

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

March 14, 2018

Page 2

prognosis turns out to be erroneous and the patient outlives the prognosis. Please speak to John Ratliff on this matter. You should also know, as the rest of society does, that should the patient consume the fatal mixture of prescribed medication which results in death, it is in fact the fatal medication, not the underlying disease that in fact terminates the life of the patient.

Furthermore, transparency is completely shrouded by the non-disclosure provisions of section 14, which is the section that sets forth the reporting requirements by the doctors involved in this suicide. After setting forth all the information required to be reported, section 14 actually states: "Information collected pursuant to this section shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative or other proceeding." Why is this exactly? Who is being protected here? Not the deceased. Not the family of the deceased. Only the people that assist with the patient's suicide. Why is that again?

This bill also shrouds the truth by claiming without a shred of evidence, that the bill is necessary based on the finding by the legislature that physicians and other health care providers often do not offers the available end of life options (palliative care, hospice cares, VSED, stopping artificial ventilation or other life-sustaining therapy to allow a comfortable natural death). What is the evidence of this medical malpractice? Where are the discipline records for such terrible physicians and other health care providers. When the legislature creates out of whole cloth the finding which forms the basis for the legislation, transparency is badly injured, perhaps fatally.

Finally, transparency is injured by a claim that compassion drives the legislation to permit physicians to intentionally cause another person to commit suicide.¹ Were compassion truly the driving force behind this medication facilitated suicide pact between patients and

¹ §707-702 Manslaughter.

- (1) A person commits the offense of manslaughter if:
 - (a) The person recklessly causes the death of another person; or
 - (b) The person intentionally causes another person to commit suicide.
- (2) In a prosecution for murder or attempted murder in the first and second degrees it is an affirmative defense, which reduces the offense to manslaughter or attempted manslaughter, that the defendant was, at the time the defendant caused the death of the other person, under the influence of extreme mental or emotional disturbance for which there is a reasonable explanation. The reasonableness of the explanation shall be determined from the viewpoint of a reasonable person in the circumstances as the defendant believed them to be.
- (3) Manslaughter is a class A felony. [L 1972, c 9, pt of §1; am L 1987, c 181, §8; am L 1996, c 197, §2; am L 2003, c 64, §1; am L 2006, c 230, §28]

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH

March 14, 2018

Page 3

physicians, the reach of the bill would take into consideration those whom, for a variety of reasons are not able to consume the 100 grams of phenobarbital. Perhaps they are allergic to the medication needed to kill them, or perhaps swallowing is a barrier for them; to name a few. But no, unless a patient is capable of committing suicide by prescription drugs, the compassion for that patient is lacking.

B. No real enforcement provision. Notwithstanding the statements in the bill that seem like the legislature intends to craft a bill that offers protection from abuse, the actual language of the bill demonstrates there is no protection. The bill fails to protect the patient or the family of the patient. In addition, the bill protects the suppliers of the fatal prescription and those that work with the provider in the protocol called for in the bill. By adding exceptions to criminal statutes, the bill reveals the true intent which is to make sure the actions permitted under this bill are not enforceable.

Of course, as noted above, the non-disclosure provisions of section 14 must be deleted as well to permit enforcement.

The requirement in section 15 that someone in possession properly dispose of unused medication will never be enforceable unless by some miracle after the death of the patient the family/friends recognize the medication as prescribed for the purpose of suicide. Based on the wide spread reporting of youth pill parties, this provision puts at risk all the young people who may come in contact with the medication. What about the obligation under the bill to properly dispose of unused medication? The bill fails to identify anyone responsible. Perhaps the witnesses to the request forms should be asked to take a more supportive role. Also, no instruction on what is actually required to properly dispose of the unused medication other than to deliver it to some unidentified facility or do some other undefined lawful act to dispose of the medication. What? The bill offers no penalty for failure to properly dispose of unused medication. The witnesses who sign the patient's request form should be more than simply strangers available to witness the signing of a document and unscientifically evaluate the patient's state of mind. Perhaps the witnesses should be required to supervise the obtaining of the prescription, retrieval of the medication, preparation and consuming of the death mixture, or disposal of the unused medication. A stiff penalty should be attended to the failure to perform those obligations.

We must more fully protect our kupuna and their family members from the myriad of undesired consequences that will flow from this policy. In order to protect the family members' rights when their loved one turns up dead by suicide as a result of the actions taken under this bill, all of the following language should be added to section -20:

SENATE COMMITTEE ON COMMERCE, CONSUMER PROTECTION AND HEALTH
March 14, 2018
Page 4

Enforcement; private right of action.

(a) Any person who is aggrieved by any act done in violation of this chapter may bring a civil action in state court in the circuit in which the qualified patient resided at the time the prescription was written pursuant to this section; the action may be brought to enjoin further violations and to recover actual damages sustained together with the costs of the suit including reasonable attorneys' fees. The court may, in its discretion, increase the award of damages to an amount not to exceed three times the actual damages sustained. If damages are awarded pursuant to this subsection, the court may, in its discretion, impose on a liable party a civil fine of not more than \$10,000 to be paid to the plaintiff. A party seeking civil damages under this subsection may recover upon proof of a violation by a preponderance of the evidence. For the purposes of this subsection, "person" includes a natural or legal person.

(b) The enforcement procedure and remedies provided by this section shall be in addition to any other procedure or remedy that may be available to the State or a person aggrieved by a violation of this chapter.

In addition to adding the foregoing, the following language should be deleted from sections -4, -5, -6 and -7 of the bill:

"; provided that this subsection shall not apply to actions taken under chapter ____."

With respect to section -14(b), permitting the reporting to be done after the body is no longer available for examination and use as evidence fails to protect the patient. The reporting must be done and the details available to family before the body is no longer available. With respect to section 14© the reported and collected data MUST be available for use in court proceedings. Shielding the data from use as evidence belies the intent of this bill to make sure there is no effective enforcement.

In addition, the following language should be deleted from Section -18:

Actions taken in accordance with this chapter shall not, for any purpose, constitute suicide, assisted suicide, mercy killing, murder, manslaughter, negligent homicide, or any other criminal conduct under the law.

Testimony for Senate Hearing on Friday 3/16/18 before the Committee on
Commerce, Consumer Protection and Health. Room 229 for HB2739 HD 1.

LATE

MY NAME IS JED ALAIMALO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT
RELATIONSHIP.

Testimony for Senate Hearing on Friday 3/16/18 before the Committee on
Commerce, Consumer Protection and Health. Room 229 for HB2739 HD 1.

LATE

MY NAME IS KENNETH KEPLER MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS KIMBERLY VALENTINE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS MARIA TERMULO MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT
RELATIONSHIP.

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LATE

MY NAME IS PAUL DEMARE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT
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LATE

MY NAME IS PETER GALPIN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS REGINALD BUESA MD

I AM A PRACTISING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS RUTH MATSUURA MD

I AM A PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
FUNDAMENTALLY LESS HARMFUL TO THE PATIENT or TO THE DOCTOR-PATIENT
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LATE

MY NAME IS REGINALD CS HO MD

I HAVE BEEN A LONG TIME PRACTISING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS RYAN FUSATO MD

I AM A PRACTISING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS ROBERT WOTRING MD

I AM A PRACTISING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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Testimony for Senate Hearing on Friday 3/16/18 before the Committee on
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LATE

MY NAME IS SUWAN MCGRATH NP PMHCNS

I AM A PRACTISING NURSE PRACTITIONER AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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RELATIONSHIP.

Testimony for Senate Hearing on Friday 3/16/18 before the Committee on
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LATE

MY NAME IS WERNER SCHROFFNER MD

I AM A LONG TIME PRACTISING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS GREGORY PARK MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS ANDREW OISHI MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS CAROLINA DAVIDE MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS EMMA B AVILLA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATI

MY NAME IS HAZEL ABINSAY MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS HUGH HAZENFIELD MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS CELIA MERCADO ONA MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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MY NAME IS BENJAMIN THOMPSON MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

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MY NAME IS BENJAMIN SHURTLEFF MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

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LATE

MY NAME IS CARLSON B WONG MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

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LATE

MY NAME IS CLIF ARRINGTON MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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LATE

MY NAME IS DR STEVEN KULA

I AM A PRACTICING HEALTH CARE PROFESSIONAL AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

I DO NOT THINK ANY AMENDMENTS COULD MAKE THIS PROPOSED BILL
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LATE

MY NAME IS FRANCES D PIEN MD

I AM A PRACTICING PHYSICIAN AND HAWAII RESIDENT.

I STRONGLY OPPOSE HB2739 HD 1.

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Committee on Commerce, Consumer Protection and Health
Senate Hearing Date: Friday, March 16, 2018
Time: 8:30 am

LATE

To: Chair Baker, Vice-Chair Tokuda and Committee Members
From: Melvia Leong
Re: HB 2739 Related to Health, Medical Aid in Dying Act
Position: Strong Support

Currently, I am a full-time student completing my masters of social work degree with a focus on health and bereavement. I have also been employed at a major local medical center and the State of Hawaii, Department of Human Services BESSD division. However, I come before you to express my own viewpoints in strong support of HB 2739.

As an emerging practitioner in the field of social work, I am an advocate for client autonomy when bio-psycho-social, spiritual, ethical, legal and organizational factors are assessed, analyzed and addressed. The rigorous Myron B. Thompson SW program at UH Manoa ensures that I don't cut corners or impose my personal and spiritual beliefs upon my clients.

What I can tell you is that the death experience also affects the living witnesses. Preparation of the client, family and friends increases the perception of "a good death" vs. "a poor death" (LeBaron et al, 2015).

Also, a 2014 study (Lee, 2014) of the Oregon Aid-in-Dying program provided evidence-based research that refuted fears that vulnerable populations would be hurt or that abuses would occur and represents approximately 0.2% of all deaths in Oregon per year.

In Hawaii, we have our own cultural diversity with attitudes towards honorable death. Although palliative and hospice care exists, they are not adequate to relieve the physical, mental and spiritual suffering of clients.

You know, that 80 year old Aunty with the perfect makeup, red lipstick and flower in her hair, whose dignity is so precious; or Uncle with his bad knees still wanting to help imu the pig. We want our dignity, too. So, please vote for this bill to let us, adults exercise our freedom to choose a peaceful death.

Thank you,
Melvia Leong

LATE

My name is A. Stephen Woo, Jr., and I practiced pathology in Hilo for 15 years.
Thank you for the opportunity to speak to you.

Merriam-Webster defines suicide as taking one's own life, voluntarily and intentionally.

Yet, Paragraph 18 of HB2739 HD 1 states just the opposite:

"ACTIONS TAKEN IN ACCORDANCE WITH THIS CHAPTER SHALL **NOT**, FOR ANY PURPOSE
CONSTITUTE

SUICIDE ASSISTED SUICIDE MURDER and so on

PARAGRAPH 18 IS **DEPLORABLE** BECAUSE IT MAY IMPOSE AN UNDUE HARDSHIP
ON THE DECEDENT'S FAMILY

LET ME EXPLAIN:

Section #41 of the death certificate deals with the MANNER OF DEATH,

FOR WHICH THERE ARE ONLY FIVE RESPONSES:

NATURAL ACCIDENTAL HOMICIDE SUICIDE UNDETERMINED

BUT Paragraph 18 EXCLUDES HOMICIDE and SUICIDE AND ONLY THREE
--- NATURAL--- ACCIDENTAL --- UNDETERMINED----- REMAIN
NONE OF WHICH APPLIES TO THIS SITUATION.

I **CANNOT** REPORT THE MANNER OF DEATH, MINDFUL, THAT I AM, OF THE
STATEMENT IN SECTION #49--- "TO THE **BEST** OF MY KNOWLEDGE, DEATH OCCURRED AT
THE TIME, DATE AND PLACE, AND DUE TO THE CAUSE AND **MANNER** STATED."

I MUST LEAVE THE SPACE BLANK ----- THE CERTIFICATE IS INCOMPLETE AND INVALID.

WITHOUT A VALID CERTIFICATE, THERE WILL BE NO BURIAL,
THE FAMILY IS DENIED INSURANCE BENEFITS,
AND THE FAMILY WILL NOT HAVE CLOSURE.

ON THIS BASIS I URGE REJECTION OF HB 2739 HD 1.

MAHALO.

A. STEPHEN WOO, JR. M.D.





Date of Death: _____
AKA: _____

STATE OF HAWAII DEATH CERTIFICATE WORKSHEET

1. DECEDENT'S LEGAL NAME (First, Middle, Last)					2. SEX		3. SOCIAL SECURITY NO.								
4a. AGE-Last Birthday (Years)		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hrs. Min.		5. DATE OF BIRTH (Mo/Day/Yr)		6a. STATE OF BIRTH (If not in USA, name Country)		6b. CITIZEN OF WHAT COUNTRY					
7. PLACE OF DEATH (Check only one: see instructions)		IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Inpatient				IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other(Specify) _____									
8. FACILITY NAME (If not institution, give street & number)					9. CITY OR TOWN, STATE, AND ZIP CODE					10a. COUNTY OF DEATH		10b. ISLAND OF DEATH			
11. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				13. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)									
14a. RESIDENCE STATE					14b. COUNTY			14c. CITY OR TOWN							
14d. STREET AND NUMBER										14e. APT. NO.		14f. ZIP CODE		14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. DECEDENT'S EDUCATION (highest grade or degree completed)				16. DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Cuban <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Unknown <input type="checkbox"/> Central-S Amer <input type="checkbox"/> Other _____				17. DECEDENT'S RACE (Enter races, separated by commas)							
18. DECEDENT'S USUAL OCCUPATION (work done during most of working life. DO NOT USE RETIRED)						19. KIND OF BUSINESS OR INDUSTRY									
20. FATHER'S NAME (First, Middle, Last)						21. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)									
22a. INFORMANT'S NAME				22b. RELATIONSHIP TO DECEDENT		22c. MAILING ADDRESS (Street and Number, City, State, Zip Code)									
23. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Entombment <input type="checkbox"/> Medical Science <input type="checkbox"/> Other _____						24a. PLACE OF DISPOSITION (Name of cemetery, crematory, other)									
25. LOCATION-CITY, TOWN AND STATE						26. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY									
27a. DATE OF DISPOSITION (Mo/Day/Yr)			27b. SIGNATURE OF FUNERAL DIRECTOR												
ITEMS 28-32 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH OR ME/CORONER		28. DATE PRONOUNCED DEAD (Mo/Day/Yr)				29. TIME PRONOUNCED DEAD									
30. NAME / TITLE OF PERSON PRONOUNCING DEATH (Only when applicable)				31. LICENSE NUMBER		32. DATE SIGNED (Mo/Day/Yr)									
33. ACTUAL OR PRESUMED DATE OF DEATH (Mo/Day/Yr) (Spell Month):				34. ACTUAL OR PRESUMED TIME OF DEATH				35. WAS ME/CORONER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No							
36. CAUSE OF DEATH (See instructions & examples)-PART I. Enter the chain of events-diseases, injuries, or complications-that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. Approx interval Onset to death															
IMMEDIATE CAUSE (Final disease or condition resulting in death) →		(a) _____													
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		(b) DUE TO OR AS A CONSEQUENCE OF: _____													
		(c) DUE TO OR AS A CONSEQUENCE OF: _____													
		(d) DUE TO OR AS A CONSEQUENCE OF: _____													
PART II. Enter other SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given in PART I.										37. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No					
										38. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No					
39. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			40. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 yr before death <input type="checkbox"/> Unknown if pregnant within the past year <input type="checkbox"/> Not pregnant, but pregnant within past yr (time unknown)												
42. DATE OF INJURY (Mo/Day/Yr)			43. TIME OF INJURY			44. PLACE OF INJURY (e.g. Decedent's home; construction site; restaurant; wooded area; etc.)									
46. LOCATION OF INJURY: Street Address: _____										Apartment No: _____					
City or Town: _____										State: _____					
Zip Code: _____															
47. DESCRIBE HOW INJURY OCCURRED:										48. TRANSPORTATION INJURY SPECIFY <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) _____					
49. CERTIFIER (Check only one) _____ Certifying physician-To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner-On the basis of the examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> SIGNATURE OF CERTIFIER: _____															
50. NAME, ADDRESS, AND ZIP CODE OF PHYSICIAN COMPLETING CAUSE OF DEATH (Item 35)															
51. TITLE OF CERTIFIER		52. LICENSE NUMBER			53. DATE CERTIFIED (Mo/Day/Yr)										

To Be Completed By: FUNERAL DIRECTOR

Name of Decedent:

To Be Completed By: MEDICAL CERTIFIER

HB-2739-HD-1

Submitted on: 3/16/2018 9:21:05 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

LATE

Submitted By	Organization	Testifier Position	Present at Hearing
Becky Gardner	Individual	Support	No

Comments:

LATE

HB-2739-HD-1

Submitted on: 3/16/2018 10:04:28 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charlotte Clarke	Individual	Oppose	No

Comments:

"I will only vote for legislators who support God's laws and Commanments."

LATE

HB-2739-HD-1

Submitted on: 3/16/2018 9:33:39 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Ameen Jr.	Individual	Oppose	No

Comments:

Dear Chair and Senators,

I strongly oppose this bill.

1) There is only ONE main argument that the supporting side has. It all boils down to ONE: choosing to take control of end of life to alleviate pain and suffering.

I ask, did anyone will or choose to bring themselves into this world? This is NOT a religious argument. We are talking about the laws and forces of nature. You must not allow people to choose death. This is the undignified way. As leaders you should make the hard choice that says we will protect our Hawaiian people from wrongful death.

2) Don't ignore the facts: States that have legalized assisted suicide have had increases in suicides overall in their population. Make no MISTAKE, if you legalize assisted suicide, then you have NO basis for discouraging young people or any adult from taking their own life in Suicide!

NONE. you will frustrate all people trying to help those who are considering suicide. IF you pass this suicide bill, what's the difference? To be clear: there won't be any difference. None.

IF you pass this bill, then you BETTER remove all other legislation on suicide prevention, for it is complete HYPOCRISY!

Please withdraw this bill competely.

Respectfully,

David Ameen Jr.

Mililani, HI

LATE

HB-2739-HD-1

Submitted on: 3/16/2018 9:25:01 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Catherine	Individual	Oppose	No

Comments:

LATE

HB-2739-HD-1

Submitted on: 3/16/2018 9:19:11 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Earl Walker	Individual	Oppose	No

Comments:

Please do NOT pass this bill. It is totally NOT necessary nor needed.

LATE

HB-2739-HD-1

Submitted on: 3/16/2018 9:20:13 AM

Testimony for CPH on 3/16/2018 8:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Chinen	Individual	Oppose	No

Comments:

THIS BILL AUTHORIZES SUICIDE AND MURDER