808) 255-5633 • MikePalcic@yahoo.com

Aloha

I am here to support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation.

My first experience in this arena was some 35 years ago when an acquaintance asked me to help him die. Since then I have seen both my in laws through their end of life. They had written "living wills" in 1997 when they were of clear minds in their mid 60's.

While I have been told the documents were no longer legal because of changes made since they put their clear and unambiguous thoughts to paper, having their words helped me make decisions 20 years later when they each confronted their final days in very different circumstances as unique individuals. I felt the responsibility to help them live and end their lives as they expressly communicated their wishes to me.

Neither of my in laws had conditions that caused them great pain as they died. There was cognitive disability and emotional distress at the loss of control and the indignity of realizing strangers would control their daily lives. I was placed in a position to say NO to treatments many would think were simply a matter of course becaue their end of life conditions could have easily been treated and their lives prolonged. But this was not what they clearly and unambiguously had expressed in writing and to me personally. I had to confront innumerable medical professionals – some sympathetic others coldly dismissive – and assert on their behalf what they had clearly stated I was morally obligated to do.

What they wanted was a preservation of their dignity in the face of physical deterioration of their control over their bodies and their failing mental conditions.

I have to ask myself if I would do the same for a stranger. Would I afford the same consideration for the dignity of a stranger's life as I would those most close and beloved to me? I think back to my acquaintance some 30 years ago, a man who explicitly asked me to help him die. I was not close to him. But I had known him to be a strong and dignified individual who wanted to leave the world on his own terms. My support in his final days was to help him, in any way I knew how at the time to help him let go and leave life as he wished and to avoid the continued indignity of a medicated death.

All humans deserve this consideration. Please vote in favor of SB 1129.

Mahalo for your consideration
Sharon Rowe, citizen

Please support SB1129 Medical Aid in Dying. I attended the public forum sponsored by Compassion and Choices at the State Capitol. One of the speakers was a local oncologist in favor of the bill because of the double standard that now exists. As he described, it is lawful for a physician to provide a morphine drip for patients who are in severe pain, which is then increased until the person goes unconscious and dies. He asked the question why should the physician rather than the patient determine the moment of death in a case of terminal illness? Does it not seem more human to restore the autonomy of the terminally ill person and let them choose their moment of death? I share the following story to make the point:

A dear friend passed away from a melanoma metastasis. It took her three painful months to die at St. Francis Hospice. Most days she lay in her bed moaning in pain even with daily administrations of morphine. She was one of the most articulate, energetic women I know, but for those last three months it was impossible to have a conversation with her, because she was so groggy. For those who loved her, it felt cruel to see her linger on like this. What she would have wanted for herself was to have picked a day early on when she was free of pain, with her close family and friends gathered around her, and say goodbye with intention. As it was, both of her daughters and their families lived overseas. They visited her while she was in hospice but they were not able to stay with her to the end. No one was there that night.

Respectfully,

Susan Yamane-Carpenter
86-012 Pokai Bay Street
Waianae, HI 96792

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:49 PM
To: CPH Testimony
Cc: chris@mentzel.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Chris Mentzel	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 8:33 PM
To: CPH Testimony
Cc: andrewkayes@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Andrew Kayes, M.D.	Individual	Oppose	No

Comments: To the Honorable Senators of the Great State of Hawaii: I am a Hawaii licensed physician and I am adamantly opposed to Hawaii allowing physicians to prescribe medication to cause someone to die. It is inhumane and Hawaii should not take part in this. I will agree that this is a complex issue. Hospice care should be available, and people who are suffering from a painful illness should be made as comfortable as they can by whatever means necessary. Any medication for comfort, even if it hastens death, is reasonable. This is called the principle of the double effect. And that is OK. We can already do this as physicians. Having a physician prescribe a drug SPECIFICALLY for the purpose of death is against the Hippocratic Oath, is wrong, and should not be supported by our state. Any physician who does this is violating the Hippocratic Oath; no matter how they may spin it, they are violating that sacred oath. The nearly 2,500 year old Hippocratic Oath, the Oath that the vast majority of physicians take when they graduate from medical school states the following: “I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course.” Sometimes right is right and wrong is wrong. This is one of those times. While we should always care for those suffering, having physician-sanctioned suicide is the wrong way to go about it. Finding ways to support hospice and help those suffering with pain relief are far better paths. This is against the spirit of aloha. Please, I beg of you, stop this bill now. Andrew V. Kayes, M.D. Kahului

Laura DeVilbiss MD MPH
2230 Kaola Way #7
Honolulu, HI 96813
devilbissjl@aol.com
(808) 595-7011

February 12, 2017

Dear Hawaii Senate Committee on Commerce, Consumer Protection and Health,

I am a Family Physician and have been practicing medicine in Honolulu for the last 20 years. I strongly oppose SB 1129. My objections fall in line with both the position statements of the American Medical Association and the American Geriatric Society.

The American Medical Association position statement is “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 and would be difficult or impossible to control, and would pose serious societal risks.”

The American Geriatrics Society position statement is:

1. “The fundamental goal of the doctor/patient relationship has been to comfort and to cure. To change the physician’s role to one in which comfort includes the intentional termination of life is to alter this alliance and could undermine the trust between physician and patient.
2. Allowing Physician Assisted Suicide opens the door to abuse of the frail, disabled, and economically disadvantaged of society, by encouraging them to accept death prematurely.
3. A thorough search for the underlying reason for the request for death may uncover several areas amenable to potential interventions (undertreated physical symptoms, psychosocial or spiritual crisis, clinical depression, etc.).
4. Legalization of physician assisted suicide might thwart society’s resolve to expand services and resources aimed at caring for the seriously ill, eventually dying patient.”

My thoughts on these statements are:

- I went into medicine to help my patients live a healthier life, and when this is not possible, help them to have comfort and peace in their remaining days on this earth. Changing the role of physician from healer/comforter to someone who aids in the suicide of a patient is a dangerous road to go down which threatens the doctor-patient relationship and the trust that is built up over years.
- The protections outlined in SB 1129 would be hard to control and could be abused by those close to the patient who have ulterior motives besides the well being of the patient. Once a patient gets a prescription for a life ending drug there is no protection for that patient if someone were to coerce them to take it against their will if they changed their mind. There is no mandate for a

witness to observe the death and so someone could force the patient to take the medications against their will and no one would know.

- Elders don't want to be a burden on their families. When medical and hospital bills are mounting up it would be too much pressure on a frail elderly person with limited financial resources to take the life ending medication so that they won't burden their loved ones anymore. Allowing the law to change so that a vulnerable patient would feel pressure to commit suicide against their true will (duty to die) is elder abuse.
- Instead of going down the road of physician assisted suicide, I would spend our resources on continued access to pain control, counseling for adjustment to terminal diagnosis, and time spent celebrating life rather than forcing a premature death.

I urge the committee to consider these arguments and choose not to pass SB 1129.

Thank you for giving me the chance to share my testimony.

Sincerely,

Laura DeVilbiss MD MPH

Family Physician

Honolulu, Hawaii

To: Hawaii Legislators

CC: State Senator Stanley Chang
House Representative Gene Ward

Re: Death with Dignity Act, SB 1129
Hawaii’s Proposed Medical Aid-in-Dying Legislation

I support the Death with Dignity Act, SB 1129, Hawaii’s proposed medical aid in dying legislation. Medical aid in dying, which I consider as death with dignity, is a safe and trusted medical practice for which a terminally ill, mentally capable person who has a prognosis of six months or less to live, has the option to request from his/her doctor a prescription for medication which he or she can choose to self- administer through ingestion to peacefully shorten an unbearable dying process.

Similar laws have been implemented successfully in California, Vermont, Montana, Washington State and Oregon without a single incidence of abuse or coercion. None of the “abuses” prophesized by opponents of these laws, for example, euthanasia of disabled persons, has occurred. In the states where medical aid in dying is authorized, people report significant relief from worry about future pain just from knowing the option is there if they need it. I have listened to friends of mine near death and all of them want to live. They are not suicidal and resent the fact that they would be characterized as such. They want to live through to their ends with dignity and peace and value their autonomy. This legislation is not assisted suicide.

At present Hawaii doctors can prescribe terminal sedation for such patients. But then, the doctor, not patient, is put in control of the dying process. Under Medicare and most commercial health insurers, doctors can get paid for every time they visit the patient in the hospital (fee for service); this prolongs for some the wiser option to accept the imminent dying process. There’s a difference between extending life that has quality or the potential of regaining quality and just prolonging the suffering of a person who is in the end stages of a terminal disease or illness.

SB 1129 supports the rights of terminally ill individuals in Hawai’i to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death including the option to request a prescription from their doctor to end their dying process in dignity and peace. This legislation would give those who are dying this important option.

Finally, the majority of Hawaii’s citizens overwhelmingly support making medical aid in dying available for those with a terminal disease or illness who are suffering at the end of life.

Very truly yours,

Constance Kelsey
Hawaii Kai

February 12, 2017

To: Senator Rosalyn Baker (Chair), Senator Clarence Nishihara (Vice Chair) and the Members of the Senate Commerce, Consumer Protection & Health Committee

From: Cheryl Toyofuku

Re: Opposition to SB 1129: Relating to Health, Death with Dignity

Hearing: Wednesday, February 15, 2017 at 8:30 a.m., State Capitol, Room 229

My name is Cheryl Toyofuku and I am a daughter, mother, grandmother, registered nurse, former Oncology Certified Nurse, health & life advocate. I am in opposition to SB 1129, which is a legislative, governmental effort to make suicide a legal, medical and healthcare treatment option. Endorsing and legalizing doctor assisted suicide is not patient medical care and is a serious, public health policy concern.

Many years ago, while on the oncology team at a major Honolulu medical center, my role as an oncology nurse was to provide skillful and compassionate patient care, while promoting and assisting in the recovery and healing process. This often included care for the terminally or chronically ill. Our inter-disciplinary team of physicians, nurses, social workers, dieticians, chaplains, physical/occupational therapists and family members collaborated together to support patients physically, emotionally and spiritually in their last days. The goal for patient care and dignity was accomplished through adequate pain & symptom control, palliative care, excellent end-of-life support, diligent identification and treatment of depression, isolation or other socio-emotional issues. Some terminally ill patients recovered, got well and lived productively for many more years.

In some situations, a request to limit life-prolonging treatment was honored, but there was never the suggestion to intentionally cause death. The thought of assisting in a suicide process would have destroyed the trust relationships that were developed between the patient, family, doctor and health team. Assisting in suicide to end the life of a patient would not be considered as a solution to a physical, mental-emotional, social or spiritual challenge that may surface in their health care. Instead, compassionate and palliative alternatives were provided through hospice and other health disciplines to address the multitude of needs for the patient and family.

Dignity is not found in taking away hope and life. It is not found in a handful of lethal pills. This bill is clearly about giving the doctors the dangerous right to assist in the process of suicide. This “right” threatens to destroy the delicate trust relationship between the doctor and patient, along with others on the health care team. It is a reason why major medical, nursing and other health professional associations adamantly oppose it. This coalition caring for Hawaii’s elderly, disabled and dying citizens are against assisted suicide and include the American Medical Association, American Nurses Association, American Psychiatric Association, Disabled Rights Education & Defense Fund and The Not Dead Yet Disability Rights Organization.

Doctor assisted suicide will compound the discrimination experienced by vulnerable people with disabilities, the chronically or terminally ill, or those who are socially marginalized. Although suicide requests are “made voluntarily”, subtle pressure and coercion may play a part to cause the elderly or disabled to feel guilty about healthcare costs or “being a burden”. This suicide or “end of life” option may create a “duty to die” as a cheaper substitute to expensive life saving treatment and/or escalating health-care costs. In Oregon and California, patients were denied payment for treatment by government entities and insurance companies, but they were offered coverage of lethal drugs.

Please do NOT pass SB 1129 out of your Committee. Hawaii deserves better than the mixed messages that suicide is okay.

To: 2017 State Legislature concerning SB1129
From: Sandra Tanaka Polhemus – Resident: 64-704 Ao Akua Pl, Kamuela, HI 96743
Subject: Death with Dignity and Aid in Dying Bills
Date: February 11, 2017

I fully and urgently support the passage of this legislation and encourage you to consider the following and why this bill's passage is critical for Hawaii residents in this 2017 legislative session.

As a former Hospice volunteer in Kamuela where I sat with dying patients to give their caregivers respite, I've been able to directly experience why I feel patients should be given the right to choose the time and nature of their own passing. Dying with pain and with no hope of recovery due to terminal illness is not only cruel and unusual punishment for the patient but emotionally debilitating to their loved ones who see their relative or friend in emotional and physical pain and can do nothing to relieve it. If someone is diagnosed with a terminal illness and has less than six months to live, why does this not entitle this individual with the right to choose, according to their own beliefs, whether he or she can end their life in a compassionate and painless manner rather then suffering physical and emotional agony at the end of life.

It seems that if this legislation is not passed you legislators are irresponsibly allowing unwarranted pain and suffering on terminal patients and their loved ones. In the states that have passed this legislation, no egregious violations of patient rights have occurred and all patients have the choice to participate or decline, according to their beliefs. No patients are forced to elect this option and are free to choose or not to choose this option.

On a personal note, having been diagnosed with both breast and lung cancer and now under doctor's care due to the frequency of re-occurrences in the past three years I am, while I can, a strong advocate in the "Aid in Dying" and the "Death with Dignity" legislations currently proposed. If circumstances result in a situation where all options have been utilized and there is no hope of a cure, I stand as a strong advocate for myself and all the other patients who want to have a choice. "Freedom to Choose" is the hallmark of our democratic system and this bill does not force anyone to utilize the provisions of this bill.

I hope that you will seriously consider these bills and pass them in this current legislative session. It is overdue and sorely needed. My husband, David V. Polhemus, formerly an Editorial writer at the Honolulu Advertiser, now retired, also supports these bills.

Yours in Aloha,
Sandy Polhemus
David Polhemus
Cell: (808) 277-8770
Email: sandypolhemus@gmail.com
Email: dpolhemus@hawaii.rr.com

From: mailinglist@capitol.hawaii.gov
Sent: Sunday, February 12, 2017 7:44 PM
To: CPH Testimony
Cc: bronto.john@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/12/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
John Grove	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: Pamela Canton
To: CPH Testimony
Subject: medical aid in dying
Date: Monday, February 13, 2017 11:02:27 AM

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25 years ago on Valentine's day my mother passed away after suffering the heinous effects of ALS, amyotrophic lateral sclerosis, watching her loose control over her bodily functions while her mind remained fully aware was almost more than I could bear. She couldn't communicate, she couldn't eat, she couldn't walk, she couldn't do anything that the rest of us take for granted.She watched the grandfather clock tick and waited for a miracle that never happened. Not everyone can have the amazing mind of Stephen Hawkins, and I think even, with his wonderful mind, living with ALS must wear on him as it did on my mother. Personally, I wouldn't be able to do it and the fear of this or something similar has made me plan for whatever the future might hold for me and how I might escape if I needed to. Please support the bill for medical aid in dying and I will give up my escape route because I have many fears that my plan might backfire and I would be in a worse situation. If I need to do this for a fatal tragic illness with no hope of recovery I would want to be successful. I have survived cancer and so far I personally have not had to be faced with this decision, please allow me to succeed if I needed to. Please support this bill. Please because if I ever need to, I will and by not passing this bill you put myself and others in a hard situation, we welcome the safeguards that this legislation would bring. aloha and peace to you.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:41 AM
To: CPH Testimony
Cc: tristanh314@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tristan D Holmes	Individual	Support	No

Comments:

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SHIRLEY THOMPSON
619 Lawelawe Street, Honolulu, HI, phone 808-457-7924, me@shirleythompson.net

February 13, 2017

The Hawaii State Senate
29th Legislature, 2017
Honolulu, HI

Subject: I strongly favor SB 1129 Medical Aid in Dying

Dear Senators:
I am writing to express my strong support for SB 1129 in favor of Medical Aid in Dying.

Within the past two years, our family has suffered the loss of my husband's mother and father, with whom we lived. These close deaths have given us reason to spend time talking and carefully considering what we would like for our own last days, and we have taken steps to ensure that our wishes will be granted by creating Advance Health Care Directives. Right now we are healthy and strong, but we know we won't always be. We want the right to legally access medical aid in dying when the time of death is close in order to prevent needless suffering. We want the peace of mind of knowing that medical aid in dying is accessible for us, should the circumstance of great suffering arise. This is not suicide. This is the shortening of suffering for an inevitable death of a terminal patient. This is also to protect doctors from legal action for providing this medical aid in dying when they deem it is the best action for their patient. <u>We implore you to support SB 1129</u>

With aloha,

Shirley Thompson & Stanford Chang
Honolulu, Hi
96821

From: Bobbie Rucker
To: CPH Testimony
Subject: Death with Dignity
Date: Monday, February 13, 2017 10:34:52 AM

Aloha,

My name is Barbara Rucker, and I would like to submit testimony as a registered voter and care giver of family members that have been terminal and suffering.
I have seen loved ones suffer and want to end their life because it truly is the end. I would like to see this right for people to decide about their own life.
We consider it human to put animals out of their suffering and misery, can we not extend this same compassion to our loved ones?

Please help.
Barbara Rucker
Mahalo,
Bobbie Rucker
UH Maui College
Title lll Administrative Assistant
brucker@hawaii.edu
808 984-3365

From: Georgia Kinney Bopp
To: CPH Testimony
Subject: Senate Bill 1129
Date: Monday, February 13, 2017 10:33:17 AM

Dear ladies and gentlemen,

In the last few years, four beloved family members passed away in their homes. All lived in areas that did not allow medical aid in dying at the time. All were advocates of this option but it was not available to them. My brother and mother had relatively peaceful deaths with Hospice and palliative care. But my father (in California) and my husband (in Hawaii) suffered!

Both my father and my husband were at home, with loving family, and had much appreciated Hospice support and medication. But sometimes that is not enough!

I was present during those final weeks with my father and then, again, three years ago with my husband.

I do not want to go through what they did! I do not want to suffer. I do not want to suffer and, I do not want to see my family experience the anguish of watching me suffer.

I hope and pray that Hawaii will soon allow medical aid in dying. If I am fortunate I won't need this aid. But this law will provide the option. And, it will provide peace of mind as I journey through these final years! Not everyone will want the option or need it, but those who do will be grateful. Please pass this bill.

I regret that I am not able to come to the hearing in person. I sincerely thank you for serving our State.

ALOHA,

Georgia Bopp,
Kailua, HI
808 429 8088

From: Gary
To: CPH Testimony
Subject: Testimony in strong OPPOSITION to SB 1129
Date: Monday, February 13, 2017 10:15:31 AM

Committee on Commerce, Consumer Protection, and Health

From:
Gary Burbage
45-538B Paleka Road
Kaneohe, Hi 96744

Dear Senators Rosalyn Baker, Chair
Clarence Nishihara, Vice Chair

I submit this testimony in strong OPPOSITION to physician assisted suicide under any description for the following reasons:

1. Proper medical care includes only treating diseases NOT killing the patient
2. Legalizing physician assisted suicide sends the wrong message to our troubled teens that suicide is an acceptable way to solve problems.
3. In Hawaii, we take care and love our Kupuna we don't abandon them to suicide.

I urge you to vote NO and kill SB1129 at the hearing on Wednesday, Feb 15, 2017.

Gary Burbage

Sent from my iPad

From: Jack Bilmes
To: CPH Testimony
Subject: Senate Bill 1129
Date: Monday, February 13, 2017 10:10:20 AM

Dear Senators,

I believe that the opposition to medical aid in dying is primarily rooted in religious belief. Other objections can be dealt with through regulation. My question, then, is why some people are made to suffer because of others' religious beliefs?

Thank you for your attention,
Jacob Bilmes

Professor Emeritus
Department of Anthropology
University of Hawaii
Honolulu, Hawaii 96822

From the Desk of Lloyd Lim, 1525 Wilder Avenue #1008, Honolulu, HI 96822

February 12, 2017

THE SENATE

TWENTY NINTH LEGISLATURE, REGULAR SESSION OF 2017

TESTIMONY IN SUPPORT OF SB 1129 (Death With Dignity Concept)

Before the Senate Committee on Commerce and Consumer Protection and Health, Room 229

Hearing Date: Wednesday, February 15, 2017

Hearing Time: 8:30 am

TO CHAIR BAKER, VICE CHAIR NISHIHARA AND MEMBERS OF THE COMMITTEE:

My name is Lloyd Lim and I am testifying as a private citizen in support of SB 1129.

There are complex issues involved in any death with dignity situation, but I don't think that the U.S. Constitution authorizes a theocracy and I don't think that the Gospels of the New Testament are about the use of government power to create a theocracy or even impose or vindicate Christian values. The law is not always about enforcing morality and we are a country that values liberty and privacy. Each and every person has a different experience in old age and each and every person dies a different death. Just as with abortion, one has to take a close look at the facts of the individual case and as a result the individual person most affected by the decision should be in charge of that decision. The government and law have some very important uses in our society, but one problem with government interventions is that they tend to be one-size fits all, which means a blunt instrument, meat cleaver approach to situations that require immense sensitivity and knowledge of all the facts. Given the deeply personal aspect of a decision to die, which is tied into a person's entire life experiences, values, world view and identity, one cannot really judge from the outside looking in.

I think SB 1129 creates enough of a check and balance to avoid some of the abuses that could arise in this area. In addition, nothing in SB 1129 waives the criminal law relating to murder or elder abuse.

It is not really your job to protect people from their own wishes or to impose your personal morality on your fellow citizens. The purpose of regulation is to prevent one person from causing direct, undue harm to another person. Where such harm cannot be shown to be material or significant, regulation should not be applied.

I recently bought a desk sign from the Hallmark Store that says something wise. It says: "Today I will let God be God (because I suck at it)."

Thank you for the opportunity to submit testimony.

From: maria brick
To: CPH Testimony
Subject: Medical Aid in Dying
Date: Monday, February 13, 2017 10:03:20 AM

Aloha;

I am writing this brief email to support Hawaii’s attempt to pass a Bill that will provide medical aid in dying.

I have been a Hawaii resident for 30 years and during my career as a licensed Marriage Family and Child Counselor (MFCC # 1869), I often worked with families bearing the burden of severely ill members. I have seen the terrible effects both emotionally and fiscally on people.

Prior to my residency here, I worked for the Hayward Police Department in California and often encountered families that suffered while loved ones experienced long drawn out terminations of life.

Please consider this bill as a means of bringing some relief to people who are suffering needlessly.

Mahalo for you help.

Irv Brick

From: DONALD AKIYAMA
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 7:02:25 AM

I strongly support SB 1129. Having seen loved ones suffer through their end of life journey, it is my hope that I can have the option of death with dignity. Thank you,
Don Akiyama
98-1742 Nahele st
Aiea, Hawaii 96701

Sent from my iPhone

From: Punahele Travel
To: CPH Testimony
Subject: Senate Bill 1129
Date: Monday, February 13, 2017 9:59:03 AM

Aloha Consumer Protection& Health Committee !

I am writing to you on behalf of SB 1129 Death with Dignity. Having my own family members go through painful and excruciating illnesses and then death. I am asking for you to support SB 1129 and bring it to LIFE for us in Hawaii. I have watched my mother suffer for years, my grandfather reach out to me and ask me why he was being made to suffer and my brother ask me to help him make the pain stop. I think it’s time for us as human beings to be able to take control of our suffering. No one really knows the pain that our loved ones are going through but I can only hope that you would not want your family members to go through what I have witnessed with my own. I can only hope that should I be faced with a terminal illness that I’ll be able to have the support from a bill like this to guide me in making the decision that is right for me.

This is not about politics or religion. This is about Quality, Humanity and Dignity of ones’ Life.

With warm aloha,

Victoria Kibler
Kailua Kona, Hawaii

From: Marny Hall-Moriyasu
To: CPH Testimony
Subject: SB 1129
Date: Monday, February 13, 2017 6:41:31 AM

Dear Legislators

As an oncology nurse manager for 13 years I am writing to hopefully put some perspective on the assisted suicide issue HB 201. During my 13 years as an oncology nurse I have known only 2 patients who took their own life. Most patients who were terminal passed away peacefully with their loved ones at their side. The common theme among those with terminal cancer was to live out their last days with their family and spend every moment in which they still have breath with their loved ones. The two who took their own life were able to do it without a physician assistance.

I have treated hundreds of cancer patients, and when they no longer respond to chemotherapy, they are given compassionate care from Hospice and from their families. Every measure is taken to keep a patient comfortable. People “suffer” every day, whether it is from terminal illness, short term illness, abusive relationships, trauma, or overwhelmed with life. Would we allow a physician to prescribe a pill to end their life? To allow assisted suicide for terminal illness will only open the doors to allow psychiatrist to prescribe medication for suicidal patients so that they won’t have to hang themselves and traumatize the person who finds them. It will open the doors to allow those who are paralyzed and unhappy with their loss of independence to end their life when they too must be shown they have a purpose.

Moreover, the government should not be involved in this type of legislation at all since the government pays for medical care. People are often coerced into activities they would have not wanted, and having physicians provide lethal medication is not something the government should do in order to save health care cost.

Even with the safeguards described in the bill, it can easily be worked around by patients or families who go doctor shopping.

Thank you for your consideration. Assisted suicide is not true compassion.

Marny Hall-Moriyasu

Marny Hall-Moriyasu, DNP, RN, BC-ADM

Marny Hall-Moriyasu DNP, RN, BC-ADM, CDE
University of Hawaii at Manoa
School of Nursing and Dental Hygiene
Department of Nursing
E-mail marny@hawaii.edu
808-283-7951 808-283-7951

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Marny Hall-Moriyasu DNP, RN, BC-ADM, CDE
University of Hawaii at Manoa
School of Nursing and Dental Hygiene
Department of Nursing
E-mail marny@hawaii.edu
808-283-7951 808-283-7951

From: Robert Marks
To: CPH Testimony
Subject: SB1129 - testimony in support
Date: Sunday, February 12, 2017 10:38:45 PM

To the Chair and members:

I strongly support SB1129 and I frankly don't understand the arguments against this measure. Those with religious or moral reservations about ending their own life will never be compelled to act under this law. On the other hand, those whose tragic circumstances make "death with dignity" the right outcome should not be constrained by the religious preferences of the bill's opponents.

I strongly encourage the committee to pass this measure.

Respectfully submitted,
Robert Marks

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:56 AM
To: CPH Testimony
Cc: tracyar@hawaiiantel.net
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tracy Ryan	I	Support	No

Comments:

From: Roadrunner
To: CPH Testimony
Subject: Support for SB1129
Date: Monday, February 13, 2017 9:54:01 AM

Members: I support SB1129, the “death with dignity” act. I am 70.5 years old and will welcome this logical, compassionate option if I have to face an end-of-life that might include suffering without hope of remission. Please do not accept the “This is a suicide bill” hysteria. Grant the dying the possibility of logical, monitored passing, free of the horror of medically sustained life without quality. Humans should have this right—please allow it by supporting SB1129.

Respectfully yours,

Stephen Canham, PhD
46-156 Nahiku Place
Kaneohe, HI 96744

From: Gmail personal
To: CPH Testimony
Subject: SB 1129
Date: Sunday, February 12, 2017 7:48:14 PM

Aloha!

Two years ago, my dad died of multiple myeloma, a very painful cancer of the bone. My dad fought to cling to life but eventually nothing could be done and he and my mom decided upon hospice services. I was fortune enough to be able to spend a lot of time with him and my mom during his final weeks of life. Even though the pain associated with this type of cancer is extreme, the pain medicine that was provided by hospice was pretty effective. Probably only the last three or four days did my dad lose awareness and also only the last day or two was my dad really restless. But the time that we have together as a family, with my siblings and other family, drew us closer together as a family as we had this opportunity to express our love for our dad and for one another. It was a time when we could honor my dad and his life and treat him with dignity and love.

Based on my experience, I do not understand the need for assisting people to end their own life, which I heard is being considered by the state legislature. While my dad clung to life, other people might think of themselves as a burden and wrongly conclude that others do not need an opportunity to show their love to them, or think that pain medicine is not available to help them, or some other mistaken idea. People are emotionally vulnerable in the face of sickness. I don’t think that we should make it easy for people to make a mistake and end their life and not realize the pain that this might cause to others.

Mark Gantley
Manoa

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:46 AM
To: CPH Testimony
Cc: freemanp001@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Freeman	Individual	Support	No

Comments: I strongly support this bill because I think that all terminally ill people should have the option to end their suffering in a humane way.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: Bsgoodyear@aol.com
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 9:46:04 AM

Aloha kakou,

I am a clinical psychologist in private practice and a 46 year resident of the State of Hawaii. I would like to express my support for SB1129 as both a health care professional and an individual. I believe that this legislation would help to empower terminally ill patients who are facing the possibility of intolerable pain and suffering in the dying process by providing a wider range of options and a greater degree of personal control over end of life decisions. I would not only like my patients who might be dealing with terminal illness to have this option available to them, but I would also like to have this option available to me in the event that I should ever develop a terminal illness. In that case, I really don't know whether or not I would choose to use medication prescribed as an aid in dying, but I do know that I would like to have the choice. To those who would not want to consider that option for themselves, I would say that I very much respect your choice. Please, however, allow me and my patients the opportunity to make the choice for ourselves. A vote in support of this bill is, I believe, a vote for such freedom of choice. I would respectfully ask members of the Senate to cast your votes in favor of the passage of this bill.

Mahalo for your consideration of this important issue.

Brian Goodyear, Ph.D.
2924 Alphonse Place
Honolulu, HI 96816
(808) 285-9393

February 13, 2017

To Whom It May Concern,

As Catholic Christians, we want to be open to new ideas, yet remain firm on our faith, beliefs and the words of Christ, traditions passed on to us for over 2,000 years. We want to dialogue, and discuss issues that affect all people, for Jesus is in each of us. Like you, we want to freely make decisions that are for the common good of all. Let us never forget this physical body is only one aspect of our total being. Our spiritual body also needs to be addressed and cared for.

As Christians, we believe God chose his only son to become one of us in Jesus Christ, to endure the pain and sufferings of this world, so that we too may one day be resurrected like Jesus to a glorious heaven with our true Father, God.

Allowing people to freely make a poor choice may not be in the best interest of their existence. Knowledge always allows us to make better choices. Please do not allow this bill to pass unless each person is thoroughly informed without a doubt, that this is the best choice for the them.

We endorse palliative care, seeking God's wisdom in choosing Life above and beyond all choices. It is God who chooses what is best for each of us, not man. Redemptive Suffering, enclosed in the Mystery of God brings us peace, joy and a future our God the creator intended for all of us. Choose Life, not death.

Opening this door, allowing this bill to pass will open the flood gates of many more unnecessary suffering and tribulations for the victim and their families. The words used in your endorsement "Death with Dignity Act" appear to be the best compassionate and loving way to serve man, but remember, it is the Creator who knows what is best for his creation, not man. Palliative Care is another choice, proven to bring peace, joy, and unity to all victims and heal their relationships with friends and family. Please do not pass this bill without full knowledge of its ramifications.

Valerie Y.E. Streff
Kapolei, Hawaii
Student at Chaminade University
Masters in Pastoral Theology

Aloha,

My name is Anne Kelley and I wish to provide testimony for SB 1129.

I personally have had to aid several immediate relatives both my brother and my mother with their end of life process and have had to watch them suffer for lack of another option.

I believe strongly in a persons right to choose to end their own suffering.

Passing this bill to allow the terminally ill the death with dignity option is the decent and humane thing to do.
We allow this mercy to stray and wounded animals every day and it should be extended to give the freedom of choice to our local sick and suffering people.

Please think of the suffering and heartache that could be avoided by allowing death with dignity as an option.

Mahalo,
Anne M Kelley
pegsta88@yahoo.com

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:44 AM
To: CPH Testimony
Cc: valerieweiss31@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie Weiss	Individual	Support	No

Comments: I wholeheartedly support this bill. This should be an allowable personal choice and option to anyone finding it necessary for their own death with dignity. If someone does not want this option, they can opt out.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:37 AM
To: CPH Testimony
Cc: ppchawaii@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Judith A Mick	Individual	Support	No

Comments: Aloha- I am urging all of you to vote in favor or HB 1129 which I view as a compassionate step to support and help people suffering with medical issues. Any of us may face this crisis in the future and although we may not chose this path, we should not deny that journey to those that want and need it. Aloha, Judy Mick,Kailua

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:15 AM
To: CPH Testimony
Cc: winstonwelch@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Winston R Welch	Individual	Support	No

Comments: I would wish this option available for myself or someone I care about, whether or not it is exercised.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:15 AM
To: CPH Testimony
Cc: waikahalulu@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Carrie Mukaida	Individual	Support	No

Comments: I strongly support this bill. As a 70 yo caregiver to a 98 yo mother, who is extremely frail & requires 24 hr supervision and care, I do NOT want to have my dying prolonged by unnecessary medical care and without having the option to end my life on my terms. Currently, my only options are to starve my self to death. I want this CHOICE!

February 13, 2017

Re: SB1129

To Whom It May Concern:

I am writing this letter in opposition to the proposed Senate bill calling for the legalization of physician-assisted suicide.

Every year it seems this misguided "death with dignity" bill raises its ugly head. What people in Hawaii do not seem to realize is that PAS is not the solution to a terminally ill person's sufferings. To show real dignity with death would be to allow the patient to die naturally.

Some patients given the sentenced of a terminal illness may recover. Sometimes doctors are wrong.

Is it the cost of treatment or hospitalized/long term care that plays a part in bringing up the proposed legislation of killing off terminally ill people? Don't they deserve to die when their time comes and not be rushed into ending their life?

I strongly oppose this dangerous bill. It is time that the legislators in our state start thinking about the consequences of playing God and abandon this bad bill once and for all.

Sincerely yours,

Esther C. Gefroh
920 Ward Avenue #6E
Honolulu, HI 96814

February 13, 2017

To the Honorable Members of the State Legislature,

My name is Nancy Long. I am a physician, and resident of Maui County. I am opposed to the proposed legislation regarding Physician Assisted Dying in Hawaii.

I am a board-certified hospice and palliative medicine physician and family physician. I have been practicing in Maui since January, 2009. While I have the deepest respect for individuals' choices regarding their health care, their illness and their dying, the complexities of this issue and of the interface of law and medicine around this issue necessitate my voicing my opinion regarding this matter.

1. I am deeply concerned about how the legislation will ensure that all residents of Hawai'i have access to this program if it is legalized. What about our residents who do not have the financial resources to purchase the medication? What about the homeless population, new immigrants, non-English speakers, the uninsured? Would the inevitable outcome be that only wealthy or resourced residents of Hawai'i be able to "die with dignity"?

2. I am deeply concerned about allowing all physicians to write these prescriptions. Most of what I have learned about addressing suffering, depression, and requests to hasten death in the terminally ill I have learned as specialty training following my usual medical school and residency training. These are specialized skills, and patients facing these serious questions and issues deserve to be cared for by trained professionals, not anyone with an MD degree. In addition, many of the physicians staffing our hospital here in Maui are travellers. They are here temporarily. They do not have the time nor the inclination to truly get to know the unique qualities, diversity, and culture of our community.

3. The issue of prognosis troubles me. Recently I helped to care for a 37 year-old female who was released from hospital to home being told she had just a few days to live. This message was given to her strongly by the hospital physicians and team. She lived for three additional months, celebrated her 10th wedding anniversary, and spent many precious hours with her three children. Physicians are wrong sometimes; I am wrong sometimes.

4. I am concerned that Hawaii will become a "destination" for those requesting physician aided dying. Already I get calls nearly weekly from terminally ill people who want to come to Hawaii, want to die in Hawaii…as part of their "bucket list". How will these requests be handled? How will we care for this potential influx of very sick patients when we cannot meet our current needs?
5. In my work as a hospice physician, I witness many situations where the motives of caregivers, and at times family members, are questionable at best. Financial incentives are highly motivating at stressful times, and there is no clear way to know that a patient ingests the prescription himself, or if it is given by a caregiver or family member with a questionable motive.
6. Like every other physician in Hawaii, I have never been trained to write a prescription for a lethal dose of medication. I have never been trained on what to do if it does not work. I have never been trained on what to do with unused medication, or what to do if a person's depressed teenage grandson ingests the medication that is present in the home and that I prescribed. Suicide is a major and growing problem in Maui County. Unintended uses of these lethal medications are an important consideration.

Thank you for respectfully considering these important points, and working to craft legislation that is safe for everyone in our beautiful state.

Respectfully,
Nancy Long, MD
808-344-5166

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 11:31 AM
To: CPH Testimony
Cc: wolff.howard@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Howard J. Wolff	Individual	Support	No

Comments: I strongly urge you to support Support SB1129. This is about choice. It's about offering a humane alternative to end-of-life pain and suffering. An option for those who choose voluntarily to make that decision themselves. In other enlightened states that have adopted similar legislation, it has proven to be a wise law that has not been abused. Thank you. Howard J. Wolff

Testifying in strong support of SB1129, relating to Health, to be heard in the Senate Committee on Commerce, Consumer Protection, and Health on 15 February 2017

Esteemed Members of the Senate Committee on Commerce, Consumer Protection, and Health:

At a recent informational meeting regarding medical aid in dying at the State Capitol, I was very impressed by the recent poll results put forward by Compassion and Choices Hawaii. I was even more impressed and moved by the personal account by the well-known lobbyist John Radcliffe of his Stage IV cancer diagnosis and his resultant sense of personal urgency regarding legislation to allow medical aid in dying.

Rather than going into the success of existing legislative models upon which this measure is based, I would like to stress here that to anyone who is faced with the situation in which John finds himself, the radical humanity of this legislation becomes clear. As the personal friend of an Oregon resident who availed himself of the option of medical aid in dying three years ago, I am acutely conscious that this legislation is in total accord with the spirit of aloha. Warnings of a slippery slope are not supported by existing evidence, and each day of delay represents added potential suffering to those patients who desperately want assurance that they can be afforded the sovereign human choice of a death with dignity.

Yours sincerely,

Stephen L. Tschudi
byjove@hotmail.com
Pālolo Valley

TESTIMONY to Senate Committee on Commerce, Consumer Protection, and Health

Regarding: S.B. 1129 Relating to Health

Wednesday, February 15, 2017

8:30 AM -- State Capitol Conference Room 229

Submitted in **OPPOSITION** by: Mary Smart, Mililani, HI 96789

Chair Baker, Vice Chair Nishihara and Committee Members:

1. I Strongly OPPOSE SB 1129. Although paragraph -17 of the bill denies that the provisions of SB 1129 constitute "suicide, assisted suicide, mercy killing or homicide, under the law, the fact is that according to the definition of suicide according to Black's Law Dictionary Free Online Legal Dictionary 2nd Edition:

Suicide is the willful and voluntary act of a person who understands the physical nature of the act, and intends by it to accomplish the result of self-destruction. Nimick v. Mutual Life Ins. Co., 10 Am. Law Reg. (N. S.) 101, Fed. Cas. No. 10,266. Suicide is the deliberate termination of one's existence, while in the possession and enjoyment of his mental faculties. Self-killing by an insane person is not suicide.

And the practice endorsed by this bill clearly fits the definition of "Mercy Killing" regardless of the denial in this bill:

"noun: **mercy killing**; plural noun: **mercy killings**

1. the killing of a patient suffering from an incurable and painful disease, typically by the administration of large doses of painkilling drugs."

This bill is being considered in the legislature because the actions advocated in this bill are currently defined as manslaughter, and rightly so.

2, A cry for suicide is a cry for help -- not a request to be pushed over the edge. Section -4 (3) (E) makes it clear there are satisfactory alternatives to suicide "including but not limited to comfort care, hospice care, and pain control." Those alternatives constitute a dignified and humane death which an overdose of pharmaceuticals does not. Calling suicide pills "medication" is deceptive. Medication should be a remedy to symptoms or an illness, not a means of ending human life. The deadly pills that SB 1129 wants doctors to prescribe and pharmacists to distribute are the "final death solution" not restorative and not rehabilitating. They cause a lingering death that can take three hours or more according to Section - 22 of the bill. The specific pills are not identified nor the specific side effects of these pills are not listed in the bill. There is no indication whether the FDA has approved these "medications" for the purpose being advocated in this bill. However, for those who have researched this proposal, there are reports of side effects that include vomiting the pills which results in the patient becoming very uncomfortable. The "witness" may even need to call for medical assistance. There is nothing dignified nor humane about this process for the patient nor the witness. Section -4 (3) (C) requires the attending physician to warn about the potential risks associated with taking the pills but they should be listed in the bill so that the legislature and the public can make an informed decision about this process.

3. Pain experienced by someone who has a terminal disease and someone who is emotionally distraught may be equally severe. Both seek death as an escape from their current pain, but suicide in either case is not a dignified nor humane choice. Once the "state" endorses death as a solution for one segment of society, there is no good rationale for denying others the death pills.

4. . There are no safeguards that the pills will not be used by someone other than the person who requested them. Once the pills are in the hands of the "consumer", positive control is lost. This is dangerous to the community. Accidental or even intentional death of someone who never requested the prescription could happen.

5. Hawaii has a high teenage suicide rate. Promoting suicide for any segment of the population even if it is disguised under a "compassionate name" sends the wrong message -- that escape from one's problems through death is dignified and humane -- which it never is nor can be. Regardless of how many times the bill repeats the phase "dignified and humane" -- it doesn't make either true.

6. Doctors make mistakes -- and just having a second opinion doesn't guarantee an accurate diagnosis. Even some diseases that could be classified as terminal if they weren't treated appropriately, for example diabetes, are not debilitating and a long and happy life is possible with readily available medication. Yet, these patients who many be suffering from temporary depression would be eligible to commit suicide under the provisions of this bill. That provision affects a large percentage of our residents since diabetes is so prevalent in Hawaii.

7. If this bill passes, doctors who participate in this type of activity should have a medical specialty designation so that patients can identify the purveyors of death from those doctors/medical professionals who will work to preserve life and make the final months and years of life comfortable and with manageable pain relief. Having physicians willing to participate in the prescription of death, weakens doctor- patient trust that has been the foundation of our health care success.

8. Although Oregon was given as a positive example, many of us are aware that patients were offered the suicide pills as a less costly solution to their health care than the medications that would prolong their life. There is nothing humane nor dignified about that. Promoting death to cut health care costs is not acceptable for Hawaii. Because the death is falsely reported as occurring from the underlying disease, honest research of abuses is difficult if not impossible.

9. Section -16 is an especially egregious violation of trust in regard to contacts since death by suicide in insurance policies is normally precluded as a covered event.

10. Hawaii is renowned for the love and care we have of our kupuna. However, with the promotion of suicide pills, our aging loved ones may feel the pressure of the "duty to die" so that they don't become a burden on their family and society. We will lose that respect for elders when a "standard of care" ignores the dignity of all humanity.

11. Other countries have gone down the slippery slope of voluntary suicide to now involuntary euthanasia. We do not want this international and mainland uncaring solution brought to Hawaii.   I am particularly disappointed that my own Senator would sponsor this bill.

Vote NO on SB 1129.

Chair Roslyn Baker, Vice Chair Clarence Nishihara and Members of the Commerce, Consumer Protection and Health Committee

Death With Dignity Act, SB 1129

Wednesday February 15, 2017
8:30 am
Conference Room 229
State Capitol
415 Beretania Street

Aloha, my name is Mary Reilley and I am testifying in support of the Death With Dignity Act, SB 1129.

My late husband was diagnosed with 4th stage renal cancer in May of 2013 and died a painful death in October of 2014. Despite the best hospice and palliative care he could have received, his months after treatment and until his death were full of extreme pain. I remember at one point pleading with his palliative doctor and hospice to do more to relieve his pain and help him transition to a peaceful death; help end his pain and suffering. It was that conversation when his palliative care doctor said, "Mary, it is the law; there is nothing more I can do. Get involved to make change." And that was when I understood completely that I could hopefully make a difference for other individuals and families who witness their loved ones suffer for weeks, sometimes months, leading to their deaths. I owed this to my husband.

The proposed medical aid in dying legislation for Hawaii supports the rights of terminally ill individuals to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death. This legislation would expand a compassionate option to the already existing end-of-life options available to terminally ill patients in Hawaii. Again, I emphasize that my husband received incredibly compassionate palliative care from hospice and his doctor(s). However, the single most important decision for my husband was unavailable, to request a prescription from his doctors to pass peacefully and painlessly.

I have been following the medical aid in dying legislation across the country and clearly the studies show that there has been no documented reports of abuse, and show no heightened risk for abuse in the physically disabled or chronically ill populations. SB 1129 affirms the right of mentally capable, terminally ill adults to determine their own medical treatment options as they near the end of life. This bill establishes strict eligibility criteria and safeguards, including the attending physician must inform terminally ill adults requesting medical aid in dying about all the other end-of-life options, and the terminally ill must self-administer the aid-in-dying medication. I do not know if my husband would have ultimately decided to self-administer end-of-life medication, but I do believe that just being given the option would have alleviated so much anguish and anxiety about his impending death. It would have opened up so any more avenues for those necessary conversations about his illness, suffering and death. My husband had a very difficult time discussing his illness. He would not, or could not, talk openly about his impending death, and this will forever haunt myself and our sons. I know that our situation was not unique. The conversations around cancer are always about ‘fighting it’ and ‘surviving’, but the reality for many is terminal and this legislation would only help in allowing families to talk deeply and honestly about the lives we so fully live, love and ultimately lose.

I urge you to seriously consider the passage of SB1129, Hawaii’s Proposed Medical Aid-in-Dying legislation. Please remember this is about individual choice and option at the end of one’s life, not a mandate for any one individual or population; choice based on one’s values and morals. I appreciate your time and consideration of this testimony as I feel it is one true thing I can do for my husband; that his death was valuable and meaningful.

Respectfully,

Mary Reilley
140 Uilama St.
Kailua, HI 96734
808-542-1006
reilleykirby@yahoo.com

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:01 AM
To: CPH Testimony
Cc: lwongassocs@aol.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lucien Wong	Individual	Support	Yes

Comments: If you are suffering a terminal illness with only months to live and you want your life to end quickly to stop your pain and anxiety your doctor will tell you under Hawaii law he cannot help you do this. If you then ask how you will die, if you have cancer, you will likely be told by hunger, thirst or infection. If you ask what can be done about the pain, you will be told medication, such as morphine, will help. If you ask how long it will take the doctor will not be able to tell you with any certainty. This is what my dear wife who passed away in 2015 was told even though she asked several times "I want to go quickly". Her final request could not be granted. It was a very difficult time for her and her family who cared for her and watched the slow sometimes agonizing process of her death all the while knowing she wanted to go quickly but because of Hawaii law could not. If we had lived in a state, such as Oregon, which has had a medical aid in dying law since 1997, she would have been granted her last wish and would not have had to endure what she did in her final days. Other states have passed similar compassionate laws, including Washington and California, i.e., the entire West Coast. Hawaii should be as compassionate so suffering terminally ill patients here will have the option of saying goodbye when they alone believe it is time. Four former Hawaii governors agree as do 80 percent of Hawaii’s voters. It is time for Hawaii to be more compassionate! This is why I support SB 1129!

SB 1129 Right to Die
Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn H. Baker
Senator Clarence K. Nishihara

To Whom It Concerns:

1. To begin, I see the title of this bill is very deceptive in that it presents the act of dying as they choose a right. What is the real difference between committing suicide by your own hand or through the hands of a professional medical doctor (professional). Both are suicide. I see that SB1129 is a danger to the dying patient as well as the family and loved ones.

2. I believe any Right to Die Law has tragic consequences for the people of Hawaii for the following reasons.

- People with terminal diagnoses often outlive a doctor's prediction and some diagnoses are just plain wrong.
- Today's medical and technological advancements permit a good life and comfortable living through pain management.
- The dying process itself mends past relationship break ups; the natural dying process permits reconciliation that assisted suicide prevents. The end-of-life time is needed to 'make peace with those close to you.'
- People (patient or person with medical power of attorney) may be made to feel they (the patient) are a "burden' and are then coerced into suicide.
- Depression leads some to seek suicide, but depression is treatable. Nothing in this act requires screening for mental health of assisted suicide laws; or the mental health of the medical power of attorney
- Once enacted, Health Plans can refuse to pay for treatment and instead offer to pay for the patient's suicide under the so-called "Death with Dignity Act." (I have personal experience with while living in Belgium. When socialized medicine decides it is less expensive to 'kill' you versus pay for medical care….physician assisted suicide happens. In fact there is now a case in Belgium where a doctor's actions [administering suicide on an unwilling patient with dementia is under investigation.])
- Surviving relatives, who may inherit more money sooner, are normally involved in the decision making for their relative's suicide.
- No amount of legislative law, judicial punishment or social oversight will prevent someone from being killed through the Right to Die philosophy.
- The spirituality of the Hawaii culture and the spirituality of the mix of people living in Hawaii demands rejection of this bill because at the very basics of this bill is murder.

3. I do not see the benefits of the SB1129, Death with Dignity, for the Hawaiian society and people of the great state of Hawaii. I see the benefits of this bill only follows the money; either for the insurance companies and state health plans or by the personal gains of relatives. As a society with mixed cultures, Hawaiian are better than this. I solicit your concurrence to vote NO.

Gerald E. Streff
91-1116 Lanakoi St
Kapolei, Hi 96707
808-597-0413

From: Sue Larkin
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 11:18:42 AM

Aloha,
I respectfully encourage each of you to pass this very important bill. This is an issue of choice. Our animals are treated more humanely than humans. Please don't make me, or others who feel like I do, suffer.

Mahalo for your time,
Susan L. Larkin

Kat Brady
katbrady@hotmail.com

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Sen. Rosalyn Baker, Chair
Sen. Clarence Nishihara, Vice Chair
Wednesday, February 15, 2017
8:30 a.m.
Room 229

STRONG SUPPORT FOR SB 1129 – Death with Dignity

Aloha Chair Baker, Vice Chair Nishihara and Members of the Committee!4

I am testifying in my own behalf this morning in strong support of this bill that allows a person of sound mind in the last stages of a terminal illness to exercise their personal autonomy and die peacefully.

This legislation builds on the 19 years of experience in Oregon, the first state that allowed people to use this safe and compassionate practice to end their suffering.

When my Mom was diagnosed with colon cancer, she asked me to be her health care proxy if she ever became unable to make her own decisions. We talked extensively about the treatments available and the reality of her diagnosis.

She lived for 7 more months and I was her 24/7 caregiver. It was the greatest gift she gave me. The time we spent together was amazing, revealing, and something I cherish every day. She shared things with me that I knew were important, but didn‘t understand until many years later.

Her doctor recommended chemotherapy and she went through three chemotherapy sessions, which left her sick and miserable for several days after the sessions. One morning, after the third treatment, she told me that she was done with chemo. She said she had a good life and was ready to die.

I called her doctor and told her that my Mom decided to end the chemo sessions. The doctor, with all the best intentions, tried to convince me that she wanted to try something a little different next time and asked that my Mom consider trying it. This was a difficult call for me because I understood that, as a scientist, the doctor was trying to find something that worked. It was a painfully long conversation as her doctor was explaining how this time the chemo would stop the growth of her cancer.

I knew my Mom was in stage 4 nearing the end of her life. I had read many books on cancer since I had a cancerous tumor in 1985 and spent a lot of time in medical libraries trying to determine my best course of action.

I finally had to tell the doctor that I appreciated her scientific curiosity, however, my Mom had decided that she was done with chemo. After more pleading by her doctor, I finally told her that I respected her zeal in trying to help, but that my Mom was done and that was not negotiable.

This all happened in the first 2 months of her diagnosis and her condition was deteriorating rapidly. She was losing weight and I could see her life force draining.

My Mom was a religious person, who only said the word “damn” once. One morning she woke up, she said “Oh s—t, I‘m still here.” I was stunned and said, “Mom, you said s—t!” We both laughed and then she told me of the dream she had just had.

She was in a big white room and there was a man in a white robe sitting at a white table. What did it mean, she asked. I told her that I thought it was a classic death dream. She said that she hoped it would come soon. We prayed together that it would.

It didn‘t. She lived for 7 months after her diagnosis. People told me how lucky we were that she went fast. I can tell you that that was the longest 7 months of my life and I will never forget the pain and suffering she endured.

She lived in excruciating pain and died weighing 45 pounds…with no dignity. We closed her casket so people would remember Betty Brady as the vibrant and loving community activist she was her whole life.

SB 1129 affirms the right of mentally capable, terminally ill adults to determine their own medical treatment options as they near the end of life.

I urge the committee to pass this bill so that people of sound mind with terminal diseases can choose to end their suffering and plan a graceful transition to the next life.

Mahalo for allowing me to share the story of my amazing Mom.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 8:44 AM
To: CPH Testimony
Cc: brenching@juno.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Brenda Ching	Individual	Support	No

Comments: Please give us the right to choose death with dignity. Thank you.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: Jocelyn Fujii
To: CPH Testimony
Cc: Brad Shields
Subject: support for death with dignity
Date: Monday, February 13, 2017 9:35:31 AM

This is from my husband, Brad Shields:

On Feb 12, 2017, at 12:33 PM, Bradley Shields <bradshields808@gmail.com> wrote:

February 12, 2017

Aloha Legislators,
Re: Testimony in support of SB 1129
I am Bradley Shields and I am in full support of SB1129 as it stands in its present form.

In his weeks at the nursing home, before my stepfather died of Multiple System Atrophy, he kept asking why he wasn't dead yet.

Towards the end, he kept saying he really wanted to die already, that he was horrified by what he described as the burden he felt he was placing on his wife and other caregivers.

He was disappointed each morning when he woke up to find himself alive.

Toward the end, all he could do was look out the window and wait to die.

His quality of life at that point was nonexistent. He remained alive and in a vegetative state for about a month. The family agreed that if the death with dignity bill was in force, we would have used that as a remedy weeks earlier.

My stepfather was ready to die. My family was ready for him to die. But we had no recourse. At one point my mom wrote, "Do not resuscitate" on his chest.

A long, slow and excruciating death could have been avoided. But what stood in our way were institutional barriers, the legal means to a dignified death, and an insensitivity to the depths of human suffering. The system did not account for a compassionate dying, something that is finally within our grasp with this measure.

Which causes more harm: forcing the terminally ill to suffer and live, or allowing them to die without pain when no other options are available?

If we allow medicine to prolong life, I feel that we must also allow it to shorten life for the terminally ill.

If I chose to donate a kidney to a sick family member, no one would rightfully accuse the surgeon of having harmed me by removing the organ.

A truly merciful deity would not view the mere presence of vital signs as a mandate to prolong one's life.

The day cannot come soon enough for all of us to be afforded the right to die with dignity.

Respectfully submitted,

Bradley Shields
brads808@gmail.com
808-927-3591

From: Jocelyn Fujii
To: CPH Testimony
Subject: Death with Dignity bill
Date: Monday, February 13, 2017 12:18:15 PM

Here is my testimony. I do not intend to read it in person on Wed., Feb. 15 but wish it to be heard and duly admitted.

Thank you,
Jocelyn Fujii

Aloha Committee Members,

I‘m writing to urge you to hear and pass a death with dignity bill this year.

There are three core issues of primary importance in my life: marriage equality, reproductive rights, and death with dignity. We’ve made huge strides in the first two issues and are now in a position to discuss and enable, with HB 201 and SB 1129, a dignified, humane and compassionate end of life when no other options are available.

Seven in ten Americans support having this choice, and in just six days, from January 23 to January 29 of this year, assisted dying bills were introduced in New York, Massachusetts, Maryland and Pennsylvania. Please add Hawai’i to this list. More people live longer in Hawai‘i, we have a high rate of cancer and other terminal illnesses, and we have long been known for our compassion and spirit of aloha.

We are also witnessing the aging of the baby boomers, many of whom are living in multi-generation households. HB 201 and SB 1129 would empower us with the knowledge that, if we become terminally ill, we can, under prescribed conditions, lessen the burden on our families and have the choice for a dignified, peaceful and humane way of dying.

This is compassionate, enlightened and comforting. These bills would reduce the untold suffering of Hawai’i‘s families and give them the most important choice of their lives: the right to die peacefully when no other options are open to them.

For me, personally, death with dignity is a human right and an issue of personal choice. Like countless others, I’ve seen friends and family members suffer needlessly, against their will, as cancer, disability, and other terminal conditions have deprived them of their choice and dignity. If a death with dignity bill is not approved in Hawai’i, I, like many others who have grown up here, will be forced to move to Oregon or another state (or country) that would allow us to die comfortably.

The bills before the Legislature are thoughtfully crafted and include the proper legal requirements for enabling this right. These requirements, including attending or consulting physicians, medical prescription, prognosis and informed decision, ensure that the law will not be abused, a fact amply proven by statistics from states where death with dignity is permitted. Additionally, we are entitled to have this choice because no one has the right to impose his or her beliefs on another on such a personal matter and at this most critical time of life. I have felt this way about reproductive rights, same-sex marriage, and now, the right to die. Life is hard enough; this law would go far toward alleviating suffering and fear when such reassurance is most needed.

For these and other reasons, I urge you to hear and pass a death with dignity law this year.

Respectfully submitted,

Jocelyn Fujii

From: Isabelle Yao
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 9:05:26 AM

I am a resident and registered voter of this state. I am writing to ask that you pass the bill supporting medical aid in dying. It is compassionate to allow someone to end their lives when their condition have no chance of improvement.

Thank you for your considerations,
Isabelle Yao

From: James Long
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 9:28:19 AM

Aloha, my name is James, I am a native of Oʻahu, a resident of Kaʻu and I support SB1129. I support this bill which would allow medical aid in dying, because I believe it IS the compassionate thing to do. I also support this bill because if the day came that I would seek medical aid in dying for myself, I would hope this compassionate option would be available to me. Please pass this bill and allow even those few who would opt for medical aid in dying, the dignity and respect of passing in peace and without further pain or unecessary suffering.

Mahalo,
James Long

Aloha ʻAina!

From: Mary-Helen Leet
To: CPH Testimony
Subject: Death With Dignity Bill
Date: Monday, February 13, 2017 8:44:35 AM

Dear Senators,

I am one of the 80% of Hawaiians who would like to see this Bill become law. Our culture teaches us not to be cruel and this Law would allow for patients to avoid subjecting their families as well as themselves to unnecessarily prolonged suffering and financial depletion. It is humane. Please vote it into law.

Thank You. MH & Wm Leet

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:10 PM
To: CPH Testimony
Cc: deborah@imaginariums.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Davis	Individual	Support	No

Comments: Oh, please, please, please support this bill. When I am at the end of my life, I want to be able to choose a compassionate ending instead of one that could linger on for months and months while draining my finances, family and friends' energies. This is the humane choice that we offer our animal relations. Let's please offer it to all our human relations and ourselves. Thank you so much for your compassionate consideration. In much aloha and respect.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 11:59 AM
To: CPH Testimony
Cc: richkoob@kalani.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Richard Koob	Individual	Support	No

Comments: Please support: allowing compassionate, dignified death for terminally ill patients

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Senate Committee on Commerce, Consumer Protection, and Health
Chair Rosalyn Baker
Vice-Chair Clarence Nishihara

SB 1129

Wednesday, February 15, 2017 8:30am
Conference Room 229

My name is Joshua Stanbro, and I represent my family—my mother Sammie who lives in Hilo, my brother Rion who lives in Kalihiwai, Kauaʻi, and my proud father Philip Ward Stanbro (d.2001). I live in Pālolo Valley on Oʻahu.

I wish to testify in favor of SB 1129 and convey our entire family's strong support of the measure. My mother testified in support of a similar bill over a decade ago, in 2003, and had her heart broken when this body failed to listen to the overwhelming support of the public. Despite the years, our memories have not faded about why Death with Dignity legislation is so badly needed in Hawaiʻi.

In the Fall of 2000, my brother and I left college and law school, respectively, to return to Kona on the Big Island to spend my father's final months with him as he succumbed to the last stages of prostate cancer. My dad Phil was high school quarterback, student body president, a farmer who didn't shy away from hard work, and the most compassionate and principled man I've ever met. He didn't resent that cancer had gotten the better of him, and was at peace with living out his final days on a small deck overlooking a field of Kona coffee with his beloved ʻIo occasionally circling above.

Day by day, he bore increasing bouts of pain that were countered with larger and larger doses of morphine that began to shut down his bodily functions and inevitably made him increasingly sluggish and mentally slow—a state he absolutely despised. His only desire was to spend his last days with us with a clear mind, open communication, and deep appreciation. He always knew that he wanted to go on his own terms and at the time of his choosing—which he thought of as his right. You see, my dad and mom had previously lived in Oregon, where a progressive and compassionate state government had allowed Oregonians reliable professional information, a clear process, and the dignity to leave on their own terms. But Hawaiʻi was not the same, and in 2000—as it is now—my father was forced to keep his own doctor in the dark and rely on guesswork. Relying on bits of black market information he cobbled together, he told us that he had prepared by squirreling away a bottle full of extra morphine pills. Enough, he told us, to "kill an elephant" and allow him the freedom to finish his life when he judged that he wanted to go.

So, one beautiful evening, with a glorious Kona sunset falling into the Pacific Ocean over the coffee fields, my father said his last loving words to us as we surrounded him with affection and stories—proud of the life he had lived, as well as the strength and conviction he demonstrated as he opted to conclude his life on his own terms. He swallowed the pills and laid down with a smile on his face.

Try to imagine, then, his horror and confusion when he woke the next morning with us still at his side—we had held a panicked and exasperated all-night vigil at his bedside and watched his breathing grow slow and shallow, but never stop through the night. You see, the Hospice treatment medication had been increased so much, and my father's endurance to pain and tolerance of opioids elevated so high, that an overdose with his own hoarded medication was almost impossible, regardless of volume. How could he know? How could any of us know as we operated in the shadows?

That day my dad sent my mom to plead with a doctor who knew our family and situation well, to give us advice and assistance. In a courageous act that I will forever be grateful for, the doctor discreetly agreed to provide my mom with a vial of pills that he assured us would honor my father's wish. That act of compassion made the doctor a lawbreaker and unfairly subjected to potentially losing their livelihood. The next night, as my father prepared to leave this life for the second time, he motioned me over in a quiet moment while the rest of the family was in another room. "Son," he said, "I need to know you will make sure this is the last night. If these pills don't work, I need you to take care of it. You understand?" He looked at me with eyes that held both conviction and shame, devastated at his own powerlessness—and disgusted that he had to ask his own son to pledge to do the unthinkable.

And this remains the situation today in our Islands. In the decade and a half since my father passed away that evening, how many other fathers have struggled to find the right combination of pills? How many doctors have been begged in the shadows to provide information and help to a desperate spouse? How many dignified and proud individuals have had to spend their last moments with their family not focused on the love and memories of a life well lived, but instead clouded with doubt about whether their instructions from the internet were accurate after all?

Hawaiʻi is better than this. We are a progressive, proud, multicultural state where 80% of our citizens value freedom over fear, information over ignorance, and individual liberty over the cultural doctrine of a few.

My father's passing was unfortunate, but—just as for all of us—inevitable. Knowing this, he led by example and in turn our family grew stronger and spent our best time together at the close of his life. He was positive in the face of his passing and immensely courageous. *The only gouge of despair and pang of regret that I feel from that entire time with him would never have occurred if Hawaiʻi had been a Death with Dignity state.* It's too late for our family, but it's not too late to change this in time for the next family.

For the reasons and experiences above, I strongly support SB 1129 as does our entire family. Please do the right thing by my father, my family, and all the families of Hawaiʻi and pass this legislation before more have to suffer in the dark.

From: jolourosof@hawaiiantel.net
Sent: Monday, February 13, 2017 11:50 AM
To: CPH Testimony
Subject: Senate Bill 1129

My wife of almost 60 years listened to her great oncologist and decided against surgery and chemotherapy for her advanced lung cancer, for the simple reason, in her words "Why make me sick before I die?" She wanted a tranquil end, in our Waikiki home of more than 45 years. Wonderful hospice nurses and aides helped us, but their assistance was often humiliating to Josette. Moreover, she, always with a strong social conscientious, wondered why so much effort and money were being expended when people with a rosier future could benefit.

For those of us who sat beside Josette every day for almost two months her pain and discomfit with the things that were being done her were a dread, especially since she so wanted a more humane ending to her long life. She couldn't even imagine a good reason to deny her wish. Neither can I and the majority of people who give objective thought to the subject.

Please, Good Senators, please give your approval to SB 1129 so that the final sane wishes of the terminally ill are respected.

Thank you from Louis Rosof, 3044 Kalakaua Avenue in Honolulu. My telephone is 923-5415.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:20 PM
To: CPH Testimony
Cc: egcarson@icloud.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Godbey Carson	Individual	Support	No

Comments: Please pass SB1129. We need Death with Dignity for persons who face terminal illness and pain. Patients should have a right to use medication to end suffering. Religious faith of some should not be a basis for denying this choice to all.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: Amorah St. John
To: CPH Testimony
Subject: The Right Die
Date: Monday, February 13, 2017 12:25:15 PM

Hello,

I have been told that my cancer could come back.

I want to be sure that I have recourse to choosing
the time and place of my death.

It is the only humane choice.

Thank you for doing the right thing!

Aloha,
Amorah St. John

--

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From: Jane McCloughlin
To: CPH Testimony
Cc: Jane McCloughlin
Subject: Support of Senate Bill 1129
Date: Monday, February 13, 2017 11:46:45 AM

It is extremely important to me that Senate Bill 1129 is passed.

My mother died in hospital, in pain, unaware of her family & surroundings she was incontinent and extremely ill. She had been strong, smart and aware all her life, seeing what she was reduced to in her last year was horrible for the entire family and also Mum, she knew what was happening to her and begged to die. Her death was long and drawn out, there was nothing compassionate about it. In fact we gave our pets kinder deaths.

I have been diagnosed with Stage IV Inflammatory Breast Cancer. Most people with this disease live 20 months after they are diagnosed, those that survive longer eventually die within five years. I do not wish to die the way my mother died, I want it to be at a time of my choosing! NO-ONE should have the right to deny anyone this.

Remember we give our pets kinder deaths than our fellow humans.

Please pass Senate Bill 1129.

Jane McCloughlin
73-1157 Mahilani Dr
Kailua-Kona, HI 96740-9451
Home # 808-315-7285

From:	Judy Mick
To:	CPH Testimony
Subject:	HB 1129
Date:	Monday, February 13, 2017 9:34:11 AM

Aloha- I strongly urge you to support compassionate HB 1129 and provide medical aid for terminally ill family members ,allowing them to make the choice to die with dignity. If YOU face this crisis in the future - and any of us may do so- you do not have to chose this path , but neither should you have the right to deny it to others, In the states that have provided this legislation, there are many safeguards and we should craft our bill exactly the same. We do not have a right to deny our suffering brothers and sisters their right to peacefully leave this life. Mahalo, Judy Mick, Kailua

From the Desk of Lloyd Lim, 1525 Wilder Avenue #1008, Honolulu, HI 96822

February 12, 2017

THE SENATE

TWENTY NINTH LEGISLATURE, REGULAR SESSION OF 2017

TESTIMONY IN SUPPORT OF SB 1129 (Death With Dignity Concept)

Before the Senate Committee on Commerce and Consumer Protection and Health, Room 229

Hearing Date: Wednesday, February 15, 2017

Hearing Time: 8:30 am

TO CHAIR BAKER, VICE CHAIR NISHIHARA AND MEMBERS OF THE COMMITTEE:

My name is Lloyd Lim and I am testifying as a private citizen in support of SB 1129.

There are complex issues involved in any death with dignity situation, but I don't think that the U.S. Constitution authorizes a theocracy and I don't think that the Gospels of the New Testament are about the use of government power to create a theocracy or even impose or vindicate Christian values. The law is not always about enforcing morality and we are a country that values liberty and privacy. Each and every person has a different experience in old age and each and every person dies a different death. Just as with abortion, one has to take a close look at the facts of the individual case and as a result the individual person most affected by the decision should be in charge of that decision. The government and law have some very important uses in our society, but one problem with government interventions is that they tend to be one-size fits all, which means a blunt instrument, meat cleaver approach to situations that require immense sensitivity and knowledge of all the facts. Given the deeply personal aspect of a decision to die, which is tied into a person's entire life experiences, values, world view and identity, one cannot really judge from the outside looking in.

I think SB 1129 creates enough of a check and balance to avoid some of the abuses that could arise in this area. In addition, nothing in SB 1129 waives the criminal law relating to murder or elder abuse.

It is not really your job to protect people from their own wishes or to impose your personal morality on your fellow citizens. The purpose of regulation is to prevent one person from causing direct, undue harm to another person. Where such harm cannot be shown to be material or significant, regulation should not be applied.

I recently bought a desk sign from the Hallmark Store that says something wise. It says: "Today I will let God be God (because I suck at it)."

Thank you for the opportunity to submit 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
with 8 pages attachments

DATE: February 11, 2017

TO: State Senate
Senate Committee on Commerce, Consumer Protection and Health
Senator Rosalyn H. Baker – Chair
Senator Clarence K. Nishihara-Vice Chair

RE: SB 1129 Relating to Health (Death with Dignity)
Date & Time of Hearing: February 15, 2017, @ 8:30 a.m.
Place of Hearing: Room 229, State Capitol

I am transmitting my personal opposition to SB 1129 after many years of study on the issue of physician assisted suicide (euphemistically called "death with dignity" for the following reasons:

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.

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

Since there is no "fundamental" constitutional 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 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.

Since 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 demonstrates the State's interest in preserving life.

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 is a good example of how the Dutch reverence for life prior to and during World War II until the present date degenerated into the Nazi's version of a facet of the "final solution" for the "suffering of incurable patients." See the reprint of New York Times article of October 8, 1933. The term, "Dutch treat" has taken on a new significance. Today, 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 medical professionals 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.

Seventy (70) 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 "Remmelink Report."

Furthermore, it has been reported that today one-third of Dutch doctors are willing to euthanize mentally ill patients. See the Psych Central article attached hereto. Moreover, it was recently reported in the Netherland Times that an overzealous Dutch doctor forced euthanasia on an elderly woman with dementia without her consent, and in fact against her will. See the Netherlands Times article attached hereto.

Ironically, the former Dutch Health Minister, Els Borst, who was instrumental in having that country's infamous euthanasia bill enacted into law, admitted and regretted her role in the passage of that bill, and lamented the Dutch government "did not give enough attention to palliative care and support of the dying." See the Life Site article of December 2, 2009.

Additionally, 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. Even to this day, the NY Task Force maintains its opposition physician assisted suicide and euthanasia. See the updated report of July 27, 2009 attached hereto.

Interestingly, in its preamble, SB No. 1129 states, "This act is modeled on the Oregon statute and includes safeguards to protect patients from misuse". It concludes "The legislature concludes that terminally ill residents of the State have a right to determine their own medical treatment at the end of their lives."

However, presently, the Oregon legislature is considering the passage of Senate Bill 494, which would extend to "incompetent adults with dementia or mental illness who have not indicated that they want to starve to death" and transfer that decision to surrogates and the courts to make that determination to deprive such incompetent adults nutrition and hydration, among other things. In order to reach that decision, SB

494 has been amended to take away all of the safeguards currently in the Oregon statute that protect Alzheimer's, dementia and mentally ill patients who are conscious and able to eat and drink and who are not at the end of life stage, from being starved and dehydrated to death.

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 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 ever increasing pressure of rising medical costs, there would be a strong temptation to utilize the cheapest way to save on medical costs by way of physician assisted suicide and euthanasia at the expense of other worthwhile care and treatment which would prolong life.

Given the foregoing, you are respectfully urged not to pass out of committee SB 1129.

Very truly yours,

Robert K. Matsumoto

Robert K. Matsumoto

[1933] Nazis Plan to Kill Incurables to End Pain; German Religious Groups Oppose Move

By The Associated Press

BERLIN, Oct. 7 [1933]—The Ministry of Justice in a detailed memorandum explaining the Nazi aims regarding the German penal code today announced its intention to authorize physicians to end the sufferings of incurable patients.

The memorandum, still lacking the force of law, proposed that "It shall be made possible for physicians to end the tortures of incurable patients, upon request, in the interests of true humanity."

This proposed legal recognition of euthanasia—the act of providing a painless and peaceful death-raised a number of fundamental problems of a religious, scientific and legal nature.

The Catholic newspaper *Germania* hastened to observe:

> The Catholic faith binds the conscience of its followers not to accept this method of shortening the sufferings of incurables who are tormented by pain."

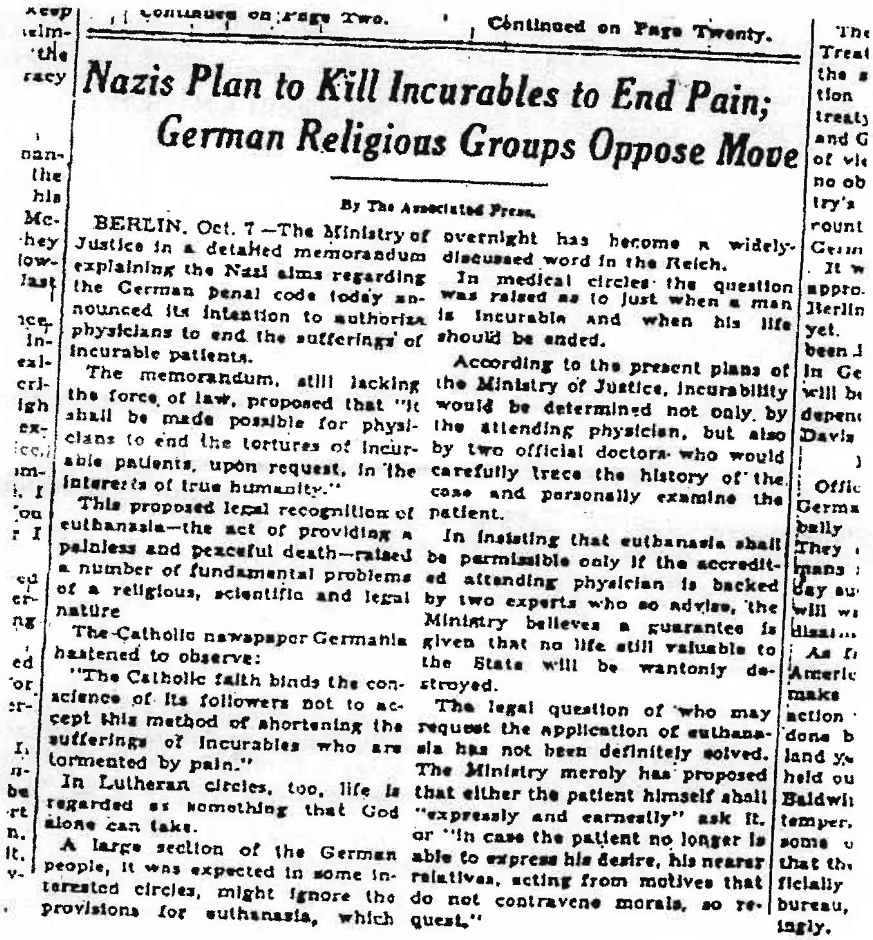
In Lutheran circles, too, life is regarded as something that God alone can take.

A large section of the German people, it was expected in some interested circles, might ignore the provisions for euthanasia, which overnight has become a widely-discussed word in the Reich.

In medical circles the question was raised as to just when a man is incurable and when his life should be ended.

According to the present plans of the Ministry of Justice, incurability would be determined not only by the attending physician, but also by two official doctors who would carefully trace the history of the case and personally examine the patient.

Front Page, New York Times, Oct. 8, 1933



Continued on Page Two.

Continued on Page Twenty.

Nazis Plan to Kill Incurables to End Pain; German Religious Groups Oppose Move

By The Associated Press.

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According to the present plans of the Ministry of Justice, incurability would be determined not only by the attending physician, but also by two official doctors who would carefully trace the history of the case and personally examine the patient.

In insisting that euthanasia shall be permissible only if the accredited attending physician is backed by two experts who so advise, the Ministry believes a guarantee is given that no life still valuable to the State will be wantonly destroyed.

The legal question of who may request the application of euthanasia has not been definitely solved. The Ministry merely has proposed that either the patient himself shall "expressly and earnestly" ask it, or "in case the patient no longer is able to express his desire, his nearer relatives, acting from motives that do not contravene morals, so request."

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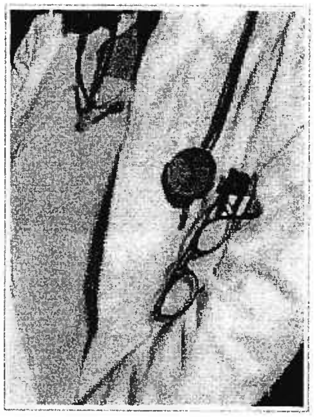
[Reprinted from *New York Times*, Oct. 8, 1933, p. 1]

[The preceding article is reproduced from a document published June 6, 2015 by Life Priority Network (LifePriority.net).]

1 in 3 Dutch MDs Willing to Aid in Assisted Suicide for Mentally Ill

By Jane Collingwood
~ 3 min read



A recent survey suggests that a significant proportion of doctors in the Netherlands are prepared to carry out assisted suicide for people with mental illness.

The survey was undertaken in 2011-2012 by Dr. Eva Bolt and colleagues at the EMGO Institute for Health and Care Research, Amsterdam, the Netherlands. They sent questionnaires to 2,269 randomly selected general practitioners (family doctors) and specialists in elderly care, cardiology, respiratory medicine, intensive care, neurology, and internal medicine. Of these, 1,456 completed the survey.

Respondents were asked if they had ever helped a patient who was suffering with cancer, another physical disease, a mental illness, dementia, or without a severe physical disease but was “tired of living” to die.

This showed that a large majority (86 percent) would consider helping a patient to die. Six out of ten had actually done so.

Brain's Structural Balance

Brain Opioids Turned On by Music

Early Depression May Indicate Genetic Risk for Additional Mental Illness

Is Swearing a Useful Language Tool?

Overall, 77 percent (and more than 90 percent of GPs) had been asked at least once for help to die. Only a few of the respondents (seven percent) had actually helped a patient who did not have cancer or another severe physical illness to die, whereas over half (56 percent) had helped a cancer patient to die, and around a third (31 percent) had assisted someone with another physical disease.

But feelings about euthanasia and assisted death varied for each health condition. The likelihood of helping was high for cancer patients (85 percent) and those with another physical disease (82 percent).

For mental illness, only 34 percent would consider helping the patient die, and 40 percent would help someone with early-stage dementia to die. The rate was slightly lower for late-stage dementia, at 33 percent.

Just over a quarter (27 percent) would be prepared to help someone tired of living to die if they had a severe medical condition. But fewer than one in five (18 percent) would do so in these circumstances if the person had no other medical grounds for suffering.

Full results are published in the *Journal of Medical Ethics*. The current situation in The Netherlands is that euthanasia or assisted suicide is legally permissible "for those whose suffering is psychiatric/psychological in nature," but it rarely occurs.

The authors write, "Euthanasia and physician-assisted suicide (EAS) in patients with psychiatric disease, dementia, or patients who are tired of living (without severe morbidity) is highly controversial. Although such cases can fall under the Dutch Euthanasia Act, Dutch physicians seem reluctant to perform EAS, and it is not clear whether or not physicians reject the possibility of EAS in these cases.

"This study shows that a minority of Dutch physicians find it conceivable that they would grant a request for EAS from a patient with psychiatric disease, dementia, or a patient who is tired of living. For physicians who find EAS inconceivable in these cases, legal arguments and personal moral objections both probably play a role."

Said Bolt, "Each physician needs to form his or her own standpoint on euthanasia, based on legal boundaries and personal values. We would advise people with a future wish for euthanasia to discuss this wish with their physician in time, and we would advise physicians to be clear about their standpoint on the matter."

In The Netherlands, the "Termination of Life on Request and Assisted Suicide Act" took effect on April 1, 2002. It legalizes euthanasia and physician-assisted suicide under very specific circumstances. Several stringent conditions must be fulfilled including that "the patient's suffering is unbearable with no prospect of improvement."

This legal requirement, the question of unbearable suffering, was explored by a related team of researchers at Radboud University Nijmegen Medical Centre, the Netherlands. They state in the journal *Psycho-Oncology*, "Unbearable suffering is difficult to assess, so evaluation of the current knowledge of unbearable suffering is needed in the ongoing debate about the conditions on which EAS can be approved."

They evaluated a range of definitions of suffering and studies on suffering, but "found no definition of unbearable suffering in the context of a request for EAS." They also report that they "found no studies that brought together the views of the patients, relatives, and healthcare professionals."

The experts propose their own conceptual definition: "Unbearable suffering in the context of a request for EAS is a profoundly personal experience of an actual or perceived impending threat to the integrity or life of the person, which has a significant duration and a central place in the person's mind."

References

Bolt, E. E. et al. Can physicians conceive of performing euthanasia in case of psychiatric disease, dementia or being tired of living? *Journal of Medical Ethics*, 18 February 2015 doi 10.1136/medethics-2014-102150

Dees, M. et al. Unbearable suffering of patients with a request for euthanasia or physician-assisted suicide: an integrative review. *Psycho-oncology*, 19 April 2010 doi: 10.1002/pon.1612.

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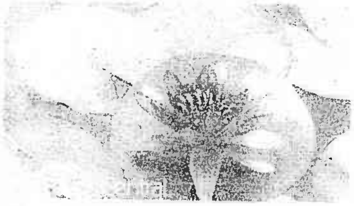
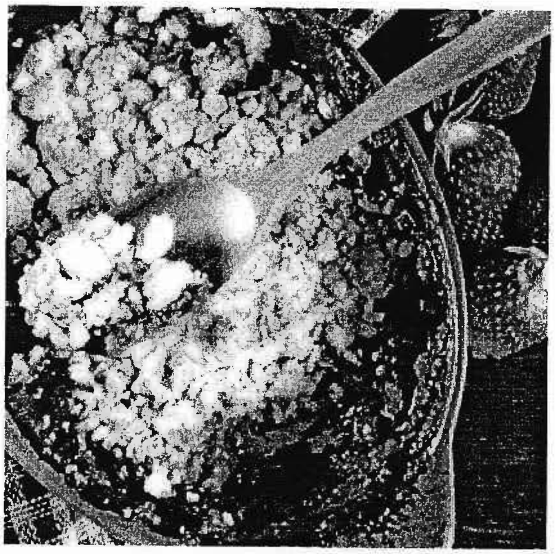


More And More MDs Showing Signs of Burnout

Deaths from Rx Pain Meds Surpass Heroin, Cocaine

Most Suicidal Teens Don't Get Professional Help



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Euthanasia controversy: Doctor rebuked for helping uncertain woman die

By Janene Pieters on January 26, 2017 - 11:35

For the first time in Dutch history a doctor in the Netherlands was reprimanded for giving euthanasia to a dementia patient while it was not conclusively established that euthanasia was what the woman wanted at that time, Trouw reports. The implementation of euthanasia was also traumatic, the Regional Review Committee concluded, according to the newspaper.

The patient in question is a woman around the age of 80 years, suffering from dementia so far advanced that her husband could no longer cope with the care she needed. She had to be placed in a home. While the woman was still lucid she indicated that she definitely did not want to end up in a "home for demented elderly". She also stated in her will that she wanted euthanasia "when I myself find it the right time".

In the nursing home the woman spent her days frightened and angry. She wandered the halls of the home at night and missed her family. After a few weeks the doctor at the home determined that the woman was suffering unbearably and is no longer mentally competent, but that the declaration she gave in her will justifies euthanasia.

Euthanasia was preformed seven weeks after the woman was admitted into the nursing home. To calm the woman down, the nursing home doctor gave her a first dose of sedative in a cup of coffee. A second dose was injected into her. She seemed to fall asleep. But when the infusion was inserted she "pulled back", and while the doctor injected the euthanasia agent, she moved as if to get up. The doctor decided to continue while family members held the patient down. The woman died shortly afterwards.

The review committee determined that the woman's declaration in her will did not clearly state that she wanted to be euthanized after being admitted to a nursing home. The words "when I myself find it the right time" does not take into account a situation in which the woman was no longer mentally competent. The committee can understand how the doctor read it as a well-considered wish, but still feels that it was too broad an interpretation.

The committee also concluded that the doctor "crossed a line" by giving the woman the first dose of sedative secretly - hidden in a cup of coffee. And that the doctor should have stopped at the woman's movements at the end. Even though it is possible that the movements were purely physical reactions, it can not be certain.

On other points, including the presence of hopeless and unbearable suffering and consulting other doctors on the matter, the committee found the doctor acted correctly and according to the rules.

In January last year the Ministries of Security and Justice and Pubic Health gave the green light to allow euthanasia in advanced dementia patients, provided that the patient left a written request for euthanasia while he or she was still lucid. Despite this, euthanasia is hardly ever granted to patients with advanced dementia.

Tags:

- euthanasia
- advanced dementia
- euthanasia in dementia patients
- Regional Euthanasia Review Committee

Search

NEWS
Wed Dec 2, 2009 - 12:15 pm EST

Former Dutch Health Minister Admits Error of Legalizing Euthanasia

By Patrick B. Craine

AMSTERDAM, Netherlands, December 2, 2009 (LifeSiteNews.com) - The former Dutch minister who successfully promoted the legalization of euthanasia has now admitted that the government's move was a mistake, and says that they should have first focused on palliative care.


Els Borst

Els Borst, who served as Health Minister for the Netherlands from 1994 to 2002, proposed the country's infamous euthanasia bill. When it passed in 2001, the Netherlands became the first country in the world to legalize euthanasia. In 2008, Dutch doctors reported 2,331 cases of euthanasia, 400 cases of assisted suicide, and 550 deaths without request.

Borst drew criticism from some Christian political parties shortly after the passage of her bill for comments she made in an interview. Echoing the Christ's final words on the Cross, Borst exclaimed: "It is finished!"

Now, however, she thinks the government acted too soon, as she told Dr. Anne-Mei The in interviews for the latter's new book on the history of euthanasia, entitled Verlossers naast God ("Redeemer under God").

The legalization of euthanasia came "far too early," Borst said, admitting that the government did not give enough attention to palliative care and support for the dying. "In the Netherlands, we first listened to the political and societal demand in favour of euthanasia," she said. "Obviously, this was not in the proper order."

Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, agrees with Borst that the Netherlands has been ineffective in providing proper palliative care. "Even today they still do not have effective palliative care in place in the Netherlands," he told LifeSiteNews.com (LSN).

"It's all good to say that," he said, referring to Borst's comments, "but what are they doing now to protect the vulnerable?"

"Now [euthanasia's] become socially accepted," he continued. "So how are you going to fix your mistake now, thank you? And how many thousands of people died because you didn't properly care for them? How many thousands killed?"

Dr. The, who has studied euthanasia for fifteen years, affirmed that the foreign perception of inadequate palliative care in the Netherlands is not unfounded. Further, she explained that in all her years, nearly all the doctors she has met struggle with euthanasia due to moral issues or emotional reactions.

Borst's regret over the situation in the Netherlands is particularly important given that that country has served as a model for euthanasia advocates in other countries. Schadenberg noted, for example, that Canadian MP Francine Lalonde, who currently has a bill before Parliament to legalize euthanasia and assisted suicide, has "imported" the Netherlands' approach into Canada.

As in the Netherlands, Schadenberg explained, Canada "lack[s] the proper care for those either a) at the end of life, or b) experiencing disability or chronic disabling conditions."

"Without the proper care in place, is [legalizing euthanasia] not the wrong thing to be doing?" he asked. "Really what the debate in Canada needs to be about is how we care for all Canadians."

Schadenberg went on to point out the "slippery slope" occurring in the Netherlands, which the country's politicians deny, he says, through "a systematic cover-up." "How can you say there is no slippery slope in the Netherlands - knowing that you now allow euthanasia for newborns, and you went from originally just the terminally ill, [and] now it's also for those who are mentally ill?" he asked. "You have allowed your definitions to wander so wide that you haven't even noticed it."

Borst's comments, Schadenberg says, are "simply telling us: do not make the same error as the Netherlands."

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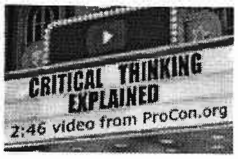
Euthanasia



Euthanasia Home Page > Source Biographies > New York State Task Force on Life and the Law

Last updated on: 7/27/2009 9:19:00 AM PST

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Name:

New York State Task Force on Life and the Law

Position: Con to the question "*Should Euthanasia or Physician-Assisted Suicide Be Legal?*"

Reasoning:

"[W]e continue to believe that legalized physician-assisted suicide would be profoundly dangerous for large segments of the population. Even those who support the legalization of physician-assisted suicide, however, should be concerned about the premises on which arguments for legalization are based. Assisted suicide for relatively rare cases of unrelievable suffering should not be justified by arguments that undermine the right to refuse medical treatment, which affects virtually every individual who ever seeks out medical care. The legalization of assisted suicide should also not jeopardize physicians' willingness to administer effective medication for the treatment of severe pain, by claiming that death is an inevitable consequence of high doses of opioids, or by implying that physicians are legally and ethically accountable for the unintended harmful consequences of legitimate medical care. Maintaining the distinctions between assisted suicide, the refusal of treatment, and the use of high doses of opioids for the relief of pain, is essential to a coherent policy of end-of-life medical care. Conflating these issues may be rhetorically powerful for those who wish to legalize assisted suicide, but it will ultimately weaken the autonomy of patients at the end of life.

The widespread public interest in physician-assisted suicide represents a symptom of a much larger problem: our collective failure to respond adequately to the suffering that patients often experience at the end of life. Improving palliative care, and attending to the psychological, spiritual, and social needs of dying patients, must be a critical national priority. Whether or not assisted suicide is ultimately legalized, we hope that those on all sides of the debate over legalization will join forces to help achieve this important goal."

"Supplement to when Death Is Sought: Assisted Suicide and Euthanasia in the Medical Context," New York State Task Force on Life and the Law website, 1997

Theoretical Expertise Ranking: ☆ Organizations/VIPs/Others
Individuals and organizations that do not fit into the other star categories.

Description:

"The New York State Task Force on Life and the Law was created in 1985, charged with devising public policy on a host of issues arising from medical advances, including: the determination of death, the withdrawal and withholding of life-sustaining treatment, organ transplantation, and new technologies and practices to assist reproduction. The Task Force encompasses expertise from many disciplines, and also reflects the wide spectrum of opinion and belief about bioethics issues in New York State. The founding chairman of the Task Force was Dr. David Axelrod. Dr. Richard F. Daines, the New York State Commissioner of Health, is the current chair. The Task Force has a full-time staff of four that conducts research and supports its other activities.

The Task Force is currently the only standing state government commission in the United States with a mandate to recommend public policy on a range of medical/ethical issues. The Task Force seeks to forge a consensus on pressing questions and to translate that consensus into concrete proposals for public policy. Recommendations by the Task Force have led to new legislation or regulation on a wide range of issues, including the determination of death, decisions about cardiopulmonary resuscitation, the health care proxy, organ and tissue transplantation, and surrogate parenting. The work of the Task Force has also been cited by the United States Supreme Court in decisions on assisted suicide."

"History of the Task Force," New York State Task Force on Life and the Law website (accessed July 16, 2009)

Mission: "Information for a Healthy New York."
New York State Task Force on Life and the Law website (accessed July 16, 2009)

Structure:	Task force
Members/Constituents:	23
Annual Budget:	None found
Sr. Executive:	Richard F. Daines, MD, Commissioner of Health for New York State
# of Offices:	One (New York, NY)
# of Staff:	Four
Relevant Affiliations:	• New York State Department of Health
Contact Info:	**Phone:** 212-417-5444 **Fax:** None found **Email:** taskfce@health.state.ny.us **Website:** Task Force homepage

Quoted in:

1. Is There a Legal Right to Die?
2. Would Legalizing Physician-Assisted Suicide Endanger Minorities?
3. Should Euthanasia or Physician-Assisted Suicide Be Legal?
4. Is There a Moral Difference between Active Euthanasia and Physician-Assisted Suicide?

From: Susan Olson
To: CPH Testimony
Subject: Senate Bill 1129 Aid In Dying
Date: Monday, February 13, 2017 2:26:13 PM

Aloha Committee Members,

Hawaiian residents have long been in support of a law that would assist individuals to hasten their own death. In 2004, a similar bill was defeated largely due to an in-pouring of funds from out-of-state opponents who used fear tactics to prevent the bill from progressing.

After watching my mother suffer an unnecessarily prolonged death, I worked in Washington state to educate the public and gather petition signatures to promote Initiative 1000 which was passed into the Death With Dignity Law in 2008. This law and similar laws in Oregon, California, Colorado and Vermont are all working successfully without abuse and have provided citizens of those states with valuable choices. Safeguards within these laws, such as waiting periods, second opinions or psychiatric evaluation for depression, prevent both active and inactive euthanasia against the wishes of the patient.

With multiple medical diseases, my mother chose to die by refusing food and hydration because in Illinois, there is no Death With Dignity law. She discussed her decision with the family and asked us to support her through this stoic act. As a Hospice patient, she received palliative care but her suffering was not fully relieved nor was her mental anguish. My father nearly perished watching his beloved die a slow death without food or water in the end, not knowing when it would be over, anguishing through each day. It took an entire month for her body to finally shut down. The stress and exhaustion of watching her process was extremely difficult for all of us. Most importantly, it was unnecessary.

In my opinion, it is wrong for any entity to deny someone the right to die in a dignified manner of their choosing. A terminally ill person in the process of dying should be able to decide if aid-in-dying is preferable to a prolonged and sometimes painful death. It is a conscious, rational choice, not a desperate act of suicide, after considering end-of-life choices and deciding what is best for YOU, not for your family or church or government.

I encourage the Committee to pass Senate Bill 1129 out of committee for a full Senate vote, allowing mentally competent, terminally ill adults to request prescriptions from their physician for medications that could be taken at a time of their own choosing, to end a prolonged and difficult dying process. Statistics indicate that in states that have Death with Dignity Laws, most people who obtain the necessary medications do not actually use them, but they do experience profound peace of mind from knowing they have a choice about the time and manner of their death. Everyone should have this choice.

Thank you for your consideration.

Sincerely,

Susan Olson

75-6081 Alii Dr. #F102

Kailua-Kona, HI. 96740

To: Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Members of the committee

From: Guanqing Li

Date: Wednesday, February 15, 2017

Time: 8:30 a.m.

Place: Conference Room 229
State Capitol
415 South Beretania Street

Support for S.B. No. 1129, Relating to Health

I am Guanqing Li, a legal immigrant from China. I moved to Hawaii five years ago. In this five years, I heard lots of story from different friends and family in Hawaii. I support S.B. No. 1129, Relating to Health, which would establish a death with dignity act.

A terminal illness is suffering from ill. Terminal illnesses usually suffer from depression, anxiety, and delirium. More serious is that terminal illnesses are suffering from all kinds of aches and pains. A terminally ill adult is not only suffering from seriously ill but also suffering from being a burden on the family. The bad feelings or pains may cause of suicide because they know they never get well and they have to suffer pains or being a burden on the family until they death. Death is not a good thing but they prefer death to moaning on beds. I think we should respect terminal illnesses' choice and provide a better way to them to end their lives rather than suicide.

Thus, I support for S.B. No. 1129, Relating to Health, which establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

Thank you for this opportunity to testify.

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From: Rebecca Doescher
To: CPH Testimony
Subject: Support for medical aid in dying in Hawaii
Date: Monday, February 13, 2017 2:16:35 PM

Hello,
I am writing to explain why I support medical aid in dying. I have watched several family members endure painful, lengthy deaths due to terminal cancer. My father succumbed to cancer of the throats and vocal cords three years ago, first losing his ability to speak after having his vocal cords and surrounding tissues surgically removed, then suffering through a series of radiation treatments that caused painful ulcers in his mouth, on his tongue and lips, and resulted in his being unable to enjoy the taste of food. After all the treatments, the cancer continued to grow, rapidly restricting his ability to swallow and eventually to breathe. He clearly and soundly expressed that if medical aid in dying had been available to him, he would have chosen that option over the slow death he was experiencing. Hospice supplied him with enough morphine and other medications, which if taken together in one sitting may have allowed him to do it himself, but without the guarantee of success, he was hesitant to try. He asked the family what they thought and we all unanimously supported his wishes. When a person is terminally ill, there is so much that is no longer within their ability to control. Normal things that healthy individuals usually think nothing of, such as walking, sitting up, feeding themselves, using the toilet, bathing, getting dressed, swallowing, breathing, etc. I strongly feel that patients who are dying of a terminal illness should have the power to choose HOW they die, especially in light of the fact that many of them have lost the power and ability to choose how to live their remaining days. My father was clear that he would have preferred to end his life before his health declined to the point where he was in a drug induced vegetative state while his loved ones waited for him to die. He wanted to die humanely and with dignity. How is it that we allow this for our pets, but not for our humans? Terminal patients should have the right to choose how they die. Obviously this choice would be different for everybody, but it should be a choice, supported by laws and the medical community. I hope, in my fathers memory, that I will live to see the day when medical aid in dying is available in all US states. Let Hawaii join those few states who have led the way.
Thank you,
Rebecca Doescher
Honolulu, HI

Sent from my iPhone

From: Debbie De Mello
To: CPH Testimony
Subject: Senate Bill 1129
Date: Monday, February 13, 2017 2:06:30 PM

I am Debbie De Mello and I am in full support of SB 1129 as it stands in its present form.
Having experienced the death of both my parents, I totally support death with dignity. There is no need to have our loved ones suffer needlessly, especially if they SPECIFICALLY VERBALIZE they do not wish to go on.
SB 1129 should become law as it is the decent humane thing to do for those who are terminally ill and their families who tend and care for them.
Thank you,
Debbie De Mello
email: promedia@hula.net
Phone: 808-280-1543

Senate Bill 1129, Hawaii's Death with Dignity Act, Senate Health Committee on Wednesday, February 15 at 8:30 AM in room 229 at the State Capitol.

I am a recently retired pediatrician who practiced at Kapiolani Medical Center. I am testifying in favor of the "death with dignity" legislation which is SB 1129. I will be traveling on February 15, 22017 so I am providing written testimony.

The proposed "medical aid in dying" legislation for Hawaiʻi supports the rights of terminally ill individuals to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death. The "death with dignity" option has been authorized in 6 states and being considered in 20 others. In the more than 30 combined years of authorized medical aid in dying, there has not been a single instance of documented abuse. To be eligible for aid-in-dying medication, an adult (over the age of 18) must be terminally ill, with a prognosis of six months or less to live and mentally capable of making his or her own healthcare decisions. There are many more safeguards for the patient in this legislation. Giving a mentally competent terminally ill patient the responsibility for their own end-of-life care is a very human and respectful way to approach one's death. It is compassionate and a needed part of patients' care options. I hope you will see fit to pass this bill out of committee.

With warm regards,

Jeremy Lam, M.D.
2230 Kamehameha Avenue
Honolulu, HI 96822

Alison Bhattacharyya

Support for Compassion and Choices SB1129

Dear Senators,

I support compassion and choices as I am a cancer survivor. After 1 year of treatment, I was declared cancer free in February of 2015. During the 13 months of treatment I faced death every day. The idea of dying is scary. What filled me with dread and horror was not knowing what would happen to my body on the way. Would I swell up like a balloon? Would I drown in my own blood? Would I contract a nasty infection? Would I suffer immense and excruciating pain when the cancer invaded my bones? Each person’s path to death is unique and while some people are lucky to pass quickly this is often not the case in cancer patients. It would give me supreme comfort to know that there can be shorter path and that we don't have to suffer needlessly. I ask for the same compassion that we give to our beloved pets when we see them suffer. We put them to sleep. I have often thought we are kinder to dogs than we are to our fellow human beings. I’m not sure I would choose medical aid in dying, but I really would like to have the option. If people are against this then they can make their own choices. But please don't take away mine.

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

NOTICE OF HEARING
Wednesday, February 15, 2017
8:30 a.m.
Conference Room 229
State Capitol
415 South Beretania Street

Feb. 13th. 2017

To: CPH Chair Baker and Vice-Chair Nishihara

Re: SB 1129 death with dignity

Please note that I stand in opposition to this bill.

Firstly if I may, the committee before us today is commerce, consumer protection and health. I do not believe Assisted Suicide is reflected in either protection (as in assisted suicide) nor does it qualify under health (maintenance or improvement of health via the diagnosis, treatment, and prevention of disease, illness, injury, and other physical and mental impairments in human beings.)

The bill also states "*they can die in a peaceful, humane manner*", yet there are many reports and studies that prove just the opposite.

The law is based on the Oregon model, statute and includes safeguards to protect patients from abuse.

However according to reports Oregon's records were deliberately set up by the organization to conceal problems, and they have done so for 20 years.
http://www.hawaiiagainstassistedsuicide.org/

In Oregon, even law enforcement is denied access to information about cases under Oregon's law. Alicia Parkman, Mortality Specialist for the Oregon Health Authority, states:
→*We have been contacted by law enforcement and legal representatives in the past, but have not provided identifying information of any type.*
http://www.hawaiiagainstassistedsuicide.org/2017/01/the-oregon-experience-is-bs_74.html#more

How many of us have known people who were diagnosed and given 6mos maybe a year to live and yet years later they are still with us and due to new discoveries are doing well.

There are seminars being set-up around the island to education any and all as to the pitfalls of approving what is being presented as “death with dignity.”

Are we basing this law and the lives of many on faulty information?

It’s funny in the past when someone was contemplating suicide; it was viewed as a cry for help! What happened to real compassion?

We need to revisit not just this bill, but all the bills currently moving through the senate and house. What exactly are the motives behind them and the real ultimate objectives?

This is one of the many reasons I oppose this bill and the others like it and ask they all be put to rest permanently.

Respectfully submitted

Rita Kama-Kimura
Mililani, Hawaii
Member of
The Hawaii Federation of Republican Woman

Diana Tizard
564 Uluhala Street
Kailua, HI 96734

February 13, 2017

RE SB 1129

Senate Committee on Commerce, Consumer Protection and Health

Rosalyn Baker Chairwomen;

I am presenting testimony in strong support of the intent of SB 1129. I realize this bill is a sensitive issue with many who would oppose it on religious grounds. My response to that opposition is to point out that the bill does not REQUIRE a person to use the right it gives to those in the last months of their life, but does give those of us who feel differently to have a way to deal with unwanted suffering. The issue here is Choice. The bill does not force choice on anyone, but offers it to those who want and need it

For many years I was an advocate for people with disabilities, and feel sure that this bill will not endanger those with disabilities. If you have looked at the Oregon studies you will see that the issue has not arisen in the years that law has been applied in Oregon. My understanding is that SB 1129 copies the procedures and safeguards in the Oregon law that has demonstrated its usefulness for many, many years.

In 1980 my father was diagnosed with an aggressive, untreatable cancer. He chose to end his life in his garage, by hanging. If such a law been available to him at that time, he would have been able to die with family gathered near and supporting him. Instead, he said what we discovered were his final goodbyes, sent my mother out to do an errand , and ended his life, painfully alone, in a garage. Yes, there were medicines that could have dealt with his pain, but he did not want to face the loss of his mental and physical abilities. He was a brilliant, proud man who should not have had to die the way he did.

In contrast, in 1999, my mother was also given a diagnosis of untreatable cancer. She requested the oncologist to give her a "pill" so she could " just get this over". This was MN and of course the Dr. denied her. She spent 6 weeks with large amounts of pain meds that worked to a limited degree. Sometimes she was aware of her family and friends, others she was not. Given a Choice, she would have wanted the pills to end her life. Maybe, like many of the people in OR. She would have used them in those early days, maybe not, But she would have had it her way, based on her beliefs and values, not that of the state of MN.

My husband and I have believed in the Oregon law since it was created, and have considered moving there. I have survived three different cancers so far, I plan to survive for many years, but when my time runs out, I want to not die like my mother or dad, but peacefully at my choosing, with my love ones near in the state I've come to love since 1960.

Please, pass this bill.

Thank you,

Diana Tizard

Betts Cruz

Kaunakakai, HI 96748

betts@aloha.net

Senate Bill 1129

This is the face of "Death with Dignity", this is a photo of my sister Nancy, my vibrant, healthy sister Nancy, taken just prior to her finding out she had the beginning onset of ALS (Lou Gehrig's disease). She was living in California at the time and wanted to come to Hawaii, however she chose to move back to Vermont where her children had been born and primarily so that our retired sister Marnie could care for her.

After medical confirmation of ALS, Nancy knew she wanted and needed to return to Oregon, where her children lived. In 2008 she returned so that she could take advantage of the state's Right To Die law. Once there we rallied around her and rented a home near her son. Our whole family and circle of friends, along with Compassion & Choices, Hospice and the ALS society made her final months on this earth a learning lesson for all involved.

Oregon's law is thorough and complete. My sister was able to have control over the most important thing at the end of life: to say when, where and with whom she chose to leave this earth and enter Heaven above. If you or a loved one end up having medical issues that are incurable AND your doctors agree that you have a terminal illness with less than 6 months to live, why not as an individual have the choice to select how and when we die?

After months of supportive planning and following the appropriate procedures in Oregon, we as a family were able to be with Nancy as she prepared for a peaceful death. She chose the backyard on a Sunday in April, with the sun shining and her children and family around her. She swallowed the contents of the prescribed medication and went into a sleep-like coma. Her wish was for us to dance and blow bubbles, sending her off with love. This happened from many points across the US once we knew she had crossed over.

Nancy's family and friends embraced her decision, supporting her because of the love and respect we all had for her. Nancy had led a life full of love and giving and we wondered why she was taken from us at such an early age. Her life and our story helped change the law in Vermont and we hope to get it accomplished here in Hawaii.

This is such an important right for each one of us and Oregon has set the standard for its thorough process. For some folks just knowing the law is in place is enough, others it might be having the written prescription. For some filling the prescription and having it on hand is sufficient. Others who, like my sister, know they do not want to be on a ventilator or a feeding tube are able to CHOOSE and have the right and freedom to die at home, on their own terms. For my sister this was vitally important. For our family it continues to be an extremely important right of choice for us, our children and our children’s children. This is such an important issue. Please pass the bill. Mahalo for your time and energy moving this legislation forward.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 1:31 PM
To: CPH Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

Testimony on S.B. 1129, Relating to Health
Senate Committee on Commerce, Consumer Protection, and Health
February 15, 2017

Chairwoman Rosalyn Baker and Members of the Committee:

My name is Donna P. Van Osdol, and I am submitting my written testimony OPPOSING SB 1129, one of several death with dignity bills.

My only brother passed away several years ago after battling lung cancer for three years. He went through chemotherapy <u>and</u> radiation therapy. I can say that throughout his fight, the medical technology given to him, including his upscale pain medications, allowed him to live comfortably even through the last days of his life. He died peacefully. While going through radiation, the skin from 1/4 of his chest had peeled away, but his caretaker and best friend, Joe, knew what to do since Joe's wife had died from breast cancer.

The care of a beloved family member or friend at the end of his or her life is of the utmost importance. Today, science has advanced to such a degree that one can get severe 2nd and 3rd degree burns completely healed within a few days thanks to stem cell recovery. The same is certainly true for pain medication as was the case with my brother. He has been gone since 2012, so no doubt medical technology has had more time to advance in the field of pain mediation. I also want to say that his medications were all in pill form; he had no IV.

When you look at one's life and the good things a person has accomplished, assisted suicide truly doesn't justify an honorable life. There is nothing honorable about assisted suicide. There is nothing life-worthy about death with dignity, because assisted suicide is not dignified.

Most importantly, there are just too many what ifs. A grievously ill person more than anything wants to live a day longer. With the medical technology we have today, he can die comfortably.

Lastly, this great state of ours, Hawaii, has always been known as a culture that <u>loves</u> life. Will we become known as a state that loves the culture of death? Will we be known as the suicide state? I sincerely hope not.

I, therefore, urge this committee to kill this bill and the other death with dignity bills.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 1:12 PM
To: CPH Testimony
Cc: ndavlantes@aol.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Davlantes	Individual	Comments Only	No

Comments: With all the hysteria and hyperbole surrounding this issue from the opponents, reminiscent of Sarah Palin's talk of "death panels" during the battle over Obamacare, I have a simple solution: if you don't approve of physician-assisted suicide, don't request it. But don't take the option away from the rest of us. I had no say in how I came into this world, but I want a say on how I leave it.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 1:07 PM
To: CPH Testimony
Cc: michelegolojuch@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Golojuch	Individual	Support	Yes

Comments: My name is Michele Golojuch. I am in full support of SB 1129. This not only a personal issue but one of separation of state and church. My grandmother died of cancer. She fought and was in remission for years. But when the cancer came back, it was horrible! Her suffering was something words can not convey. My family was a lucky one. grandma had good health insurance and the bills of her death and that is was. Did not ruin anyone's life. It wasn't health insurance but medical, because it didn't help make her better or cure her. It didn't take away her pain and suffering. Nor did it take away the pain of those who love her. We were just the witnesses who could do nothing. Even when she begged me to make the pain go away. I have heard in the past about why someone's personal religious beliefs should supersede science, doctors and our own constitution. Why is it that someone else's personal beliefs trump what would be my choice to end my life. To go though unbearable pain, suffering and bills that would haunt my family after my death. When I could stop this with the help of my PCP. Death is expensive monetarily and emotionally. This should not be a theological debate but one of science and medicine. There is no cure for "end stage" anything. Hence the name "end stage". A patient and doctors the ability to live and end their life with respect. So no ones religious beliefs should dictate the laws.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:55 PM
To: CPH Testimony
Cc: PALOLO@HAWAII.RR.COM
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lynette Cruz	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 12:31 PM
To: CPH Testimony
Cc: mpuanani@aol.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Malia Espinda	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
To: CPH Testimony
Cc: staceyjanearnold@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM
Date: Monday, February 13, 2017 12:42:18 PM
Attachments: SB1129.pages

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jane E Arnold	Individual	Support	No

Comments:

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From: Amy Tanaka
To: CPH Testimony
Subject: Written Testimony in Support of Senate Bill 1129 - Medical Aid in Dying
Date: Monday, February 13, 2017 2:51:34 PM

A few years ago, I was diagnosed with Non Hodgkins Lymphoma and underwent a gruelling regiment of chemotherapy. Initially, it was recommended that I undergo 6 sessions of chemo; however, because I was so weakened by the treatment with a 35 lb. weight loss, dangerously low white cell count, and congestive heart failure due to the treatment, my physician mercifully terminated treatments after 5 sessions. I truly believe that I would not have survived the 6th session. Although I am currently in remission, I am acutely aware that my cancer may recur because the disease had spread to my lymph nodes and, as in many recurrences, will probably come back with a vengeance. Should that occur, the only condition under which I would undergo additional chemotherapy is with a firm assurance of a complete cure, which I would imagine would be far fetched. I would never undergo any further treatment merely to prolong my life; after my bout with chemo, there is no question in my mind that I would chose quality over quantity of life.

How comforting to know that, should I suffer a recurrence and the diagnosis is terminal, that I would have the option of ending my life on my terms and not subject my loved ones to the agonizing and indelible image of watching me suffer in the final stages of my condition. Unfortunately, I have been present when two of my close friends were in their final throes of cancer, and that image is forever engrained in my thoughts. I have often heard people remark with envy when they learn that someone had died in their sleep. What a comfort to the friends and family left behind to be able to state that their loved ones died peacefully and on their own terms.

I respect people who express opposition to this bill. However, they Do Not have the right to force their beliefs on others. They retain the right to live with their beliefs as should I have the right to end my life with some semblance of dignity. The steps towards being granted the option to terminate life in instances of an incurable and fatal condition undercut the chances of abuse. It is absurd to argue that people, especially the aged and easily influenced, would be coerced into agreeing to end their lives. What would the threat be? That they will be killed? The statistics bear out that there has been no abuse of this right - the numbers that actually go through with their right to death with dignity are incredibly miniscule compared to the actual number of terminal patients. Hospice will argue that they would try to keep the patient as comfortable as possible, but who can really verify, other than the patient himself, what he or she is actually going through in the final throes of life.

I had my 19 year old pet euthanized because of debilitating illnesses and marvelled at the peaceful transition as she went to permanent sleep. The immense loss was bearable because it was unquestionably without pain or discomfort. We humans should be so lucky.

We all know that the vast majority of the electorate support this bill. There should be no question on this fact. You were elected to serve the majority, and I hope that you will follow through on your campaign promises to respect the wishes of your constituents.

Thank you for allowing me to voice my support of Senate Bill 1129.

Amy Tanaka
891 Komomala Dr.
Hilo, HI 96720
Email: akanatae@gmail.com

Beth Arnoult
Maui, Hawaii
March 4, 2004

Honorable Hamakawa, Honorable Oshiro, and all Judiciary Members,

Hello, my name is Beth Arnoult, and I am a resident of Maui, Hawaii. I wanted to share my story with you, for the hearing on Thursday, March 4th, regarding Physician Assisted Suicide.

In 1991, I was in a bad ATV 4-wheeler accident at the age of 25 and broke my back, leaving me paralyzed from the waist down, with excruciating pain. I am now a Paraplegic confined to a wheelchair the rest of my life. It was considered a good day, if I could sit up for longer than two hours, due to the extreme back pain. It seemed to always be worse at night, leading to depression. I had all of my mind, never even lost consciousness during the accident, but, I'm sad to say, that if Physician Assisted Suicide had been available to me at that time in my life, even up to several years after, I'm afraid I would have opted for that route. And that is so.... sad! It makes me cry just thinking about it. It takes a lot of guts to try and commit suicide on your own, trust me, I've been there, and was never successful, thanks to God. If it was legal and readily available, that would have taken all of the guilt out of my decision, because, 'hey, if it's the law, then it must be OK!' Right? Wrong!!!

God had purpose for my life! I just needed to go through a time of suffering, years to be exact, to get to where I am now. I have a beautiful 7 year old son, born 6 years after my accident! I travel around the world playing professional wheelchair tennis, making an impact on many lives everyday. I often get people who come up to me and say that they are going to stop complaining about their sore ankle, or other ache or pain, after seeing what I have overcome in my life. I love life and I am truly blessed, and this accident was a part of my journey to make me who I am today. I had no right to take my own life or does anyone else, only God has that right. We all have a purpose in life, even if we are in an extremely incapacitated state, we have purpose......it could be to allow a loved one to come and visit and share their life struggles and work through tough situations, it could be to give someone else courage and hope, it could be to allow others the honor of helping us, and it goes on and on and on.....

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

Thanks for taking the time to listen! I am currently in Paris, France, for a wheelchair tennis tournament, aiming for the Paralympics in Athens, Greece, this September! Say an extra prayer for me!

Aloha, Beth

Beth Arnoult
205-7412 cell
barnoult@aol.co

I'm now 51 yrs old. I wrote this 13 yrs ago! My son is now 20 yrs old studying mechanical engineering @ Iowa State University.

I went on to represent the USA in the 2008 Beijing Paralympics.

→ I am now a high school math teacher & have a small bookkeeping business.

I love my life & am soooo... thankful that PAS didn't exist when I was 1st injured.

Please don't allow it in the state of Hawaii.

I've since gotten into outrigger canoe paddling & have even paddled the Molokai Channel with 11 other disabled athletes.

Aloha - Beth Arnoult
02/07/17

From: Bob Nakasone
To: CPH Testimony
Subject: Death with Dignity
Date: Monday, February 13, 2017 3:13:42 PM

Please vote of the "Death with Dignity Bill".
I was born in Hawaii, People in Hawaii are respectful of others and in general do not impose their own personal beliefs on others.
I would like to have this bill pass before its my turn to go.
Respectfully,
Robert T. Nakasone
--

From: Charlene Nakagawa
To: CPH Testimony
Subject: Senate Bill 1129
Date: Monday, February 13, 2017 1:29:39 PM

Hi:
I fully support Senate Bill 1129 since everyone should have this option available when the pain and suffering isn't tolerable and nothing stronger can be given without physicians being held accountable.

Sincerely,
Charlene Nakagawa

From: Clskwock@aol.com
To: CPH Testimony
Cc: clskwock@gmail.com; msteiner@compassionandchoices.org; cgp.tenant.association@gmail.com
Subject: Written Testimony IN SUPPORT of SB1129
Date: Monday, February 13, 2017 12:48:22 PM

Dear Senators Baker and Nishihara :

We are in support of SB1129 .
Having a choice in one's suffering is vital - we do it humanely for our animals and pets.

When a doctor is sure there is no hope of recovery and the pain gets so intense, opium would not provide the quality of life - dying with medical assistance is a kind and humane way of choice by the patient still of sound mind to determine his/her goodbye with friends and family around him/her.

Please pass SB1129.

It has nothing to do the doctor's oath - when a life cannot be saved - it is really best to end it with the least suffering. It has nothing to do with religion because even God would have wished less suffering and pain.

Chu Lan Shubert-Kwock
Chinatoqn
808-391-4350
clskwock@gmail.com

From: Ellen Dumonceau
To: CPH Testimony
Subject: senate bill 1129
Date: Monday, February 13, 2017 1:26:27 PM

This is an email in full support of this bill which would allow terminally people to have access to medical aid in dying.

l
Like most people, i fear dying in pain, or a prolonged dying in which my quality of life is so compromised that it feels unbearable, far more than death itself/

From my perspective as a 74 year old woman i feel strongly that in a truly civilized culture, the rights of the individual to make informed choices about their health and wellbeing should be respected.

thank you

Sincerely,

Ellen Dumonceau,LCSW
45-657 Halekou Pl,
kaneohe, Hi. 96744
tel. 523-0783

From: Emma White
To: CPH Testimony
Subject: Please Support Senate Bill 1129
Date: Monday, February 13, 2017 1:08:47 PM

Aloha, as a teacher, Hawaii resident, voter, family member, and human, I'm writing to ask you to support SB 1129, a bill that ensures citizens freedom and compassion in medical aid in dying. Please support death with dignity.

Mahalo,
Emily White

--
Emily White, JD, MA
Kahului, HI 96732

From: jlkim5@gmail.com on behalf of J. Park
To: CPH Testimony
Subject: Senate Bill 1129 - Hawaii Medical Aid-in-dying Bill
Date: Monday, February 13, 2017 12:48:19 PM

Dear Senators,
Please vote in favor of Senate Bill 1129. It is a compassionate law that should be supported for the sake of all. Many of us have watched in horror as our loved ones suffered needlessly rather than be allowed to die with dignity and autonomy. Historically, family doctors routinely assisted their patients with this end of life decision and families were grateful that their loved ones were able to end their suffering with their doctors and family's support.

Aloha,
Johanna Park
67-8234 Saddle Rd
Kamuela, HI 96743
(808) 315-1432

From: Lynne Quinn
To: CPH Testimony
Subject: SB1129
Date: Monday, February 13, 2017 12:59:38 PM

I am opposed to SB1129 which would allow physician assisted suicide.

Similar laws in Oregon are now being used by insurance companies to encourage patients to take the cheaper end of life drugs rather than continue with their medications. Should companies benefit from people’s death?

Lynne Quinn
4784 Analii St.
Honolulu, HI 96821

Testimony to Senate Committee on Commerce, Consumer Protection and Health

Regarding: S.B. 1129 Relating to Health

8:30 a.m. – State Capitol Conference Room 229

Submitted in OPPOSITION by: Ruth Prinzivalli, Senior Citizen residing in Kaneohe, HI 96744

Chair Baker, Vice Chair Nishihara and Committee Members:

I strongly oppose SB1129. I consider this bill a threat to my husband and myself and all senior citizens or terminally ill persons in this state. When faced with a severe medical condition, perhaps Cancer, we may well be facing an Insurance Company or Medicare unwilling to treat the disease with expensive drugs and only offering to cover a much cheaper lethal drug. This has already been the case in both Oregon and California.

Passage of this bill may soon create a dangerous “duty to die” that pressures older people and those with disabilities or depression into ending their lives. Feeling guilty, Death becomes a reasonable substitute to treatment and care that is more costly in both time and money for their families.

Assisted Suicide does not stop with the Doctor and willing patient who request it. Elder abuse is already a major problem in our country. Legalizing Assisted Suicide will place lethal drugs into the hands of abusers. A greedy heir or an abusive caregiver can pick up the drugs and coerce the person or put the drug into his/her food. There is no supervision or tracking of the drugs once they leave the pharmacy.

Very importantly, on record as being strongly opposed to assisted suicide are the American Medical Association, the American Psychiatric Association, the American Nurses Association, Disabled Rights Education and Defense Fund and Not Dead Yet Disability Rights Organization as well as many religions that believe it is morally wrong. These organizations work with the targeted people of this bill on a daily basis.

Much more humane, are pain management techniques that lessen pain and treat other symptoms. Palliative care through hospice is one that addresses the physical, emotional, and spiritual needs of dying patients and their families.

As our elected representatives, you have the responsibility to pass legislation that is good and right for **everyone** in our state. It will be on your conscience to do so.

Name: Mary Uyeda, APRN; Zip Code: 96721 (Hilo, Hawaii)

I support Senate Bill 1129

As you may imagine, not all deaths are alike. During my 30 years of bedside nursing in Intensive Care, I have personally witnessed a wide range of deaths from perfectly peaceful to prolonged agony - often depending on the Physician and Nurses in charge of your care. Of course, most of us would choose to have a confidential understanding with our own Primary Physician but this luxury no longer exists unless you are wealthy; and, many Physicians are uncomfortable with terminal sedation. In these days of high tech medicine, we are often just a number occupying the bed subject to the accountability of those in charge of us. Often a Living Will is overlooked or outdated – however, it does preserve the option of "no treatment" but without addressing a comfortable death. By the way, "no treatment" does not translate to no care.

As a nurse, it became my mission to ensure that a terminal patient and their family had the best outcomes. It was not always an easy exit since some confused patients and/or families had unresolved issues. Also when a ventilator was being removed (called ex-tubation), the terminal sedation orders were often liberal: eg. If respiratory rate more than 10/min. push (IV) Morphine 5-10 mg. and/or Versed 2-5 mg. (which were larger doses than usual) making the nurse liable for being generous especially if the patient started gurgling or seizing. In summary as a nurse, I felt vulnerable for doing the right thing but never felt that I was killing a patient, only easing their efforts as death approached. In short, when it is my turn to exit this world, I hope that a brave physician and nurse might do the same for me!

Yes, I am one with the 8 of 10 Hawaii State residents who wants this option. I believe that I have earned the right to die with dignity in my own bed at home with loved ones, like my parents did. **I support SB1129** which has been long overdue during my 30 year career as a nurse.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 4:06 PM
To: CPH Testimony
Cc: danny.melton@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Danny Melton	Individual	Oppose	No

Comments: Dear Senators Rosalyn Baker, Chair Clarence Nishihara, Vice Chair I submit this testimony in strong OPPOSITION to physician assisted suicide under any description for the following reasons: 1. Proper medical care includes only treating diseases NOT killing the patient. 2. Legalizing physician assisted suicide sends the wrong message to our troubled teens that suicide is an acceptable way to solve problems. 3. In Hawaii, we take care and love our Kupuna, we don’t abandon them to suicide. Respectfully, Danny Melton Colonel U.S. Marine Corps (retired) 94-1033 Halepili Street Waipahu, HI 96797

To Whom It May Concern:

I support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation. There's a difference between extending life and just prolonging the dying process of a person who is suffering in the end stages of a terminal disease. Please make it possible to expand end-of-life options in Hawai'i.

This is my story: I have lived with cancer for 27 years. I am now Stage 4 with Breast Cancer metastatic to Bone. I have had 5 operations to remove tumors, 2 rounds of chemotherapy, and 29 radiations treatments. If Bill #1129 passes it will give me peace of mind from my anxiety and fears knowing that I will have a CHOICE, if I need it, at the end of my life.

Mahalo,

Diane Pyles

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 3:58 PM
To: CPH Testimony
Cc: lindalegrande2243@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Legrande	Individual	Support	No

Comments: The proposed 'medical aid in dying' legislation for Hawaii supports the rights of terminally ill individuals to have the full range of care options while offering choice for end of life decisions in a peaceful and humane way. An adult must be terminally ill and capable of making his or her own healthcare decisions so there are safeguards in place. Please pass this bill out of committee.

Sue Salisbury, RN, BSN
Kula, Maui, Hawaii 96790
Sues1111@earthlink.net

Testimony Opposing SB1129 that would "Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life."

I have been a registered nurse in Hawaii since 1981. I watched the recent Hawaii PBS discussion on physician assisted suicide and was struck by one misguided comparison. A lobbyist compared the tragic men and women who jumped off the World Trade Center to avoid the fire as being analogous to patients who ask a physician to help them end their life.

Among many, there is one major difference – no physician was asked to push them off the building.

Physicians for Compassionate Care did an extensive review of the medical and public literature on physician involvement in assisted suicide. They concluded that many doctors who have participated in euthanasia and/or PAS are adversely affected emotionally and psychologically by their experiences. They stated, "The physician is centrally involved in PAS and euthanasia, and the emotional and psychological effects on the participating physician can be substantial. The shift away from the fundamental values of medicine to heal and promote human wholeness can have significant effects on many participating physicians. Doctors describe being profoundly adversely affected, being shocked by the suddenness of the death, being caught up in the patient's drive for assisted suicide, having a sense of powerlessness, and feeling isolated. There is evidence of pressure on and intimidation of doctors by some patients to assist in suicide. The effect of countertransference in the doctor-patient relationship may influence physician involvement in PAS and euthanasia.

I am very concerned that this bill will have unexpected and harmful consequences to our very dedicated medical and nursing men and women in this state. I urge you not to pass this bill. There are excellent ways to help people at the end of their lives, and helping them commit suicide isn't one of them.

Thank you for considering my testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 3:53 PM
To: CPH Testimony
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

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From: Franco
To: CPH Testimony
Subject: Death with Dignity Bill
Date: Monday, February 13, 2017 4:35:01 PM

Dear Members of the Hawai'i House of Representatives and Hawai'i State Senate,
I am writing to urge you to pass the HB 201 and SB 1129 death with dignity bill now.
I am 75 years old and, as with many older people, have experienced the deaths of many friends and family members over the years.
Some of their deaths were good — a swift passing without lingering pain or the horror of life support systems.
And some were bad — very bad — because of their body and mind being in pain and kept alive and breathing against their will and with no hope of an immediate end.
Many of these bad deaths could possibly have been better for the dying person and their family.
It is time for all of us to have the legal option of ending the physical and emotional pain that too often keeps us alive past our natural or desired moment of death.

Please support and pass a bill that will allow each of us to make our determination — and for that decision to be implemented and resolved by our loved ones and caregivers if we are in a painful and terminal situation or unconscious.
Passing this bill is the courageous decision for the Hawai'i Legislature to make — allowing each of us to have a choice regarding the conditions and experience of the last moments of our lives.
Thank you.
Franco Salmoiraghi
Manoa Valley
808-271-3631
francohawaii@yahoo.com

TESTIMONY IN SUPPORT OF SB1129
Hawaii State Senate
Wednesday, February 15, 2017
State Conference Room 229 at 8:30a
Submitted by Lynn B. Wilson, PhD

I Invite Your Strong Support for Medical Aid in Dying (SB1129)

Expanding compassionate choices at end of life

Greetings Senators of the Commerce, Consumer Affairs, and Health Committee,

You may know me from my advocacy in recent sessions on issues related to pesticides and our communities' rights to protect the health of our children and families. While my message to you today is a different one, it also relates to health, quality of life, and to having the right to be informed, to choose—compelling me to share my personal story.

I was diagnosed with an aggressive breast cancer in April 2016. Following surgery and months of chemotherapy infusions, my prognosis is not great: half the women with this type of breast cancer do not survive five years. In the event we do discover my cancer has metastasized to my brain, liver, or lungs, doctors have told me it's incurable.

So now I've been engaging my legal team and my health team to partner with me on this journey. I'm committed to living my life fully— because I love my partner, family, and friends, and because I'm committed to contributing to my community as fully as possible, as long as possible. I am just as committed to living my dying fully, whenever that time comes. I'm thankful to know today I have options of palliative care and hospice to discuss with my health team when I reach my end of life, being able to <u>choose</u> to relieve my pain and suffering in a compassionate way. And, I strongly support Hawaii's efforts to expand my legal options when I arrive at that point—to be able to discuss with my health team medical aid in dying.

Current medical research documents that one out of every two men and one out of three women will receive a cancer diagnosis at some point in our lives. These statistics are astounding! Yet, regardless of whether we discover we have cancer or not, we will all meet our end at some point. The question is: ***will we <u>all</u> have <u>access</u> to a <u>full menu of options</u> for care at end of life so each of us will be able to <u>choose</u> the most appropriate option for our particular end of life circumstances?***

Today's trends in medicine prioritize patient-centered care where patients and their doctors work together in responsive, informed relationship to make decisions about treatment and care— ultimately, it's all about a patient's right to choose. Here's the definition of patient-centered care from the Institute of Medicine: "Providing care that is respectful of, and responsive to, individual patient preferences, needs, values, and ensuring that patient values guide all clinical decisions." In my cancer experience to date, this standard of care was sorely lacking. I'd like to ensure at the end of my life I have the choice for medical aid in dying rather than submitting myself to prolonged, aggressive medical treatment that extends my life unnaturally.

Hawaii has long been a national leader in policy related to health and compassionate care. Six states and Washington DC have passed similar measures over the past 20 years. I strongly urge your **support of HB 201** and related Senate bills as they make their way through the legislative process this session.

Thank you very much for your time and good energies to support these measures—
Aloha plenty.

Lynn B. Wilson, PhD
Waikele, HI 96797

From: Alfred Resch
To: CPH Testimony
Subject: From Alfred H. Resch, 1692 Laukahi Street, Honolulu, HI 96821 Phone: 808 392 9222
Date: Monday, February 13, 2017 4:00:12 PM

I strongly support medical aid in dying. That bill should be passed.

Thanks you.

Alfred H. Resch

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 3:45 PM
To: CPH Testimony
Cc: lidiya.homes@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lidiya Peralta	Individual	Support	No

Comments:

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Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

From: John Stephens
To: CPH Testimony
Subject: Medical Aid In Dying
Date: Monday, February 13, 2017 3:42:13 PM

I have had many friends and family members pass on. The ones who were fortunate enough to have doctors who respected their wishes to die with dignity were wonderful examples of why end of life choices should be legal. Why does the government think they are in charge of our bodies? This is the most personal event in each of our lives. No one is saying that everyone should participate in death with medically assisted suicide. No, all we are saying is that it is our right to choose how we die. If a doctor can make a painfully long drawn out death process less painful and less drawn out, it should be that person's and their close ones that make those decisions not the government. If you choose to spend months and years in bed staring at the ceiling that is your choice but stop pretending that your decision must be mine. Stop government interference in our personal rights and leave this decision to each of us. Make it legal. It is time now to take action and not pass it on for another year. We are sick of this inaction.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 3:38 PM
To: CPH Testimony
Cc: mpoirier808@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marion Poirier	Individual	Support	No

Comments: Dear Chair Baker and Members, My name is Marion Poirier, M.A., R.N., and I strongly support this option. My nursing career and experiences are the basis. 80% of Hawaii citizens believe that this voluntary option is right for Hawaii. As written, this bill provides all the safeguards that I would require from a professional perspective. Thank you for the opportunity to testify.

TO:
Chair Baker, the Committee on Commerce, Consumer Protection, and Health
Vice Chair Nishihara, and the Committee on Commerce, Consumer Protection, and Health

FROM: David Willweber. Masters in Family Life Ministry
Husband. Father.
Community member on the School Community Council at Kainalu El
Pastor of Mauka Makai Ministries—Windward
Vice President of P.E.A.C.E. HI

RE: Testimony in **opposition to SB1129**

The measure states, “The purpose of this Act is to enact a death with dignity act.”

As I have listened to our kupuna over the years, they are troubled by two recurring thoughts, “I feel useless” and “I don’t want to be a burden on anyone.” At the same time, I have seen them “light up” when I visit or when ohana visits to express love, care, and value to the kupuna.

One significant danger in legalizing a “death with dignity” bill is that it negatively reinforces the above thoughts and feelings they are wrestling with. Legislation will make it easier for them to cave in to the “I’m useless” and “I’m a burden” mindset and give them an option to end it all, when what many are really desiring is relationship and love, particularly from ohana, even in the midst of difficult pain and suffering. Just by having a legal option to end it all, will bring pressure to them to make a choice that they would not have considered had it remained illegal. This kind of “pressure” and reinforcing of negative thinking does not sound like dignity at all to me. It would be an undignified death, the opposite of what is intended in the bill.

What our kupuna need and deserve is honor, respect, and aloha. I have seen beautiful things on deathbeds and with living in the last 6 months. I have seen ohana members who had been estranged from one another for years due to offense apologize and make peace with one another. I have seen children and grandchildren choose to sacrifice sleep and other important tasks just to simply be with their parent/grandparent and express love. THIS is true dignity while dying. This is honor to our kupuna. This builds a legacy of honor, love, and life. This strengthens everyone’s character. This builds lasting healthy and strong generations of value and significance. This is the way of aloha. This is the way of Hawai’i.

Ua mau ke ea o ka aina I ka pono.

The life of the land is perpetuated in righteousness.

Mahalo for your time and working together for the best welfare of our kupuna, generations, & life of the Islands and life on the Islands!

Aloha,
Dave Willweber
Kailua, Hawai’i

Testimony of Rae S. Seitz, MD

Madam Chairperson and members of the committee,

Thank you very much for the opportunity to submit testimony on Senate Bill SB 1129. My name is Rae Seitz. I am a physician and founding board member of Kokua Mau, Hawai'i's hospice and palliative care organization. I have been a palliative care physician since 2001 when I received training in palliative medicine at Harvard's School of Medicine. I was among the first physicians to achieve board certification in palliative medicine in the state. I built a home-based palliative care program and hospital-based consult service at Kaiser Permanente Hawaiʻi and a statewide home-based palliative care program for HMSA members. I have taught and lectured widely in Hawaiʻi, the mainland, and internationally. I have contributed to the literature of palliative medicine and in 2013 received the very prestigious Visionary award from the American Academy of Hospice and Palliative Medicine, an honor given to only 30 people in the world.

For a small number of people, physician aid in dying may be an authentic choice. But the time, knowledge, skills, competencies, and sensitivities necessary to ensure that the choice is truly informed, truly appropriate, cannot be had on a broad scale with our current workforce. To pass this bill now would be premature and risky. It would be wiser to plan for appropriate education of our healthcare providers, development of processes and procedures to ensure safety, and to impose quality assurance modalities. And of course, for this to be done well, resources are required.

I would like to share some of my experiences that I believe hold relevant lessons to the issue of physician aid in dying.

Lesson #1: People may have preconceived notions about their dying experience, which may actually be different in reality.

"The world looks different when you are staring down the barrel of a gun".

I was asked to address a meeting of the Lymphoma and Leukemia Society, a club that included caregivers and people with lymphoma or leukemia. They were interested in learning about palliative care.

Part way through the presentation a man stood up in the back of the room, pointed his index finger at me and proclaimed: "The problem with you doctors is you don't know when to stop. People die; that's a fact of life. They need to die to make room for the younger generation. If someone has a terminal illness stop trying to save them! I don't want you keeping people alive; help them to die!"

"Sir," I said, "you are entitled to your opinion. When it is YOUR death, you get to decide. You don't get to decide for others. Death is an intensely personal event and one that, to our knowledge you have never experienced. You might have a very different response when you are at the end of your life."

Two weeks later a surgeon colleague called and asked me to see a patient in the hospital. He was asking for me. "Hmmmm…I said. I don't recognize the name."

Seymour was a professor of biology and an aficionado of classical music. When I walked into his hospital room, he smiled. "You don't recognize me but I am the guy in the back of the room at the Lymphoma and Leukemia Society meeting giving you a hard time. My lymphoma is progressing. I think I am dying. I'd like you to take care of me." How could I say no? After all, Seymour knew his mind, knew what he wanted. It should be an easy and peaceful death, right? I could not have been more wrong.

For four months, Seymour and I had an intense relationship. I saw him two to three times each week and took calls from him or his wife on a daily basis. He wanted to know about labs, medications, wanted to talk about plants and music. There was a freneticism about him and I was not surprised when his wife Joy reported that he was not sleeping, seemed manic, anxious.

Seymour was a highly educated and accomplished man. He never met a problem he couldn't solve. Until now. This problem called dying was kicking his ass and he knew it would eventually win. And that prospect drove him nuts. "Not yet! Not yet! I'm not done yet!" Seymour shouted during a particularly challenging episode which found him running down the street outside his home.

Seymour never did achieve peace and acceptance at the end of his life, despite the fact that he intellectually knew what was going on. The best we could do was to stick with him as he navigated the stormiest seas he had ever encountered in his 80 years, keep him safe, and support his wife and caregivers. In his final days, Seymour was comatose. Joy stayed by his side and when he died she kept him at home for a day to perform Buddhist rituals, reestablishing peace with him and within her home.

Seymour thought he had it all figured out. He just did not factor in having to actually look down the barrel of that gun. It had not occurred to him that he might actually change his mind.

Lesson #2: Terminally ill patients may think a hastened death is their best option because they may not fully understand or have experienced the transformative power of quality palliative and hospice care.

"Doc, will you help me die?"

John was a 72-year-old retired engineer who was hospitalized for intractable pain. He suffered from metastatic prostate cancer and his oncologist asked me to see if there was anything I could do for him. John was lying in his hospital bed, facing the window when I came in. "Hello," I said. "I'm Dr. Seitz. Your oncologist asked me to see you." He turned to me, his face without emotion, his affect flat. "So, doc," he said, no pleasantries, or salutations, "will you help me die?" I let that question hang in the air a bit before responding, "I tell you what. You let me work with you to see if we can't find a way back to feeling that life is worth living and if I fail, then yes, I will help you." He looked to be sizing me up: was I telling him the truth or stringing him along? I think he decided he might as well give me a try; what did he have to lose?

"OK" he said, after a while, extending his hand for me to shake. He was going to hold me to my word. Taking his hand, I said, "OK, let's start with you helping me to understand what brings you joy." We proceeded to talk for an hour; John told me about his grandchildren, how he loved going to their volleyball and baseball games. How he loved building things with his grandson and how he hoped to finish a train set he was building. Trains were a life-long hobby that brought him great satisfaction and happiness.

His pain was so intense that he could not do the things that had meant so much to him. He could not attend to the stories his grandchildren were eager to share with him. He could not sit at the dinner table for meals with his family. He could not have quiet and tender moments with his wife. The doctors tried morphine and other pain killers, none of which worked well. He found himself in excruciating pain or reduced to a zombie-like existence. He often found himself in tears, angry, grumpy, and constipated, all of which embarrassed him deeply. He was not who he wanted to be.

It took us about five days and a somewhat complicated regimen for us to finally get his pain under control while keeping him mentally clear. Of course we made sure to manage his constipation. We sent him home and continued to tweak his pain regimen and he soon found himself able to sit up and work on his train set. After a couple of weeks with some problem-solving and additional equipment he was able to get to the grandkids' games.

When I made a visit to his home I was greeted by his wife who hugged me tightly and thanked me for giving her back her husband. John eventually transitioned to hospice care. He was able to remain comfortable, at home, continuing to make memories with his loved ones, surrounded by his family, friends, and his trains.

I never had to make good on my promise to help John die. In fact, over the years I have NEVER had to help a person achieve death. I have, however, helped hundreds of patients live well until they lived no more.

I like to tell my palliative care teams this: We have one chance to do things right. A person who is at the end of their life does not afford us the luxury of a "do-over". I would ask this committee to attend to the foundational work which must be done before legislation such as this is enacted.

Thank you very much for your kind attention.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 7:52 AM
To: CPH Testimony
Cc: torresrenier@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Renier Torres	Individual	Comments Only	No

Comments: Sir or Ma'am, I would like the committee to reconsider the submission of this bill, on the basis that I believe it could lead to abuse. My faith teaches me that life is begins at conception and should end naturally. If start to allow people to play God and choose who dies and when, what happens if you end up on the wrong side of the decision, but those around you think it would be better for them and not for you.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 7:51 AM
To: CPH Testimony
Cc: tardend@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas A. Dickey	Individual	Support	No

Comments: I support passage of SB1129.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:14 AM
To: CPH Testimony
Cc: kathleencw@outlook.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Tracey Whitehurst	Individual	Oppose	Yes

Comments: Dear Chairperson and committee members, I urge you to vote no on SB1129. This assisted suicide bill opens the door to abuse the elderly or infirm. It is a threat to those living with disabilities. It is a cheap treatment for people suffering from illness or disease. Hawaii must not join in on this culture of death pervading our country. Just recently in the Netherlands, a doctor ordered a woman's family to hold her down while she was struggling and screaming that she did not want to die, as he "assisted her" with her "suicide". Again, please vote no on this bill. Thank you. Tracey Whitehurst

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February 15, 2017

To: Senator Rosalyn Baker and Members of the Senate Committee on Commerce, Consumer Protection and Health

Re: SB 1129 Relating to Health

My name is Tony Chun. I am in **strong support** of SB 1129.

I am an estate planning attorney and have worked with many clients whose family members have died as a result of an excruciating and debilitating terminal illness. In describing their loved one's end-of-life circumstance, many of my clients recall how their ill family member wished to end their suffering legally and at a time of their choice. These patients had exhausted their legal options. No amount of palliative care was enough to curb the loss of autonomy they felt and no amount of hospice care sufficiently relieved their pain. These patients and their families suffered horribly every day all day with no relief in sight.

My own aunty suffered a similar fate and our family watched helplessly as she endured a misery-filled last few weeks. The memory of my aunty's suffering has stayed with me and is the reason I am in support of medical aid in dying. My aunty wanted to die. I view medical aid in dying as a gift to someone who is suffering a terminal illness if that person so chooses. I wish that gift had been available to my aunty.

Since her passing I have given the issue of end-of-life a lot of thought. Why doesn't Hawaii allow medical aid in dying? If withdrawal of food and water is legal, if unplugging one from life support is legal, if even suicide is legal, why is it not equally allowable to provide a dying patient an opportunity to ingest medication that essentially allows them to simply fall asleep and pass? Wouldn't it be more humane to let patients and their families decide how to best manage their end-of-life circumstances rather than have government dictate what is and is not allowable?

SB 1129 contains strong safeguards and the experience in Oregon demonstrates that abuse does not occur. Very few people exercise this option. But, for those who do, it is a warranted choice that allows a terminally ill individual and their loved ones to choose how, when and where to peacefully pass. I urge the committee to pass SB 1129.

Online testimony SB 1129 – 02/14/17

I oppose assisted suicide because it will take Hawaii down a "slippery slope" as the Netherlands assisted suicide lesson has shown. For many years Dutch courts have allowed physicians to practice euthanasia and assisted suicide with impunity, supposedly only in cases where desperately ill patients have unbearable suffering. However, Dutch policy and practice have expanded to allow the killing of people with disabilities or even physically healthy people with psychological distress; thousands of patients, including newborn children with disabilities, have been killed by their doctors without their request. The Dutch example teaches us that the "slippery slope" is very real.

It cheapens life. It sends a message that life is not precious, that when life gets rough you can end it all by law.

Sincerely,

Dcn. Frederico Carahasen Jr.

Email: fcarahasen@rcchawaii.org

February 14, 2017

TESTIMONY

<u>Subject: SB1129, Hawai`i Death With Dignity Act</u>

I support this bill.

I have experienced end-of-life with friends and family members and some suffered through hell in the last few weeks of their lives. If I, a normal person who is not in the business of health care, has experienced so much, I can only believe that there are many others, more than are counted who have suffered, and are probably suffering right now.

Palliative car has come a long way, but in cases where death is certain and the person has no wish to live anymore, they should be allowed, and assisted, to die.

Some people have been so desperate as to use a gun to kill a spouse and then themselves because of the suffering.

I am thankful to John Radcliffe who has brought this matter forward to the public eye.

I appreciate the dilemma of doctors who swear to “do no harm”, and I understand their dread of lawsuits and liability allegations.

I am thinking of one good friend who had kidney cancer, throat cancer and tongue cancer. He could not eat, could not get out of bed, required 24-hour constant care, and wanted to die. His life lingered on for several months. He had no hope of survival. His mind was intact, he was rational, he knew what he wanted. And we could not help him.

Sincerely,

Eugene Dashiell

728 Nunu Street

Kailua, Hawaii 96734

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:17 AM
To: CPH Testimony
Cc: kayaina808@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kay Aina	Individual	Oppose	No

Comments: Having experienced the terminal illness of multiple family members, I am opposed to this measure. Hospice works and is a more humane alternative. Thank you for this opportunity to testify.

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From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 7:19 AM
To: CPH Testimony
Cc: mberkowitz@vocationoptions.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
marcia	Individual	Oppose	No

Comments: I am a licensed mental health counselor and certified rehabilitation counselor. In a paper published in the Dec. 13 issue of The Journal of the American Medical Association, study author William Breitbart, MD, reports that among the terminal cancer patients his team studied, only 17% had a high desire to hasten their deaths -- and the same percentage of people showed clinical depression. Per Dr. Brietbart "I think this is a very important finding because we are a society struggling with assisted suicide," says Breitbart, at the time chief of psychiatric services at Sloan-Kettering. "If you look at the issue as one of individual rights, then you would rule one way. But if you have clinical evidence that shows that the patients who want to hasten their deaths have depression or hopelessness that are treatable, then you will develop interventional psychotherapy programs". As a Licensed Mental Health Counselor I agree this is the solution, not Physician Assisted Suicide.

To: Chair Rosalyn Baker
Vice Chair Clarence Nishihara
Members of the Commerce, Consumer Protection and Health Committee

From: John-Anderson L. Meyer
1001 Bishop Street, Suite
Honolulu HI 96813

Re: SB 1129

Hearing: February 15, 2017
8:30 a.m.
Conference Room 229, State Capitol, 415 Beretania St.

Thank you for the opportunity to present testimony in support of SB1129, the proposed Medical Aid in Dying legislation. My name is John-Anderson Meyer, I am an attorney and a director and shareholder at the law firm Alston Hunt Floyd & Ing. I am also counsel for John Radcliff, Dr. Chuck Miller, and Compassion & Choices, in a lawsuit brought against the Sate Attorney General and Honolulu Prosecuting Attorney seeking a declaratory judgment and injunctive relief to clarify and prevent the application of Hawai`i criminal homicide and manslaughter statutes against physicians who, through medical aid in dying, wish to honor their patients' desire to have the means to achieve a peaceful and humane death. (*Radcliffe et al. v. State of Hawai`i*, Civil No. 17-1-0053-1 (KTN)) The Plaintiffs' claims in that lawsuit are based upon individuals' fundamental rights of privacy; individual dignity; due process; equal protection of the law; and the right to seek happiness in all lawful ways, as guaranteed by the Hawai`i Constitution and the Hawai`i Revised Statutes. Although we are confident that Mr. Radcliffe will prevail in his lawsuit, the proposed legislation under discussion here (SB1129) is necessary to clarify the law, and to further establish procedures and safeguards to allow physicians to provide medical aid in dying to their mentally-competent, terminally-ill adult patients who are experiencing severe suffering at the end of life and request such assistance.

Although I represent the Plaintiffs in Mr. Radcliffe's lawsuit, I offer my testimony in support of SB 1129 in my personal capacity, and not in my capacity as counsel for Mr. Radcliffe, Dr. Miller, or Compassion & Choices.

This Legislature has already embraced a public policy of promoting the rights of privacy and autonomy in Hawai`i residents' end-of-life care decisions, which is reflected in Hawaii's Uniform Health-Care Decisions Act (Modified), at HRS Chapter 327E, which became effective in 1999. Under the Uniform Health-Care Decisions Act (Modified) a person has the right to set forth advance health-care directives with individual instructions; "may execute a power of attorney for health care, which may authorize the agent to make any health-care decision the principal could have made while having capacity," even when doing so will cause death; and may designate an individual to act as a surrogate who "may make health-care decisions for the patient that the patient could make on the patient's own behalf," even when doing so will cause death. HRS §§ 327E-3 and 327E-5.

Again, in 2009, this Legislature passed a law providing for a health care protocol called Physician Orders for Life-Sustaining Treatment (POLST). HRS Ch. 327K. The

POLST form developed under the law and adopted by the Hawai`i Department of Health (*see* http://health.hawaii.gov/ems/files/2013/08/Hawaii_POLST_Form.pdf) contains information and directions about an individual's end-of-life decisions, such as cardiopulmonary resuscitation (CPR) and tube feeding which emergency medical personnel and other health care professionals are required to follow.

Under the reasoning of Hawaii's Uniform Health-Care Decisions Act (Modified) and POLST law, there is no rational or meaningful basis to distinguish between withdrawal or refusal of treatment for a terminally-ill person, and a physician's provision of medical aid in dying. Both treatment options provide a terminally-ill, mentally-competent adult with the option of a peaceful and pain-free death in the face of a protracted and agonizing alternative; both options involve affirmative medical assistance in carrying out the person's end-of-life medical care; and both options provide people with the ability to decide for themselves whether the inevitable debilitating pain that they are suffering is worth enduring when death is imminent.

Both the Uniform Health-Care Decisions Act (Modified) and POLST law encourage frank discussions between healthcare providers and their patients about end-of-life care, and the range of options that may be available. As the Task Force to Improve the Care of Terminally-Ill Oregonians says in its Guidebook for Health Care Professionals regarding Oregon's Death with Dignity Act—after which SB1129 has been modeled—"Supportive communication can help patients with terminal illnesses make informed decisions about end-of-life care including advance directives, do-not-resuscitate orders, completion of a POLST form, hospice or palliative care, and other options. Only by appreciating the range of available options for end-of-life care can a patient make rational choices about the dying process." *See* https://www.ohsu.edu/xd/education/continuing-education/center-for-ethics/ethics-outreach/upload/Oregon-Death-with-Dignity-Act-Guidebook.pdf. SB1129 will serve to further encourage those discussions, and ensure that Hawaii's residents are informed of all available alternatives and options for end-of-life decisions.

Medical Aid in Dying has already been expressly authorized in a number of states (Oregon, Washington, Montana, Vermont, California, Colorado) and the District of Columbia. Hawai`i, which has long been at the forefront of respect for its residents' privacy, autonomy, and rights to make their own informed decisions about their own healthcare and end-of-life treatment decisions should join the ranks of these states and enact SB1129 to—among other issues addressed in the Bill—establish clear eligibility criteria and guidelines that meet the appropriate standard of care for medical aid in dying; establish safeguards to ensure that attending physicians inform terminally ill adults requesting aid in dying about other available end-of-life options; and protect healthcare providers and patient advocates from criminal or civil liability and/or professional discipline. Because SB1129 is modeled on the Oregon statute that has been in effect since 1997, and because there have not been any reported findings of abuse in that or the other jurisdictions in which similar statutes have been enacted, the safeguards, reporting requirements, and penalties delineated in the legislation have already been shown to be sufficient.

For the foregoing reasons, I support SB1129, and urge this Committee to support its passage.

Aloha Chair Baker, Vice Chair Nishihara and committee members.

I am a senior citizen and a resident of House District 19 and Senate District 9. I am a member of AARP, Kokua Council, the Hawaii Alliance of Retired Americans and the Legislative Committee of PABEA.

I'm testifying in strong support of SB1129, which would establish a Death With Dignity Act. It should be the right of any competent adult, who has been diagnosed with a terminal illness, to have the full range of options available to him or her and to make end-of-life decisions, including obtaining a prescription from his/her doctor.

Whether or not such a prescription is filled, much less actually taken, is not the issue. It is having that option available often gives relief from worry and peace of mind.

Five states have enacted such legislation and there has not been a single incidence of abuse or coercion.

Please support SB1129 to expand end-of-life options in Hawaii.

Thank you for the opportunity to testify.

Barbara J. Service

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 7:04 AM
To: CPH Testimony
Cc: teri.kalele.molokai@mac.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Taryn Waros	Individual	Support	No

Comments:

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On-line testimony – SB 1129

I oppose assisted suicide because in an era of cost control and managed care, patients with lingering illnesses may be branded an economic liability, and decisions to encourage death can be driven by cost. As Acting U.S. Solicitor General Walter Dellinger warned in urging the Supreme Court to uphold laws against assisted suicide: “The least costly treatment for any illness is lethal medication.”

To sanction the taking of innocent human life is to contradict a primary purpose of law in an ordered society. A law or court decision allowing assisted suicide would demean the lives of vulnerable patients and expose them to exploitation by those who feel they are better off dead.

Marcelina Carahasen

Contact: lina.carahasen@gmail.com

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 6:57 AM
To: CPH Testimony
Cc: patriciablair@msn.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Blair	Individual	Support	No

Comments:

You state in your bill…SB2119…

The Legislature concludes that terminally ill residents have the right to determine their own medical treatment at the end of their lives.

Definitions of treatment include

a. The use of an agent, procedure, or regimen, such as a drug, surgery, or exercise, in an attempt to cure or mitigate a disease, condition, or injury.

b. The agent, procedure, or regimen so used

Medical treatments are meant to treat an illness or dysfunction of the body. There is no medical treatment for death. We will all die. This bill seeks to define suicide as a medical treatment, leaving it under the purview of the medical community to decide how to use it.

First of all the medical community doesn't want that 'right'.
Secondly, we make a big issue and spend a lot of money ensuring that prisoners set for capital punishment get all the chances they could possibly get so we avoid putting an innocent person to death. Now we are just going to let doctors decide who should live and who should die. Obviously this needs much more careful consideration.

This is only one of many reasons to object to this bill. It has a lot more far reaching effects and unintended consequences than you realize - a number of which we have seen played out in countries and states that have allowed euthanasia and physician assisted suicide. As constitutionally defined, Government has the responsibility to protect the lives of the governed. This bill would only protect a doctor, not the patient, the patient's family, the pharmacist who may not want to dispense it, the doctor who feels it is inappropriate, or the friends who are left bereft.

Thank you for this opportunity to comment on this very flawed proposal.

February 15, 2017
8:30am
Conference Room 229
Committee on Commerce, Consumer Protection, and Health

TESTIMONY IN SUPPORT:
SB1129 RELATING TO HEALTH. ESTABLISHING A DEATH WITH DIGNITY ACT

SUBMITTED BY: Luella Costales
P.O. Box 894385
Mililani, HI 96789

Chair Baker and members of the Committee,

I strongly support SB 1129.

I believe all individuals should have the right to die with dignity. I attended 12 years of Catholic school and was raised as a Catholic since birth. I consider myself a deeply spiritual and compassionate person who has been at the bedside of family as they suffered until death. As a first-hand witness to the process of dying, I consider my religious beliefs to be consistent with my support for this bill. I also hold a strong belief in the separation of church and state.

The physicians, family members and patients in Hawaii understand the critical need to respectfully follow strict requirements to enable terminally ill residents to make decisions to end their lives in a peaceful manner.

I respectfully urge you to approve SB1129.

February 14, 2017

Honorable Legislators and Committee Members,

I am testifying in support of Senate Bill 1129 to authorize medical aid in dying in Hawaii because I firmly believe it is the right of the individual who is terminally ill to be in control of how and when they die.

As patients with an advanced, irreversible illness near the end of life, symptoms accumulate that are progressively more difficult to manage and that may become refractory to standard medical interventions. In other words, more medical treatment isn't always appropriate or helpful. And simply because our technology has advanced to the point that we can keep people alive, doesn't mean it is not their time to die.

In the state of Oregon, where the 1997 Death with Dignity Act legalized assisted dying, only 60% of people who get a lethal prescription actually use it. It is suggested that the knowledge that assisted dying is available may itself aid wellbeing and reassurance (of the facility to control death). Personally, I am currently witnessing the distress that not having this option creates for a friend diagnosed with advanced neck cancer and facing a disease process that will likely involve the loss of autonomy, loss of pleasure, the loss of dignity, and serious pain and suffering.

In addition to the enormous stress of her illness and the impending losses, she is also faced with the reality that to have control over her own dying process would require a move to the mainland where medical aid in dying is available. She would have to leave her home in Hawaii and all of her support, her home, family, and friends, in order to be treated with the humanity and dignity she deserves. The State of Hawaii should not impose this burden on a dying individual. It is cruel.

Previously, I have had the honor to support two individuals, one a good friend, the other my father, in their choice to stop kidney dialysis, which would result in their death within days. They were fortunate, their disease process allotted them a relatively comfortable way to transition out of their bodies, and not be consumed by suffering in the last moments with loved ones. But some are not so fortunate. Some disease processes, such as cancer, will cause great suffering for the patient and their loved ones if they are not afforded medical aid in dying.

Medical aid in dying, at its heart, is reverence for life, for death *is* a part of life, and it is treating death with dignity. Individuals seeking medical aid in dying do not *want* to die, they are not suicidal. Rather, they humbly acknowledge that it is their *time* to die. They are choosing to live their dying process consciously, with awareness. For an individual to approach the dyinfg process in this manner indicates maturity and a deep self-awareness. We should not infantilize the dying person by taking choice away, and making decisions about their dying process for them. Their courage and wisdom should be respected and honored, not thwarted. We help people in to this world, we can certainly help them out.

Individuals fundamentally have the right to self-determination. We have the right to control our own lives. Dying is a part of life, and it follows that we all fundamentally have the right to manage our dying process.

Lastly, given the current political trajectory of the Federal government to rescind human rights, it is imperative that Hawaii <u>act</u> <u>now</u> to decisively enact legislation that will protect human rights by giving all citizens of our Aloha State access to medical aid in dying. We <u>cannot</u> afford to wait.

Respectfully submitted,

Padmani Brown
150 Hamakua Dr. #754
Kailua, Hawaii, 96734
808 754 6488
Padmani@mac.com

Date: February 13, 2017

To: The Honorable Rosalyn H. Baker, Chair, The Honorable Clarence K. Nishihara, Vice Chair, and members of the Senate Committee on Commerce, Consumer Protection, and Health

RE: Testimony in Support of S.B. 1129

Good morning Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Commerce, Consumer Protection, and Health:

I am writing to support the Death with Dignity Act, SB 1129, Hawaii’s proposed medical aid in dying legislation.

The people of Hawai‘i should have the option, together with their ‘ohana and their doctors, to make the end-of-life decisions that are right for them in the final stages of a terminal illness -- including the option to request a prescription from their doctor to end their dying process painlessly and peacefully. SB 1129 would give those who are dying this important option.

Mahalo for your attention and consideration,

Madi Silverman
Kailua

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION, AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
Members of the Committee

RE: HEARING on Wed. 2/15/2017 re: SB 1129
Testimony of Margaret Johnson, 45-817 Anoi Place, Kaneohe, HI opposing SB 1129

I am a retired attorney. I strongly oppose this bill. Calling it "Death with Dignity" is a misnomer and an attempt to give it some semblance of respect, but the name does not lend any virtue to the kind of practices it promotes. Hawai'i is unique among the 50 states and is known for its "aloha" spirit, a spirit of hospitality and so much more. In fact "Aloha Spirit" is written into Hawai'i state law:

> *"Aloha Spirit". (a) "Aloha Spirit" is the coordination of mind and heart within each person. It brings each person to the self. Each person must think and emote good feelings to others. In the contemplation and presence of the life force, "Aloha", the following unuhi laula loa may be used:*
>
> *"Akahai", meaning kindness to be expressed with tenderness; "Lokahi", meaning unity, to be expressed with harmony;*
>
> *"Oluolu", meaning agreeable, to be expressed with pleasantness;*
>
> *"Haahaa", meaning humility, to be expressed with modesty;*
>
> *"Ahonui", meaning patience, to be expressed with perseverance.*
>
> *These are traits of character that express the charm, warmth and sincerity of Hawaii's people. It was the working philosophy of native Hawaiians and was presented as a gift to the people of Hawaii. "Aloha" is more than a word of greeting or farewell or a salutation. "Aloha" means mutual regard and affection and extends warmth in caring with no obligation in return. "Aloha" is the essence of relationships in which each person is important to every other person for collective existence. "Aloha" means to hear what is not said, to see what cannot be seen and to know the unknowable.*
>
> *(b) In exercising their power on behalf of the people and in fulfillment of their responsibilities, obligations and service to the people, the legislature, governor, lieutenant governor, executive officers of each department, the chief justice, associate justices, and judges of the appellate, circuit, and district courts may contemplate and reside with the life force and give consideration to the "Aloha Spirit". Hawai'i Revised Statutes §5-7.5*

Queen Lili`uokalani, Hawai'i's last reigning monarch, reportedly described the true meaning of Aloha as follows:

> *And wherever [the native Hawaiian] went he said 'Aloha' in meeting or in parting. 'Aloha' was a recognition of life in another. If there was life there was mana, goodness and wisdom, and if there was goodness and wisdom there was a god-quality. One had to recognize the 'god of life' in another before saying 'Aloha,' but this was easy. Life was*

> *everywhere - in the trees, the flowers, the ocean, the fish, the birds, the pili grass, the rainbow, the rock - in all the world was life--was god--was Aloha. Aloha in its gaiety, joy, happiness, abundance. Because of Aloha, one gave without thought of return; because of Aloha, one had mana. Aloha had its own mana. It never left the giver but flowed freely and continuously between giver and receiver. 'Aloha' could not be thoughtlessly or indiscriminately spoken, for it carried its own power. No Hawaiian could greet another with 'Aloha' unless he felt it in his own heart. If he felt anger or hate in his heart he had to cleanse himself before he said 'Aloha'.*[i]

Clearly, Aloha Spirit is a spirit which nurtures and cherishes life and it manifests itself in Hawaiian culture as true concern for and compassion with people of all ages, means and abilities. The monarchy of Hawaii which preceded Hawai'i's statehood was unique among monarchies in that it too lived out Aloha Spirit and showed genuine care and concern for the well being of all of Hawai'i's citizens. What is most beautiful and uniquely Hawaiian, what is part of State law, Aloha Spirit, is diminished and damaged by what this bill proposes to legalize. As legislators, you should be very cautious about legalizing killing in any form and certainly about legalizing a pro-death and anti-life law that has been rejected as dangerous and facilitating the abuse and killing of very vulnerable people by a host of professional, religious, abuse prevention and disability rights organizations including but not limited to :

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC)
Hawaii Family Advocates
American Medical Association
American Psychiatric
American Nurses Association
American Association of People with Disabilities
American Disabled for Attendant Programs Today (ADAPT)
The Arc of the United States
Assemblies of God
Association of Programs for Rural Independent Living
Autistic Self Advocacy Network
Buddhists
Church of Jesus Christ of Latter-day Saints (Mormon Church)
Disability Rights Center
Disability Rights Education and Defense Fund
Episcopal Church
Evangelical Lutheran Church in America
Focus on the Family
Islam
Jewish Churches in America: All three major Jewish movements in the United States – Orthodox, Conservative and Reform
Justice for All
National Council on Disability
National Council on Independent Living
National Organization of Nurses with Disabilities
National Spinal Cord Injury Association
Not Dead Yet Disability Rights Organization

Seventh Day Adventists
TASH [The Association for the Severely Handicapped]
United Methodist Church
United Spinal Association
United States Conference of Catholic Bishops
World Association of Persons with Disabilities (WAPD)
World Institute on Disability (WID)

These are only some of the organizations that deal with those most affected by this kind of law, most of which, like me, strenuously oppose and object to this kind of bill becoming law. Before dragging Hawai'i into the immoral morass presented by this bill, check with any of these very reputable organizations. The Pew Research Center reviewed the position of Religious Groups on this issue, practically all of which are opposed[ii]. Many of them, such as Focus on the Family[iii], and the U.S. Catholic Bishops Conference[iv] have very clearly delineated reasons for opposing this kind of bill.

Some of the reasons to defeat this bill[v] include:

1. It is contrary to State law which incorporates Aloha Spirit;
2. The "choice" it supposedly fosters is an illusion. As Sen. Ted Kennedy's widow pointed out in opposing similar proposed legislation in Massachusetts: it would turn her husband's "vision for health care for all on its head by asking us to endorse patient suicide – not patient care- as our public policy for dealing with pain and the financial burdens of care at the end of life. We're better than that."
3. It tells the elderly and disabled and dependent that their lives are without value, something Aloha Spirit would never allow.
4. It very dangerously crosses the line between caring [real compassion] and killing [immoral and criminal].
5. It provides a legal shield for abuse of the elderly and disabled.
6. It creates an avenue to pressure the vulnerable into believing they have a duty to die
7. There are better medical alternatives. It fails to treat the underlying depression from which most patients claiming a desire to die have been found to suffer.
8. It will destroy the trust relationship between patient and doctor and engender fear that instead of providing health care and healing to someone who is weak, vulnerable,and/or elderly, the physician may well be providing and wielding instruments of death.

Please consider these points and defeat this bill. I will be praying for you.

God bless you.

Margaret Johnson

---

[i] Source: Helena G. Allen, The Betrayal of Lili`uokalani, Last Queen of Hawaii, 1838-1917as reported at http://www.maui-angels.com/aloha.html

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[ii] Pew Research Center *Religious Groups' Views on End-of-Life Issues,* *http://www.pewforum.org/2013/11/21/religious-groups-views-on-end-of-life-issues/*

[iii] http://www.focusonthefamily.com/socialissues/life-issues/physician-assisted-suicide/reasons-to-oppose-physician-assisted-suicide

[iv] U.S. Bishops' Policy Statement on Assisted Suicide and referenced information at http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/index.cfm

[v] Many of these statements are included in the article noted in Endnote iii at the Focus on the Family website.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:59 PM
To: CPH Testimony
Cc: d.bt@live.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Brucato	Individual	Support	No

Comments:

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I cared for my mother who was dying of terminal cancer for 18 months. I watched as my best friend died of cancer. I watched as my hanai stepdaughter died of cancer. All 3 died, slow painful deaths. Even with the help of Hospice, their last months were terrifying. None had the option or choice to decide, enough was enough. After experiencing these 3 deaths intimately, I reviewed and revised my advance directives to clearly state my wishes. The one thing I am lacking is the freedom to choose when "enough is enough". I don't take this choice lightly at all. I believe much thought must go into this decision. I believe a terminal diagnosis must be made. But should my quality of life be such, and death is awaiting me around the corner, I wish to have the right to make this very difficult choice. Thank you for taking the time to hear my views on Death With Dignity.

Madolyn Ames

96813

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:53 PM
To: CPH Testimony
Cc: zertle13@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Seena Clowser	Individual	Support	No

Comments: It's important that people have choice and compassionate medical options during life, especially at end-of-life when facing terminal illness. Please pass this important bill. Mahalo.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:50 PM
To: CPH Testimony
Cc: dmenda4@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Linda Menda	Individual	Support	No

Comments: As a recent cancer survivor, I do wonder what if I'm not so lucky the next time. If I were to become terminally ill, I would like to have the option to choose how I want to live the last few months of my life.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Date: February 13, 2017

To: The Honorable Rosalyn H. Baker, Chair, The Honorable Clarence K. Nishihara, Vice Chair, and members of the Senate Committee on Commerce, Consumer Protection, and Health

RE: Testimony in Strong Support of S.B. 403 (Relating to Health Insurance)

Good morning Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Commerce, Consumer Protection, and Health:

I am writing to support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation.

The people of Hawai‘i should have the option, together with their ‘ohana and their doctors, to make the end-of-life decisions that are right for them in the final stages of a terminal illness -- including the option to request a prescription from their doctor to end their dying process painlessly and peacefully. SB 1129 would give those who are dying this important option.

Mahalo for your attention and consideration,

Doris Segal Matsunaga
Aiea, Hawaii

Susan Lynch
susanlynch808@gmail.com
808-551-1509

I am here to support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation.

As a Christian, I was once opposed to this;

Our family watched my terminally ill father (a Hawaii legislator, employee for the State of Hawaii and a Retired Colonel) suffer in agony due to the effects of his service in WWII, Korea and Vietnam. As he lost control of his bodily functions, he felt demeaned and humiliated. He suffered an unbearable death.

After this experience, I have changed my heart. No individual or family should have to experience what my father and family had to endure.

The effect of this experience on my mother was profound, an immigrant who passed through Ellis Island, a United States Marine in WWII, and the first woman reporter for the Baltimore Sun . She was always a pioneer. Once diagnosed as terminally ill herself, she made the decision to do whatever it took to have medical aid in dying as an option at end of life. With her family's blessings, she passed peacefully, painlessly and with dignity.

**Currently in Hawai'i, terminally ill individuals have limited options if their suffering becomes unbearable at the end of life. Options include: declining treatment or avoiding unwanted medical treatment, hospice and palliative care, or VSED (voluntarily stopping eating and drinking). However, physicians do not always offer these options to their patients and, more importantly, these options may not result in a peaceful death.
Many Hawaii residents do not qualify for some these options.**

The people of Hawai'i should have the option, together with their 'ohana and their doctors, to make the end-of-life decisions that are right for them in the final stages of a terminal illness -- including the option to request a prescription from their doctor to end their dying process painlessly and peacefully. SB 1129 would give those who are dying this important option.

Please make it possible to expand end-of-life options in Hawai'i

TESTIMONY IN STRONG SUPPORT OF SB 1129

Senate Committee on Commerce, Consumer Protection and Health
Feb. 15, 2017, 8:30 a.m., Conference Room 229

To: Chair Rosalyn H. Baker and Vice Chair Clarence K. Nishihara
Members of Senate Committee on Commerce, Consumer Protection and Health

From: Charlene Cuaresma, Private Citizen

Subject: Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

My name is Charlene Cuaresma. I am testifying as a private citizen. I am a registered voter in District 50, Kailua. My training is in public health education. I have worked for nearly forty years to prevent disease through education, research, advocacy and service. I served as medical affairs director for the American Cancer Society, overseeing programs for the early detection of cancer, as well as the children‘s cancer camps, and patient services. I worked on a team of diabetes educators at Queens Medical Center for over a decade. I also had the privilege to serve as a volunteer for organ donor education in the Filipino community.

I strongly support this bill as a result of being with people in my family and in the community through their end of life stage, and witnessing not only their pain and suffering from terminal cancer, amputations, stroke, heart disease, and more, but also the pain and suffering of their loved ones present and far away. It has taught me that many were not aware of pain management or how to request it. Many still, were not even aware of other options such as medical aid to facilitate death with dignity. In the spirit of Supreme Court Justice Ruth Bader Ginsberg, this bill is ultimately about a reasonable person‘s right to choose, and the agency over one’s body, consistent with the provisions of this bill. I value the precept of separation of church and state. Regardless of what may influence a person‘s choice on how to deal with their end of life stage, the option of prescription for medication for a death with dignity should be offered.

Thank you for hearing this bill and for the opportunity to submit testimony to encourage this bill‘s passage.

Sincerely,

Charlene Cuaresma

To: Chair Rosalyn H. Baker, Vice Chair Clarence K. Nishihara & Committee Members

From: Divina Robillard, BSN, RN, MPH

Subject: SB 1129: Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

My name is Divina Robillard. I am a private citizen and a recent widow. I am testifying in full support of this bill, citing my personal experiences as:

- **My husband's primary caregiver for 31 years.** My husband, Professor Britt Robillard, passed away from complications of ALS (Lou Gehrig's disease) after 31 years of living with the disease. After many years living with ALS, my husband's care required either institutionalization or bankruptcy resulting from use of our own funds to pay for home care nursing in our own home. Institutionalization was not an option that either of us wanted for my husband. Traditional models of long-term care as practiced by many of our skilled nursing facilities are prepared to care for the elderly whose medical conditions are very different from my husband's. His mind remained sharp throughout his life. He was vibrantly engaged in the world and we both wanted him to continue being engaged. Our only recourse was for me to resign from my position as Instructor of Nursing at the Kapiolani Community College to take care of him fulltime. I was his voice, arms, legs; in short, I was his other body so he could carry on living the quality of life he deserved.

- **As a support group facilitator for many years with the MDA as independent contractor.** With the help of Muscular Dystrophy Association-Hawaii, my nurse-friend and I established the longest running support group for persons with ALS (pALS) and their families to date. It was in 1998 when my husband's illness plateaued that I was able to reach out to other families living with ALS (fALS) to help them cope with the disease in their daily lives.

Because ALS is still without cure, I have known many who have passed away through complications of this illness. In the course of thorough immersion in my husband's care, I sought other families living with the same illness, finding strength in sharing stories and helping each other through rough times. I have helped many families make decisions about whether to resort to the use of artificial ventilation or let the pALS just slip into the arms of death. Artificial ventilation extends the lives of pALS but it also exacts a tremendous cost in terms of family resources: time, money, health, and effort. Upon seeing how their daily care demands take enormous toll on their family members, some pALS change their minds and decide to be taken off the vent. When that happens, family members experience mixed feelings – that of relief and at the same time, that of sorrow for their loss, and sometimes, guilt for letting go.

And, by the way, while my husband was ill with ALS, I found myself face to face with the possibility of my own death when I was diagnosed with breast cancer 18 years ago.

These various experiences of approaching death that I was part of - as a friend giving advice, a shoulder for bereaved family members to cry on, as a witness at the bedside of the dying, as a fellow traveler in the journey with ALS, as an up close and personal encounter – gave me plenty of opportunity to reflect on life journeys and how we grapple with the idea of death that is merely in the wings, not too far away. With ALS, death was always there, never a stranger. As I approach my twilight years, it is something I am very aware of, but I carry on with life, in spite of its hovering presence. This particular background has allowed me to accept death as truly a part of life and as such, should be taken matter-of-factly. When you take that philosophical stance, there is no reason for a person to be denied death, when in death there is no longer pain and suffering. In our journey with ALS, the deaths that I have witnessed were all marked with a sense of loss. But there was always the comfort that came with the relief of unnecessary suffering for both families and patients. How can we deny Death's comfort to anyone who needs it? What happens when it becomes our turn to benefit from that comfort? Or, someone dear to us?

I urge you all to stop thinking of death as something to prevent from happening, because this is an impossible goal. Think of allowing people to reach out to death as a viable option to pain and suffering.

Sincerely,

Divina Robillard, BSN, RN, MPH

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:29 PM
To: CPH Testimony
Cc: alohadavis@hawaiiantel.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Rose Davis	Individual	Oppose	No

Comments: Please, I want to ask you to vote NO for Death with Dignity, SB 1129. You can call it “death with dignity,” “medical aid in dying” or “informed healthcare decision”, but suicide is still suicide no matter how you spin it! Concerned Women For America of Hawaii, that I am a member of, is taking a stand on now more than ever, each committee member needs to hear a message loud and clear from the citizens of Hawaii that we do not support these deadly pro-suicide bills. Here are just some of the many concerns we have about physician-assisted suicide: There are not sufficient safeguards against coercion and elder abuse. At least one in ten elderly people is the victim of domestic abuse, which is difficult for a healthcare provider to identify. Because any doctor can write a lethal prescription, an abuser can “doctor shop” until they find a provider willing to assist them in killing their victim. Oregon, the first state to legalize assisted suicide, provides the most complete data available on the practice of assisted suicide in the United States. Oregon reports that individuals primarily choose assisted suicide because of reasons related to a disability: loss of autonomy, loss of enjoyable life activities and loss of dignity. Modern medicine has made significant advances in pain control. Doctors now have a range of options to treat pain in terminally ill patients, including even palliative sedation as a last resort. Oregon reports that the dominant reasons motivating patients to choose assisted suicide have nothing to do with pain management. The primary concerns center around having a disability: losing autonomy (92%), being less able to engage in activities making life enjoyable (90%), and losing dignity (79%). Fear of inadequate pain control is one of patients’ least cited reasons. Though there are many sound academic reasons to oppose physician-assisted suicide, as believers, the most important reason is because God, and God alone, is the author of life. We cannot take on the role of God and take life based on our inconsistent judgment. We don’t understand why God allows pain and suffering, but we know God is good; God is love, and His ways are higher than ours. God has appointed a time for each of us to be born and to die. He is with us in all things and has a purpose for every situation that comes our way. God has a plan for each and every one of us. Please do all you can to support God’s gift to us: life. Thank you for your time, aloha, Rose E. Davis 808 223-5504 alohadavis@hawaiiantel.net

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:14 PM
To: CPH Testimony
Cc: lourdes10@me.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lourdes Scheibert	Individual	Oppose	No

Comments: I oppose SB1129 because it is a dangerous bill that threatens the lives of many.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 10:00 PM
To: CPH Testimony
Cc: abromley@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Allyn Bromley	Individual	Support	No

Comments: Honorable Chair and Committee Members: I am an eighty-eight year old citizen, with the hope of having the option to minimize pain and suffcring at the end of my life if needed. I strongly support SB1129 and respectfully ask for your help in passing this bill. Sincerely, Allyn Bromley

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JOHN P. DELLERA
Attorney at Law

619 Ahakea Street
Honolulu, HI 96816
Telephone 808 739 9078

THE SENATE
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

TESTIMONY IN OPPOSITION TO S.B. 1129
RELATING TO HEALTH

Wednesday, February 15, 2017, 8:30 A.M.
Conference Room 229

February 13, 2017

The Honorable Rosalyn H. Baker, Chair
The Honorable Clarence K. Nishikara, Vice Chair
Committee on Commerce, Consumer Protection, and Health

Dear Chair, Vice Chair, and Members of the Committee:

I have been an advocate for people with disabilities for over 20 years, as Director of the Hawaii Disability Rights Center from 2009 to 2011, and as a director of the Autism Society of Hawaii for the past seven years. I have helped care for a young man with autism for over 20 years.

I am testifying IN OPPOSITION to this Bill because it would endanger individuals with mental disabilities who could be subject to coercion and undue influence by others who find them to be a "burden."

Oregon's assisted suicide law is cited as a model for Hawaii, but it has been criticized as improvident and even reckless. Neil Gorsuch, nominee for the Supreme Court, reached the following conclusions in his book, "The Future of Assisted Suicide and Euthanasia" (Princeton University Press, 2006):

- Once loss of autonomy and dignity are accepted as justifications for assisted suicide, terminal illness is no longer a rational basis to deny assisted suicide to any willing individual.

- Regulation of euthanasia and doctor-assisted suicide in the Netherlands and Oregon is "shockingly haphazard": (i) reporting procedures are inadequate; (ii) Oregon makes no serious effort to keep patients with treatable depression from committing suicide; and (iii) Netherlands doctors have shortcut mandated safeguards. Since assisted suicide and euthanasia were decriminalized, there has been much less concern for malpractice.

A study at Oregon Health & Science University published in the Disability Health Journal in 2010 found as follows:

- Contrary to assurances that Death With Dignity laws contain adequate safeguards against abuse, studies of their impact on people with disabilities have been inadequate. We cannot say, therefore, that the disabled would be protected if assisted suicide is decriminalized.

- People with disabilities should have opportunities to alter conditions of life, including the provision of dignified in-home personal assistance. Assisted suicide may actually reduce those opportunities by changing the focus on ending life.

- Historical oppression of people with disabilities and bias in health care providers' attitudes could result in abuse and increase assisted suicide in that population.

- The potential for rationing medical care among people with disabilities (N.Y. Times Magazine, 2009), threatens the use of doctor-assisted suicide as an alternative to health care.

- It is important for people with disabilities to actively participate in assisted suicide debates to ensure that their concerns are not overlooked.

An article published in the Journal of the American Medical Association in July 2016 found that doctor-assisted suicide was rare and that evidence of abuse is not evident, but it also concluded that further study is needed:

> there is a need for studies that look at the possible influence on society of legalizing [physician-assisted suicide] on views on how to care for vulnerable groups or on trust in physicians.

The supposed "safeguards" against abuse that are included in this Bill are wholly inadequate:

- The bill irrationally treats as equal the opinion of a court regarding an individual's capability to commit suicide and that of "a psychologist";
- Assisted suicide would not be lawful for those with a "psychological disorder," but that term may not apply to people with intellectual disabilities; also, the Bill does not deal with discrimination against disabled individuals;
- An "informed decision" by "a qualified patient" is not defined;
- A "medically confirmed" opinion of a physician does not require the input of specialists in relevant areas of disability;
- "Qualified patient" means "a capable adult." Who decides who is capable, and what are the criteria?
- The date of death for a "terminal illness" is unknowable;
- Section 3 should provide that *neither* witness should be related to the patient or have any financial interest in the person's death; a violation of that provision should be a Class A felony;
- Many patients will be unable to "self-administer" poisonous drugs because of physical or mental disabilities;
- There can be no reliable record that an individual has made an "informed decision" to commit suicide;
- A pharmacist, not a doctor, may administer the lethal drug;
- Patients may be killed without notice to family members (Section 8);
- 15-day delay is inadequate;
- Oral request for lethal drugs invites abuse;
- Wills and contracts renouncing suicide are rendered invalid;
- Insurance proceeds may be collected by heirs of suicide victims;

- Other provisions facilitate suicide without protecting individuals with disabilities;

- Suicide is decided behind closed doors, in private, with maximum risk of coercion and undue influence by interested parties.

The disabled have been abused in recent history in three notorious cases: (i) by public officials (Willowbrook State Home and School in New York, where the developmentally disabled were kept in "subhuman conditions"); (ii) by medical providers (Sonoma State Hospital in California, where children with cerebral palsy were used in radiation experiments, one of which killed a 3 year-old boy); and (iii) by employers (Henry's Turkey Farm in Iowa, where young men with autism were kept as virtual slaves for decades in the meat-packing industry). Even within one's family, people with disabilities may be subject to coercion or undue influence for reasons that are financial (relatives seeking an inheritance) or expedient (desire to be free of the burden of being a caregiver).

The disabled population needs supports in education, employment, and independent living that may require a substantial expenditure of public funds. If ending lives by unnatural means becomes the norm in our community, those supports may be limited or never funded. The alternative of an early death dressed up as "compassion in dying" could become an easy-out. Let's not start down that slippery slope.

Thank you for the opportunity to testify.

CPH Testimony

From: bettygerety <bettygerety@hawaii.rr.com>
Sent: Monday, February 13, 2017 4:52 PM
To: CPH Testimony
Subject: Medical Aid in Dying

As a retired Psychiatric Clinical Nurse Specialist who worked with seriously ill and terminally ill clients in Portland OR, I became convinced of the importance of individual choices at the end of life. It is also what I would want if the situation warranted, autonomy in conjunction with appropriate health care providers.

I am looking forward to the passing of this important bill.

Elizabeth Gerety
68-1893 Pakanu St
Waikoloa HI 96738

PS I have been an active supporter of Compassion and Choices for a number of years

Sent from my Verizon 4G LTE smartphone

From:	Stephanie Marshall <smarshal@hawaii.edu>
Sent:	Monday, February 13, 2017 5:07 PM
To:	CPH Testimony
Subject:	SB 1129, Hearing February 15, 2017, 0830, room 229

Senators Baker and Nishihara,

My name is Stephanie Marshall. I am a retired nurse of 42 years, serving 30 years in the US army and then 10 years as a tenured professor at UH Manoa school of nursing retiring July 2016. My specialty was Oncology Nursing and for many years I cared for patients with cancer. I strongly support this bill that allows terminally ill patients to have a choice in determining how to end their life. This is an option that should be legalized to relieve both mental and physical anguish that I have witnessed in many patients. A growing number of states and organizations have supported this option and it is time for Hawaii to do so. Thank you for your time and your consideration.

Sent from my iPad

February 13, 2017

Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair
And Members of the Committee of Commerce, Consumer Protection, and Health
City & County of Honolulu
415 South Beretania Street
Honolulu, HI 96813

Re: Testimony in support of SB 1129, Death with Dignity Act

Aloha Chair Baker, Vice-Chair Nishihara and Committee Members,

Thank you for the opportunity to provide my strong support for SB 1129, Hawaii’s proposed medical aid in dying legislation.

Medical aid in dying is a safe and trusted medical practice for which a terminally ill, mentally capable person who has a prognosis of six months or less to live, has the option to request from his/her doctor a prescription for medication which he or she can choose to self- administer through ingestion to peacefully shorten an unbearable dying process.

The people of Hawaii, together with their families and their doctors, should have the option to make the end-of-life decisions that are right for them in the final stages of a terminal illness so they can put an end to their dying process painlessly and peacefully. SB 1129 would give those who are dying this important option to provide them relief from extreme pain.

I wholeheartedly support SB 1129 and hope that you will pass this bill. Passing this legislation is the most compassionate action to take as it would support the rights of terminally ill individuals and allow them to have the full range of care options to make end-of-life decisions that most align with their values for a peaceful death.

Thank you for your consideration.

Pamela Burns
pamelabburns@gmail.com

CPH Testimony

From: Devanjali <sai@lotusdawn.com>
Sent: Monday, February 13, 2017 5:16 PM
To: CPH Testimony
Subject: testimony in support of the right to die Bill

To whom it may concern.

I am 100% in support of the upcoming Senate Bill 1129, that would authorize medical aid in dying in Hawai'i. I have looked into these issues a long time, having a mother who is 89. I strongly urge people with 6 months left to live and who do NOT have dementia, to be given their God given RIGHTS to make their OWN inner intuition decision on when to transit. Their Dr is simply assisting because the patient cannot get up and go find their own approach, plus they seek company and caring help in this important decision.

We are all kept alive using artificial means as it is... Our food comes from grocery stores, we drive cars, we drink alcohol and worse. If we have a society like that, than why not have the right to get help with end of life, using manmade means too? Its the way we do it with our own cherished pets, for God sake. So let people decide their own spiritual path and decisions about their own health and transition when they feel complete.

Thank you.

Dale Ann Chappell

1225 Kokomo rd
Haiku HI 96708
808-281-0081

CPH Testimony

From:	Malachy Grange <the.malachy@gmail.com>
Sent:	Monday, February 13, 2017 5:23 PM
To:	CPH Testimony
Subject:	Corrected written testimony for SB 1129

Hi, I submitted a version of this testimony earlier today by error. I am sending you the corrected version below. Mahalo, Malachy Grange

To: Chair Rosalyn Baker, Vice Chair Clarence Nishihara and Members of the Commerce, Consumer Protection and Health Committee.

My name is Malachy Grange. I am a Registered Nurse who has practiced in Oregon for 25 years and Hawaii for 7 years prior to retiring in 2013. I'm writing to express my support of HB 1129, the Hawaii Medical Aid -in- Dying Act.

SB 1129 addresses a serious gap in the medical care for all Hawaii residents available to those in the last stages of life. Many times, despite excellent hospice care, people suffer in the last months of their life. They experience a loss of dignity, loss of autonomy and loss of any social or family pleasures as well as poorly controlled pain and other disabling symptoms. These are a minority, but a significant minority, of those with a terminal prognosis.

Many would like to have a choice on how, when and where to end their lives in a dignified, autonomous manner. There are efficient and humane medicines available for people in the last 6 months of their life that will help them accomplish this choice. Beginning with the Death with Dignity law that Oregon put into practice in 1997, different versions of Medical Aid -in -Dying are now available in several states. It is time for Hawaii to join them.

Oregon instituted safeguards that include screening for mental health concerns, having two physicians corroborate the 6 month prognosis and verification that there is no medical, financial, social or other coercion involved in the situation. <u>NO</u> abuses have been reported in the 18 years of annual statistics reported by the Oregon Department of Health. These safeguards are part of SB 1129, the Hawaii Medical Aid -in -Dying law you are considering.

Based on the Oregon experience, here is the usual progression of those interested in Medical Aid -in-Dying:

- A person with a terminal illness discusses the options of a self-administered life-ending medication with their physician (including family if they choose) but does not request a prescription to be written.
- The person requests and receives a prescription for a life ending medication but does not fill it.
- The person fills the medication, safely stores it at home, but does not use it.

- The person, often with the support and love of their family and friends, takes the life-ending medication and passes away peacefully in their sleep.

At every step of this process, regardless of how far they choose to pursue it, terminally ill adults report a lessening of fear and anxiety over their death and an increased sense of control and choice that leads to peace of mind in the last days, weeks and months of their life. This is reported in all four scenarios listed above—simply by virtue of having an accessible Death With Dignity law in place. As a nurse who practiced in Oregon for over 25 years, I have seen close up the benefits of access to these medications.

I have also witnessed first-hand the needless suffering when this option is not available to people in the last months of their life.

My brother passed away in Maine 2 years ago from pancreatic cancer. Travelling from our Aloha state, I spent the last two months of his life with him. Medical Aid -in- Dying was not available in Maine. He had excellent home hospice care, but his suffering persisted well beyond what anyone expected, could manage or he desired. He could not obtain the needed medication to end his life and spent the last weeks in pain and frustration. With the passage of SB 1129, this will not be the story of any Hawaii residents, who need and deserve this moral right to become a legal right.

Please expedite passage of SB1129.

Mahalo

Malachy Grange RN

1487 Hiikala Place #26

Honolulu, HI 96816

808-226-5894

the.malachy@gmail.com

From: Rick Princenthal <mauirkp7@gmail.com>
Sent: Monday, February 13, 2017 5:27 PM
To: CPH Testimony
Subject: Death With Dignity

Aloha Braddahs and Sistahs,

I am very passionate about this issue as I believe it to be a solemn personal CHOICE which should be entirely made by the patient and their doctor IF the doctor is so inclined. No patient or doctor will ever be coerced into making this private decision no matter what the religious right claims. How someone can sleep at night if they meddled in a strangers MOST private decisions is completely beyond me. Would they stand and clap as their beloved dog suffered agonizing near death pain? How cruel and heartless can anyone be? I hope that the spirit of love and Aloha prevails and our islands make this much needed option available. If the fundamentalists prevail they will force many folks to head to the states where sanity and mercy have already prevailed. PLEASE PASS THIS LAW FOR WE who desperately desire this CHOICE!
Mahalo
Rick Princenthal
Kihei, Maui

CPH Testimony

From:	CynthiaBurdge <cbmd4686@aol.com>
Sent:	Monday, February 13, 2017 6:06 PM
To:	CPH Testimony
Subject:	Bill 1129

As a physician I recognize life is a terminal condition - I can,t save a life, I just prolong it .
If a patient has a condition that will be fatal within the foreseeable future, prolonging life is just prolonging dying and suffering. Medications may help control symptoms, but often have side effects as well . Opiates can relieve pain and dyspnea, but cause nausea and constipation, aggravating the anorexia that is common in terminal conditions. Families get very stressed out when their sick loved one does not eat and often nag the suffering one to eat when it is the last thing they feel like doing. often the patient accepts his imminent death but the devastated family does not,and the patient goes through medical treatments and procedures that will not change the outcome, but just add to and prolong his suffering for the family's sake. Much suffering is mental, and I am just a physician, not God.

Hippocrates taught " Study the patient, not the disease. What is his diet, how does he sleep..." So study the terminal patient, what are his wants, his needs, his values. Patients have the right to refuse treatment and die needlessly. The terminal patient is not choosing death, he is choosing to minimize his suffering, to retain a shred of control when his existence is out of control: too weak to go to the bathroom alone, to nauseous to eat, exhausted but unable to sleep from pain and dyspnea.

I will never forget the woman with advanced ovarian cancer that blocked her Intestines and spread through her abdominal wall. SHe was snowed with opiates and unable to communicate her choices and the family could not let go and insisted on Iv Feeding, just prolonging her suffering and dying.

Listen to Hippocrates...study the patients..what are his needs and values, not yours.

Cynthia Burdge MD

Sent from my iPad

CPH Testimony

From: Karen <laughinatlife@gmail.com>
Sent: Monday, February 13, 2017 6:11 PM
To: CPH Testimony
Subject: Death with DIGNITY

Please pass this bill. Prevent someone from suffering needlessly. If they want to go in peace and want to die with dignity, please allow them the right to do so.
Mahalo

TESTIMONY IN SUPPORT OF SENATE BILL 1129

February 13, 2017

From: Mary Y. Matayoshi 760 Onaha St., Honolulu, HI 96816

For hearing slated for Feb. 15 in room 229 at 8:30 a.m.

I am here to testify in favor of Senate Bill 1129 which gives us options for care towards the end of life and relieves the doctor of liability from decisions made by the patient's own choosing.

I have watched too many of my friends pass under terrible duress; just waiting to be released from unbearable conditions.

We choose to make decisions on how we wish to pass …. whether it be with hospice, nursing care or care by a family member, medication, or help from a doctor to have a desired end to a living death. It should be a decision made by each individual, not a doctor keen on keeping a patient alive no matter what the painful or undesired condition may be.

Please have the courage to vote as a great majority of Hawaii's citizens wish, in support of Senate Bill 1129.

CPH Testimony

From: Rianna Williams <williamsr001@hawaii.rr.com>
Sent: Monday, February 13, 2017 6:57 PM
To: CPH Testimony
Subject: Senate Bill 1129

I fully support Senate Bill 1129 re medical aid for dying. It should be available to those who want it. My entire family agrees.
PLEASE support this bill.
Thank you, Rianna M. Williams

TESTIMONY IN SUPPORT OF S.B. 1129

To: Chair Roslyn Baker, Vice Chair Clarence Nishihara, and Members of the Commerce, Consumer Protection, and Health Committee

From: Randy Iwase

Please permit me to take this means to express my STRONG SUPPORT for S.B. 1129.

This bill will afford freedom to a "mentally competent" adult resident who has a "terminal illness" to "request and obtain a prescription to end (his or her) life in a humane and dignified manner." The bill further provides for layers of safeguards to protect patients from misuse.

Article I Section 2 of our State Constitution provides that "all persons are free by nature and are equal in their inherent and inalienable rights. Among these rights are the enjoyment of life, liberty and the pursuit of happiness . . . "

It is my humble opinion that the right of a competent individual to choose to die with dignity is an inherent and inalienable right. It is an individual and private decision. While government, exercising its power to provide for the general welfare can enact safeguards, as is done in this bill, the ultimate decision on dying is with the individual making that choice.

Finally, having observed the debate on this important issue over these past several years, I would like to offer the following:

> This is not a religious issue. The choice of an individual to end his or her life does not impinge on the religious practices of any other individual. That other individual is not compelled to choose to end his or her life. What this bill will do is restore to a "qualified patient" the right to exercise his or her "inherent and inalienable" right to die with dignity.

Thank you for this opportunity to testify.

I respectfully request that this measure be passed out of committee.

CPH Testimony

From: Diane Ware <volcanogetaway@yahoo.com>
Sent: Monday, February 13, 2017 8:13 PM
To: CPH Testimony
Subject: SB 1129 in support

Aloha Commerce,Consumer Protection and Health Committee members,

I urge you to pass this bill for end of life choice. It has been shown that a majority of residents support medical aid in dying when ones life is terminal and in many cases unbearable. The costs for care at this point are often outrageous and emotionally upsetting. Who wants to go bankrupt leaving nothing for heirs or consumed with fear over not being able to afford quality care.
I am 68 and have Medicare with no Part D due to very low income, no spouse or children. This is a source of anxiety and I would choose to move to California or Oregon to be able to receive aid in dying if I become terminal from some disease like cancer. I do not want to be a burden on others or the State Medicaid Program.

Mahalo nui for your support,

Diane Ware
808-967-8642
Box 698 Volcano Hi 96785

From: W S <wsliliha@yahoo.com>
Sent: Monday, February 13, 2017 8:26 PM
To: CPH Testimony
Subject: Support Medical Aid in Dying

Dears Sirs,

I've worked in the medical ancillary services for more than 30 years and I support this bill fully. Many of the patients I have help treat, have suffered tremendously. Anyone with no hope of recovery (terminal) should have a choice on how they wish to leave this earth.

Watching a loved one suffer and die is traumatic on the person as well as all those involved is his life. Think how you would feel.... knowing you are dying, suffering pain, can't enjoy even the simplest things (like eating) and all the while watching the faces of your loved ones and knowing that you are causing their agony.

It would be better to be able to determine your own fate, be able to feel and hug those around you and pass with no pain. Again it would be your choice. In the decades that Oregon has had this bill, less than 2000 have requested this option and even less have gone through with it, but they had a choice!

Please make this the year we truly are compassionate to those in need.

Sincerely,
Patricia Young-Sasaki

CPH Testimony

From: Joycelyn <hazwell@gmail.com>
Sent: Monday, February 13, 2017 8:52 PM
To: CPH Testimony
Subject: I support Senate Bill 1129 - to authorize medical aid in dying in Hawaii

Please pass this bill for all hawaii citizens and their families. This will ease suffering and is compassionate and kind.

Sent from my iPad

CPH Testimony

From: Cj Baehr <cjbaehr@hawaiiantel.net>
Sent: Monday, February 13, 2017 9:13 PM
To: CPH Testimony
Subject: Testimony re: Senate Bill 1129, Wednesday, February 15, 2017

From Clara Jane Baehr, known generally as Cj Baehr

I will not be able to be there in person and hope this brief statement will adequately express my concern and support for SB1129.

This bill is about choice – the right to choose!

My name is Clara Jane Baehr; I'm called Cj. I will be 87 in another month. As one who has attended the long, slow, and painful deaths of both my mother (in her seventies) and my daughter (in her forties), and has closely followed the national movement to provide medical aid to promote the peaceful passing of those who are close to death and who desperately desire to relieve their own suffering and the distress of their families, I urge each of you to remember that this is all about choice, and that each of us should have the right to choose or reject the option of hastening our death and ceasing our suffering and that of our families.

If – I were sitting where you are, and

if - I believed that a long, drawn out, and possibly painful death would be good for me and good for my family, or even for someone else and his or her family, and that it was God's will and our nation's desire for me and for that other person, and our families to suffer through those awful deaths----well, I might feel quite prideful and vote against this bill.

But that is **not** what I believe. I think it is **not** what you believe, either.

Please, make this choice a part of law in Hawaii.

Thank you!

CPH Testimony

From: James Wolfe <jimwolfe@gmail.com>
Sent: Monday, February 13, 2017 9:17 PM
To: CPH Testimony
Subject: Written Testimony for SB 1129

I registered and submitted the testimony below as a PDF for SB 1129

I am sending this email in text in case the PDF could not be opened.
Thank You

I am here to support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation.

James Charles Wolfe

I am 68 years old with 2 sons, a daughter-in-law, and a 16-month grandson. I retired from the Department of Education at the end of 2010 and was looking forward to a comfortable retirement. In the summer of 2016 I was diagnosed with metastatic colon cancer and was immediately started on 4 chemotherapy drugs. The side effects were very harsh for me. The pet scans showed tumors throughout my abdomen (spread to liver and lymph nodes) and I was on pain pills and pain patches. It was horrible.

Fortunately, a later biopsy showed certain markers that allowed Dr. Ghelani of Kaiser to put me on an immunotherapy drug that has yielded improvement. This has lessoned the abdominal pain and improved the quality of my life with more energy. I want to live as long as I can function and enjoy my family.

I have witnessed both of my parents' die of cancer. My sons support my decision whatever that may be. **I want the right to control my death, within the bounds of the law, when that time is imminent.**

Below are the 3 letters to the editors that I have had published on this topic:

Published in Midweek February 8, 2017

Blessing

I am a terminally ill patient responding to David Wilson's letter (Feb 1) in which he is against Death with Dignity / Medical Aid in Dying H.B.No 201.

He lists eight "risk factors" that I would like to question: 1) There is already in place a living will where people can legally choose to have or not to have "artificial aids". 2) A prognosis of 6 months is just a best guess number. 3) In no states nor other countries has there been public opinion against the elderly. 4) You have to be mentally competent to be considered and not with suicidal thoughts. 5) This law is not intended, nor has it been seen as a "permissive" license to kill. 6) This law has not led to other laws for depressed people to "end their life" 7) A doctor and a competent patient are required. A doctor, just as a patient, can choose not to participate.

8) It is not a risk factor but a blessing to be able to make significant decisions and planning, as your time grows short.

President Trump has just nominated Neil Gorsuch to the Supreme Court. He is an opponent who published “The Future of Assisted Suicide and Euthanasia”. Locally, Hawaii Family Advocates are beginning to mobilize opposition on religious grounds. So just as time is running out for my life, the opportunity for Hawaii may also be shortened.

Jim Wolfe

Nuuanu

Published in Honolulu Star Advertiser 1/17/17

Terminally ill have right to choose

Within the last several days you have had several articles concerning the controversial Death with Dignity legislation that is up for review in the next session.

John Radcliffe, a terminally ill patient and proponent, joined forces with the national group Compassion and Choices to push for the law (“An ailing lobbyist wants a law to OK suicide via doctor,” Star-Advertiser, Island Voices, Jan13) Compassion & Choices cites a survey it conducted here last November showing 80 percent of 603 registered voters supported a medical “assisted in dying” option for others and 88 percent support having the option available for them. I am a Stage 4 patient who strongly supports that choice as my personal right.

Eric Tessmer, a biomedical products manager, writes against the bill.

(‘Death with Dignity’ not best option, Star-Advertiser, Island Voices, Jan.11) He said he witnessed a physician try to convince a family not to resuscitate their father. Also, he observed a distressed hemodialysis patient refuse treatment. What does this have to do with that law?

What is most frightening is a narcissist president and a non-supportive GOP Congress coming into power. I must trust the judgment of the citizens in Hawaii.

Jim Wolfe

Nuuanu

Published in Honolulu Star Advertiser 8/20/16

We all should have right to ‘death with dignity’

In her column, “Even if you’re dying, until you die, you’re still living,” (Star- Advertiser Aug 13), Froma Harrop reviewed parts of Paul Kalanithi’s book entitled “When Breath Becomes Air”.

This best seller is a sad but poignant story about a young neurosurgeon who discovered that he had late stage lung cancer. Eventually, everyone faces their mortality, and there are a variety of choices that each of us can make.

Here in Hawaii Death with Dignity has not been legislated into law. Previously, I have read letters to the editor objecting to this very personal decision on religious or disability concerns.

However, when it is your turn to face your mortality, and when terminal cancer is evident, it seems that this personal right should be available to each of us who chose to use it.

Jim Wolfe

Nuuanu

SB 1129 – Death With Dignity Act
Senate Commerce, Consumer Protection and Health Committee
Conference Room 229; February 15, 2017

Honorable Chair, Vice Chair and Committee Members:

IN STRONG SUPPORT

Below is the text of Governor Jerry Brown’s signing letter for California’s medical aid in dying bill that took effect last year. This was not easy for him. A devout Catholic, prior to attending law school, he had spent three years in residence in a Jesuit seminary intent on becoming a Catholic priest. And as we know, the Catholic Church staunchly opposes medical aid in dying.

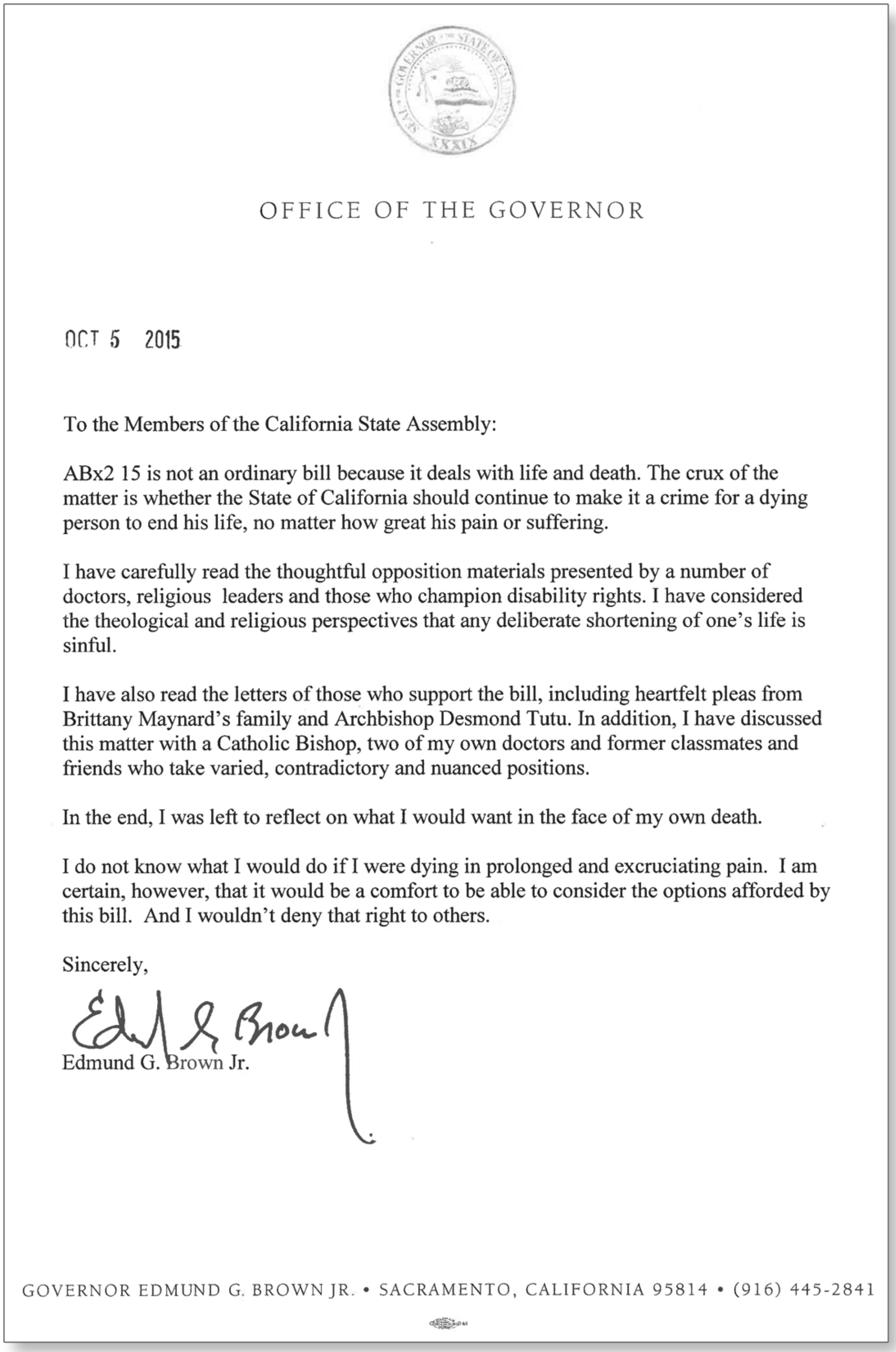
This was a gut-wrenching decision for Brown. He carefully read all the opposing camp’s arguments, consulted with a Catholic bishop, his own doctors, and former classmates and friends, as well as with Archbishop Desmond Tutu.

What is most striking about Brown’s personal and conflicted signing document is the extent to which he attempts to reconcile the best arguments against the bill—particularly the religious and theological ones—with his sense that he cannot be certain that, were he in the same situation, he would not want the right to end his own life. As he put it:

> I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to consider the options afforded by this bill. And I wouldn’t deny that right to others.

There is much wisdom in this simple statement. I humbly ask the committee members to not deny those in extreme pain at the end of their lives the right to a peaceful death.

Respectfully Submitted,
Brian Baron - 808-946-7663
2207 Mohala Way
Honolulu, Hawaii 96822



OFFICE OF THE GOVERNOR

OCT 5 2015

To the Members of the California State Assembly:

ABx2 15 is not an ordinary bill because it deals with life and death. The crux of the matter is whether the State of California should continue to make it a crime for a dying person to end his life, no matter how great his pain or suffering.

I have carefully read the thoughtful opposition materials presented by a number of doctors, religious leaders and those who champion disability rights. I have considered the theological and religious perspectives that any deliberate shortening of one's life is sinful.

I have also read the letters of those who support the bill, including heartfelt pleas from Brittany Maynard's family and Archbishop Desmond Tutu. In addition, I have discussed this matter with a Catholic Bishop, two of my own doctors and former classmates and friends who take varied, contradictory and nuanced positions.

In the end, I was left to reflect on what I would want in the face of my own death.

I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others.

Sincerely,

Edmund G. Brown Jr.

GOVERNOR EDMUND G. BROWN JR. • SACRAMENTO, CALIFORNIA 95814 • (916) 445-2841

CPH Testimony

From: Laura Thompson <4pinky2@gmail.com>
Sent: Monday, February 13, 2017 9:29 PM
To: CPH Testimony
Subject: SB1129

This 91 year old native Hawaiian requests your consideration and approval of SB1129 because it makes good sense and is badly needed in our Hawaii. On a personal note, the day may come when I will say mahalo and aloha you for making it possible for me to choose a comfy way out. It might happen to you, too. Imua! Pass the bill, be kind and humane.

Aloha,

Laura L. Thompson
440Puamamane St.
Honolulu, HI 9682Phone: 373-9387
Email: 4pinky2@gmail.com

CPH Testimony

From: Rev Samuel Cox <revsamuelcox@gmail.com>
Sent: Monday, February 13, 2017 9:39 PM
To: CPH Testimony
Subject: SUPPORT for Senate Bill 1129, Compassion and Choices

Senate Commerce, Consumer Protection and Health Committee
State Capitol
Support for Senate Bill 1129,Compassion and Choices

Dear Senators:

As a retired United Methodist pastor, I urge you to support Senate Bill 1129.

Over the course of my pastoral ministry of more than 50 years, I have witnessed many of our members who could have benefited for Compassion and Choices. There are times in the course of dying that the quality of life is so bad that the compassionate choice is to hasten our passing.

My own father, who was also a pastor, suffered a stroke some 30 years ago. There was no prospect of a recovery. He suffered miserably for 3 months and wanted to die. In retrospect I wish he had the choice of dying, while he was still conscious, perhaps with his loving family with him in a religious service.

I have looked at Senate Bill 1129. It is well crafted with adequate safeguards.

Aloha,

Rev. Samuel Cox
Pohai Nani Retirement Community
45-090 Namoku Street, Apt. 904
Kaneohe, HI 96744
Cell (808) 779-3606

CPH Testimony

From: dkk@hawaiiantel.net
Sent: Monday, February 13, 2017 9:48 PM
To: CPH Testimony
Subject: SB 1129. 2/15 8:30am. Support.

Aloha.

I am Deborah Kimball, and I support the purpose of SB1129.

My father died after 10 years of Alzheimer's, for which there was no treatment but required constant watching and care. That was a powerful lesson in what dependence means.

Thirty years ago I was called to California as my mother, then my age now, was seriously ill in the hospital. I raced over there and arrived at the hospital in late afternoon. My mother was in poor physical and mental condition. The father-&-son doctor team informed me that they would insert a feeding tube in her abdomen the next morning. I said she didn't want that and that I therefore opposed it. They said "Do you have the Power of Attorney?" I didn't, and my attorney friend couldn't get to me that day.

The surgery was done against my mother's and my will. Mom that night pulled out the feeding tube. The doctors were furious, apparently at her and me, and as I still couldn't get a Power of Attorney in time they re-inserted the tube. My mother lived with the tube and in bed, in very poor physical and mental shape in nursing homes she was shuffled around to, for another 10 years. A very long and sad ending for a previously very energetic person who had wanted to die when her life's quality was gone. Another powerful lesson in how not to spend the end of life.

When I had occasion some years later through my church to choose among end-of-life options, I was anxious. There were so many possibilities of illness and accident, I was "bargaining"--yes, let me go if this or this, but not if that or that; my brain denied that at the end of life I'd be incompetent to make choices and that I wouldn't want to live in that condition!

Years later, my denial and anxiety led me to convene a Death & Dying group. We did readings, lastly the best-selling Being Mortal: Medicine and What Matters in the End by a neurosurgeon who questioned whether another surgery would be the choice of a patient with little life left; this transformed his thinking. Mine has transformed too.

On "God's will": if God, or nature, had its way I'd have died at 7 years old of a kidney infection instead of being one of the first civilians to be saved by penicillin. Without drugs I'd have died at 9 of pneumonia, and as I was a sickly kid 'til 12 years old I'd have suffered a great deal more. Here I am at 79, knowing drugs have stopped the suffering of many millions of people and also knowing that about 80% of U.S. health dollars are spent at the end of our lives frantically trying to stop death, which always comes. Why wouldn't one want to "die in a peaceful, humane manner"? and to have choices of treatment--or lack of it--IF one wants choices?

Death doesn't frighten us, I believe, nearly as much as how we do our dying. It's a difficult topic, and I commend you all for taking it on with reason and careful thought. With the best safeguards to protect individuals in this most personal, final life process, let's move forward.

Mahalo.

CPH Testimony

From: Janice Davis <davisw007@gmail.com>
Sent: Monday, February 13, 2017 10:03 PM
To: CPH Testimony
Subject: Senate Bill 1129, Death with Dignity Act

We all die. Because the person is in the process of dying and seeking the option to hasten an already inevitable and imminent death, the request to hasten a death should not equated with suicide.

The American Health Association has recognized using the term “assisted suicide" is "inappropriate when discussing the choice of a mentally competent, terminally ill patient to seek medications that he or she can consume to bring about a peaceful and dignified death."

The patient’s primary objective is not to end an otherwise open-ended span of life, but to find dignity in an already impending exit from this world. They’re participating in an act to shorten the agony of their final hours, not killing themselves; cancer (or another common underlying condition) is killing them. This intensely personal decision should not be left to governments, judges or legislators.

I urge you support Senate Bill 1129, Hawaii’s Death with Dignity Act

Janice Davis
Kailua

From:	Martha Martin <mauimartha@gmail.com>
Sent:	Monday, February 13, 2017 11:27 PM
To:	CPH Testimony
Subject:	Death with Dignity , SB 1129

I strongly support SB 1129, authorizing medical aid in dying for terminally ill people living in Hawaii who choose this voluntary right.

At least four other states have already passed Death with Dignity acts.
A majority of residents in Hawaii now support having this choice legal here also.
Those who oppose this are not effected, as they have a choice and do not have to do this. They should not prevent an optional choice for those who do approve of it.

I urge Hawaii to pass this law. Human bodies wear out in different ways, some of which medicine cannot cure. The goal of a good life and a good death is a personal choice that should be allowed in Hawaii.

I have lived 84 years, mostly in the State of Hawaii. I have known death to come differently for each of my relatives and friends. When the dying process progresses to become unbearably burdensome and painful, the terminally ill should have a legal option to decide what to do.

Ms. Martha E. Martin
POB 790300
29 Hana Hwy
Paia, HI 96779

from my iPad

CPH Testimony

From: Emilio D'alise <ejdalise@gmail.com>
Sent: Monday, February 13, 2017 11:46 PM
To: CPH Testimony
Subject: Medical Aid in Dying

I'm writing in support of Senate Bill 1129. I stand fast in my belief that I and others should be allowed to choose to die with dignity and without needless suffering.

I hope this greatest of freedoms becomes a reality in the State of Hawaii as it has in other states.

Emilio J. D'Alise
77-296 Kalani Way, Unit 13
Kailua Kona, HI 96740

CPH Testimony

From: oahutran@yahoo.com
Sent: Tuesday, February 14, 2017 4:47 AM
To: CPH Testimony
Subject: Senate Bill 1129

I urge you to support Senate Bill 1129, which would authorize medical aid in dying. I believe that people with terminal conditions should be able to have this option available to them, and that the decision rests with the patient, their family, and their doctor. Knowing that there is an alternative to avoid certain pain and suffering will be liberating to those facing the end of life.

David Atkin
2169 Ahaku Place
Honolulu, HI 96821

oahutran@yahoo.com

CPH Testimony

From: Anita Cameron <anitacameron007@gmail.com>
Sent: Tuesday, February 14, 2017 6:38 AM
To: CPH Testimony
Subject: Testimony in Opposition to SB 1129
Attachments: Testimony in Opposition to SB1129.docx

Testimony in Opposition to SB 1129

Monday, February 13, 2017

Good day. Thank you very much for allowing me to offer my thoughts to you today.

My name is Anita Cameron. I am a 51-year-old with multiple disabilities, two of which are degenerative, and one which will take my life. I am writing in opposition to SB 1129, the Death with Dignity Act.

I will not use the euphemism that is the name of this bill, but will refer to it by exactly what it is - physician assisted suicide. It is very important to be up front, clear and honest about what this is. Couching it in pretty language and hiding the truth is disingenuous at best, and dangerous, at worst.

I am Director of Minority Outreach for Not Dead Yet, a national disability rights organization opposed to physician assisted suicide and euthanasia as deadly forms of discrimination against people with disabilities. I live in Rochester, New York, but work with people of color around the nation.

My primary reason for opposition to this bill and others like it is that disabled BIPOC (Black, Indigenous and People Of Color) are at particular risk of being harmed by it.

Our health care system is inherently racist. Studies show that Blacks and people of color receive inferior medical treatment compared to Whites. We are less likely to receive adequate treatment for heart conditions, diabetes, cancer and chronic pain.

The lives of people with disabilities are largely devalued by doctors and society, in general. The lives of BIPOC with disabilities are even more devalued due to racism and stereotypes about our communities.

As a Black Indigenous Latina, I could never wrap my head around the assisted suicide phenomenon. I thought that it was some odd thing that privileged White people were into. My thoughts were confirmed when I learned that the Pew Research Center recently found that while 54% of Whites supported assisted suicide, 65% of Blacks and Latinos opposed it.

Although assisted suicide requests in Oregon are lower among Blacks and people of color, that doesn't mean that this won't change in more diverse areas, especially as healthcare support lessens and assisted suicide becomes more acceptable due to the efforts of groups like Compassion and Choices.

Another reason for my opposition is that doctors would be the gatekeepers of people's lives (anyone can ask for assisted suicide, but it is the doctor that decides who gets it), and can decide for you about your quality of life.

Further, doctors often make mistakes about whether a person is terminal or not. In June, 2009, while living in Washington state, my mother was determined to be in the final stages of Chronic Obstructive Pulmonary Disease and placed in hospice. Two months later, I was told that her body had begun the process of dying. My mother wanted to go home to Colorado to die, so the arrangements were made. A funny thing happened, though. Once she got there, her health began to improve! Almost eight years later, she is still alive, lives in her own home in the community and is reasonably active.

Because of the racist nature of our health care system and the tendency of doctors to devalue the lives of disabled and people of color, assisted suicide has no place as an option in Hawaii. Please vote NO on SB 1129!

Thank you for your attention.

Anita Cameron

Civil rights are not given. You must fight to get them, then, fight to keep them.

Anita Cameron
Director of Minority Outreach
Not Dead Yet
www.notdeadyet.org

My website - Musings of an Angry Black Womyn
http://www.angryblackwomyn.com

My Blog at Partnership for Inclusive Disaster Strategies (PIDS)
http://www.disasterstrategies.org/index.php/blog

Follow me on Twitter
http://www.twitter.com/adaptanita

My LinkedIn Profile
http://www.linkedin.com/in/anitacameron

CPH Testimony

From: Patricia Blair <patriciablair@msn.com>
Sent: Tuesday, February 14, 2017 6:55 AM
To: CPH Testimony
Subject: I support SB 1129

Patricia Blair, Kailua, Hi

Sent from my iPad

From: angela@myartmail.com
Sent: Tuesday, February 14, 2017 7:42 AM
To: CPH Testimony
Subject: Death with Dignity Act, SB 1129

I support the **Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation.**

The time has come for Hawaii to step up and enact legislation in 2017 that offers legal options for those who are terminally ill to reduce their suffering. I watched my father die of congestive heart failure; his last week of "life" was excruciating for him and his family. I do not want this end for myself.

Compassion & Choices Hawaii has revealed research that shows that 80% of Hawaii voters believe a medical aid in dying option should be available and 94% of voters agree that the decision of a terminally ill person to request medication to bring about his or her death is a ***personal*** decision and not a government decision.

Our state has a proud history of diversity, tolerance and support for individual rights. The proposed medical aid in dying legislation supports the rights of terminally ill individuals in Hawai'i to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death.
Six other states have paved the way, California, Oregon, Washington, Montana, Vermont and Colorado, let's get on board.

Angela Posatiere
716 Maluniu Ave, Kailua, HI 96734
808-263-0273

From:	Patti Yasuhara <pyasuhara@hawaii.rr.com>
Sent:	Tuesday, February 14, 2017 7:46 AM
To:	CPH Testimony
Subject:	Please Vote NO to SB1129

Dear Senators Rosalyn Baker, Chair
Clarence Nishihara, Vice Chair

We submit this testimony in strong OPPOSITION to physician suicide under any description for the following reasons.

* Proper medical care includes only treating diseases NOT killing the patient.

* Legalizing physician assisted suicide sends the wrong message to our troubled teens that suicide is an acceptable way to solve problems.

* In Hawaii we take care and love our Kupuna, we don’t abandon them to suicide.

We urge you to vote no and kill SB1129 at the hearing on Wednesday, February 15, 2017

Dr. & Mrs. Ken Yasuhara

683 Kumukahi Place
Honolulu, Hawaii 96825

Registered voters District 18

CPH Testimony

From: Barbara Alexander <babs@ladybuglan.com>
Sent: Tuesday, February 14, 2017 8:05 AM
To: CPH Testimony
Cc: Sen. Laura Thielen
Subject: RE: S.B. 1129

Importance: High

Dear Members of the Senate Health Committee,

I am writing in support of S.B. 1129.

Your committee will be hearing this bill on Wednesday, February 15 at 8:30 AM in room 229 at the State Capitol.

In an age where individuals have less and less control over critical matters in this country, state and our city & counties, an individual ought to have control over their own body.

We want to live our lives with dignity and we ought to have end-of-life dignity also. If one is, unfortunately, confronted with a diagnosis of a terminal illness, and especially one that can cause much pain and suffering, one ought to be given the right to determine how and when to put an end to that pain & suffering.

The State of OR passed its Dignity Act ('DWDA') in Oct., 1997. Since it has been available to its residents, the state has collected data on its implementation/use. This data has shown that the law has overwhelmingly NOT been abused. Per the Annual Report for 2015*, of the 132 DWDA deaths, 78.0% of the patients were 65 years or older.

Of the 218 DWDA prescriptions written in 2015, 125 patients ingested the medication and died without regained consciousness*. In other words, they died without suffering needlessly.

* The OR DWDA: 2015 Data Summary can be viewed at:

http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf

A long-time friend of mine lived in the State of WA, which has a WA Death with Dignity Act, Initiative 1000. My dear friend, living with a terminal illness, choose to avail herself of the law. However, during that last week of her life, her health failed so rapidly, that she passed quietly without the need to take the prescribed medications. I truly believe that she had peace of mind knowing that the option was available.

No one ought to have the right to take that option away from an individual.

Please see that S.B. 1129 is put to a vote. I urge the Senate to then vote YES.

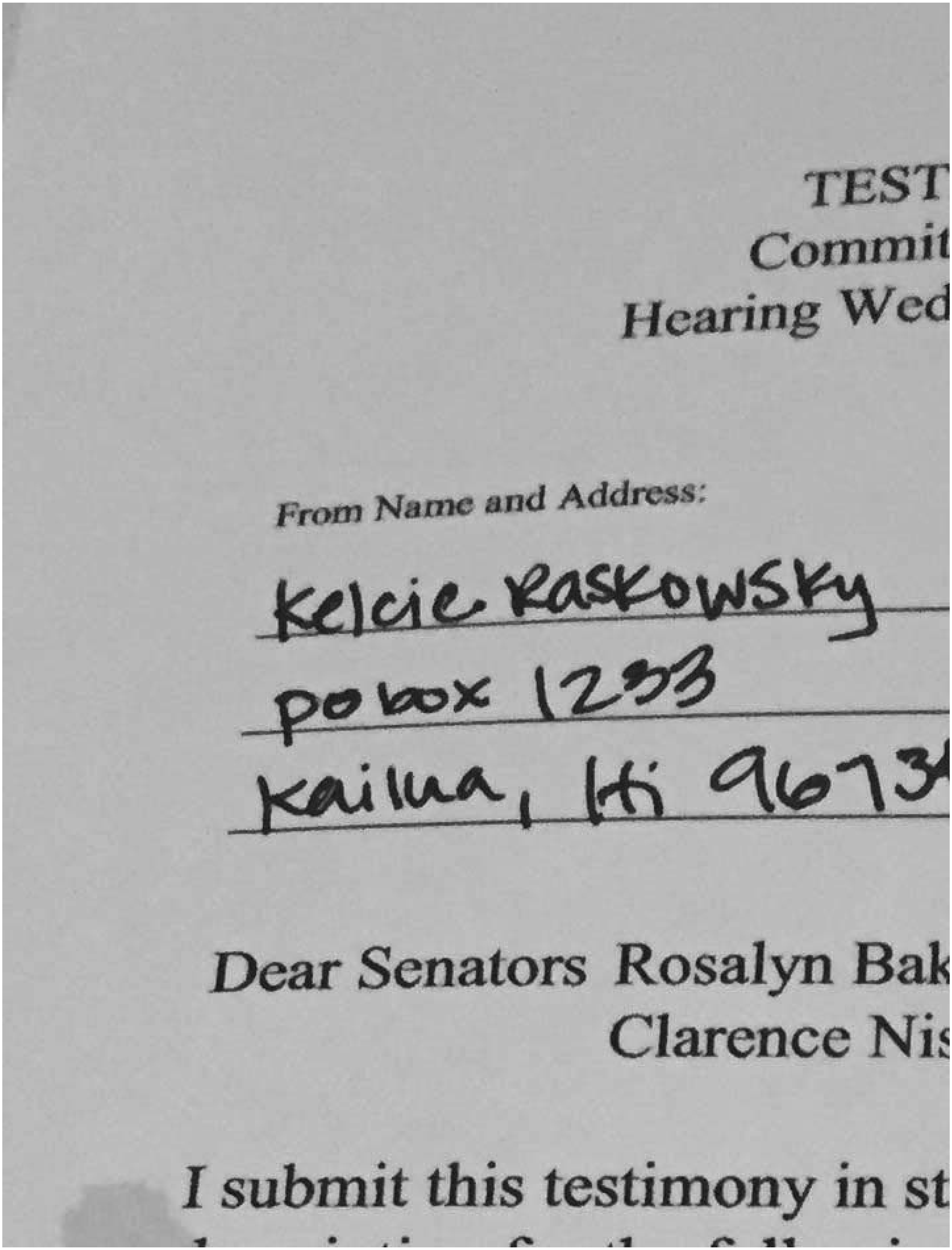
Mahalo.

Regards,

B.A. Alexander
851A Mokulua Drive
Kailua 96734

CPH Testimony

From: kelc.raz@gmail.com
Sent: Tuesday, February 14, 2017 8:09 AM
To: CPH Testimony
Subject: NO to assisted suicide



TEST
Commit
Hearing Wed

From Name and Address:

Kelcie Raskowsky
po box 1233
Kailua, Hi 9673

Dear Senators Rosalyn Bak
Clarence Nis

I submit this testimony in st

Aloha
I am 31 years of age. I have suffered chronic life threatening illness' as well as well over 35 surgeries over the course of the last ten years. I have seen endless doctors all over Hawaii and the mainland in the most accredited facilities in the US. I suffer daily, fight for my life daily and I'm in chronic pain daily and no my road isn't over and may never be. I have had endless days where doctors have told me my body is killing itself and there's not much that can be done that I'm going to die. I have had my days of just pure exhaustion and despair from everything that embodies having a chronic or short term medical ailment or illness. I have been there wanting to just be done because I'm tired and sick of fighting. Especially when I'm fighting within the insanely corrupt and morally inept outlook and approach that embodies the health care system. A system filled with real people, doctors physicians nurses specialists who we think are going to be there in times like this. A system and staff that was originally put in place to help people to do everything they could to bring about the best form of life a sick person can have, cure those that can be cured and give medically based advice and treatments NOT opinions.

Well I was sick as a child as well and I have watched as our healthcare system has become nothing short of despicable. It's an exponentially flawed system that swallows the good doctors who live and practice medicine by a moral compass and magnifies those that have long lost that compass along with conviction and the original purpose all together. Healthcare has lost its integrity.

I am ten years into my Helath trials. Ten years and counting of suffering in ways you can't even fathom. Seeing things experiencing things daily that I pray you never will. Being told your dying or going to die, there's no options give up was a common statement I've heard and still hear over the years. I'm ten years in and now finally have a portion of my diagnosis not because a doctor decided to properly test me or have determination to seek out answers for me. Although that is the purpose behind his/her profession. No it's because I didn't take the doctors lazy approach and personal "give up" attitudes and flawed opinions of when they thought I was going to die and when I should give up as fact. Nor did I take the insurance companies and hospital policies as good enough. I refused to settle and I didn't. I gained that strength to keep going in those moments of darkness and feeling like giving up from God. I share my struggle with you so you can see how sick I am so you can see the daily battle the burden at times this can be. So you can see I am a person a person who has bad days, but gets through them, I got through those times of trial and I still do and I didn't need someone to kill me or use my weak moments as a sign of me wanting to die in the process.

I watched and still watch as many many people in the rooms next to me suffer the same way I have and do both physically and emotionally and they don't know God. all they have is their doctors. Men and women who were placed there to keep them safe, keep them encouraged knowing that they are going to do everything they can to help find them answers and to fight this. Encouraging them that their gonna fight all the odds stacked up against them. When patients are fighting harder than their doctors theirs a problem and this is what I see and live day in and day out as a patient.

Doctors are so quick to give u no support, no comfort and no hope without ever having really given your Health issues a fair or extensive exploration, testing or fight. Everyone who's sick has that moment where they want to give up, but what may surprise all of you who have not suffered as we have, or think you know what we need or want is we are SO much stronger than you think we are mentally and physically and odds are you don't know what we need or want. We may and will have our moments of despair or being tired of the fight, but it's a moment and in that moment what we need is love, compassion, support, people coming along side us praying for us being there emotionally so we know we're not in this fight alone. We need doctors and nurses and a health care system fighting as hard as we are. What we do NOT need is a doctor or nurse or hospital chiming in with their two cents on how you can make it all go away with the slip of an injection or a pill or whatever. We don't need you preying on us when we're weak encouraging or offering an out that in the moment may sound appealing, because like I said a moment doesn't last forever and if we listen to you in that moment we will never be able to take it back. This bill that your suggesting can and will destroy a person as well as their family. It will destroy the fight they have fought so diligently. A fight that u have no share in. All this because you gave your two cents on what you think.

All we desire is your love and support and knowledge not your opinions filled with discouragement and doubt. If I listened to what every doctor thought and stopped fighting I would not be here today, years past the days they told me I would be dead.

There is an unspoken understanding sick people have its something those who know just know. We fight deeper and harder than were given credit for and this, this bill your trying to pass it's not only a total slap in the face for all the fighting we do, but it's a cop out for the healthcare system. its yet another thing that the hospital and doctors and "medical policy" is hoping to use to benefit themselves. You say this is for our benefit, but what would benefit us is a healthcare system that fought for us not against us. Tell me what about how your manipulated influence in mine or anyone else's weakest moment within a trial a trial that most of you can't even fathom is to benefit myself?? It's not. This bill is being put out there to manage numbers not lives. Sick people don't need a sooner or unnecessary death. We need our doctors, our nurses, our healthcare system to be reminded of why it was created in the first place. The line between patients wellbeing and "opinions and policy" has become more blurred than I think anyone is willing to acknowledged. Don't forget why doctors became doctors it's because they wanted to help people they wanted to save lives and they wanted to be challenged in it. You might be surprised, but the good doctors they LOVE and celebrate seeing us outlive their prognosis. See The healthcare system has suffocated that purpose with policies and pressure to just keep us moving like we're animals in a factory, not actually people fighting for our lives. Before we think of offering up free death certificates maybe we should start where the problem actually lies and get back to the purpose in why the healthcare system was first created. To save lives not take them.

I vote Unequivocally NO to the assisted suicide bill💪□

Aloha Kelcie Raskowsky

Aloha Kelcie

From: Patrick Rorie <prorieandmnt@gmail.com>
Sent: Tuesday, February 14, 2017 8:16 AM
To: CPH Testimony
Subject: Strongly opposed to SB 1129 Death with Dignity

(not testifying in person)

Dear members of the Commerce, Consumer Protection and Health Committee,

Please vote "No" to SB 1129 Death with Dignity. This bill should be strongly opposed for the following reasons...

OPENS THE DOOR TO ABUSE: Elder abuse is a major health problem in the United States with federal estimates that one in ten elder persons are abused, most often by a family member. Placing lethal drugs into the hands of abusers generates an additional major risk to older persons. In fact, allowing physicians to cross the line into killing does not stop with willing patients who request it. A greedy heir or an abusive caregiver can pick up the drug and either coerce a patient to take them or put them into a patience's food. Who would know if the drugs are freely taken since there is no supervision or tracking of the drugs once they leave the pharmacy.

SUICIDE IS NOT THE SOLUTION: In Hawaii, where suicide and depression among teenagers remains high, sending the message that suicide is okay in some instances is not the answer. In Oregon, which has allowed assisted suicides for almost 20 years, recent data indicates that suicides in the general population are 40% higher that the national average. Hawaii's teenagers deserve better than mixed messages.

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. Passage of assisted suicide may soon create a dangerous "duty to die" that pressures older people and those with disabilities or depression into ending their lives. Death may become a reasonable substitute to treatment and care as medical costs 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 lessen pain and treat other symptoms for all patients. Another alternative is palliative care through hospice, which addresses the physical, emotional and spiritual needs of dying patients and their families.

Most sincerely and with Aloha,

Patrick Rorie (Hawaii resident since 1987, currently residing in Aiea, Hawaii)

CPH Testimony

From: Luz Medina <luzpmd@icloud.com>
Sent: Tuesday, February 14, 2017 8:16 AM
To: CPH Testimony
Cc: luzpmd@aol.com
Subject: SB 1129

Honorable Senator Rosalyn H Baker

I am a practicing physician in Maui who abides by the Hippocratic oath to honor life and not to end it.
I oppose physician assisted suicide.

Luz Patricia MedinaMD

Sent from my iPhone

Stephen Mendelsohn
171 Hartford Road, #19
New Britain, CT 06053-1532
smendelsohn5845@att.net

Testimony in strong opposition to SB 1129
Hawai'i Death with Dignity Act
February 15, 2017

Senator Baker and members of the Commerce, Consumer Protection, and Health Committee:

I am an autistic adult and one of the leaders of Second Thoughts Connecticut, a coalition of disabled people opposed to the legalization of assisted suicide. Our organization works together with national disability rights organizations including Not Dead Yet and the Disability Rights Education and Defense Fund to oppose such legislation. I also serve on the board of directors of the Euthanasia Prevention Coalition USA.

You may wonder why a disability rights advocate 5000 miles away in Connecticut cares so much about legislation in Hawai'i. To paraphrase the Reverend Dr. Martin Luther King, Jr.'s "Letter from a Birmingham Jail," I cannot stand by idly in Connecticut and not care about what happens in Hawai'i. Injustice anywhere truly is a threat to justice everywhere.

Over 200 attempts to pass similar legislation have been rejected by legislatures across the nation. My home state of Connecticut has rejected similar legislation three years in a row without a single committee vote in response to our strong disability-rights opposition. When legislators look at the details of these bills, they understand that legalizing doctor-prescribed suicide diminishes rather than enhances choice. It also poses unacceptable risks to people who have no intention of dying, or who could have lived productive lives with treatment. They have second thoughts and oppose such legislation.

The ostensible safeguards in SB 1129 are hollow. Shockingly, the bill is an outright euthanasia bill that makes no pretense of requiring the patient self-administer the lethal dose. The witnesses to the written request for the lethal prescription can be an heir and a close friend of that heir (or a representative of the patient's health insurer) seeking to pressure someone into ending his or her life. There is no requirement that any of the requests be made in the presence of the physician who will prescribe the lethal dose, while doctor shopping further weakens any "safeguards." The heir could pressure the victim to sign the written request at home and mail or fax it to the physician, who may have no clue that the request was coerced. Moreover, the bill does not require any witnesses at the time the lethal prescription is consumed. Did Grandpa take the 100 Seconal pills voluntarily, or did he change his mind only to have his heir compel him to do it? SB 1129 has no investigational authority and gives legal immunity to prescribing doctors who act in "good faith." Furthermore, in § 17, doctors are **required** to falsify death certificates, listing the cause of death as the underlying illness instead of the lethal prescription, as "[a]ctions taken in accordance with this chapter shall not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide under the law."

Combined with the permission of third parties to administer the lethal dose, this further covers up potential foul play. The mere existence of the lethal prescription serves as an alibi. The possibilities for elder abuse are enormous.

Contrary to claims of proponents, there have been a number of documented abuses in Oregon, in addition to all the ones we will never know about because of the lack of investigational authority. The case of Tami Saywer and Thomas Middleton is instructive. Middleton had ALS and moved into Sawyer's home, where he died a month later under Oregon's assisted suicide law. Two days after the death, Sawyer sold Middleton's house and deposited the proceeds into her account. Sawyer pleaded guilty to fraud and money laundering in a Ponzi scheme. A second case involving Middleton's estate was dropped only because she was already serving jail time. We will never know whether this was merely fraud or murder for profit. Indeed, this story came to light only because of suspicious real estate transactions and in spite of the concealment entailed by Oregon's assisted suicide law.

Oregon also demonstrates the deadly mix between assisted suicide and medical cost-containment. Barbara Wagner and Randy Stroup were denied chemotherapy for their cancers under the Oregon Health Plan (Medicaid) yet offered suicide drugs instead. Chillingly the president of Compassion & Choices, former HMO executive Barbara Coombs Lee, wrote an op-ed in *The Oregonian* defending Oregon's denial of Tarceva to Barbara Wagner, suggesting that government steer people away from curative care and toward less aggressive treatment or suicide.

Another problem in Oregon is suicide contagion. According to the Centers for Disease Control, Oregon's already high suicide rate has increased much more than the national average; from 1999 (shortly after the Oregon Death with Dignity Act took effect) until 2010, the rate of increase for people age 35-64 was 49% in Oregon versus 28% nationally. Given the motto of Compassion & Choices and other "right-to-die" organizations is "My Life. My Death. My Choice." this should come as no surprise.

Mercilessly bullied autistic and LGBT youth can pick up this message that "my death" is "my choice"—a message which Compassion & Choices has displayed on its green stickers and Facebook pages—and act on it. Those of us on the autism spectrum can take messages like this quite literally. Nikki Bacharach, the autistic daughter of Burt Bacharach and Angie Dickinson, committed suicide eight years ago. Her parents issued the following statement, according to Lisa Jo Rudy of About.com: "She quietly and peacefully committed suicide to escape the ravages to her brain brought on by Asperger's." This strange and creepy announcement is the logical product of Compassion & Choices' assisted suicide advocacy, where "peaceful suicide" is glorified and disability is viewed as "ravaging" our minds and bodies. This is disability discrimination and is unacceptable.

About one year ago, Connecticut became the first state to officially recognize the wrongfulness of this discrimination in its state suicide prevention plan. Here is the relevant excerpt from the *State of Connecticut Suicide Prevention Plan 2020*, which explicitly cites legalized assisted suicide as a contributing factor (pp. 43-44):

> People with Chronic Health Conditions and Disabilities

> Living with chronic or terminal physical conditions can place significant stress on individuals and families. As with all challenges, individual responses will vary. Cancer, degenerative diseases of the nervous system, traumatic injuries of the central nervous system, epilepsy, HIV/AIDS, chronic kidney disease, arthritis and asthma are known to elevate the risk of mental illness, particularly depression and anxiety disorders.
>
> In these situations, integrated medical and behavioral approaches are critical for regularly assessing for suicidality. Disability-specific risk factors include: a new disability or change in existing disability; difficulties navigating social and financial services; stress of chronic stigma and discrimination; loss or threat of loss of independent living; and institutionalization or hospitalization.
>
> Until recently, the CTSAB [Connecticut Suicide Advisory Board] was considering assisted suicide of the terminally ill as a separate issue from suicide prevention. The active disability community in Connecticut, however, has been vocal on the need for suicide prevention services for people with disabilities. There may be unintended consequences of assisted suicide legislation on people with disabilities. Peace (2012) writes that "Many assume that disability is a fate worse than death. So we admire people with a disability who want to die, and we shake our collective heads in confusion when they want to live."
>
> People with disabilities have a right to responsive suicide prevention services. The CTSAB intends to continue to explore the needs of the disability community for such services.
>
> Targeted Recommendations:
>
> - Develop greater scrutiny of someone's intentions to die.
> - Identify and train practitioners to develop expertise in the work with disabled people who are suicidal.
> - Do not "assume" suicide is a "rational" response to disability.
> - Treat mental health conditions as aggressively as with a person without disability.
> - CTSAB should encourage and increase participation from the disability community and encourage educational presentations.

I would strongly urge Hawai'i to follow Connecticut's lead and fully include disabled people in your state's suicide prevention plan, officially recognizing the discrimination of legalized assisted suicide.

Misdiagnosis and incorrect prognosis are also serious concerns when assisted suicide is legalized. SB 1129 allows for a prognosis of six months to live, but does not take into account the effects of treatment. Many people with severe disabilities who need breathing support, or people with diabetes controlled by insulin, would be eligible for suicide under this bill. Even if the bill were to include the effects of treatment, many people have dramatically outlived doctors' expectations. Senator Ted Kennedy was diagnosed with brain cancer and given 2-4 months to live, yet lived 15 very productive months. Actress Valerie Harper was diagnosed with a different form of brain cancer and given 3 months to live; she is alive and fighting her disease more than four years later. Jeanette Hall, diagnosed with cancer and given six months to a year to live, sought to die under Oregon's assisted suicide law. Her doctor persuaded her to accept treatment, and she is alive and well nearly 15 years later. John Norton was diagnosed with ALS at age 18 and given 3-5 years to live. The diagnosis was confirmed by the prestigious Mayo Clinic. Six years later, the progression of his disease suddenly stopped and he is alive at age 79, with a wife, children, and retired from a successful career. He writes that if assisted suicide had been legal at the time, "I would have taken that opportunity."

Rahamim Melamed-Cohen, sometimes called "Israel's most famous terminally ill patient," was diagnosed with ALS over 20 years ago and was also given 3-5 years to live. In spite of the fact that he can only think and blink his eyes, he has said that "if they [the doctors] had let me die, I would have missed out on the best, most beautiful years of my life." He has written 12 books and created beautiful artwork using Microsoft's eye-tracking technology. What makes Dr. Melamed-Cohen a role model for the rest of us is his attitude, which is the complete opposite of the "death with dignity" movement: "Don't despair. Be optimistic and work on joy in your heart. No matter what you're lacking think of what's possible to do in your present situation."

Dr. Melamed-Cohen's attitude reminds us of the importance of our social interconnectedness, that "my death" is not a private, individualistic choice, but affects all around us. In the immortal words of Reverend Dr. Martin Luther King, Jr., "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly." Yet under SB 1129, in § 8, family notification is merely recommended, not required. What if one of your relatives took the lethal prescription and you had no idea this was coming? Death is too important to be reduced to six word slogans claiming it is merely a matter of "my choice."

Finally, there is the issue of expansion. Leaders of Compassion & Choices and other "right-to-die" organizations have publicly stated their intent to come back later to expand beyond "six months," "terminally ill," and "mentally competent." At a gathering in Hartford, Connecticut in October 2014, Compassion & Choices president Barbara Coombs Lee declared her support for assisted suicide for people with dementia and cognitive disabilities unable to consent. *CT News Junkie* quoted her saying, "It is an issue for another day but is no less compelling." Dr. Marcia Angell, leading proponent of the defeated 2012 Massachusetts' assisted suicide ballot question, wrote in *The New York Review of Books* that she now favors euthanasia as well as assisted suicide. New Mexico is currently debating legislation (HB 171) that allows for assisted suicide on demand with no second opinions, waiting periods, multiple requests, or reporting requirements, has an expansive definition of "terminal illness," and even allows non-physicians to prescribe the lethal drugs. Other bills filed here in Hawai'i have similar, extremely expansive provisions.

If SB 1129 were enacted, further expansion, even beyond euthanasia, will move into the hands of judges. While we in the disability-rights community view legalizing assisted suicide as a violation of the Americans with Disabilities Act and the equal protection clause of the Hawai'i Constitution—people with certain disabilities are thus denied the benefit of suicide prevention services—judges could easily use both of these provisions to require extending the "benefit" of "aid in dying" to other disabled people. The limitations of "six months," "terminally ill," and "mentally competent" in SB 1129 all discriminate on the basis of disability. Indeed, back in 1999, former Deputy Attorney General of Oregon wrote this response to state senator Neil Bryant regarding the self-administration requirement in that state:

> "The Death with Dignity Act does not, on its face and in so many words, discriminate against persons who are unable to self-administer medication. Nonetheless, it would have that effect....It therefore seems logical to conclude that persons who are unable to self-medicate will be denied access to a 'death with dignity' in disproportionate numbers. Thus, the Act would be treated by courts as though it explicitly denied the 'benefit' of a 'death with dignity' to disabled people...."

SB 1129 already does away with the requirement of self-administration found in the handful of states that have legalized assisted suicide. Yet this is only one step down a clearly paved road to further expansion. What about the person with Parkinson's disease, who will have tremors for years before dying? What about people with communication disabilities who may not be able to make the request on their own? What about Grandma with dementia, or the person with a severe psychiatric disability? Once the door to assisted suicide is pried open in enough states, Compassion & Choices will seek to open it further through the courts, going from six months terminal to one year, to perhaps five years; from assisted suicide to euthanasia as is already the case with this bill; and from euthanasia for terminal illness, to chronic illness, to mental suffering. This is how we go down the same road as Belgium and the Netherlands, where we see euthanasia for deaf twins who fear going blind, or for someone unhappy with gender reassignment surgery, and where euthanasia is the cause of 1 out of every 50 deaths. This is how we go down the same road as Canada, whose radical Supreme Court decision requiring the legalization of active euthanasia for mental suffering was heartily praised by Barbara Coombs Lee. For Compassion & Choices, these are merely issues for another day, and for them, no less compelling.

For those of us in the disability community, opposition to assisted suicide is an issue of justice and civil rights. Reject SB 1129, which enshrines lethal disability discrimination into law. Instead, let us recall Dr. King's dream, in which we all—regardless of race, religion, gender, sexual orientation, or disability—have inherent dignity, and we do not have to die to get it.

We Shall Overcome!

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Some Oregon and Washington State Assisted Suicide Abuses and Complications

> **"We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves."[1]**
>
> **Dr. Katrina Hedberg, Oregon Department of Human Services**

Under Oregon and Washington State's lax oversight, these are some of the documented abuses and complications that have come to light. This list includes abuses and medical complications, as well as other incidents showing some of the harms and dangers that accompany assisted suicide laws.

Doctor Shopping Gets Around Any "Safeguards"

- **Kate Cheney,**[1] 85, died by assisted suicide under Oregon's law even though she had early dementia. Her physician had declined to provide the lethal prescription. Her managed care provider then found another physician to prescribe the lethal dose. The second physician ordered a psychiatric evaluation, which found that Cheney lacked "the very high level of capacity required to weigh options about assisted suicide." Cheney's request was denied, and her daughter "became angry." Another evaluation took place, this time with a psychologist who insisted on meeting Cheney alone. Disturbingly, the psychologist deemed Cheney competent while still noting that her "choices may be influenced by her family's wishes and her daughter, Erika, may be somewhat coercive." Cheney soon took the drugs and died, but only after spending a week in a nursing home.

- **The first known assisted suicide death**[2] under the Oregon law was that of a woman in her mid-eighties who had been battling breast cancer for twenty-two years. Initially, two doctors, including her own physician who believed that her request was due to depression, refused to prescribe lethal drugs. Compassion & Choices—then operating under the name Compassion in Dying, although originally called The Hemlock Society—became involved in the case and referred the woman to a doctor willing to write the prescription.

  Dr. Peter Goodwin, the group's former Medical Director, said that about 75 percent of those who died using Oregon's assisted suicide law through the end of 2002 did so with the organization's assistance.[3] In one example year, during 2003, the organization was involved in 79 percent of reported assisted suicide deaths.[4] According to Dr. Elizabeth Goy of Oregon Health and Science University, Compassion in Dying sees "almost 90 percent of requesting Oregonians..."[5] "In 2008 the proportion of C&C PAS deaths significantly increased to 88 percent (53/60) of all reported deaths."[6] And in 2009, 57 of the 59 assisted suicide deaths were Compassion & Choices clients. But then they ceased to provide further information.[7]

Depression and Psychiatric Disability

- **Michael Freeland,**[8] age 64, had a 43-year medical history of acute depression and suicide attempts. Yet when Freeland saw a doctor about arranging an assisted suicide, the physician said he didn't think that a psychiatric consultation was "necessary." But the law's supporters frequently insist that as a key safeguard, depressed people are ineligible. When Freeland chanced to find improved medical and suicide prevention services, he was able to reconcile with his estranged daughter and lived two years post-diagnosis. Oregon's statistics for the years 2011 - 2014 show that each year, only 3% of patients (or fewer) were referred for psychological evaluation or counseling before receiving their prescriptions for lethal drugs.[9]

- **Absence of psychiatric consultation:** This case is about what can happen when competent psychiatric consultation is not provided. [A] woman in her mid-fifties with severe heart disease . . . requested assisted suicide from her cardiologist, despite having little discomfort and good mobility. She was referred to another doctor, who in turn referred her to a physician willing to provide assisted suicide. That doctor determined that the woman had more than six months to live, according to his best estimate. She was eventually dismissed as ineligible. Rather than inquire further into possible causes of [her] suicidal despair [or refer her for psychiatric treatment], the physician apparently considered … his responsibility ended. … [H]e told her to go back and make yet another appointment with her original physician and dismissed her. She killed her self the next day.[10]

Economic Pressures and Coercion

- **Linda Fleming**, the first to use the WA state law, was divorced, had had financial problems, had been unable to work due to a disability, and was forced to declare bankruptcy. Yet the Director of Compassion & Choices of Washington said that her situation presented "none of the red flags" that might have given his group pause in supporting her request for death.[11] But we are told by proponents that financial pressures have never played a role.

- **Thomas Middleton** was diagnosed with Lou Gehrig's disease, was moved into the home of Tami Sawyer in July 2008, and died by assisted suicide later that very month. Middleton had named Sawyer his estate trustee and put his home in her trust. Two days after Thomas Middleton died, Sawyer listed the property for sale and deposited $90,000 into her own account.[12] It took a federal investigation into real estate fraud to expose this abuse. Sawyer was indicted for first-degree criminal mistreatment and first-degree aggravated theft, partly over criminal mistreatment of Thomas Middleton. But the Oregon state agency responsible for the assisted suicide law never even noticed.

Self-Administration

- **Patrick Matheny**[13] received his assisted suicide prescription by Federal Express. He couldn't take the drugs by himself so his brother-in-law helped. Commenting on the Matheny case, Dr. Hedberg of Oregon Department of Human Services said that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted …" The state's official annual report on assisted suicide deaths did not take note of this violation of the Oregon law. Proponents regularly insist that the law's self-administration requirement is a key safeguard against abuse that is scrupulously followed, and that Oregon's reports have thoroughly reflected all key circumstances as the law has unfolded.

- **Another anonymous patient:** Dr. David Jeffrey wrote, “The question of administration is a delicate one, a patient even had a PEG feeding tube inserted solely to allow him to have PAS [physician assisted suicide].”[14] Concern about the fate of unused lethal barbiturates is compounded by the fact that the Oregon law does not necessarily require that the drugs be ingested by mouth. Barbara Glidewell, Patient Advocate at Oregon Health & Science University, said that patients who cannot swallow would “need to have an NG tube or G tube placement … [Then, they could] express the medication through a large bore syringe that would go into their G tube.”[15] Kenneth R. Stevens, Jr. MD, former Chairman of Radiation Oncology at Oregon Health & Science University, observed that since the lethal agent can be administered to a willing person through a feeding tube, it is equally possible to administer it to an unwilling person by the same means. Moreover, once injectable pentobarbital leaves the pharmacy, there is nothing to prevent it from being used through an intravenous (IV) line, or as a lethal injection. If a patient or someone assisting appears to have used a feeding tube or an injection, abuse is far more difficult to detect and prove.[16] Yet, supporters of the Oregon law allege that assisted suicide is totally voluntary by virtue of the fact that the individual alone must actually swallow the lethal agents.

Deadly Mix Between Our Broken Health Care System & Assisted Suicide

- **Barbara Wagner** & **Randy Stroup:** What happened to these patients underscores the danger of legalizing assisted suicide in the context of our broken U.S. health care system. **Wagner**, a 64-year-old great-grandmother, had recurring lung cancer. Her physician prescribed Tarceva to extend her life. Studies show the drug provides a 30 percent increased survival rate for patients with advanced lung cancer, and patients’ one-year survival rate increased by more than 45 percent. But the Oregon Health Plan sent Wagner a letter saying the Plan would not cover the beneficial chemotherapy treatment “but … it would cover … [among other things,] physician-assisted suicide.” **Stroup** was prescribed Mitoxantrone as chemotherapy for his prostate cancer. His oncologist said the medication’s benefit has been shown to be “not huge, but measurable”; while the drug may not extend a patient’s life by very long, it helps make those last months more bearable by decreasing pain.[17] Yet Stroup also received a letter saying that the state would not cover his treatment, but would pay for the cost of, among other things, his physician-assisted suicide.[18]

  These treatment denials were based on an Oregon Medicaid rule that denies surgery, radiotherapy, and chemotherapy for patients with a less than a five-percent expectation of five-year survival. H. Rex Greene, M.D., retired, former Medical Director of the Dorothy E. Schneider Cancer Center at Mills Health Center in San Mateo, CA and formerly a member of the AMA Ethics Council, called this rule “an extreme measure that would exclude most treatments for cancers such as lung, stomach, esophagus, and pancreas. Many important non-curative treatments would fail the five-percent/five-year criteria.”[19] Though called free choice, when insurers won’t pay, assisted suicide is a phony form of freedom.

Breakdown in Rules Attendant to Changing the Law

The following cases were caused be **legal erosion and the breakdown in rules and codes of conduct** associated with assisted suicide laws, rules and codes that elsewhere protect health care patients.

- **Wendy Melcher**[20] died in August 2005 after two Oregon nurses, Rebecca Cain and Diana Corson, gave her overdoses of morphine and phenobarbital. They claimed Melcher had requested an assisted suicide, but they administered the drugs without her doctor’s knowledge, in clear violation of Oregon's law. No criminal charges have been filed against the two nurses. The case prompted one newspaper to write, "If nurses—or anyone else—are willing to go outside the law, then all the protections built into [Oregon's] Death with Dignity Act are for naught."[21]

- **Annie O. Jones, John Avery, and three other patients** were killed by illegal overdoses of medication given to them by a nurse, and none of these cases have been prosecuted in Oregon.[22]

Medical Complications

Assisted suicide proponents and medical personnel alike have established that taking lethal drugs by mouth is often ineffective in causing a quick and simple death. The body sometimes expels the drugs through vomiting, or the person falls into a lengthy state of unconsciousness rather than dying promptly, as assisted suicide advocates wish. Such ineffective suicide attempts happen in a substantial percentage of cases—estimates range from 15 percent to 25 percent.[23]

- **Peaceful death?** Speaking at Portland Community College, pro-assisted-suicide attorney Cynthia Barrett[24] described one botched assisted suicide. "The man was at home. There was no doctor there" … . "After he took it [the lethal dose], he began to have … physical symptoms … that were hard for his wife to handle. Well, she called 911." He was taken to a local Portland hospital and revived, then to a local nursing facility. "I don't know if he went back home. He died shortly – some … period of time after that … ."

  Commenting on this botched assisted suicide case, The Oregonian editorial columnist David Reinhard observed, "The Health Division knows nothing [about this case], … through no fault of its own. Why? Because the doctor who wrote the prescription, the emergency medical technicians and the hospital reported nothing. Why? Because [the assisted-suicide law] reporting requirements are a sham."

- **David Prueitt[25]** took his prescribed lethal overdose in the presence of his family and members of the assisted-suicide advocacy group Compassion & Choices. After being unconscious for 65 hours, he awoke. His family leaked the failed assisted suicide to the media. Oregon DHS issued a release saying it "has no authority to investigate individual Death with Dignity cases."[26]

Impacts by Doctors and Their Quality of Care

- **Kathryn Judson** wrote of bringing her seriously ill husband to the doctor in Oregon. "I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought)," she wrote. "To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher."[27] According to prescribing doctors, 40% of people who died by assisted suicide reported feeling like a burden on family and caregivers as a reason for requesting lethal drugs.[28]

- **By contrast: Jeanette Hall** of Oregon was diagnosed with cancer in 2000 and told she had six months to a year to live. She knew about the assisted suicide law, and asked her doctor about it, because she didn't want to suffer. Her doctor encouraged her not to give up, and she decided to fight the disease. She underwent chemotherapy and radiation. Eleven years later, she wrote, "I am so happy to be alive! If my doctor had believed in assisted suicide, I would be dead. …

Assisted suicide should not be legal."[29] Unfortunately, not all doctors are like Jeanette Hall's.

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SB 1129

You can call it “death with dignity,” “medical aid in dying” or “informed healthcare decision”, but suicide is still suicide no matter how you spin it!

As a doctor I strongly oppose SB1129. I made an oath to protect life. The role of physicians is to treat, restore and protect life whenever possible. A bill, which allows doctors to take a patient’s life, is contrary to all that traditional Medicine stands for.

Here are some of the main concerns about physician-assisted suicide:

- There are not sufficient safeguards against coercion and elder abuse At least one in ten elderly people is a victim of domestic abuse, which is difficult for a healthcare provider to identify. Because any doctor can write a lethal prescription, an abuser can “doctor shop” until they find a provider willing to assist them in killing their victim.
- Modern medicine has made significant advances in pain control. Doctors now have a range of options to treat pain in terminally ill patients, including even palliative sedation as a last resort.
- Oregon was the first state to legalize assisted suicide and the state provides the most complete data available on the practice of assisted suicide in the USA. The Oregon reports that individuals primarily choose assisted suicide because of reasons related to a disability, loss of autonomy (92%), loss of enjoyable life activities (90%), and loss of dignity (79%). Fear of inadequate pain control is one of the patients’ least cited reasons.

For these reasons and many others I strongly oppose this bill.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:36 PM
To: CPH Testimony
Cc: suzannakinsey@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Suzanna Kinsey	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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Aloha Chair and Vice Chair of the Committee on Commerce, Consumer Protection, and Health. My name is Desiree Uyeda and I live in Aiea. I am submitting testimony in **support** of the Death with Dignity bill SB1129. This bill establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

My grandfather retired from the US Army and in his retirement, worked part time as a travel agent so he could take my grandmother to Las Vegas a few times a year. She loved Las Vegas, and my grandfather loved her. When he was diagnosed with cancer, he did a round of treatments in hopes that he would get better and survive. The treatments didn’t work, and he decided he did not want to continue with more treatments. He lost all of his hair from to the treatments, so we bought him a big warm fuzzy hat he could wear so he could take my grandma to Las Vegas one last time.

He became weak and frail, and could not bathe himself or eat the foods he loved to eat. He had wanted to see his home painted before he died, so my cousin had to carry him outside so he could see the fresh paint. He was a man of pride and the rock in our family.

If the Death with Dignity act were in place back then, I know he would have picked this option for himself. Instead, hospice care assisted him until he passed away at home. I know that this is **not** how he had wanted to die.

There were no other options for him at the time. Hawaii is now faced with an opportunity to give the final gift of choice to those who are faced with terminal illnesses. As the Aloha State, we should show compassion to our residents by allowing them to die in a peaceful, humane manner. This is what I would want for myself.

Thank you for hearing this bill and I urge you to vote in favor of this death with dignity act.

Mahalo,
Desiree Uyeda

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:06 PM
To: CPH Testimony
Cc: janetmgrace@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Grace	Self	Oppose	No

Comments: Testimony in STRONG OPPOSITION to SB1129 Committee on Commerce, Consumer Protection and Health. Hearing Wednesday, February 15, 2017 in Conf Room 299 at 8:30a.m. Dear Senator Rosalyn Baker, Chair & Clarence Nishihara and Members of the Committee I've had the privilege of caring for hundreds of Hawaii's seniors, many with more than one chronic disease, such as Alzheimer's, COPD, Cancer and Parkinson's. I was a ventilator caregiver to the beloved Peggy Chun and handled her overnight care. In my close to 20 years of providing safe and reliable care to our aging loved ones, I've learned Hawaii has a special and unique way of ensure our seniors have access to high quality healthcare to include palliative, hospice and end-of-life. We know assisted suicide is not healthcare. It is death by prescription and a quick fix and way out for seniors already anxious about their long term care needs. Seniors dignity and respect are highly esteemed in Hawaii - very rarely will they talk openly about their fears. They will do all they can to remain fiercely independent not wanting to be a burden are added cost to their adult children and grandchildren. Assisted suicide sends a horrible message that our precious aging population are not worth the best clinical and skilled providers our island has to offer. We can do much better than death by prescription by improving on the already wonderful, dedicated and compassionate palliative care and hospice providers Statewide. I've seen our hospice teams in action and they are focused on treating people with pain control and comfort measures while preserving and maintaining a sick persons dignity. What message are we sending to our youth where Hawaii has the second highest teen suicide rate in the country? Death by prescription, assisted suicide erodes the very gift of aloha the world envies and longs to experience. Our Kupuna deserve much better. You must kill this bill so that innocent lives are not lost and our kupuna do not leave us before their time. Mahalo.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 9:01 PM
To: CPH Testimony
Cc: barbarapolk@hawaiiantel.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129

Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Polk	Individual	Support	No

Comments: SB1129 allows doctors to prescribe medications to terminate life under specific restrictions. I urge you to pass this bill. Medicine has allowed us to live long and in pain with debilitating illnesses that in former years would have killed us. This bill would allow patients to have a choice about whether or not to continue to live under those circumstances. I have a friend in Oregon who used the Oregon law to die, when continuing to live became too difficult. He died surrounded by his friends and family, who created a lovely setting, according to his instructions, for his passing. This was surely a better way to leave this world than in increasing agony. PLease pass this bill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 8:13 PM
To: CPH Testimony
Cc: kshimata@hawaiiantel.net
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Shimata	Individual	Support	No

Comments: I am old & I want to have this option, if I become terminally ill.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 8:09 PM
To: CPH Testimony
Cc: melboehm@hotmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Boehm	Individual	Oppose	No

Comments: Although I understand the intent of this bill and the manner in which it approaches support of a very difficult predicament we face as humans, I cannot support physicians ending human lives. The role of physicians crosses a line with this bill. I cannot support it. I get concerned for the message are we communicating to our children and grandchildren when bills like this pass. My faith plays a role in how I view this bill. I believe there are many others who may share my view. I pray that our doctors find cures for terminal illnesses and we find ways to stay healthy and invest in healthy lifestyles. Thank you for the opportunity to give testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 8:06 PM
To: CPH Testimony
Cc: leel004@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
lois	Individual	Oppose	No

Comments: Vote no on sb 1129. Hawaii no need this.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Testimony for SB1129
2/15/17

Michael H Plumer, MD
Kauai
mplumer44@gmail.com

My name is Michael Plumer. I am a physician. I am a hospice medical director on Kauai, retired from the operating room after 45 years as an anesthesiologist. I oppose assisted suicide.

The assisted suicide bills proposed here give patients no new rights. Those who are introducing these bills use marketing techniques to create the impression that suffering patients at the end of life need the right to receive lethal medication from their doctors. Without this right, they say, patients will be trapped in their suffering.

This is at best misleading. No one is trapped. There is no patient whose suffering cannot be relieved. As an anesthesiologist now working at the end of life, I can say with absolute confidence that it is never, ever necessary to say, “Sorry, you’ll just have to kill yourself.”

The organization pushing this bill is creating the impression that the bill will create a new patient right, the right to choice at the end of life. In reality, it creates not a patient right but a privilege and protection for physicians. Why does this organization need to spend millions of dollars to create a law that gives your doctor the power to bring about your death? Perhaps not your own doctor, who might be appalled by the idea – but surely one of the organization’s doctors, who would be willing to help you die.

My experience of Hawaii is that it’s place where people love life, care for the vulnerable, and honor their kupuna. We do not ask our old, our sick, our vulnerable to kill themselves and get out of our way. Why would we give doctors in Hawaii a power and responsibility that they have never had? Why do some feel that it’s suddenly important to give doctors the power to bring death to their patients? The power to bring death to patients has never been a part of medicine – until Germany, in the late 1930s. This is Hawaii in the 21st century. We have no need for doctor-dispensed death. These bills have no place here.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:50 PM
To: CPH Testimony
Cc: vested_interest_hi@yahoo.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Elizabeth Kent	Individual	Support	No

Comments: Aloha, Thank you for hearing this bill and for the opportunity to testify. Not too long ago, my friend who had ALS died a horrible death. It was painful for her and painful to watch. I do not know whether she would have wanted death with dignity. However, I strongly feel that she should have had the option. Humbly, and aware of the issues such a bill presents, I request that you move the idea forward and let the people of Hawaii make their own choices. Mahalo, Elizabeth Kent

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:50 PM
To: CPH Testimony
Cc: mhartley03@msn.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Hartley	Individual	Support	No

Comments: I think people should have the right to make their own decision on medical aid in dying. We should not have to relocate to another state and declare residency just to make those decisions. I fully support medical aid in dying. I can't think of a more compassionate way to treat each other. Lets pass it this year!

February 13, 2016

Chair Senator Rosalyn H. Baker, Vice-Chair Senator Clarence K. Nishihara
Senate Committee on Commerce, Consumer Protection & Health

TESTIMONY IN SUPPORT OF S.B. 1129 WITH SUGGESTED CHANGES

I write to offer my support with suggested changes for S.B. 1129 respectfully requesting this Committee to **delete the phrase "terminal disease" and in its stead to use the phrase "grievous and irremediable medical condition".**

While the proposed legislation is a step forward and may assist some individuals, it's reach does not extend far enough and will leave many individuals who suffer from debilitating neurological disorders such Alzheimer's Disease, Huntington's Disease, and Parkinson's Disease without similar compassionate protections.

I provided care for my mother, in my family home, for over 7 years following her diagnosis of Alzheimer's Disease. When Mom's condition transitioned to an advanced stage, we moved her to a long-term care nursing facility. For over three years, we helplessly witnessed her gradual decline to a vegetative state and ultimate death. My maternal Grandmother and Aunt both suffered from the same slow, cruel disease for which there is no cure.

Many of us who witness the long-term suffering imposed by degenerative neurological diseases do not wish to endure the suffering they impose should that fate be passed onto us. Others fear the loss of cognition and the total dependency wrought by these diseases.

The language I propose is excerpted from Canada's newly passed legislation, with modifications, to eliminate any confusion in its application to the projected date of natural death. The proposed language offers protection of medical aid in dying where the following requirements are met:

1. An adult with capacity to make decisions about their health care;
2. A voluntary request, without external pressure, for medical aid in dying;
3. Informed consent to receive medical aid in dying is provided only after individuals are advised of the means that are available to alleviate suffering, including palliative care; and
4. **A grievous irremediable medical condition exists;**
    a) **"Grievous irremediable medical condition" means a serious and incurable illness, disease or disability which cannot be reversed and which causes enduring physical or psychological suffering that is intolerable to the individual and cannot be relieved under conditions that the individual considers acceptable.**

In the absence of the proposed change or similar changes, many individuals riding the Gray Tsunami will take their own lives, under often horrendous circumstances, and be further compelled to forego the comfort of family during their last moments, in fear their loved ones may be prosecuted under Hawaii's manslaughter laws.

By extending the reach of the current legislative proposal, this Legislature has an opportunity to express compassion by offering death with dignity to residents facing grievous and irremediable suffering.

Thank you for your consideration,

Patricia McManaman
Retired Senior

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 7:37 PM
To: CPH Testimony
Cc: diaea.em@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Emily Auwae	Individual	Oppose	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 6:40 PM
To: CPH Testimony
Cc: mturney@hawaii.edu
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marian Turney	Individual	Comments Only	No

Comments: I am writing to support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation. Medical aid in dying, which some people refer to as death with dignity, is a safe and trusted medical practice for which a terminally ill, mentally capable person who has a prognosis of six months or less to live, has the option to request from his/her doctor a prescription for medication which he or she can choose to self- administer through ingestion to peacefully shorten an unbearable dying process. I watched my sister who was dying from ovarian cancer, beg for this and cried with her when the doctor was unable to help her. Please support this bill and give peace of mind and comfort to the many who need your help now in shortening a dreadful dying process and for those who will it in the future. It could be you or you're a loved one who will need this comfort in the years ahead. If you do not support this bill, you are allowing religious groups to impose their beliefs on all of us. They may not agree with this bill but they should stand aside and allow it to pass.

TO: Senate Committee on Commerce, Consumer Protection, and Health
Senator Rosalyn Baker, Chair
Senator Clarence Nishihara, Vice Chair
Committee Members
DATE: Wednesday, February 15, 2017
TIME: 8:30am
PLACE: Conference Room 229, Hawaii State Capitol

FROM: Marti Tom

RE: SB 1129 Relating to Health (Death with Dignity)

I strongly oppose this bill for the following reasons:

1) It devalues human life, plain and simple. The bill teaches our children and tells our families that it is redefining the meaning of suicide and normalizing the taking of one's own life. Popo's life is no longer important because she has an arbitrary shelf life of six months.

2) There are no such things as safeguards when it involves health care individuals and families. How does the bill protect an individual from coercion? This can come in the form of subtle hints like, "Hey Popo, you're getting old, we can't take care of you too much longer in your condition." Is any doctor or social worker going to be privy to this? Elder abuse takes many forms and this bill has just added another. Furthermore, the patient doesn't even have to be elderly; maybe poor, disabled, or just plain unwanted.

3) The bill turns our culture on its head. We take care of our loved ones and nurture them through the good times, as well as the bad. Now, the shift will be towards ending one's life rather than walking through the valleys with them. I would hate to think that a family member died alone since the bill says the patient has the option of NOT notifying anyone. Wouldn't you hate to come home and find your beloved in the throes of death and not know what is happening?

4) The bill is misleading as it refers to taking a person's life in a "humane and dignified manner". How can taking your own life with a concoction of pills be described in this manner? There is no dignity in taking at least three hours to die, as it points out. Any witness is prevented from intervening and has to watch this slow agonizing death. Where is the humanity? Where is the dignity?

5) This legislation changes the role of doctors and the trust we have in them. Will we be soon turning out a new generation of medical students who are taught just the opposite of what doctors were truly meant to be? Will there be a course in "How to Choose the Best Medication to End Your Patient's Life"?

I urge you not to pass this bill. Devaluing life and changing what it means to really have compassion is to change the meaning of life for generations to come. This is a deadly quagmire and can lead this state to slipping into depths it has not imagined. Can euthanasia be far behind? Whatever happened to "Do No Harm"?

Thank you for your consideration.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 6:37 PM
To: CPH Testimony
Cc: aavery@hawaii.rr.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Avery	Individual	Support	No

Comments: Aloha Honored legislators: Enacting this bill into law will provide for a very small segment of terminally ill people to make their own choice about how they die. Medical aid in dying has a proven track record in Oregon, with extensive research on the policies and practices of assisting with end of life choices. Like abortion, this should be a decision made by the person, not the doctor or the government. It is about people who are mentally and physically capable being in charge of their own dying experience. I hope to be able to do so. Mahalo, Alexandra Avery 808 295-5495 Kailua

Aloha Committee Members for SB1129

I am a kamaʻ aina of our wonderful home of Hawaiʻ i…and I would like to give testimony in favor of SB1129 which allows and Establishes a death with dignity act under which a terminally ill adult resident may obtain a prescription for medication to end the patient's life.

I have been a caregiver and have assisted in managing the estate of my three family members: 1 Uncle and 2 Aunts. Their battle with Alzheimers and complications of cancer, heart, deterioration of their swallowing capacities made me very aware that their end of life struggles were painful. One of my Aunt survived 15 years past her hospice stay and died at the age of 103 years of age. By that time, she was incapable of communicating and visually recognition of anyone. Her skin would tear whenever aides changed her garments and she couldnʻ t swallow food on her own.
Visits to her would be heartfelt for us…but she showed no signs of any response to visitors…she existed for more than 10 years as a "sleeping princess". My experiences with my Uncle and Aunt were one of long suffering and slow decline.

I do believe in karma, and it seems that longevity exists in my family line…but for myself, these experiences make me wonder if/how I would like to expend my end of life. I wouldnʻ t want to live to 100 should I only be in a semi-coma and exist on feeding tubes and aides. As medical procedures and technologies progress…when does quality of life values compare to just physical life?

For myself, I would like a choice on terminally ill "life choice".
Please support SB1129.

Aloha no, Ella Tokunaga

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 5:51 PM
To: CPH Testimony
Cc: bob-marion@hawaiiantel.net
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marion McHenry	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 5:49 PM
To: CPH Testimony
Cc: ashley.decoligny@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ashley de Coligny	Individual	Support	No

Comments:

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From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 5:44 PM
To: CPH Testimony
Cc: annsfreed@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments: Aloha Chair Baker, Vice Chair Nishihara and members, I support this bill to give sick and suffering people the right to control their own bodies. The key word here is choice. The experience in other places where this option is available many do not choose to use medication to end their lives. They have said they are comforted by the fact that the option is there. As someone who watched both parents have horrible, slow, painful deaths I would have wanted them to have this as an option even though i am not at all certain they would have used it. The saddest part about their deaths is that they spent weeks hooked up on tubes in the ICU before they actually passed. Both of them wanted to die at home. But that was not an option for us financially and not an option for them medically. Nationally, only 20% of people die at home while 90% of people using Death With Dignity die at home. Please - have compassion for those who would find comfort in this law. Mahalo, Ann S. Freed

To: Senator Rosalyn Baker, Senator Clarence K. Nishihara
RE: SB 1129
Hearing: February 15, 2017, 0830 am, Rm. 229

My name is Dr. Chuck Miller. I am an oncologist board certified in internal medicine, medical oncology, and hematology. I served for 30 years in the U.S. Army Medical Department, was chief consultant to the Surgeon General and spent nine years as chief of hematology at Kaiser Medical Center in Honolulu. Although I am retired, I still serve as the American Society of Clinical Oncologists State Affiliate Representative and consult on end of life issues. I am writing in support of SB 1129.

I have been an oncologist for over 40 years and have treated thousands of cancer patients. The unfortunate reality is that nearly all cancer patients die – many of them with much suffering and pain. Early in my career it was clear every patient reaches a point where treatment does more harm than good and I became an advocate for cancer patients having the choice of how they would like their lives to end.

Hospice and palliative care are excellent end of life options but sometimes this is simply not enough. We should be able to allow patients who are dying to end their pain and suffering when they only have months, weeks or days to live; when there is nothing else that medicine can treat and when it becomes impossible to provide relief from extreme pain. What this really means is giving the individual control over his/her own life and death, recognizing that any human being who is undergoing an agonizing end of life experience should have the choice to decide how he or she will die.

I am very aware critics of aid in dying will ask what about a doctor's duty – "Primum non nocere" – "First do no harm". Many physicians, myself included, believe that mandate means that it is our duty to respect and honor our patients wishes as to how, when and where they want to end their lives and help them escape needless and unbearable suffering. Who else but a physician should do this – a physician who has followed and cared for a patient sometimes for years. With medical aid in dying a physician doesn't abandon his patient, rather he supports his patient most completely by respecting and honoring the patient's choice. A growing number of national and state organizations representing healthcare professionals have endorsed medical aid in dying including the California Medical Assoc., the Colorado Medical Society, the American Medical Student Assoc., the American Public Health Assoc., the American Medical Women's Assoc., and many more. The American Medical Association is right now reconsidering its longstanding opposition. Here in Hawaii, the Hawaii Medical Assoc. is changing its historic opposition to the practice, and will shift to neutral.

Over the many years of taking care of dying patients, I have come to strongly believe that all persons should have a choice to decide how and when to end their lives when their suffering becomes unbearable. I believe passage of SB 1129 will improve end of life care for all of Hawaii's people. The legislation is modeled after the Oregon law, which has zero reported incidents of abuse or coercion in its stellar 19-year record. Medical aid in dying should be a choice available to all the people of Hawaii and now is the time.

I thank you for reviewing my testimony today and considering my point of view.

Charles F. Miller, MD, FACP
Physicians For Dignity
millerc003@hawaii.rr.com
808-561-6014

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 5:25 PM
To: CPH Testimony
Cc: yappygrl1@aol.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Fujita	Individual	Support	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 5:07 PM
To: CPH Testimony
Cc: van_eden@hotmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Van Eden	Individual	Support	No

Comments: I strongly support this bill. My sister has been diagnosed with terminal cancer. She is very frightened that she will have to suffer needlessly. This fear makes it much harder for her to face her own death. She does not need that extra burden. It is something many of us will face.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 4:58 PM
To: CPH Testimony
Cc: linvillelege@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marcia Linville	Individual	Support	No

Comments: CPH 1129 2-15-17 Chair Baker and members of the Committee: I am Marcia Linville, testifying in support of SB 1129. SB 1129, is as the title suggests a matter of dignity. Anyone who has watched a husband die of cancer, will recognize the worth of this bill. I, myself plan to make use of it, if circumstances warrant it. It is more than just a matter of dignity, it is a matter of personal privacy and possession. NO ONE HAS ANY RIGHT TO MY LIFE BUT ME. I do not see how anyones religious beliefs, which are not mine, should give amyone any control over my life, my death, or my pain. It is a matter of integrity. I therefor request your support for SB 1129. Thank you Marcia Linville 536-4466

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 4:55 PM
To: CPH Testimony
Cc: kahakiki@outlook.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
MARILYN JOHNSON	Individual	Support	No

Comments: Please pass a strong and fair law for people with terminal health conditions who want to die with dignity, and leave some financial resources for their remaining loved ones rather than spending all family resources on futile health care.

From: mailinglist@capitol.hawaii.gov
Sent: Monday, February 13, 2017 4:52 PM
To: CPH Testimony
Cc: membership@hawaiiphysicians.org
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/13/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Ben Massenburg MD	Individual	Oppose	No

Comments: bmassenburg@gmail.com I am a longtime physician on Maui. I oppose this bill and any effort to open up Pandora's box in healthcare. I lost both of my parents who both died under hospice care, We have the capability to assist patients with a good death. Cicely Saunders who founded hospice herself said people do not ask for euthanasia once they feel an little bit of control about what is going on around them. Dignity is not found in suicide. Heartbreak is. Thank you for accepting my testimony.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 9:38 AM
To: CPH Testimony
Cc: lisaefowler@aol.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Fowler	Individual	Support	No

Comments:

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DATE: Wednesday, February 15, 2017
TIME: 8:30 a.m.
PLACE: Conference Room 229 - Hawaii State Capitol; 415 South Beretania Street
RE: **STRONG OPPOSITION to SB1129**

Dear Senator Rosalyn H. Baker, Chair, Senator Clarence K. Nishihara, Vice Chair
and Members of the Senate Committee on Commerce, Consumer Protection and Health:

I STRONGLY OPPOSE this measure, SB1129, which establishes an act under which a terminally-ill adult resident may obtain a prescription for medication to end the patient's life. This bill is sinister in its attempt to allow for the ending of a person's life (in other words, "killing"), when no person has a right to do so. Even though a person is considered by a doctor to be terminally-ill, "killing" the person is not humane. There are times when doctors make mistakes and patients do recover or live longer than expected. Every person's life is unique and the end of one's life ought not be determined by personal choice when the absolute final day of one's life is still unsure. Life is very precious, and a natural death is one that truly honors and dignifies a human person. Consider how this bill will effect surviving family members; in the event that the death was natural, it would likely be easier for family members to accept it and grieve than if their loved one was deliberately killed. God alone is the author and ender of life, doctors do not have the authority to take a person's life.

This bill "normalizes" the killing of a precious human being, who deserves to be treated with dignity, respect, and with the utmost of care. Killing (deliberately ending a person's life) is not the same thing as "dying." This bill is not dignified or humane in any way. This bill creates a disregard for the inherent value of a human person, and snares the individual during their greatest moment of suffering. Pain, sickness, and suffering are all part of life and are moments that draw loved ones closer together to comfort, support and care for their sick family member, and to remind them how much they are loved and valued all the way to their natural, dying day. I remember being by my great grandmother's bedside as she passed away, as sad as it was I knew it was her time and she went peacefully.

Our sick and elderly members of our community deserve to be provided with patient, compassionate, quality medical care in the spirit of love, and should not be killed as though they are animals to be put out of their misery. I believe that that this bill will cheapen the value of human life and lead to further exploitation of the sick, elderly, and those who are considered a "burden" on society.

Please DO NOT pass SB1129.

Thank you very much for the opportunity to testify.

Sincerely,

Lisa Shorba
Resident, Honolulu, HI

TESTIMONY IN STRONG SUPPORT OF SB 1129
Senate Committee on Commerce, Consumer Protection, and Health

February 15, 2017, 8:30 am
Hawai`i State Legislature
Hawaiʻi State Capitol, Conference Room 229

To: Chair Rosalyn H. Baker
Vice-Chair Clarence K. Nishihara
Committee on Commerce, Consumer Protection, and Health:
Sen. Stanley Chang, Sen. Will Espero, Sen. Les Ihara Jr., Sen. Michelle N. Kidani, Sen. Russell E. Ruderman

From: Agnes Malate, MEd
armalate@yahoo.com

I support the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation, because I believed that together with their ʻohana and their doctors, individuals have the right to make the end-of-life decisions that are right for them in the final stages of a terminal illness.

My grandmothers, Apolonia and Celestina, were blessed with longevity and lived to be 110 and 97, respectively. They both lost their husbands before their youngest children were two years of age and never remarried. Like many in Hawaiʻi, family was very important to them. With sheer determination, hardwork, and faith in God, they raised their children and were the pillars of our extended family. In December 2009, we lost both of them within a week of each other. In the last hours of my Nana Apolonia's life, my Mamang Celestina fell as she went to use the bathroom by herself and hit her head on the floor. As we were in ER waiting for news about Mamang Celestina, we got the call to go home to where Nana Apolonia lived with my parents. We arrived just in time as she expelled her last breath. Mamang Celestina died eight days later.

Both my grandmothers remained active into their later years and were relatively healthy except for the usual chronic illnesses that accompanies aging. At 109 and 96 they would still get up and dance when I played a tune on the piano. Although the younger of the two, Mamang Celestina suffered more aches and pains due to osteoarthritis. She also was inclined to proclaim that she was dying since she was in her sixties. Nana Apolonia had a quiet strength and seldom complained. In her last years when I would assist her, she would say "be patient with me." She would then point to me and say, "you are young lady, I'm old woman." We would both laugh and for me it took the edge off the inevitable when she would no longer be with us.

Both my grandmothers were in hospice at the time of their deaths, though under very different circumstances. Nana Apolonia was in home hospice for seven months and Mamang Celestina was placed in the residential St. Francis hospice. Prior to the last year of my grandmothers' lives, hospice was misunderstood as a death sentence by many members of my family and relatives. In many ways, it was taboo to discuss it in connection with someone who had a terminal illness.

After our experience, my family has a better understanding about how the last stages of one's life can be lived. With my Nana Apolonia, we had time to enjoy our last months with her by focusing on creating and treasuring special moments rather than on how to keep her alive longer and be with us in this life. I realize in the course of the many nights I spent and cared for her when she was in the hospital that the desire to prolong her life was not just for her sake but also for me and her unborn great-grandchild. I remember clearly the early morning of October 31st when she turned and looked at me with great pain and her eyes told me "let me go." I told her "hang on until your great-grandchild is born." She lived for another month and two days after I showed Nana Apolonia the picture of my nephew, Lincoln, she passed away.

She put complete faith in God to determine when her time was up. I support death with dignity as an important option for individuals, along with their `ohana, family doctor, and faith, to make the decisions that are right for them in the final stages of a terminal illness. I'm assured that there are safeguards outlined in the act to prevent abuse and continue to respect each person's life and wishes.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:56 AM
To: CPH Testimony
Cc: michaelshizuma50@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Shizuma	Individual	Comments Only	No

Comments: I am against SB1129

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:43 AM
To: CPH Testimony
Cc: marie.willweber@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Marie A. Willweber	Individual	Oppose	No

Comments:

TESTIMONY ON SENATE BILL 1129
RELATING TO ASISTING SUICIDE

by

Stephen A. Kula, Ph.D., NHA

Senate Committee on Health
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

Chair Baker, Vice Chair Nishihara, and members of the Senate Committee on Health:

Thank you for the opportunity to offer testimony in strong opposition of SB 1129, Establishing a death with dignity act which a terminally ill adult may obtain a prescription for medication to end the patient's life.

Let's call a spade a spade, death is death and taking one's own life causing death, is SUICIDE and assisting one to do so, by law, is murder. Suicide, especially assisted suicide, is a direct violation of the intrinsic dignity of each human person. What for now is being touted as a merciful "right to die" will easily erode to an overwhelming "responsibility to die" for the poor, disabled, and powerless. Medical and psychological research have shown that the primary motivation for suicide is depression, not pain or debilitation. Depression (and pain) can be managed with treatment sensitive to the needs of each person. I oppose assisted suicide! And I ask you to do the same

BETH ARNOULT
185 Anamuli Street
Kahului, Maui HI 96732
808/205-7412 cell
BArnoult@aol.com

February 14, 2017

RE: Hearing SB 1129
Feb 15, 2017 @ 8:30am
State Capitol Conference Room 299

Position: I oppose SB 1129

To Whom It May Concern,

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

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

God had purpose for my life! I just needed to go through a time of suffering, years to be exact, to get where I am now. I have a beautiful 20 year old son, who was born 6 years **after** my accident! He's a sophomore in college studying mechanical engineering. I even travelled the world for 10 years playing professional wheelchair tennis, retiring after representing the US in the 2008 Beijing Paralympics. Since then I even joined a crew of adaptive paddlers and paddled the Molokai Channel in a six-man outrigger. Since my accident I have taught 8 years of mathematics in middle and high schools; I was even math department chair at Baldwin High School on Maui. I now have my own bookkeeping business. I make an impact on many lives every day. I often get people who come up to me and say that they are going to stop complaining about their sore ankle, or other ache or pain, after seeing what I have overcome in my life.

I love life and am truly blessed. This accident was a part of my journey to make me who I am today. I had no right to take my own life nor does anyone else, only God has that right. We all have a purpose in life, even if we are in an extremely incapacitated state, we have a purpose….it could be to allow a loved one to come visit, or for family members to be drawn together and allow old wounds to be healed, or it could be to give someone else courage and hope, or it could be to allow others the honor of helping us. The possible reasons why we go through pain and suffering is endless, but there's always a purpose, even if we don't understand or comprehend why it is allowed.

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

As a high school teacher and the mother of a teenager, I also fear the message we are sending to our teens. Did you know that in 2016, that Suicide was the 2nd leading cause of death in Hawai'i for ages 15-24 (according to American Foundation for Suicide Prevent)? We try and help our teens and show them that they have a purpose in life; we try and talk them out of having suicidal thoughts. But now we are going to tell them it's ok to commit suicide if you are in pain and suffering.

Thanks for taking the time to listen! Please don't allow Physician Assisted Suicide in the State of Hawaii.

Aloha, Beth Arnoult

THE SENATE
THE 29TH LEGISLATURE
REGULAR SESSION OF 2017

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
SENATOR ROSYLN H. BAKER, CHAIR
SENATOR CLARENCE K. NISHIARA VICE-CHAIR
MEMBERS OF THE COMMITTEE

RE: SB 1129 – IN OPPOSITION

I am a registered nurse. I strongly oppose SB 1129. I have spent my entire profession career caring for people in all stages of life, from the tiny, premature infant fighting to grow strong enough to go home to their loving parents to the octogenarian during their last moments surrounded by loving family and friends. Each of their lives was a gift that they, their parents and families treasured.

"Death with Dignity" has nothing to do with dignity. It is an attempt to lend respect to a practice, suicide, which has always been consider both a tragic choice for the person involved.

Proponents talk about this legislation as being compassionate. Once again, it has nothing to do with compassion. It crosses the line be caring, which is real compassion, and killing, which is immoral and criminal.

As legislators and representatives of all of the people of Hawai`i please be cautious about legalizing killing in any form. Please remember that a host of profession, religious, abuse prevention and disability rights organizations, including those listed below, have rejected this pro-death and anti-life law because of the danger it presents in facilitating the abuse and killing of very vulnerable people in our community:

Hawaii's Partnership for Appropriate and Compassionate Care (HPACC)
Hawai`i Family Advocates
American Medical Association
American Nurses Association
American Association of People with Disabilities
Autistic Self Advocacy Network
Church of Jesus Christ of Latter-day Saints (Mormon Church)
Disability Rights Center
Disability Rights Education and Defense Fund
Episcopal Church
Focus on the Family
Jewish Churches in America
National Council on Disability
National Council on Independent Living
National Organization of Nurses with Disabilities
National Spinal Cord Injury Association
United State Conference of Catholic Bishops
World Association of Persons with Disabilities

Hawai`i is known for its “aloha “ spirit and values it so much that is written into Hawai`i state law. (*Hawai`i Revised Statutes§5-7.5)* As you consider this legislation please consider the many and clearly delineated reasons for opposing this legislation and any others like it.

Thank you for allowing me to submit testimony on this very concerning legislation. My prayers are with you as consider this bill.

Aloha,

Susan M. Slavish, RN, BSN, CIC

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 8:22 AM
To: CPH Testimony
Cc: emcilroy@gmail.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Emily McIlroy	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Do not reply to this email. This inbox is not monitored. For assistance please email webmaster@capitol.hawaii.gov

SB 1129 - Hearing February 15, 2017

Physician Assisted Suicide takes us one step closer to euthanasia and one step further away from our humanity. It is intellectually dishonest to say that Physician Assisted Suicide is about compassion because while it is easy to say people will now have a choice not to suffer, the reality is that for many, especially our seniors, the expectation will be that they do the "noble" thing and kill themselves so that they will not be a burden on their families and upon society. There will be mounting pressure to "check out" once society judges that the person is not a productive member of society any more. We will be one step closer to someone else determining and judging when it is time to die.

We have been at this point before in the history of Hawaii. In 1866 the Hawaii Legislature designated Kalaupapa as the place for the leper colony and then systematically sent thousands of people to Kalaupapa to die. While the intent was to protect the general population of Hawaii, the actual implementation bought extreme sorrow, grief, heartbreak, and pain to so many in Hawaii. Many who did not actually have leprosy were sent to Kalaupapa and so many families were broken up and devastated by the order to send people to the leper colony.

Physician Assisted Suicide has the potential to have the same effect. While it will not be as widespread as the hysteria that led people being sent to Kalaupapa, the effects on many families will be the same. Many families will be broken and divided as some members will encourage the elderly and the sick to kill themselves and others will want to walk through the dying process with their loved ones.

History has not judged that decision positively. Today, you stand on the threshold of making the same type of decision. Please consider the long term effects of the decision you are being asked to make. Please consider your role as the representative of the people in your district. Are more people asking you to pass this bill, are more people telling you that this is the will of the majority of the people, are more people telling you that this is the legacy that we want to pass on to generations to come?

I certainly don't know many of those people. The people I know, the people I speak with love life and are proud that our state is one of the healthiest states in the United States. The people I talk with embrace a culture where we encourage one another, where we live as ohana, and where we help each other out in times of need. Will you represent the people in your district or will you stand with a special interest group interested only in having their perspective unwillingly forced upon the population of our state?

They base there belief on a "quality of life" basis instead of a "sanctity of life" basis. The obvious is that humans are naturally inclined to live as long as they can. The obvious is that each person will die. Some will die by devastating diseases. I have spent many hours in hospitals visiting the sick, visiting the dying, and being present to their families. My experience is that in those moments something very special happens as they share those last days, hours, and moments together.

SB 1129 - Hearing February 15, 2017

Dying is a part of life and the question we have to ask ourselves is do we want to be a culture, a society, who views life as cheap and expendable? Or do we want to be a culture, a society, that values life as precious? Do we want to be a society that says we understand that you are at your lowest point, you may be sick, you may be depressed, you may be pressured to end it all and that's ok with us? Or do we want to be the society that says you may be at your lowest point, you may be sick, you may be depressed, but we value your life, we value you and we are here to help you fight for life, and we are here to walk with you through this dark time?

Passing this bill will lessen us as a society, as a culture, and as humanity. Please do not allow yourself to be a part of this culture of death. Please stand for life and please see that there is dignity and compassion in living life fully and dying with grace.

Respectfully Submitted,

Tom Adams

Testimony submission on-line:

Life is precious that it cannot be tampered with anything that will cause its extinction by any human standard. Our God chose to give us life, thus it is he who should decide to take it back.

No to Assisted Suicide.

Easter Almuena

CPH Testimony

From:	Teresa Gochenouer <teresagoch@yahoo.com>
Sent:	Tuesday, February 14, 2017 9:00 AM
To:	CPH Testimony
Subject:	SB1129
Attachments:	Scan 1.pdf; Scan 2.pdf; Scan 3.pdf; ATT00001.txt; Scan 4.pdf; ATT00002.txt

Dear Senate,

I am writing in opposition to SB1129 and request that you do the same. There have been many measures that have been taken into consideration regarding this topic,but ultimately it is still wrong to assist them in this way. I hope you take the few minutes necessary to read this story because it is very important. While is seems that our society is being compassionate to the patients that are near death this is not the answer to their suffering. Instead of finding a way to kill them or let them kill themselves, let us really help them through their suffering until it is really their time to die, as God wills it.

Stephanie's Fight to Live

In the face of a growing movement to legalize assisted suicide, a terminally ill woman bravely advocates for the vulnerable

by Clara Fox

Seven-year-old Savannah is eager to talk about how she takes care of her mother, Stephanie Packer, 34, who has a terminal disease affecting her lungs and other organs.

"I'm her nurse. I help her and bring her medicine when she asks me to," Savannah said as she balanced on an exercise ball at her grandmother's house in Orange, Calif., last November.

"I'm my mom's favorite," she added with a smile, prompting a good-humored uproar from her siblings: Brian, 13, Scarlett, 12, and Jacob, 10.

Stephanie's husband, Brian Packer, 38, is Stephanie's caregiver during the week. A member of Father Peter J.J. Juba Council 4922 in Orange, he works weekends as a handyman at Holy Family Cathedral to keep the family financially afloat.

Brian's fellow council members occasionally provide groceries or drop by the house to help, and life insurance would never have been an option for Brian and Stephanie if the Knights hadn't stepped in and paid for both of their policies. "The Knights are a lifeline," Stephanie said.

Faced with Stephanie's terminal prognosis, the tight-knit family from Santa Ana has been determined to do everything possible to keep her around.

One week after California's physician-assisted suicide law went into effect June 9, 2016, the Packers encountered a major hurdle when Stephanie received a disturbing letter from her health insurance company. Stephanie was told her doctor-recommended chemotherapy treatment that the company had previously promised was now being denied. However, she was later informed that her plan *would* cover a lethal dose of suicide pills — at the incredibly low cost of $1.20.

"It was like someone hit me in the gut," Stephanie recalled. "The most cost-effective solution was now assisted suicide."

Hearing this news, a reporter friend set out to cover the story and asked the insurance company for comment, which they declined.

"The next morning I got a phone call saying the drug was now approved," Stephanie said. While grateful for her victory, she was well aware that "most dying patients don't have media contacts" and became determined to become an advocate.

THE VALUE OF LIFE

Until 2014, the movement to legalize physician-assisted suicide in the United States had succeeded in only four states — by referendum in Oregon and Washington, a state legislature vote in Vermont and court decision in Montana. Its main proponent was the Hemlock Society, which rebranded itself Compassion & Choices in 2004.

In 2014, Brittany Maynard, a 29-year-old from California with terminal brain cancer, became the face of the so-called "right-to-die" movement. Funded by wealthy donors and groups such as billionaire George Soros and his Open Society Foundations, Compassion & Choices launched a multimedia campaign promoting Maynard's "right to die on her own terms."

In the words of Stephanie Packer, "It glamorized suicide as a heroic event."

On Nov. 1, 2014, Maynard swallowed a lethal dose of narcotics in Oregon. At the time of her death, an estimated 100 million people had heard her story, and soon some 25 jurisdictions in the country were considering physician-assisted suicide, including California, where momentum was growing.

In early 2015, Stephanie Packer stepped into the media spotlight as a reverse image of Brittany Maynard. When Stephanie was diagnosed in 2012 with scleroderma, an autoimmune condition that was attacking her lungs, she was told she had three years to live — a prognosis she has outlived.

Like Maynard, Stephanie was also 29 when she found out that she had a terminal illness. But rather than advocate for suicide, Stephanie joyfully spoke of her choice to live and enjoy her remaining time with her family, while speaking out for the vulnerable who would be victimized if assisted suicide were legalized.

"Compassion & Choices," she said, "doesn't acknowledge the value that a terminal patient has, especially after they are sick."

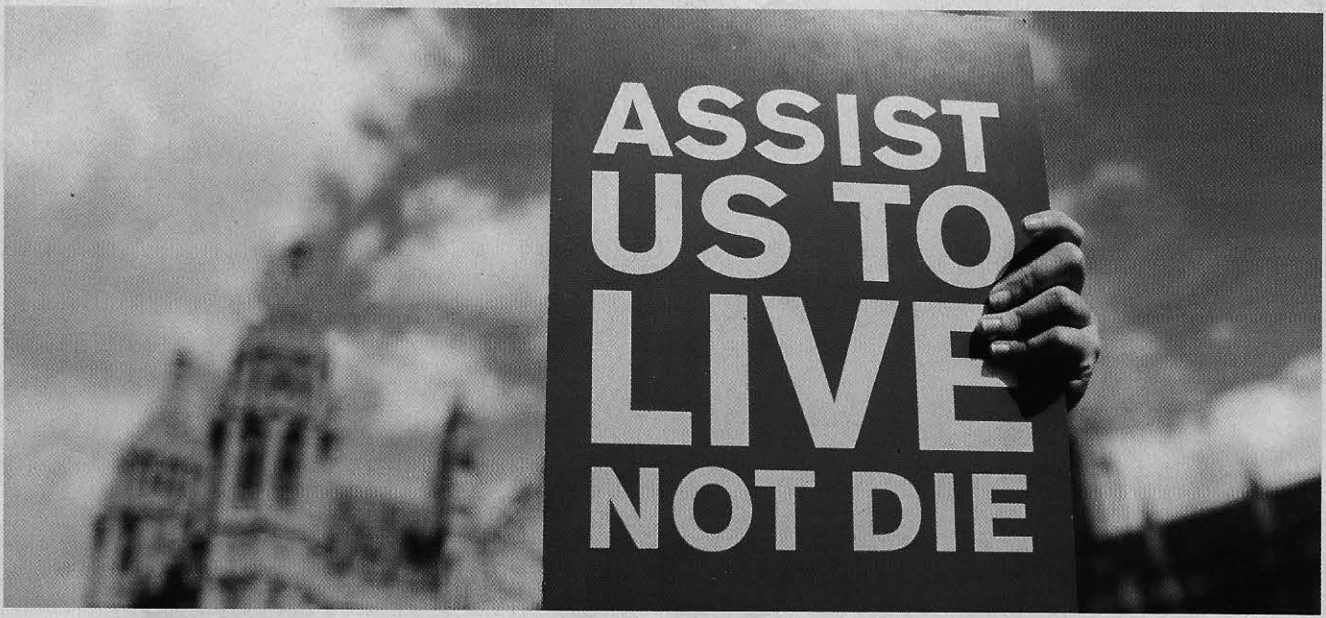
Stephanie's outspokenness soon brought her to the attention of the national media. NPR, CNN, *The Washington Post* and other news outlets covered her story, and one media executive told her that her story had sent their ratings "through the roof."

However, some responses were brutally unkind; after NPR ran Stephanie's story, her husband received death threats.

"They just ate us alive after that. It was just comment after comment of nasty stuff," Stephanie said. "People told me that I should just off myself and that they feel bad for my kids."

Stephanie Packer and her husband, Brian, a member of Father Peter J.J. Juba Council 4922 in Orange, Calif., are pictured with their four children at the home of Stephanie's mother Nov. 14, 2016. Stephanie suffers from a terminal illness that makes it difficult to breathe.

Photo by Slav Zatoka Images



In opposition to assisted suicide, an advocate for the terminally ill holds a placard outside the Houses of Parliament in London, England, Sept. 11, 2015.

Brian and Stephanie were unfazed by the negative comments online, but they did make sure that their children stopped reading them.

Less than a year after Maynard's death, California Gov. Jerry Brown signed the End of Life Options Act into law Oct. 5, 2015. The next day, a signature-gathering campaign backed by California's bishops was launched to place a referendum on California's November 2016 ballot to overturn the bill. Campaign leaders had 90 days to collect 365,880 signatures.

Mark Padilla, the culture of life chairman for the California State Council, coordinated the parish-based signature-gathering drive. "Ours was an effort run all by volunteers," Padilla explained. "And the Knights gave it a wonderful shot."

Although more than 200,000 signatures were collected, the effort fell short of the goal.

RESOURCE: *THE EUTHANASIA DECEPTION*

A NEW DOCUMENTARY, *The Euthanasia Deception*, features personal testimonies from Belgium and Canada and details the numerous abuses that follow the legalization of euthanasia. It also exposes the main deceptions about euthanasia and assisted suicide: that they are forms of compassion and promote autonomy; and that safeguards can protect vulnerable people.

The 52-minute documentary, produced by the Euthanasia Prevention Coalition and partially funded by the Knights of Columbus in Canada, is available to rent and buy at vulnerablefilm.com.◆

'THE BEGINNING OF TYRANNY'

On the day before the assisted suicide bill went into effect, Archbishop José H. Gomez of Los Angeles reflected on its devastating ramifications.

"The logic of assisted suicide leads inevitably to the government and corporate administrators essentially deciding which lives are worth saving and caring for and who would be better off dead," the archbishop said. "The criteria for such decisions will always be arbitrary and the process will always mean the strong and powerful deciding the fate of those who are weak and less influential in society. This is the beginning of tyranny."

The following day, Pope Francis addressed health care professionals with these words: "We cannot give in to the functionalist temptation to apply quick and drastic solutions, stirred by false compassion or by simple criteria of efficiency and economic saving. The dignity of human life is at stake; the dignity of the medical vocation is at stake."

Colorado became the sixth state to legalize physician-assisted suicide after Proposition 106 passed on the November 2016 ballot. Despite the efforts of the Knights of Columbus to raise awareness, the End of Life Options Act passed 65 to 35 percent.

"The TV commercials funded by Compassion & Choices sank us," said Colorado State Deputy James D. Caffrey.

Less than a week earlier, on Nov. 2, the Washington, D.C., city council voted 11 to 2 to legalize assisted suicide.

Cardinal Timothy M. Dolan, archbishop of New York and chairman of the U.S. Bishops' Committee on Pro-Life Activities, noted that this was the most extreme assisted suicide legislation in the United States.

"It goes beyond assisted suicide by allowing third parties to

Photo by Rob Stothard/Getty Images

Stephanie Packer has become an outspoken advocate for terminally ill patients, the elderly and all who are vulnerable to physician-assisted suicide.

Photo by Slav Zatoka Images

administer the lethal drugs, opening the door even further to coercion and abuse," Cardinal Dolan said in a November statement. "Every suicide is tragic, whether someone is young or old, healthy or sick. But the legalization of doctor-assisted suicide creates two classes of people: those whose suicides are to be prevented at any cost and those whose suicides are deemed a positive good."

In November 2016, Stephanie Packer flew to New Jersey and testified before legislators, asking state senators to reject the proposed Aid in Dying for the Terminally Ill Act.

Her testimony in Trenton made the state legislators think twice about the issue, according to Marie Tasy, the executive director for New Jersey Right to Life, the organization that funded Stephanie's trip.

"She has an indomitable spirit, and she wants to do everything she can to live and to spend as much time with her family as possible," Tasy said.

New Jersey state senators have until January 2018 to vote on the assisted suicide measure, which could be scheduled for a vote at any time.

A WORLDWIDE CRISIS

The United States is far from the only country where the movement promoting "medically assisted suicide" has grown. In June 2016, Canadian lawmakers passed legislation legalizing the practice nationwide.

A recent policy left doctors and nurses in Ontario under pressure to either perform assisted suicide or make an "effective referral," sending the patient to another physician who is willing to assist. A similar law is in place in Vermont.

According to Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, this referral is the moral equivalent of participating in the act.

Many countries around the world feel increased pressure to legalize not only physician-assisted suicide, but also euthanasia — the intentional killing of one person by another.

"You have this new attitude that it's OK for a doctor to kill a patient just because they are suffering," said Schadenberg, who is a member of Rev. John McMaster Council 6495 in West Lorne, Ontario, and former culture of life chairman for the Ontario State Council. "But suffering is part of the human condition. The question is how do we as a society deal with those who are going through a difficult time in their life?"

Colombia, Switzerland and Luxembourg now allow euthanasia. In the Netherlands, where the Dutch Supreme Court legalized euthanasia in 1984, the government is pushing to expand euthanasia to people who are neither sick nor dying, but merely think their "life is complete."

It was in the Netherlands that a Catholic nun was euthanized against her will by a doctor in 2004. The doctor argued that his patient was dying of cancer and was hindered by her religious beliefs from making the best decision — so he made it for her.

Belgium has the most liberal euthanasia laws, allowing mentally ill patients to receive lethal injections. It is also the first country to allow terminally ill children to request euthanasia.

Eighty-one-year-old Christine Nagel in Calgary, Alberta, saw where the laws were going and decided to get her first tattoo: the words "Don't euthanize me." She told Canadian news outlet Globalnews.ca, "It's drastic, but this very clearly says, 'I'm going to live until God's ready for me.'"

Nagel said the cost of caring for the aging population, known as the Silver Tsunami, was behind the government's push for assisted suicide.

"Our government and Supreme Court do not of course mention anything about money," Nagel said. "But they do warn us that within a few years, seniors will outnumber the rest of the population and will need an army of caregivers to cope with them."

Although Compassion & Choices has never raised the financial issue, Hemlock Society founder Derek Humphry openly wrote in his book *Freedom to Die* that "in the final analysis, economics, not the quest for broadened individual liberties or increased autonomy, will drive assisted suicide to the plateau of acceptable practice."

Meanwhile, Stephanie Packer stays focused on her family and her fight to keep herself — and others — alive. "I just want to see tomorrow," she said.◆

CLARA FOX is a staff writer for *Angelus News*, the multimedia news platform of the Archdiocese of Los Angeles.

CPH Testimony

From:	Space Options <design@spaceoptions.com>
Sent:	Tuesday, February 14, 2017 8:59 AM
To:	CPH Testimony
Subject:	FW: Jean Tessmer testimony Senate Bill 1129 - second attempt
Attachments:	assisted-suicide-talking-points.pdf

From: Space Options [mailto:design@spaceoptions.com]
Sent: Tuesday, February 14, 2017 8:30 AM
To: 'sclerk@capitol.hawaii.gov' <sclerk@capitol.hawaii.gov>
Subject: Jean Tessmer testimony Senate Bill 1129

My name is Jean Tessmer, I work with and for individuals with disabilities. I am opposed to Bill #1129. Hawaii already has advance directives, hospice, and doctors who provide pain medication that hastens death (as shown on PBS Darrell Huffs program). Why do we need this bill that empowers a few doctors to give poisons (the type of poisons are not defined, injection, liquid, pills, or gas?, they will need to get the poisons from somewhere which means insurance companies will join the doctors to dispense the lethal prescriptions. Allowing doctors to police themselves is not reliable. A terminally ill patient who does not die in 6 months will be disabled. The Oregon law started out narrowly defined and within a year expanded and changed (Ron Heagy – Not Dead Yet – Oregon.

Hearing Date: February 15, 2017 (0830 AM)
To: Members of the Committee on Commerce, Consumer Protection, & Health
From: Ghazaleh Moayedi, DO
Re: SB 1129 – Death with Dignity Act
Position: Strong support

Dear Chair Rosalyn Baker, Vice Chair Clarence Nishihara, and Members of the Commerce, Consumer Protection, & Health Committee:

I am physician working at the University of Hawaii, John A. Burns School of Medicine, Department of Obstetrics, Gynecology, and Women's Health. I am writing in strong support of SB 1129.

As a gynecologist, I have provided care to many women dying from ovarian, endometrial, and cervical cancer. End-of-life care requires compassion and humility. Women dying from gynecologic cancers do not pass quietly in the night. Their deaths are often drawn out over several months and extremely painful. They suffer needlessly for months along with their loved ones. Deaths from pelvic cancer are usually not from the cancer itself but from the consequences of large pelvic masses.

A patient of mine with incurable cervical cancer did not die from the cancer itself – after several months of excruciating pain, palliative chemotherapy, radiation, and countless hospital visits, she eventually died from the cancer completely blocking the flow of urine from both her kidneys. This is a terrible way to pass and I had no other options but to offer her pain management and watch her suffer. In these cases of terminal cancer, women often choose not to receive further interventions, as death is imminent. However, they do not have the option to die with dignity and are instead forced to pass from the painful medical consequences of their conditions.

Medical aid in dying, referred to as death with dignity, is a safe and trusted medical practice. Terminally ill, mentally capable people with a prognosis of six months or less to live, like my patients, have the option to request medication which they can self- administer through ingestion to peacefully shorten an unbearable dying process. This is the method I would choose for myself were I in the position of my patients.

Therefore, I strongly support SB 1129 -- Please make medical aid in dying available for those with a terminal illness and are suffering at the end of life.

Aloha,

Ghazaleh Moayedi, DO
1319 Punahou Street, St 824
Honolulu, HI 96826
gmoayedi@hawaii.edu

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 10:20 AM
To: CPH Testimony
Cc: marygboland@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Boland	Individual	Support	No

Comments: There's a difference between extending life and just prolonging the dying process of a person who is suffering in the end stages of a terminal disease. In the states where medical aid in dying is authorized, people report significant relief from worry about future pain just from knowing the option is there if they need it. Please make it possible to expand end-of-life options in Hawai'i. I support making medical aid in dying available for those with a terminal illness who are suffering at the end of life.

Katherine T. Kupukaa
Mililani, Hawaii

COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
Senator Rosalyn H. Baker, Chair
Senator Clarence K. Nishihara, Vice Chair

DATE: Wednesday, February 15, 2017
TIME: 8:30 a.m.
PLACE: Conference Room 229
State Capitol
415 South Beretania Street

RE: OPPOSE SB 1129 RELATING TO HEALTH

I oppose SB 1129 because suicide is not the solution for ending one's life especially in our state of Hawaii, where suicide and depression among teenagers remains high and sending the message that suicide is all right in some circumstances is not the answer. In Oregon, which has allowed assisted suicides for almost 20 years, recent data indicates in the general population are 40% higher than the national average.

There are better medical alternatives. Terminally ill patients do not need to suffer a painful death. Today's pain management techniques can lessen pain and treat other symptoms for all patients. Another alternative is palliative care through hospice, which addresses the physical, emotional and spiritual needs of dying patients and their families.

Predicting death within six months is inexact. Patients who could live for many more years will be given lethal drugs based on inaccurate information. Patients with conditions like diabetes, certain types of leukemia, and disabilities requiring ventilator support are eligible for lethal drugs since they would die within six months without treatment, as has occurred in Oregon.

I urge you not to pass this bill as it is not good for the State of Hawaii. Thank you for allowing me to voice my concern.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 2:14 PM
To: CPH Testimony
Cc: redy2rust@aol.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Judy McCluskey	Individual	Support	Yes

Comments: I fully support SB1129, also known as the Hawaii Patient Choice at End of Life Act of 2017. I hope my father's story will help lawmakers and the public understand the importance of passing this bill. It's about choice and having control over your life right up to the end. It's about the comfort of knowing the end of suffering is possible. My father was dying in Hospice at the age of 91 in a state that has a "Dignity" law on the books. He was suffering from spinal stenosis, which resulted in nerve damage that gradually inhibited his ability to control life functions and caused excruciating pain. There was a procedure called "palliative sedation' that would have ended his suffering. He begged me to "do something" so he could die. I told him there was nothing I could do without being charged with murder. He said many times, "I just want to go--we treat our animals better than we treat humans." He begged the hospice workers for help so they called a meeting of their Board of Directors--community leaders and representatives of the hospital that owned Hospice. I stood in front of this board of about 25 people and pleaded for my dad. No one would help him receive the palliative sedation. The very young "on call" physician at Hospice, incredibly, said he thought surgery would help my dad. Spinal surgery on a 91 year old who just wants to pass on?! Everyone was afraid of being sued and Hospice didn't want to lose a paying customer. I was furious and told the assemblage that my dad was the only one that had any courage. This was very traumatic for me. Subsequently, my dad had a talk with the Hospice social worker who told him his only option was to stop eating. So that's what my dad did--he starved himself to death. It was a nightmare for him and the family. We all die sometime. It would be a comfort to me to know that when my time comes, I would have a choice to die in peace and with as little trauma for myself and my family as possible. It's the humane thing to do. If medical science has created the possibility for people to live longer and longer into infirmity, then it should also provide a way out of that state should the patient choose. Please support SB1129 the committee prior to the convening of the public hearing.

From:	mailinglist@capitol.hawaii.gov
Sent:	Tuesday, February 14, 2017 2:01 PM
To:	CPH Testimony
Cc:	kidoe808@gmail.com
Subject:	*Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*
Categories:	Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Edna Kido	Individual	Oppose	No

Comments:

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 1:58 PM
To: CPH Testimony
Cc: tia.pearson@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
tia pearson	Individual	Support	No

Comments: These people are terminally ill and are dying already. Please allow them some dignity through the power of choice.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

TESTIMONY OF

Ken H. Takayama
5567 Pia Street
Honolulu, HI 96821

ON S.B. NO. 1129
RELATING TO HEALTH

BEFORE THE SENATE COMMITTEE ON CONSUMER PROTECTION AND HEALTH

DATE: Wednesday, February 15, 2017, at 8:30 a.m.
Conference Room 229, State Capitol

Chair Baker and Members of the Senate Committee on Consumer Protection and Health:

Please forgive my late testimony.

Thank you very much for this opportunity to testify in strong support of S.B. 1129 Relating to Health, which establishes a death with dignity law for the State of Hawaii. If enacted, this measure will establish a law in Hawaii that is similar to the Oregon law that appears to have served the people of that state well for over ten years.

I have long supported the right of people to choose to end their lives in a dignified manner at the time of their own choosing. To me, the idea of choice is a key element, because this is not—and should not be a matter of placing one set of beliefs above another. The ability of people to end their lives in a dignified manner—and the choice to do so, simply make it the right thing to do.

Six years ago, this issue became much more directly personal to me. In February of 2011, two months after I retired from the State, I was diagnosed as having Parkinson's disease. Parkinson's is a progressive, debilitating condition for which there is no known cure. It has been aptly described by actor Michael J. Fox as "the gift that keeps on taking". In the six years since diagnosis, among other things, my mobility has slowed, I have lost my sense of smell, and my public speaking ability is "shot" (i.e., very degraded). And this is DESPITE my use of several excellent and helpful medications.

Things will get worse. Barring significant scientific breakthroughs, I can expect to become progressively more debilitated until I either die from the disease, or something else gets me first. Death from "complications related to Parkinson's" frequently involves choking, as the throat muscles that control swallowing stop acting in a normal manner.

I haven't given up on living yet. I volunteer part-time at my old office, I continue to serve on the State Commission to Promote Uniform Legislation, and my wife and I still take ballroom dance lessons, after a fashion. By that I mean that we laugh a lot and hope to dance badly for years to come.

My personal feeling at this point is that I do not fear death, though I'm very concerned about pain. I consider myself fortunate that I have not experienced the pain that affects many people with chronic illnesses. For this reason, I realize that I may never need to end my own life in the manner authorized by this bill—but for the rest of my life, it will be a comfort to know that it is there.

As is the case with any issue of great importance, support for this bill is not unanimous, as any number of persons, including some physicians, have raised concerns. Aside from the fact that none of these persons need to avail themselves of what is being authorized in the bill, I believe the experience of states that have enacted death with dignity laws is instructive—namely, that there have not been huge numbers of people seeking to end their lives under those laws, nor is there indication of people having being pressured to do so.

Some physicians are concerned that helping people die with dignity will violate their Hippocratic Oath to “First, do no harm.” My own personal perspective is that I do not see how prescribing medications to relieve suffering to an individual who chooses to end their life in a dignified manner, who ingests the medications on their own, and in so doing is able to end a life that they no longer want to live, for example, due to unendurable pain—constitutes "doing harm". Refusing to assist the person in achieving a desired death in an authorized manner is not an extension of living—it is an extension of dying.

I do not believe there are any ultimate, definitive answers to these philosophical and intensely personal questions and beliefs. These can be debated in this community from here to eternity, and will continue regardless of the decision you make today. At this juncture, the important thing is what you do.

I will end with the old Confucian saying that the best time to plant a tree was 10 years ago. The second best time—is today.

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

TO: Senate Committee on Commerce, Consumer Protection & Health

RE: SB 1129 - **In Strong Support**

DATE: Wednesday, February 15, 2017; 8:30 a.m. Room 229

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

SB 1129 would preserve and strengthen the individual autonomy of a terminally ill person. This form of decision-making about the means and time of death is a legitimate extension of the right of control over one's own body.

We understand that this measure contains all the safeguards and prohibitions contained in the Oregon law which has been in effect for almost 20 years. There is no evidence that that law has been abused. Indeed, in a state with a far larger population than Hawai`i, the number of terminally ill people who have chosen to terminate their lives under this law since 1997 remains small. Many terminally ill persons who have obtained medication to potentially end their life have chosen not to use it. **They are comforted by merely having the option available to them.**

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

Strong public support for the law in Oregon was demonstrated by the fact that it passed a public referendum twice, after being legally challenged. Poll results in Hawai`i show equally strong support of more than 80% of registered voters. The results, interestingly, do not vary significantly across religious, political or cultural lines.

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

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

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 12:50 PM
To: CPH Testimony
Cc: jsugimura@bendetfidell.com
Subject: *Submitted testimony for SB1129 on Feb 15, 2017 08:30AM*

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Sugimura	Individual	Support	No

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 12:48 PM
To: CPH Testimony
Cc: joy.yadao@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Joy Yadao	Individual	Oppose	No

Comments: I strongly oppose SB1129. This bill is unsafe, grossly unnecessary, and not in keeping with standard medical practice. The potential for abuse is very high. The message it sends our youth is hypocritical - dangerous when Hawai'i teen suicide rates are astronomically high. The message it sends our elderly is that they are an expendable burden on society. Physicians don't want it. The public doesn't want it. Suicide, physician assisted or otherwise, is not accepted in our local culture. There is no aloha in suicide. I humbly ask you to defer this bill and not begin the slippery slope that we know will follow. Thank you for your consideration.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 12:46 PM
To: CPH Testimony
Cc: mkchelius@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
marisa chelius	Individual	Support	No

Comments: I'm with Oregon on this...

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 12:44 PM
To: CPH Testimony
Cc: grahamchelius@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Graham Chelius	Individual	Support	No

Comments: I have every intention of controlling my death. Unlike Dr. Plumer, I believe that I, and everyone else has the right to die on their own terms. I have practiced medicine in a lot of places and seen a lot of things, and I have seen the physical, emotional and financial consequences of an uncontrolled end of life. I currently spend most of my time assisting families with a controlled and healthy beginning of life, and I hope that each of these beautiful new people, who's birth I witness, will be empowered to have a controlled and healthy end of life. I do agree with Dr. Plumer's assertion that doctors should devote themselves to helping people live the best lives possible, however he is willfully ignorant to the fact that living a little longer is often not living better. Graham Chelius MD 8086397892 Kekaha

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 12:18 PM
To: CPH Testimony
Cc: rebecca.ji.soon@gmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

Categories: Late

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Rebecca Soon	Individual	Support	No

Comments: Aloha Chair Baker and Members of Committee on Commerce, Consumer Protection, and Health, I write today in strong support of the Death with Dignity Act, SB 1129, Hawaii's proposed medical aid in dying legislation. I commend your committee on hosting this hearing - I believe it demonstrates leadership and understanding that while this issue touches on many heartfelt issues, the people of Hawai'i believe this is the right thing to do. Our state has a proud history of diversity, tolerance and support for individual rights. The proposed medical aid in dying legislation supports the rights of terminally ill individuals in Hawaiʻi to have the full range of care options and to make end-of-life decisions that most align with their values for a peaceful death. Hawaiʻi residents took a national lead by formally advocating for a medical aid in dying option beginning in the mid-nineties. Since then the law has been successfully implemented in California, Vermont, Montana, Washington State and Oregon and it is in the process of being implemented in Colorado. The legislation, written by and for the people of Hawaiʻi, builds upon the lessons learned in Oregon, where 19 years of safe and compassionate practice allows policymakers in other states to learn about the law's implementation and the benefits it provides for those who wish to access it as well as how to implement safeguards against feared abuses while still allowing individuals this option. SB 1129 affirms the right of mentally capable, terminally ill adults to determine their own medical treatment options as they near the end of life. The people of Hawaiʻi should have the option, together with their ʻohana, their doctors, and their faith, to make the end-of-life decisions that are right for them in the final stages of a terminal illness -- including the option to request a prescription from their doctor to end their dying process painlessly and peacefully. Mahalo for your leadership and please support SB 1129 and give those who are dying this important and compassionate option. Aloha.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

From: Jaymi Edwards
To: CPH Testimony
Subject: Death With Dignity Bill
Date: Tuesday, February 14, 2017 12:20:14 PM

Aloha, I am emailing in strong support of this bill passing in the state of Hawaii. Three years ago, our family watched my 82 year old father die from kidney cancer.

Hospice was on the scene, and though the individuals involved with the organization are wonderful, compassionate professionals, morphine given orally often still did not completely ebb the pain, and we could tell this by his grunting to our questions, and the grimacing on his face. This was awful for our family to experience, but more importantly, certainly awful to be suffering in great deal the last week of his life.

All terminally ill patients, when they are of sound mind, and have seen the appropriate doctors, should be given the right to take legal medicine hastening their death. Anyone who has witnessed a loved one die from cancer with the aid of morphine will be in agreement that it is anything but dignified. We all deserve the right to die in comfort, and when we decide.

Mahalo for reading my testimony. Jaymi Edwards and the Claybaugh family

Sent from my iPhone

From: Leina Wender
To: CPH Testimony
Subject: death with dignity bill
Date: Tuesday, February 14, 2017 11:36:23 AM

I strongly support this legislation.

Elaine Wender

From: Nancy Kickertz
To: CPH Testimony
Subject: In support of Senate Bill 1129
Date: Tuesday, February 14, 2017 12:41:59 PM

To the Committee:

I write in support of Senate Bill 1129. My reasons are as follows:

1. I have personally experienced the slow and agonizing deaths of friends and family members from cancer and ALS. I have been asked to "help me die" on two separate occasions, knowing there was nothing I could do.
2. I have worked as a volunteer in settings where people are dying in pain and wanting to end their own suffering.
3. I believe in the fundamental right of the individual to have control of their bodies, minds and spirits. We should all have choices when it comes to dealing with our life's end. Those whose religious or other personal values dictate that their death is not something they should control should be free to make that choice. But those of us whose religious or other personal values are such that feel we can and should have the choice to end our pain and suffering should not be denied that choice.

The safeguards against abuse specified in Bill 1129 are more than adequate to prevent any potential for abuse.

Please pass Bill 1129 as written and give competent terminally ill Hawaii residents the right to a death with dignity.

Thank you.

Sincerely,
Nancy S. Kickertz
1015 Aoloa Place #441
Kailua, Hawaii 96734

From: Michael Fischer
To: CPH Testimony
Subject: Senatge Bill 1129
Date: Tuesday, February 14, 2017 12:25:31 PM

Pllease vote YES on Senate Bill 1129. If you have ever seen someone die a slow and miserable death, then you will vote Yes on this bill. My father suffered from prostate and brain cancer. I watched as the cancer devoured his body, slowly and painfully. When it invaded his bones, he was is so much pain that we couldn't touch him or move him without him screaming for us to stop. I would never allow this to happen to any other members of my family. If we are compassionate enough to be able to euthanize our pets so that they won't suffer, than we should be able to do the same for a loving family member.

If you vote NO on this bill, I hope that you will get a painful and debilitating disease and suffer immensely and have your family watch you suffer.

Please vote YES on this very important bill.

Michael S. Fischer
Kapolei, HI 96707-4939

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 5:13 PM
To: CPH Testimony
Cc: markcfi@rocketmail.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Fujioka	Individual	Support	No

Comments: I support the passage of SB1129 in order to provide a voluntary alternative to the endless and increasing pain and the suffering that follows. I ask compassion.

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

Hearing Date: February 15, 2017 (0830 AM)
To: Members of the Committee on Commerce, Consumer Protection, & Health
From: Bruce Kinney, DO
Re: SB 1129 – Death with Dignity Act
Position: Strong support with suggested additions

Dear Chair Rosalyn Baker, Vice Chair Clarence Nishihara, and Members of the Commerce, Consumer Protection, & Health Committee:

I am physician working at Urgent Care Hawaii in Kailua. I am writing in strong support of SB 1129.

As a family medicine physician, I have witnessed first-hand the lack of dignity that can occur at the end of life. Patients dying of cancer or other diseases often are often completely mentally alert and experiencing in excruciating detail the inevitable progression of their disease. The ultimate outcome of death is sometimes known with great confidence long before it occurs. These patients deserve to choose for themselves if they want to remain living, when all quality of life is gone. Many would choose to spare themselves and their families the needless suffering that this entails.

Medical aid in dying, referred to as death with dignity, is a safe and trusted medical practice. Terminally ill, mentally capable people with a prognosis of six months or less to live have the option to request medication which they can self- administer through ingestion to peacefully shorten an unbearable dying process. This is the method I would choose for myself were I in such a position.

Therefore, I strongly support SB 1129 -- Please make medical aid in dying available for those with a terminal illness and are suffering at the end of life.

Aloha,

Bruce Kinney, DO
660 Kailua Rd
Kailua, HI 96734
kinney.bruce@gmail.com

From: mailinglist@capitol.hawaii.gov
Sent: Tuesday, February 14, 2017 3:28 PM
To: CPH Testimony
Cc: kimcoco@kimcoco.com
Subject: Submitted testimony for SB1129 on Feb 15, 2017 08:30AM

SB1129
Submitted on: 2/14/2017
Testimony for CPH on Feb 15, 2017 08:30AM in Conference Room 229

Submitted By	Organization	Testifier Position	Present at Hearing
Kim Coco Iwamoto	Individual	Support	No

Comments: My family lives in the Nuuanu Ahapuaa and like a majority of this state's residents, we are in strong support SB1129. Patients who are suffering should be offered a full range of medical options related to their care. The narrow religious beliefs of a few strangers should not limit decision made by a patient after consultation with their physician. I would ask that your committee consider removing the following requirement: "If the patient is an inpatient at a long-term care facility, one of the witnesses shall be an individual designated by the facility." If that particular facility has religious objections to this particular treatment, they should not be allowed to stand in the way of this treatment option. It seems cruel to force the patient, their family, friends, to move the patient out of the facility before that person could get the medical treatment they are requesting. Ultimately I believe that all individuals should have the right to pass with dignity; I support SB1129.

From:	Meg Grant <pearlmommy@hotmail.com>
Sent:	Tuesday, February 14, 2017 3:51 PM
To:	CPH Testimony
Subject:	SB1129

Dear Senators Rosalyn Baker, Chair and Clarence Nishihara, Vice Chair
Committee on Commerce, Consumer Protection and Health

We are submitting this email as testimony in strong OPPOSITION to physician assisted suicide under any terminology or description. We are two senior citizens who believe strongly that proper medical care and role and responsibility of physicians is to treat diseases and medical conditions. It is wrong to place physicians who have spent their whole lives in the pursuit of healing in a role of killing a patient. In fact their oath upon becoming a medical physician is to "first do no harm." This kind of bill would actually have them go against everything they have worked to and for.

In addition, allowing/advocating and legislating suicide sends a wrong message to those who are going through difficult situations (physical and mental) that it is expedient to remove oneself with a permanent solution when there are often many other options. We believe that this legislation would be the beginning of a disastrous slippery slope to determine and decide when life is valuable or worthwhile and it certainly should not be decided in the political arena. Please be reminded that the very name of the Committee that you are Chair and Vice Chair of includes words like consumer "Protection" and "Health". This bill far exceeds and actually goes against these concepts.

We urge you to vote "No" and kill SB1129 at the hearing on Wednesday, February 15, 2017.

With respect and appreciation for your attention to this matter,

Morgan and Margaret Grant
440 Keawe St., #702
Honolulu, HI 96813