

The following testimonies were received with notice the organization(s)/individual(s) will be present to testify at the hearing.

Committee on Health & Human Services
Committee Clerk, Kevin
Vice-Chair, Rep. Kobayashi Office



EXECUTIVE CHAMBERS
HONOLULU

DAVID Y. IGE
GOVERNOR

Testimony of **Ford Fuchigami**
Administrative Director, Office of the Governor

Before the
House Committee on Health & Human Services
House Committee on Judiciary
February 27, 2018
10:30 a.m., Auditorium

In consideration of
House Bill No. 2739
RELATING TO HEALTH

Chairs Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura, and committee members:

Thank you for the opportunity to provide comments in Support for **House Bill 2739**.

The Governor's Office believes this bill is important to allow terminally ill patients to decide for themselves when and how their lives should end. We believe HB2739 is well drafted in a context of a robust continuum of palliative and hospice care, provides sufficient safe-guards for both patients and doctors to minimize abuse.

We defer to the Department of Health and the Office of the Attorney General for any technical amendments which may be needed to clarify or strengthen the bill.

We appreciate your attention and will be available to answer your questions, should you have any at this time.



LATE

OFFICE OF THE LIEUTENANT GOVERNOR
STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

DOUG CHIN
LIEUTENANT GOVERNOR

**TESTIMONY OF
THE LIEUTENANT GOVERNOR
TO THE
HOUSE COMMITTEES ON HEALTH & HUMAN SERVICES AND JUDICIARY**

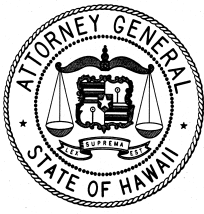
**HOUSE BILL NO. HB 2739
Relating to Health**

Aloha Chair Mizuno, Chair Nishimoto, Vice Chair Kobayashi and Vice Chair San Buenaventura,

I write today to support House Bill 2739 because I believe the people of Hawai'i should be empowered to make intensely personal and incredibly difficult end-of-life choices when they face a grave illness with no hope for relief.

As Attorney General, last year I worked closely with members of both the House and Senate to assist the Legislature as you crafted legislation to add Hawai'i to the ranks of states – like California, Colorado, Oregon, Vermont, and Washington – which have passed similar “death with dignity” measures. House Bill 2739 reflects your conscientious work to create a compassionate process. It also reflects your concerted efforts to provide strict safeguards that, along with appropriate regulations, will protect individuals from fraud or other crimes.

I support House Bill 2739 and encourage the legislature to continue working with the constructive input of the Attorney General's office as the bill moves forward. Thank you for your consideration.



**TESTIMONY OF
THE DEPARTMENT OF THE ATTORNEY GENERAL
TWENTY-NINTH LEGISLATURE, 2018**

ON THE FOLLOWING MEASURE:

H.B. NO. 2739, RELATING TO HEALTH.

BEFORE THE:

HOUSE COMMITTEES ON HEALTH AND HUMAN SERVICES AND ON
JUDICIARY

DATE: Tuesday, February 27, 2018 **TIME:** 10:30 a.m.

LOCATION: State Capitol, Auditorium

TESTIFIER(S): Russell A. Suzuki, Acting Attorney General, or
Angela A. Tokuda, Deputy Attorney General

Chairs Mizuno and Nishimoto and Members of the Committees:

The Department of the Attorney General supports this measure and provides the following comments.

The purpose of this bill is to enact a medical aid in dying law modeled after Oregon's death with dignity law, which has been in effect since 1997. The bill provides safeguards to ensure that a terminally ill adult who chooses to make end-of-life decisions is able to do so and also retain the right to rescind the request.

We recommend that several issues in this measure be addressed.

(1) On pages 19 - 20, in the new section -15 of the new chapter being added to the Hawaii Revised Statutes by section 3 of the bill, there are no clear consequences for noncompliance with this section. We recommend including wording to identify what the consequences are for failing to dispose of unused medication dispensed to assist dying, if any.

(2) On page 21, lines 9-10, in the new section -18, the phrase "any other criminal conduct under the law" is overly broad and vague. We recommend identifying the other offenses that are intended to be covered by this wording.

(3) There are three recommendations for the new section -19(a). First, we recommend deleting the term "good faith" on page 21, line 21, page 22, lines 8 and 12, and on page 23, line 8, in order to establish a clearer, objective standard for liability.

Good faith compliance is difficult to disprove as one could simply claim that he or she was “acting in good faith compliance” without additional evidence.

Second, for section -19(a)(1), on page 21, line 21, the word “participating” is redundant with “acting in” and the use of “or” creates ambiguity. We recommend deleting the words “participating or” in order to establish a clearer, objective standard for liability. Doing so will also make this wording consistent with the wording in section -19(a)(5), on page 23, line 8. On page 22, line 1, we recommend replacing the word “including” with the word “or.” The act of “being present” has no relation to being in “compliance with this chapter.” The revised provision would then read:

- (1) No person shall be subject to civil or criminal liability or professional disciplinary action for ~~participating or~~ acting in good faith compliance with this chapter, ~~including~~ or being present when a qualified patient takes the prescribed medication to end the qualified patient's life in a humane and dignified manner;

Third, for section -19(a)(4), we recommend including a statement to clarify that health care providers are not required to inform a patient about the option to obtain medication for the purpose of ending the patient’s life or refer a qualified patient to another health care provider who is willing to participate in carrying out a qualified patient’s request if the current health care provider is unable or unwilling to participate. Suggested wording would read:

- (4) No health care provider shall be under any duty, whether by contract, by statute, or by any other legal requirement, to participate in the provision to a qualified patient of medication to end the qualified patient's life in a humane and dignified manner~~[-]~~, including informing a patient about the option to obtain medication for the purpose of ending the patient’s life under this chapter or referring a qualified patient to a new health care provider if a health care provider is unable or unwilling to participate in carrying out a qualified patient’s request under this chapter. If a health care provider is unable or unwilling to carry out a patient's request under this chapter, and the patient transfers the patient's care to a new health care provider, the prior health care provider shall transfer, upon request, a copy of the patient's relevant medical records to the new health care provider; and

(4) On page 26, lines 15-16, in the definition of the phrase "participate in actions covered by this chapter," the terms “consulting provider function” and “counseling referral function” are difficult to understand as written. The definition refers

to performing the duties or actions of a particular person, rather than to the actual provider. For clarification, we recommend the following:

"Participate in actions covered by this chapter" means to perform the duties of an attending provider pursuant to section -4, the duties of a consulting provider [function] pursuant to section -5, or [the counseling referral function] the referral of a qualified patient for counseling pursuant to section -6.

(5) On pages 27-29, we recommend making the following amendments to the new section -20 to conform with Hawaii's penal code:

§ -20 Prohibited acts; penalties. (a) Any person who without the written authorization of a qualified patient intentionally[-

- ~~— (1) Alters] makes, completes, alters, or endorses a request for [a prescription without the authorization of a qualified patient;~~
 - ~~— (2) Forges a request for a prescription; or~~
 - ~~— (3) conceals] medication or conceals or destroys [the] a rescission of [a] the request [for a prescription;] to cause the patient's death~~
- shall be guilty of a class A felony.

(b) Any person who knowingly coerces or [exerts undue influence on a qualified patient] induces a patient by force, threat, fraud, or intimidation to request [a prescription] medication for the purpose of ending the patient's life, or to destroy a rescission of [a] the request [for a prescription], shall be guilty of a class A felony. For purposes of this subsection, "fraud" means making material false statements, misstatements, or omissions.

(c) Any person who [~~intentionally alters, forges, conceals, or destroys any request for medication or treatment, any rescission of a request for medication or treatment, or any other evidence or document reflecting a patient's desires and interests:~~

- ~~— (1) Without authorization of the patient; and~~
- ~~— (2) With], knowingly and without the authorization of a qualified patient, intentionally completes, alters, endorses, conceals, or destroys an instrument, the reinstatement or revocation of an instrument, or any other evidence or document reflecting a qualified patient's desires and interests, with the intent [and] or effect to cause the withholding or withdrawal of life-sustaining [medication, treatment, or] procedures or of artificially administered nutrition and hydration that hastens the death of the qualified patient, shall be guilty of a class A felony.~~

(d) [~~Any] Except as provided in subsection (c), any person who[, intentionally alters, forges, conceals, or destroys any request for a prescription, rescission of a request for a prescription, or other evidence or document reflecting a qualified patient's desires and interests:~~

- ~~— (1) Without authorization of the qualified patient; and~~
- ~~— (2) With] knowingly and without the authorization of a qualified patient to intentionally complete, alter, endorse, conceal, or destroy an instrument,~~

the reinstatement or revocation of an instrument, or any other evidence or document reflecting the qualified patient's desires and interests with the intent or effect of [negating] affecting the qualified patient's health care decision [to obtain a prescription] under this chapter, shall be guilty of a misdemeanor.

(e) Nothing in this section shall limit any liability for civil damages resulting from any intentional or negligent conduct by any person in violation of this chapter.

(f) The penalties in this chapter are cumulative and shall not preclude criminal penalties pursuant to other applicable state law.

(6) On page 29, we recommend that the severability provision in new section -22 be omitted because it does not need to be codified and the proposed bill already has one that is consistent with Hawaii law in Section 9 of the bill. New section -22 is redundant.

(7) On pages 37 and 38, we recommend amending sections 6 and 7 of this measure as follows:

SECTION 6. Section 707-701.5, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

"(1) Except as provided in section 707-701, a person commits the offense of murder in the second degree if the person intentionally or knowingly causes the death of another person[-]; provided that this section shall not apply to actions taken [~~under~~] in compliance with chapter ____ . "

SECTION 7. Section 707-702, Hawaii Revised Statutes, is amended by amending subsection (1) to read as follows:

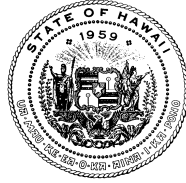
"(1) A person commits the offense of manslaughter if:
(a) The person recklessly causes the death of another person; or
(b) The person intentionally causes another person to commit suicide[-];
provided that this section shall not apply to actions taken [~~under~~] in compliance with chapter ____ . "

(8) The severability provision in section -22 should be omitted because the bill already has a severability clause in section 9.

Finally, we note that similar laws have generated lawsuits in other states and while we cannot predict with certainty how the courts will rule, we see no serious constitutional impediment to this bill as currently drafted. But the suggested edits to section -19(a)(4) above, which would clarify that health care providers are not required

to participate in any way with the provision of lethal drugs under this chapter, would help strengthen the bill in the event of a constitutional challenge.

We encourage the Committee to proceed with this measure, with the recommended amendments.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

**Testimony in SUPPORT of HB2739
RELATING TO HEALTH.**

REP. JOHN M. MIZUNO, CHAIR
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES

REP. SCOTT NISHIMOTO, CHAIR
HOUSE COMMITTEE ON JUDICIARY

Hearing Date: February 27, 2018

Room Number: Auditorium

1 **Fiscal Implications:** N/A.

2 **Department Testimony:** The Department of Health supports HB2739, the purpose of which is
3 to establish a regulatory process for medical aid in dying for terminally ill patients. The "Our
4 Care, Our Choice Act" is relevant if and only if it is seen within the context of a strong
5 continuum of palliative and hospice care, which in Hawaii is robust, and therefore offers
6 individuals a meaningful option.

7 **Offered Amendments:** The department recommends the following amendments to assure
8 confidentiality further.

9 Page 12, Lines 17-21, Subsection (b): "(b) Notwithstanding any other
10 provision of law, an attending provider may sign the qualified
11 patient's death certificate. [~~The death certificate shall list
12 the terminal disease and self-administration of the medication
13 prescribed pursuant to this chapter as the immediate cause of
14 death.~~] The cause of death listed on the death certificate
15 shall identify the qualifying patient's terminal disease without
16 reference to the fact that the qualifying patient ingested
17 medication pursuant to this chapter."

1 Page 18, Line 7, Subsection (d): "(d) On or before July 1, 2019, and each
2 year thereafter, the department shall create a report of
3 information collected under subsection (c) [~~and vital statistics~~
4 ~~records maintained by the department~~] and shall post the report
5 on the department's website. The report shall contain
6 demographic data of qualifying patients and use statistical
7 methodologies deemed appropriate by the department. [~~Information~~
8 ~~contained in the report shall only include:~~

- 9 (1) ~~The number of qualifying patients for whom a~~
10 ~~prescription was written pursuant to this chapter;~~
- 11 (2) ~~The number of known qualifying patients who died each~~
12 ~~year for whom a prescription was written pursuant to~~
13 ~~this chapter and the cause of death of those~~
14 ~~qualifying patients;~~
- 15 (3) ~~The total number of prescriptions written pursuant to~~
16 ~~this chapter for the year in which the report was~~
17 ~~created as well as cumulatively for all years~~
18 ~~beginning with 2019;~~
- 19 (4) ~~The total number of qualifying patients who died while~~
20 ~~enrolled in hospice or other similar palliative care~~
21 ~~program at the time of death;~~
- 22 (5) ~~The number of known deaths in Hawaii from a~~
23 ~~prescription written pursuant to this chapter per~~
24 ~~five thousand deaths in Hawaii;~~

- 1 ~~(6) The number of attending providers who wrote~~
2 ~~prescriptions pursuant to this chapter;~~
- 3 ~~(7) Of the people who died as a result of self-~~
4 ~~administering a prescription pursuant to this chapter:~~
- 5 ~~(A) Age at death;~~
- 6 ~~(B) Education level;~~
- 7 ~~(C) Race;~~
- 8 ~~(D) Sex;~~
- 9 ~~(E) Type of insurance, if any; and~~
- 10 ~~(F) Underlying illness.]"~~
- 11

KAT BRADY



COMMITTEE ON HEALTH AND HUMAN SERVICES

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Nishimoto, Chair

Rep. Joy San Buenaventura, Vice Chair

Tuesday, February 27, 2018

10:30 am

Auditorium

Aloha Chairs Mizuno & Nishimoto, Vice Chairs Kobayashi & San Buenaventura and Members of the Committees:

My name is Kat Brady and I am testifying today in strong support of HB 2739 on behalf of three people I love and to whom I was a caregiver. I watched all three of these individuals die excruciating deaths...their bodies wracked with pain.

HB 2739 establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. It also imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

No one can know the level of pain that a person is experiencing. Science and technology can develop many medications to control pain, however, the individual tolerance to pain is a personal measure.

My friend Adam, a talented film editor, died after suffering for way too long, however, Adam fought with every fiber of his being to stay alive. He lost that battle with cancer in 1988 at 33 years old.

My Mom, an incredible community activist in NYC, died after 8 months of agonizing pain, finally withering away to 45 pounds at her death in 1991. She was in a teaching hospital in NYC with doctors who wanted to try everything to keep her alive, while I was trying to keep her comfortable and as pain-free as possible. She was so thin that the hospital could not find a place where they could inject her morphine. I asked for a morphine drip, the hospital refused, and I started to pack my Mom's things to leave. I was determined to find a place that would at least let her die with some semblance of dignity. The hospital finally relented and Mom finally got what she needed.

What happened after my Mom was made more comfortable is that other families started approaching me to ask how I managed to get that relief for my Mom. So, while my Mom was sleeping, I assisted other families in getting help for their loved ones. This brought the enormity of the problem up close and personal to me. My Mom was a devout Catholic and one of the last things she said to me was, "**No one should have to suffer like this.**" I took those words to heart and that is why I am testifying today.

My friend Joe asked me if he could die in my house because it was full of love. His cancer worsened and he had to be hospitalized. We spent hours on the phone every night until he could fall asleep. During conference committee of 2007, my partner and I left Hawai'i to be with Joe, whose family was in denial of his imminent death. We flew to Florida and got him situated in a hospice facility where he passed, the day after we left. **The most important thing I learned as a caregiver is that everyone has the personal autonomy to say "No more". We all need to respect that individual choice.** Please pass HB 2739. Mahalo for this opportunity to testify.

I have not often seen much dignity in the process by which we die.

Sherwin B. Nuland - "How We Die", Vintage (1994)



February 23, 2018

House's Committees on Health & Human Services and Judiciary
Hawai'i State Capitol
415 South Beretania Street, Capitol Auditorium
Honolulu, HI 96813

Hearing: Thursday, March 23, 2017 – 8:30 a.m.

RE: STRONG SUPPORT for House Bill 2379 – RELATING TO HEALTH

Aloha Chair Mizuno, Chair Nishimoto, Vice Chair Kobayashi & Vice Chair San Buenaventura and fellow committee members,

I am writing in STRONG SUPPORT to House Bill 2739 on behalf of the LGBT Caucus of the Democratic Party of Hawai'i. HB 2739 establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

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 Hawai'i urge the Legislature to take all measures to affirm the right of dying patients to make informed decisions about their health care, ensure that Hawai'i 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 Hawai'i is a top priority for the LGBT Caucus and the Democratic Party of Hawai'i. As we've researched the issue and talked to members, we are struck by the desperate, violent measures some terminally ill kama'aina 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 'ohana 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 kama'aina 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 Hawai'i?

Thank you, Chairs, Vice Chairs and Members of the Committees, for your thoughtful consideration and hopefully your full support of HB 2739.

Mahalo nui loa,

Michael Golojuch, Jr.
Chair and SCC Representative
LGBT Caucus of the Democratic Party of Hawai'i



92-954 Makakilo Dr. #71, Kapolei, HI 96707 Email: RainbowFamily808@gmail.com Ph: (808) 779-9078 Fax: (808) 672-6347

February 25, 2018

Honorable Representative John Mizuno, Chair Health and Human Services Committee
and members

Honorable Representative Scott Y. Nishimoto, Chair Judiciary Committee
and members

Hawaii State Capitol
[514 Beretania Street](#)
[Honolulu, Hawaii 96813](#)

RE: Strong Support for HB2739 – Medical Aid in Dying

Rainbow Family 808 strongly supports HB 2739, for individual's requesting medical aid in dying, an End-of-Life Choice. We acknowledge the Hawaii Blue Ribbon Panel of 1997 on End of Life Options. Our Aloha state now reports that 70% of it's citizens approve of this End of Life Choice. We support the decisions of our individuals and ask that the House Health and Human Services with the House Judiciary Committees agree to the Individual's right to choose their End of Life Choices without interference from churches or others wishing to control an individual's decision as stated in HB 2739.

One of Rainbow Family 808's members reports their 1980's volunteer time with the Westside division of St. Francis Hospice Program. The member spoke to us about the heartbreaking experiences of patients lying in bed, not able to eat, speak, walk or care for themselves and the resulting pain the family experienced seeing their beloved family members in such horrific pain. This pain many times gets to the point that even constant morphice drips fail to ease the pain. This member says there has to be a better way to end one's life. At that time in Hawaii, the Hospice Program did not offer or even talk about any relief from pain but rather followed lock step with the Honolulu Diocese distain for a peaceful, dignified End of Life Choice.

Many in our group talk about the Hawaii Advance Directive that takes time and consideration about the importance of discussing our End of Life Choices. Some of us already have dianoses that may someday result in escalating, unending pain and suffering that is not treatable with any amount of opiodes to address the pain. We need and want an option. Personnally when my life means I can't think, talk, eat or dance but is an unending time of pain, then I want humane and dignified options. For myself, I want a doctor who will value and respect my Advance Directive for End of Life Choices. In fact, I've already changed Physicans to one who honors my Advance Directive.

Hawaii can no longer allow those in the business of caring for the ill to control any individuals End of Life Choices, Advance Directives in order to make money on our suffering. Time's UP.

Thank you for the opportunity to provide our support for our Freedom to Choose End of Life decisions when we are terminal and qualify the requirements of HB 2739. Freedom of Choice is the just decision for each individual. Rainbow Family 808 asks that you pass HB 2739.

Sincerely,

Carolyn Martinez Golojuch
President and Co-Founder Rainbow Family 808

HB-2739

Submitted on: 2/24/2018 9:19:44 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ron Hart	Hawaii Citizens for End of Life Choices	Support	Yes

Comments:

To: Members of the House Committee on Health and Human Services and the House Committee on Judiciary

From: Ronald Hart, PhD, Co-Chair, Hawaii Citizens for End of Life Choices

RE: HB2739 relating to Medical Aid in Dying

Esteemed Representatives:

In the view of our Members and Supporters, the crux of the debate over Medical Aid in Dying is the individual's RIGHT TO CHOOSE.

People at the end of their lives have both an inherent human right, as well as an individual civil right, to choose for themselves the kinds of care and treatment they wish to receive, as well as the kinds they do not. This includes the right to choose to end pain and suffering by hastening death with assistance from specially trained medical personnel. The State of Hawaii needs to recognize this right rather than proscribe it.

We strongly support HB2739 and respectfully urge members of these two committees to approve it!

Thank you for your consideration.



Hawai'i

Committee: House Committee on Judiciary
House Committee on Health & Human Services
Hearing Date/Time: Tuesday, February 27, 2018, 10:30 a.m.
Place: Capitol Auditorium
Re: Testimony of the ACLU of Hawai'i in Support of H.B. 2739,
Relating to Health

Dear Chair Nishimoto, Chair Mizuno, and Committee Members:

The American Civil Liberties Union of Hawai'i writes in support H.B. 2739, which allows competent, terminally ill adults to obtain prescription medication to end their own life. The ACLU of Hawai'i 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 — and the District of Columbia have legalized physician-assisted death.

While the ACLU of Hawai'i 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. H.B. 2739 provides adequate safeguards to address these concerns.

Thank you for the opportunity to testify.

Sincerely,

Mateo Caballero
Legal Director
ACLU of Hawai'i

The mission of the ACLU of Hawai'i is to protect the fundamental freedoms enshrined in the U.S. and State Constitutions. The ACLU of Hawai'i fulfills this through legislative, litigation, and public education programs statewide. The ACLU of Hawai'i 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 Hawai'i has been serving Hawai'i for 50 years.

American Civil Liberties Union of Hawai'i
P.O. Box 3410
Honolulu, Hawai'i 96801
T: (808) 522-5900
F: (808) 522-5909
E: office@acluhawaii.org
www.acluhawaii.org



Aloha Chair Mizuno, Chair Nishimoto, members of the House Committees on Health and Human Services, and Judiciary,

On behalf of the nearly 600 registered members of the Hawaii chapter of the Young Progressives Demanding Action, I would like to express **strong support** for HB2739.

Medical aid in dying (also known as death with dignity) is an important issue for many of our kupuna and their family members. The issue has been framed in terms of religious or public safety implications, but this does a disservice to the many people who would benefit so much from having the choice to end their lives peacefully, orderly and with dignity. That is really what this issue is about: choice. Medical aid in dying should be considered just another end-of-life option.

Currently authorized in six states—California, Washington, Oregon, Vermont, Colorado and Montana—for terminally ill, mentally capable people who have a prognosis of six months or less to live, to request, obtain and self-medicate a drug that brings about a peaceful death, should their suffering becomes unbearable. Contrary to what some critics may say, medical aid in dying is not assisted suicide, does not pose a threat to people living with disabilities and has been shown to improve care at the end of life.

Medical Aid in Dying is a safe and trusted medical practice recognized by multiple healthcare professional associations. A number of prominent thought leaders and public influencers including religious figures, actors, authors and other notable people have spoken out—in touching, profound and highly personal ways—in favor of the full range of end-of-life options. Additionally, most voters—including in Hawaii—support medical aid in dying.

Being able to plan one's death allows for a peaceful, meaningful, orderly transition toward humankind's final adventure. Regardless of what you believe happens to us when we die, the effects of this kind of transition on the families of those who pass on are telling: families are better able to cope with a lost

loved one when they have had a chance to say goodbye, when they have been able to settle affairs together and when they know that their loved one was able to pass on without pain or worry or stress.

As these other states of shown, the safety issue inherent in the drug itself can be easily managed. Providing this fundamental choice for the individual is a question of human rights.

Please support this measure and do everything you can to make sure it becomes law.

Mahalo,

Will Caron
Social Justice Action Committee Chair
Young Progressives Demanding Action



46-063 Emepela Pl. #U101 Kaneohe, HI 96744 · (808) 679-7454 · Kris Coffield · Co-founder/Executive Director

TESTIMONY FOR HOUSE BILL 2739, RELATING TO HEALTH

House Committee on Health and Human Services

Hon. John M. Mizuno, Chair

Hon. Bertrand Kobayashi, Vice Chair

House Committee on Judiciary

Hon. Scott Y. Nishimoto, Chair

Hon. Joy A. San Buenaventura, Vice Chair

Tuesday, February 27, 2018, 10:30 AM

State Capitol, Auditorium

Honorable Chair Mizuno, Chair Nishimoto, and committee members:

I am Kris Coffield, representing IMUAlliance, a nonpartisan political advocacy organization that currently boasts over 400 members. On behalf of our members, we offer this testimony in strong support of House Bill 2739, relating to health.

Compassion and choices acts, also known as “death with dignity” laws, empower people to end their lives on their own terms. Painful as it may be to discuss, compassion and choices enable terminally ill patients to decide whether or not to use prescription pharmaceuticals to avoid life supportive processes that prolong dying without enhancing the patient’s quality of life. Importantly, compassion and choices do not replace end-of-life care. Patients may still choose to receive hospice and palliative care as an alternative to hospitalization, and may deal with terminal illness in the comfort of their own homes. Contrary to sensationalized claims from opponents of such proposals, **patients are not coerced into ending their lives prematurely.**

Relatedly, while we must continue to fight for universal healthcare to prevent medical premiums from becoming a debt sentence, **there is no evidence to support the notion that financial burdens pressure patients to end their lives to cut costs to their families.** As Martin Levin, Special Counsel for the Robert F. Kennedy Center for Justice and Human Rights, wrote in “Physician-Assisted Suicide: Legality and Morality” (December, 2012), “even if we were to consider these figures, the savings only total approximately \$10,000 per assisted suicide victim. The total savings of approximately \$627 million is less than one percent of total United States health care expenditures. The reason this figure is so low is because an extremely small percentage

of Americans receiving health care qualify for physician-assisted suicide. We are not talking about the withholding or withdrawing of life-sustaining procedures. This is already legal and widely utilized. What we are talking about is allowing a competent adult suffering from an incurable illness with less than six months to live to seek the assistance of a physician in ending the patient's life. This number makes up less than one-third of 1 percent of Americans each year, and those who do qualify, and who choose to die by assisted suicide, **generally end their lives approximately three weeks before their natural death would have occurred.**"

Equally absurd are claims that compassion and choices policies are driven by a desire to cut systemic medical costs. Merrill Matthews, Director of the Center for Health Policy Studies at the National Center for Policy Analysis, additionally held, in "Would Physician-Assisted Suicide Save the Healthcare System Money?", appearing in *Physician Assisted Suicide: Expanding the Debate* (1998), that: "Would Physician-Assisted Suicide Save Money? The answer to the question seems almost certainly no... The primary reason is that the number of people seeking physician-assisted suicide and being granted that assistance is extremely small...Most requests for physician assistance come in the last month, or even the last days of life, which would drastically reduce the actual amount of money saved. For example, in the survey of Dutch physicians, 64 percent said they had shortened a patient's life by less than twenty-four hours, and in 16 percent it was shortened less than a week...Considering the way we finance healthcare in the United States, it would be hard to make a case that there is a financial imperative compelling us to adopt physician-assisted suicide in an effort to save money so that others could benefit."

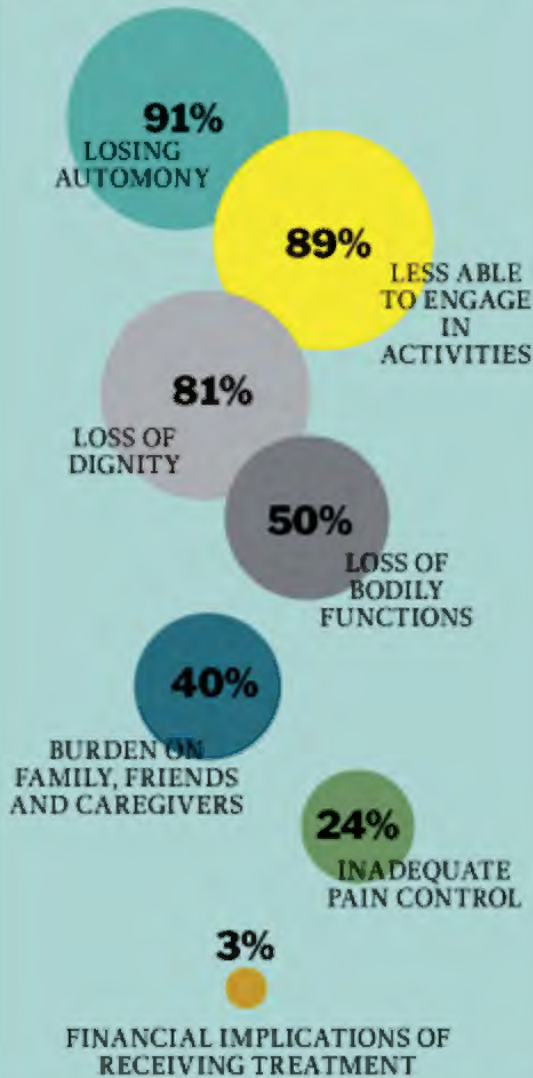
Thus, again, this bill isn't about money. It's about compassion for people suffering through difficult illnesses. Physician-assisted suicide would not save substantial amounts of money—in absolute or relative terms—for Hawai'i, negating the argument that individual or governmental fiscal pressure makes death more appealing. Patients who seek medical aid in dying do so for many reasons, including loss of autonomy, being less able to engage in routine activities, loss of dignity, loss of bodily functions, inadequate pain control, and combinations thereof. Gallup polls have consistently found that about 70 percent of Americans support doctors using painless means of ending the life of someone suffering from an incurable disease, if the patient and his or her family request it. Civil Beat likewise found in a November 2017 poll that 63 percent of local voters support medical aid in dying legislation, a number has steadily risen in recent years. Clearly, the political risk isn't in passing this measure, but in failing to move it forward.

Mahalo for the opportunity to testify in support of this bill.

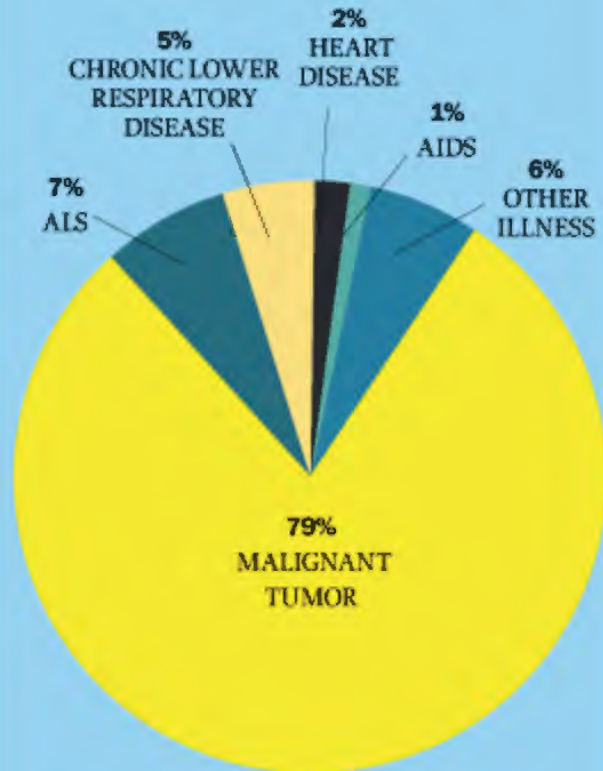
Sincerely,
Kris Coffield
Executive Director
IMUAlliance

WHY PATIENTS SEEK LETHAL MEDICATION

Most people seek a lethal prescription because they worry about becoming a burden or losing autonomy – not because they are experiencing pain from illness or because they can't afford treatment.



CIRCUMSTANCES OF THOSE WHO DIED FROM TAKING THE LETHAL DOSE:



95% of patients died at their own home or a home of a family member or friend

4% died in a long term care facility

45% of patients did not have a health-care provider present at time of death

EDUCATION OF THOSE WHO DIED:

- 6%: Less than high school
- 22%: High school graduate
- 26%: Some college
- 46%: BA or higher

INSURANCE OF THOSE WHO DIED:

- 35%: Medicare, Medicaid or other government
- 63%: Private Insurance, alone or in combination with other insurance
- 2%: None

TESTIMONY IN SUPPORT: RELATING TO HEALTH: Our Care, Our Choice

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

Chairs Nishimoto and Mizuno, Vice Chairs San Buenaventura and Kobayashi, members of the Committees:

The Filipina Advocacy Network strongly support HB2739 because we believe all individuals should have the right to die with dignity and to have care and choice. 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 similar laws 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 hb2739.

HB-2739

Submitted on: 2/24/2018 11:16:35 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marsha Joyner	Hawaii Martin Luther King, Jr. Coalition	Support	Yes

Comments:

HB-2739

Submitted on: 2/26/2018 9:06:03 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Ho`omana Pono, LLC	Support	Yes

Comments:

In STRONG SUPPORT OF THIS BILL AS A SPOUSE OF A SML (LEUKEMIA) PATIENT.



Hawai'i Psychological Association

For a Healthy Hawai'i

P.O. Box 833
Honolulu, HI 96808

www.hawaiipsychology.org

hpaexec@gmail.com
Phone: 808-521-8995

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair
COMMITTEE ON JUDICIARY

Tuesday, February 27, 2018, 10:30AM
Capitol Auditorium, State Capitol, 415 South Beretania Street

Testimony in SUPPORT of HB 2739
Relating to Health

The Hawai'i Psychological Association (HPA) wishes to offer testimony in support of House Bill 2739. HB 2739 "establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription."

Living with a medically confirmed terminal illness and the individual's control over end-of-life decisions may be the most difficult decision a person can make, and this is likely to be extremely emotional for the patient's families and loved ones. There may be concerns of competency, being pressured, and the ability to effectively communicate their wishes 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.

HPA believes that this bill has robust safeguards in place to prevent possible abuse, which provide possibly the strongest safeguards of any state in our nation. There are also provisions for those with advanced mental health professionals, psychologists and psychiatrists, to evaluate the patient to insure the decision to aid in the termination of his or her life is rationally considered and effectively communicated. Such provisions will insure that a) the patient is cognitively competent to make the decision, b) the patient is able to obtain relevant health information they need, c) has effectively communicated questions to their providers, d) has weighed the risks and benefits of their choice, e) is referred for counseling when appropriate, and d) they understand the procedure in detail.

Thank you for consideration of this testimony.

Respectfully submitted,

Tanya Gamby, PhD
President, HPA

HB 2739

I strongly support HB2739. I believe in personal sovereignty. This concept grants us the right to control our bodies and the choices we make regarding our own lives and health. This is a simple concept, with profound consequences once fully realized. To truly live in a country, or state, or sovereign nation that recognizes and respects individuals personal or body-sovereignty will truly be to live in freedom. Until that time, we can keep working together to try to pass legislation that brings us closer to that goal.

Our Hawai'i County Democratic Party Platform specifically lists support for "death with dignity" legislation, as the currently elected East Hawai'i Vice Chair I am here on behalf of the thousands of Democratic Party members in Hawai'i County who feel that this topic has been thoroughly discussed and is ready to be put into practice. Multiple states have passed similar legislation, and the bill on the table today for Hawai'i has far more safe-guards in place than those that have been successfully enacted into law elsewhere. This concept is tried and tested, with great success; Oregon, for example (as highlighted in this article: <https://www.medscape.com/viewarticle/869023>) was the first to pass such legislation, 20 years ago, and has had no evidence of misuse or abuse with over 1,500 prescriptions being written.

It comes down to compassion and personal choice. Where is the humanity in allowing even ONE more terminal patient (and their loved ones) the pain of suffering, (and watching their loved one suffer) even ONE more day unnecessarily? We don't question this act as an act of compassion when we decide to end our beloved pets lives once we have been told by a veterinarian that they only have a short amount of time left to live and that they are in pain. Our animals are not even able to make this choice for themselves, but we trust ourselves to choose for them when their suffering is too great and the end is too close for any hope of recovery. In this case, the individual will be the one making this choice for themselves, so even more freedom is available to them. In fact, as the laws passed elsewhere show, some individuals who are able to qualify for this prescription ultimately decide against taking it. Further illustrating the point, that as one nears the end of their life and they are suffering from a loss of sense of sovereignty or control over their own bodies they are simply comforted in knowing that they have some control and that choosing death even a day or two sooner is an option. This grants them the peace of mind and comfort to be able to choose to go through the process naturally or in their own time, yet they are never denied the option to chose to end their suffering sooner if they want that option as well.

Having witnessed friends and family members slowly succumb to alzheimer's and various cancers over the years I wish that this had been available to them. I heard them all lament that this wasn't an option and even if they ultimately wouldn't have used the option, I strongly believe it would have given them and their loved ones a much greater peace of mind during the last few months, weeks, or days. I am speaking out on this issue because I want this option to be available to me if/when I reach that point in my life. If there is not a legal option available and I decide that this is what I want or need, then I will seek illegal methods as many people have been forced to do. Please, let's not make those who are suffering go through anything further at that time in their lives, let's grant them a safe, tried and tested, compassionate option so they don't have to consider some form of dangerous or illegal suicide at the end of an already challenging and emotional road. This is a choice that should be legally allowed between doctors and their patients. Thank you for your consideration and support.



Testimony supporting House Bill 2739

Relating To Health; Our Care, Our Choice

HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY

COMMITTEE ON HEALTH & HUMAN SERVICES

Tuesday, February 27, 2018

10:30 AM

Capitol Auditorium

Aloha Honorable Committee Chairs, Vice-Chairs and 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 2000+ politically-active Democrats across the state.

The Democratic Party of Hawaii's unwavering support for Death With Dignity legislation dates back several decades and the issue remains on the DPH State Legislative Committee's list of "Primary Issues."

As a 76-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. The 20% of Hawaii's registered voters who have philosophical or religious differences with the concept are free to choose to not use the law. It's just that simple.

House Bill 2739 is based on the historic Oregon statute and includes all of the proven safeguards that have served to protect Oregon patients from any misuse. HB 2739 clearly states:

“These rigorous safeguards would be the strongest of any state in the nation and will thoroughly protect patients and their loved ones from any potential abuse.”

In fact, the Oregon law has been in effect since 1997 without a single incident of abuse and Oregon’s documented 20-year experience with the law has proven this, despite what opponents in Hawai`i may say. Using the law is strictly voluntary for both patients and physicians. Only the patient can make the request for medication and the patient can rescind the request at any time.

Because of the rural character of our geographically separated islands and the growing shortage of physicians in Hawai`i, we commend the addition of Hawaii’s Advanced Practice Registered Nurses (APRN) to the list of “providers.”

We urge you to pass this legislation and let Hawaii’s citizens have this important freedom of choice now available to the citizens of Oregon, California, Colorado, Vermont and Washington State. At this very moment, frail and dying Hawai`i residents are needlessly suffering protracted deaths. Only you can change this sad situation.

Thank you for the opportunity to register our support for House Bill 2739.

Sincerely,

/s/

Scott Foster

808-590-5880

fosters005@hawaii.rr.com



“There’s no Aloha in suicide.”

In Opposition to HB 2739 Medical Aid in Dying Hearing on February 27, 2018

Dear Honorable Chairs Mizuno, Nishimoto and members of the House Committee on Health and Human Services and the Judiciary

I am a longterm care , hospice and palliative care physician and spokesperson for Hawaii’s Partnership for Appropriate Compassion and Care.. I am opposed to HB 2739, the Medical Aid In Dying 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 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 to provide optimal care. 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 HB 2937 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 less than 4% 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!

“Allowing a mentally capable adult with a terminal illness the right to choose his own method of dying by lethal ingestion of oral medication should be allowed because the Oregon experience of legalized assisted suicide has not resulted in a single case of abuse in the 17 year history of its existence.”

While that seems to be a clear-cut reason for passage of a bill in Hawaii to allow Medical Aid in Dying, it is much clearer that these so-called safeguards are not safe, and thus puts the much greater population of vulnerable adults such as the elderly, those living with chronic illnesses, the mentally ill, and the disabled at risk for inappropriate, premature ending of their lives. Why?

Despite what is being described as: “These rigorous safeguards would be the strongest of any 15 state in the nation and will thoroughly protect patients and 16 their loved ones from any potential abuse”, there remains absolutely glaring flaws to this bill in regards to patient safety and protection.

1. The records are not open to the public, including public safety agencies, the police, etc. for investigation, quality review, or any other reason. Therefore, the reported “absence of abuses” cannot be categorically stated when no means of investigation of suspect cases can even be done!
2. The law protects the providers, not the patients! The layers of immunity against prosecution for undue external influence, misdiagnosis of prognosis, or negligence in lack of recognition of an individual requestor who has a treatable depression, leaves an open door to inappropriate care. As Neal Gorsuch, the recent Supreme Court nominee states in his book, *The Future of Assisted Suicide and Euthanasia*, “It is also rather remarkable that, while physicians in Oregon are held to a standard of professional competence in administering all other treatments they provide, the Oregon assisted suicide statute creates an entirely different regime when it comes to administering this ‘treatment’, specifically and uniquely immunizing doctors from criminal prosecution, civil liability, or even professional discipline for any actions they take in assisting a suicide, as long as the act in ‘good faith’.”
3. Depression is very prevalent, in this group of vulnerable individuals, as you can imagine. And depression is a treatable problem. Yet, according to the most recent available data from the Oregon

department of health, at the end of 2015, less than 4% of those prescribed lethal medications were ever referred to a psychiatrist!

4. There is concern of patient harm even to the individual who desires to die by lethal ingestion of the lethal medication.! The most commonly used medication to cause death is Secobarbital. For the medication to kill, kill quickly and effectively with minimal or no side effects, a dosage of 9 grams is required. As the drug is most available in 100 mg capsules, it would take swallowing 90 capsules to achieve an effective death. Since this is quite impossible even for a healthy person, it requires assistance by others in emptying out the powder of the capsules, making it into a slurry with water and the addition of honey, because of its very bitter taste, and hope that the person can ingest it in a manner that would ensure no complications with the procedure. Because of the practical difficulty involved with this medication as well as the rapid escalation of its cost, there has been a scramble to come up with combinations of other medications to be more convenient and less expensive. The very method of these rushed attempts to trial these concoctions speak to the lack of quality control that is entirely antithetical to how drugs are developed and tested to ensure public safety. 5. The bill requires two witnesses to be present at the patient's request for the lethal medications, but none at the time of the suicide. Pt's therefore may be coerced into ingesting the drug, or another person may administer the drug, leaving the potential for serious abuse. With the prohibition of not having records be available to the public or agencies for investigation, this scenario allows for a criminal act to occur without the likelihood of the perpetrator ever being subject to discovery and prosecution.

Please understand, therefore, that allowing such a bill to become public policy, while giving rights to a very few, endangers the lives of many, many more; lives for whom if a mistake is made, can never have a second chance.

Therefore, in conclusion, this bill legalizing aid in dying, 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, and Hawaii's Partnership for Appropriate Compassion and Care



ONLINE TESTIMONY SUBMITTAL
Hearing on Tuesday, February 27, 2018 @ 10:30 a.m..

DATE: February 23, 2018
TO: COMMITTEE ON HEALTH & HUMAN SERVICES & COMMITTEE ON JUDICIARY
FROM: Eva Andrade, President
RE: Strong Opposition to HB2739 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 HB2739 for several reasons:

The message that suicide is okay harms Hawaii's keiki! Having a law that says it's okay to have someone assist you to end your life (under certain circumstances) is not a message that should be promoted 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, since assisted suicide was legalized, their (non-assisted suicide) rate has increased every year. We simply should not do anything send mixed messages to our community's youth.

It puts the poor, elderly, sick and disabled at risk for abuse – no matter what the proposed penalties. Per the National Adult Protective Services Association, recent research indicates that elder financial exploitation and abuse is ALREADY widespread, expensive, and sometimes even deadly. With elder abuse a major problem in Hawaii (one news story reported a 300% increase)ⁱⁱ, 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. No matter what you try to accomplish with proposed “safeguards,” once that patient leaves the pharmacy, all alleged safeguards go away.

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. HB2739 is really about a physician's protection when they intentionally participate in assisting in the death of another person - by dispensing a lethal dose of barbiturates. This new law, if passed, will give doctors who choose to participate a “Get Out of Jail” for free card.” And that, when it is clearly articulated to the public, is simply not what the people of Hawaii want.

Please do not pass HB2739 out committee. Mahalo for the opportunity to testify.

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

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



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: March 20, 2017

COMMITTEE ON HEALTH

Rep. Della Au Belatti, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Nishimoto, Chair

Rep. Joy San Buenventura, Vice Chair

HEARING: Tuesday, February 27, 2018 @ 10:30 a.m., Capitol Auditorium

SUBMITTED BY: Walter Yoshimitsu, Executive Director

POSITION: **STRONG OPPOSITION TO HB2739 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 continues to maintain its opposition to assisted suicide efforts.
- 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 spun. 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.

HB 2739
Opposing Testimony

Submitted by Bonnie L. Moore
President, Marana tha Ministries, Inc.
A Hawaii Nonprofit Corporation

I am asking those who are working upon this legislation and those who are seeking its passage the following questions:

1. What is the advantage in passing this law?
2. How does it improve the quality of life for the people of Hawaii?
3. Why are you taking away valuable time and the taxpayers' money concentrating on this Bill instead of spending that time and money on the already pressing issues of improving services for the care and support of the elderly, disabled, the homeless, and those being victimized in human trafficking?
4. Intentional and knowing murder, especially by poison, has always been, and still is, a very serious crime. Why do you want to make it legal now?

HB-2739

Submitted on: 2/26/2018 8:03:00 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Virginia Domligan	The Prayer Center of The Pacific	Oppose	Yes

Comments:

Rep. John Mizano Chair Rep.Scott Nishimoto Chair HHS/JUD

Testifying in Person: Virginia Domligan The Prayer Center of The Pacific

We strongly oppse HB2739 Relating to Health (Physician Assisted Suicide) Death is a part of Life Physician Assisted Suidse is NOT- listen to the heart of the people not the minority who like the same -sex marriage bill got railroaded in. This is the land of Aloha with no options to suicide by the Legislative body and Organizations. We the majority of the people of the State of Hawiie say NO..who cannot be here on this fast tract to testify becasue of the need to work due to the high cost of living and the high taxes imposed upon our people in our beloved Hawaii. Year after year this same bill with different names shows up. Just say NO. My mother had terminal cancer in the esophagus who had three month to live it was a dreadful diease. We met with the staff from Hospice at St. Francis Hospital they expalined the process of death medically. As my mother got progressively weaker we admitted her into a care home. **She had excellent care and pain magement.** She had made ro mention of wanted to be put to death by her physician never the thought crossed any of our minds. At her last hour of the process of dying the staff in the hospital was on hand with compassion we held her hands and said our good byes. My mother died in dignity the process was handled professionally by her Physians who took an oath to perseve life not because of culture pressures change dignity and death for convience sake. This bill if passed is an open door to euthanasia targeting the frail elderly, the handicap and special needs patients. Case to note in the Netherlands where doctors have preacticed doctor assisted suicide and euthanasia for more than a decade two Dutch government reports conducted in 1990 and 1995 found an average of 21 percent of the patients were killed without explicent consent of the patients.



Honolulu County Republican Party

725 Kapiolani Blvd, C-105

Honolulu, HI 96813

February 24, 2018

House Committee on Health and Human Services & House Committee on Judiciary
Capitol Auditorium
State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Opposition to HB-2739

Dear Chair Mizuno, Chair Nishimoto, Vice Chair Kobayashi, Vice Chair San Buenaventura and Committee Members,

The Honolulu County Republican Party **STRONGLY OPPOSES** HB-2739.

Hawaii Republicans affirm the sanctity of life and the inherent dignity of each human being from conception to natural death. We believe all human life is sacred regardless of age or infirmity, and therefore we oppose assisted suicide and euthanasia in any form.

The Hippocratic Oath proclaims: *"I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect."* This is an essential precept for a flourishing civil society. No one, especially a doctor, should be permitted to kill intentionally or assist in killing intentionally. Physicians are sworn to eliminate illness and disease but never eliminate their patients.

Physician-assisted suicide (PAS) will create bad incentives for insurance providers and the cost of healthcare. PAS will often be a more "cost-effective" measure from the perspective of the bottom line than is actually caring for patients. Life is priceless and should never be diminished to the "bottom line."

Instead of embracing PAS, we should respond to suffering with true **aloha!** Those seeking PAS typically suffer from depression and loneliness. Instead of helping them to kill themselves, we should offer them appropriate medical care and human comfort. For those in physical pain, palliative care can manage their pain and symptoms effectively. For those whom death is imminent, hospice care and fellowship can comfort them in their last days. **Anything less is not pono and contradicts our Aloha spirit.**

Regardless of how many safe guards you place in this bill, it still promotes suicide. It is illogical and hypocritical for you as our elected officials to promote PAS as “dignified and humane,” while recognizing suicide as a serious statewide public health concern in all other circumstances and spending enormous resources to combat it. Just look at the nine bills aimed at suicide prevention.

Even after a recent suicide here locally, our own State Health Department said there are some disturbing trends regarding teens and suicide; and the percentage of Hawaii teens who make suicide plans and attempt suicide is among the highest in the nation. A Southern Medical Journal 2015 study concluded that, “*Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in non-assisted suicides...*” What message are you sending to our youth? Suicide is not the answer unless you use it to avoid an unnecessarily prolonged life of pain and suffering.

The most profound injustice of PAS is that it violates human dignity and denies equality before the law. Every human being has intrinsic dignity and is the subject of immeasurable worth. No natural right to PAS exists, and arguments for such a right are incoherent. A legal system that seeks to vindicate a right to assisted suicide will jeopardize the real natural right to life for all of us.

“Life is God’s most precious gift, no principle, however glorious, may justify the taking of it.”
Arthur Miller.

Do not pass HB-2739!

Respectfully,



Brett Kulbis

Chairman

Honolulu County Republican Party

HB-2739

Submitted on: 2/25/2018 8:04:03 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie	American Nurses Association	Oppose	Yes

Comments:

As a member of the largest professional organization of nurses we would like you to know that the position of the ANA is strong opposition to assisted suicide.



DATE: February 23, 2018

COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

FROM: Janet Grace, Executive Director – Hawaii Life Alliance

POSITION: **STRONG OPPOSITION for HB 2739; Relating to Health**

Thank you for the opportunity to testify. My name is Janet Grace, the executive director for Hawaii Life Alliance which is a leading organization for life advocacy in Hawaii.

As a leading organization for life advocacy in Hawaii, we believe that every human life is sacred and deserves equal protection under the law. We work through education, public policy, and political action to promote a culture that values and protects the dignity and worth of every person, regardless of age, status, or ability. We strive to make life the clear choice for all by addressing complex ethical, legal, and social issues with aloha, compassion, and respect for others.

Hawaii Life Alliance opposes assisted suicide and euthanasia for many reasons. We believe that legitimizing these practices in society inevitably leads to the cheapening of a human life and callousness toward weaker members of society, particularly those unable to speak for themselves. While proponents argue for legalization of assisted suicide on the basis of personal autonomy, there are countless instances in which assisted suicide leads to euthanasia, which leads to non-voluntary euthanasia.

We believe that a request for suicide is really a cry for help. Individuals who are asking to die deserve appropriate physical, emotional, and spiritual support. We see no difference between a suicidal person threatening to jump from a building and one in a hospital room asking to die prematurely. In the first case we would immediately respond by taking all means necessary to “talk the person down” and ensure they receive help. Rather than abandon a person to die prematurely, we believe the morally right and humane step to take would be to intervene with positive alternatives to suicide.

1. Proponents argue that assisted suicide should be legal for those in pain and prevents needless suffering. However, modern medicine has the ability to control pain, and great advances have been made in the area of palliative care. A person who seeks to kill him or herself to avoid pain does not need legalized assisted suicide but a doctor better trained in alleviating pain.

2. Current medical science is such that nearly all kinds of physical pain can be alleviated; physician assisted suicide and euthanasia, in almost all cases isn't necessary to "prevent needless suffering."
3. Most importantly, if killing the elderly, disabled, or seriously ill in order to prevent their future suffering is justified, why can't we kill everyone else for the same reason? After, all, we all have suffering in our future.

Further, research from the Netherlands (where physician assisted suicide and euthanasia are legal) show that the vast majority of euthanasia requests are due to mental illness.

HB2739, Section 6 Counseling referral. If, in the opinion of either **(NOT mandatory – NO ENFORCEMENT)**

9 the attending provider or consulting provider, there are
10 indications of psychiatric or psychological disorder,
11 the attending provider or consulting provider **shall** (not MUST) refer the
12 patient for counseling. No medication to end the patient's life **(A screening from a doctor untrained in mental health is NOT sufficient)**

13 pursuant to this chapter shall be prescribed until the person
14 performing the counseling determines that the patient is not
15 suffering from a psychiatric or psychological disorder or
16 depression **causing impaired judgment:** **(Doctor's will tell you that about ½ of all patients with terminal disease will suffer from some form of treatable DEPRESSION.)**

Physician assisted suicide supporters say that "we must ensure patient autonomy and respect the wishes of the patient." While every person possesses a great deal of autonomy and personal liberty, there are obviously certain limitations. Life has traditionally been regarded as a higher value than liberty, and for good reason: Without life, liberty isn't possible. No one has the freedom to take innocent human life – even one's own life. Ironically, physician assisted suicide and euthanasia doesn't ensure autonomy – it ends autonomy. Dead people can't make choices.

Make no mistake, physician assisted suicide and euthanasia does not allow people to die with dignity. Life cannot be dignified by deliberately ending it. Death by physician assisted suicide is dehumanizing.

With the potential availability of physician assisted suicide and euthanasia, doctors may fail to correctly diagnose a patient's mental illness along with an often-incorrect prognosis of terminal illness with less than six months to live; instead of getting proper treatment, they are euthanized or allowed to commit suicide.

Once physician assisted suicide and euthanasia becomes widely accepted in a society, patients may feel a "duty" to die and may experience pressure and coercion from doctors and family members to not be a "burden" on their family and society.

Voluntary, physician assisted suicide and euthanasia leads naturally to involuntary euthanasia. If it's acceptable for a competent patient to choose death for oneself, how can we deprive an incompetent patient of that possibility? Someone else must be allowed to make the decision for such a patient – and possibly against their wishes, were they able to express them. Such is the flawed reasoning of physician assisted suicide and euthanasia advocates.

We believe there are no positive outcomes to physician assisted suicide and euthanasia that could possibly justify it.

Neither the law nor medical ethics requires that “everything be done” to keep a person alive. Insistence, against the patient’s wishes, that death be postponed by every means available is contrary to law and practice. It is also cruel and inhumane.

In Oregon, legalization has allowed the Oregon Health Plan to steer citizens to suicide. Oregon’s suicide rate for other suicides has greatly increased. Hawaii already has one of the highest rates of teen suicide...we do not need the “Oregon Experience.” (Many Hawaii Senators and Representatives have vowed to establish laws this legislative session that would reduce and prevent suicide in Hawaii which Hawaii Life Alliance has weighed in on in strong support. HB2739 contradicts those efforts and clearly shows a double standard, double talk and a disingenuous representation of the true spirit of reducing suicide in the aloha state)

I urge you, do not move this bill out of committee.

Mahalo for the opportunity to testify.

HB-2739

Submitted on: 2/26/2018 6:37:13 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Cook	Advocates for the Mentally Ill	Oppose	Yes

Comments:

Thomas Cook, M.D.

Organization:

Advocates for the Mentally Ill

1110 University Ave #302

Honolulu, HI, 96826

(808) 457-1082

(808) 356-1649

re. HB2739

Honorable Chair Belatti & members of the House Committee on Health:

I write as a local psychiatrist in Hawaii, and as an expert on the phenomenon of suicide.

Numerous psychiatrists in Honolulu stand in strong opposition to this bill. I write on their behalf... to urge you to reject the bill.

Leading studies have demonstrated that depression occurs at very high rates among the terminally ill. In one study, **over 50%** of all terminally ill patients with a serious desire for hastened death, **had a diagnosable mental disorder**. *Wilson et al, J Support Pall Care, 2014.

Given this fact, we are continually appalled by the data on assisted suicide coming out of Oregon and Washington. The data is very clear: in states which allow lethal prescriptions, referrals to a psychologist are **almost never made**. In 2015, in Washington, out of 213 lethal prescriptions, only 8 referrals were made to a mental health provider. This, according to a Death With Dignity Annual Report.

In my professional opinion, those with depression are falling through the cracks. It is very difficult to recognize a serious depression in a terminally ill person. In 2007, for instance, it was found that non-psychiatrists fail to diagnose a real, existing depression about 63% of the time. *Cepoiu et al (JGIM 2007).

The idea that a non-psychiatrist can reliably decide when to 'refer for counseling' or not, in this terminally sick and population, is a sham. For this reason, many national leaders in our field of psychiatry have expressed hesitation at these bills.

Paul Appelbaum, who teaches at Columbia University and is perhaps the foremost expert on psychiatry and the law, has expressed worry that in countries which have legalized euthanasia for psychiatric reasons, such as the Netherlands, there would be less political pressure to improve psychiatric services.

The American Psychiatric Association released in 2017 a formal position statement in opposition to assisted suicide for the non-terminally ill.

Many in our field see these sorts of bills as a slippery slope. Dr. Martin Komrad, of the APA's ethics committee, has stated *"So far, no other country that has implemented physician-assisted suicide has been able to constrain its application solely to the terminally ill, eventually including non-terminal patients as legally eligible as well... this is when psychiatric patients start to be included."*

Belgium, having first passed bills like our SB1129, is now a place where lethal prescriptions are given for such mental health conditions as autism, anorexia, or sexual abuse.

It means little that American doctors are split on the issue. For half a century, lobotomy had its detractors, but was considered a humane procedure on the whole.

We also wish you to keep in mind that lobotomies were often voluntary. Many patients requested for them. Nevertheless, today's consensus is that lobotomy is a barbaric procedure. In effect, it doesn't matter how badly some patients want a procedure. That is a spurious point, as can be seen from the reflection that if every doctor was unwilling to do it, the whole debate would disappear.

Autonomy is often cited as the most important principle of medical ethics. It is not.

Primum non-nocere, or first do no harm, is the 'first' principle of medical ethics. And, by that standard of patient autonomy-comes-first, we psychiatrists would be the least

ethical of all physicians!...since we regularly admit patients *against their will* to our treatment wards. We admit them against their will to ensure their safety and to alleviate their immense suffering.

We ask, why is the bill not extended to cover those with mental illness? Do they not suffer too, like the terminally ill? The terminally ill suffer for only a few months. Those with bipolar depression suffer for a lifetime. They can become suicidal precisely because they suffer so much. The bill you are considering is intrinsically callous towards the severely mentally ill.

We think legislators should not get into the thorny business of telling some patients that their suffering doesn't quite meet the criteria...

Such questions of suffering as they relate to suicide are, on a global scale, almost meaningless anyway. Yes, pain is a small positive predictor for suicide in America, but globally speaking, the third world, where narcotics are not readily available, has the lowest suicide rates, according to the World Health Organization. The highest suicide rates are in countries where narcotics are plentiful.

Allow us to suggest that terminal "pain and suffering" are not the simple concepts inferred by this bill. And allow us to suggest that when proposed laws set a rift between the mentally ill and other forms of suffering, it is your duty to block such laws.

Cordially,

Thomas Cook, M.D.

Additionally:

Celia Ona, M.D.

Ethan Pien, M.D.

Michael Chang, M.D.

Mark Kang, M.D.

Rachel Sullivan, M.D.

Dennis Mee-Lee, M.D.



DATE: February 25, 2018

FROM: Joy Yadao, RN (Coalition Member)

TO: Chair Mizuno, Chair Nishimoto and the Members of the Joint House Health & Human Services and Judiciary Committees:

POSITION: Strong Opposition to HB2739 Relating to Health

Hawaii's Partnership for Appropriate and Compassionate Care, an alliance of physicians, nurses, disability rights, civil rights and patient advocacy organizations, is strongly opposed to HB 2739. As a registered nurse with extensive experience in hospice and palliative care, I have reviewed the bill and find a number of alarming issues.

First, this bill allows for active euthanasia. It gives an attending provider license to assist a patient in the administration of lethal drugs when a patient is not able to do so on their own. This is not physician-assisted suicide; this is euthanasia.

Second, there are no safeguards to protect patients from abuse. After patients obtain the lethal drugs, there is no way of knowing if a family member has coerced a patient into ingesting the lethal drugs against his or her will. Since there is no requirement for a physician to be present at the time of the suicide, this opens the door to abuse.

Third, HB 2739 is unnecessary. Patients already have control over their end of life wishes and can determine how much or how little care they would like to receive. This is established in advance health care directives; however, as a state, we have not fully realized the value of this document or the advance care planning process.

Fourth, the bill is modeled after a system that is not working. Despite having its physician-assisted law in effect for more than a year, California continues to struggle with identifying providers who are willing to prescribe lethal drugs or validate the need for physician-assisted suicide. This undermines safeguards by forcing California patients to find a doctor who is willing to be their attending provider who may not fully understand their health history, prognosis and most importantly, ensure they are acting voluntarily and not being coerced into the decision.

Fifth, the bill grants doctors and nurses who are bad actors civil and criminal immunity. As long as they show they acted in good faith to comply with all of the law's requirements, they essentially can obtain a free get-out-of-jail card.

Sixth, this bill is inconsistent with other public policies the legislature is currently considering. A bill to reduce suicides in our state by 25% by the year 2025 is moving forward. To save lives from opioid addiction and deaths from overdose in Hawaii, bills are addressing this before the situation worsens in our islands. All of these bills seek to save lives, but HB 2739 and other assisted suicide bills seek to end lives.

For these reasons, Hawaii's Partnership for Appropriate and Compassionate Care urges the Committee members to hold this bill.

Testimony on HB 2739, The Our Care, Our Choice Act
Kat West, National Director of Policy & Programs, Compassion & Choices
Hawai'i Joint Commission on Health and Human Services
Tuesday, February 27, 2018 at 10:30 am

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.^{1,2,3,4,5} We do not support some of the provisions contained in HB 2739, The Our Care, Our Choice Act, however we are here today to express our support for the goals of the legislature to improve the quality of end-of-life care and authorize medical aid in dying 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.

Hawaii Voter Support for Medical Aid in Dying is Strong

According to a November 2016 Anthology Group poll, an overwhelming 80% of registered Hawai'i voters support medical aid in dying. And in January, the Hawai'i State AFL-CIO passed a resolution urging the legislature to pass medical aid-in-dying legislation.

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 2016, a Lifeway Research survey⁶ 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 poll⁷ 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.” Most of the state medical associations in authorized jurisdictions have adopted neutral positions on medical aid in dying including Oregon, California, Colorado and the District of Columbia. Additionally, 32 national and state medical and professional healthcare organizations have dropped their opposition and either endorsed or adopted a neutral position on the issue in response to growing support among physicians and the public. This list includes seven state medical societies in the last year alone: Colorado Medical Society, Maine Medical Association, Maryland State Medical Society, Medical Society of the District of Columbia, Minnesota Medical Association, Nevada State Medical Association, and the New York State Academy of Family Physicians.

For Some, Comfort Care and Pain Management Is Not Enough

While palliative care and hospice programs provide extraordinary comfort to patients and work wonders for many dying people and their loved ones, there are times when even the best palliative options cannot alleviate pain and suffering. And symptoms, like fatigue, breathlessness, nausea, vomiting, rashes and open, draining sores and wounds may be untreatable.

Up to 51% of patients^{8,9} experience pain at the end of life. The prevalence of pain has been noted to increase significantly in the last four months of life and reaching as high as 60% in the last month of life.¹⁰ Additionally, breakthrough pain (severe pain that erupts while a patient is already medicated with a long-acting painkiller,) remains a challenge for many patients. It has been estimated that between 65% and 85% of patients with cancer experience breakthrough pain.¹¹

Requests for Medical Aid in Dying are not a Failure of Hospice or Palliative Care

Requests for medical aid in dying are not a failure of hospice or palliative care. Good hospice services and palliative care does not always reduce the need for medical aid in dying as a concurrent end-of-life care option for some dying people. Terminally ill people should have the full range of end-of-life options, including the right to request medication the patient can choose to self-administer to shorten a prolonged and difficult dying process. Only the dying person can know whether her or his pain and suffering is too great to withstand. The option of medical aid in dying puts the decision-making power where it belongs: with the dying person.

Medical Aid in Dying Is a Personal Decision

Every religion has its own values, tenets and rituals around death. A person’s individual beliefs are an important factor in their understanding of and approach to dying. While some faiths counsel their adherents that advancing the time of death to avoid suffering is immoral, others just as strongly counsel the dying and their families to leave this life in the manner most

meaningful to them. Choosing medical aid in dying is only one end-of-life care option. Those who are opposed need not choose it. For those who face unbearable suffering, this option can give them both courage and hope, allowing them to live fully as long as possible and to pass peacefully when death is imminent. This is a personal decision that only the individual can make.

Medical Aid in Dying is Not Suicide

Factually, legally and medically speaking, it is inaccurate to equate medical aid in dying with suicide or assisted suicide. People who consider aid in dying find the suggestion that they are committing suicide deeply offensive, stigmatizing and inaccurate. The Oregon, Washington, Vermont, California, Colorado, District of Columbia laws as well as this legislation emphasize that: “Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.”

This is because a person who is choosing medical aid in dying already has a terminal prognosis of six months or less to live. They are not choosing to die; the disease is taking their life. The terminally ill person who chooses medical aid in dying is simply choosing not to prolong a difficult and painful dying process.

HB 2739, The Our Care, Our Choice Act

The bill you are considering is modeled after the 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 passing legislation that will end the unnecessary suffering at the end of life.

Established Process: Eligibility Criteria and Core Safeguards

HB 2739 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, HB 2739 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.

Additional Regulatory Requirements

HB 2739 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, HB 2739 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 felony.

A Combined Forty 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 40 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.¹² Hospice nurses and social workers surveyed in Oregon observed an increase in physician knowledge of palliative care and willingness to refer to hospice.¹³

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.¹⁴ 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.¹⁵ 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.¹⁶

Provisions That Compassion & Choices Does Not Support and Friendly Amendments

Compassion & Choices recognizes that compromise is necessary to pass legislation. However, several of the provisions within HB 2739 are very concerning:

- First and foremost, medical aid-in-dying laws have at their core self-determination so the laws requires self-administration to prevent potential coercion and undue influence. Therefore, we do not support any provision which changes the requirement to self-administer aid-in-dying medication because it is a core patient safeguard. Euthanasia is illegal in all 50 states.
- Second, death certificates should only list the underlying illness as the cause of death to protect the privacy of patients and doctors. Therefore, we do not support the provision which mandates reporting of the decision to self-administer the medication on the death certificate as it raises significant privacy issues for the patient and doctor, as well as being highly discriminatory and stigmatizing.
- Additionally, the bill needs to be modernized as it does not include a definition of self-administration; it precludes mental capability assessments to be performed by other mental health specialists other than a psychiatrist or psychologist; and it puts significantly burdensome limits on the relationship of attending and consulting providers who are otherwise able and willing to provide this compassionate care which will impede dying patients access to this option; and it adds another regulatory requirement in the form of a fourth and final attestation from an individual who has already met the requirements of the proposed law.

Adding additional requirements and regulations doesn't make medical aid-in-dying laws safer; it only creates additional hurdles that make it impossible for dying people to use this end-of-life care option and makes it unlikely that doctors would be able to practice medical aid in dying to relieve intolerable suffering for their dying patients. There are hundreds of examples of desperate people trying to access the law and running out of time and not a single example of abuse or coercion. The evidence and facts demonstrate that current medical aid-in-dying laws' strict eligibility requirements and core safeguards work as intended by affirming patient autonomy while ensuring a high standard of care and preventing abuse and coercion.

The proposed bill allows the attending physician to assist in the administration of the medical aid-in-dying medication, if the patient is unable to self-administer due to their terminal illness.

The key differences between medical aid-in-dying and euthanasia is the requirement in medical aid in dying that the terminally ill persons makes all the decisions and self-administers the medication, which prevents potential abuse and coercion. In the combined 40 years of experience with medical aid-in-dying practice in the U.S., no legislature has passed a law to allow a physician or other person to administer the medication for the terminally ill person. Euthanasia is illegal in all 50 states.

Qualified patients with neuromuscular disorders who have difficulty with motor skills can still self-administer aid-in-dying medication. They only need to perform a final voluntary, physical and conscious action, such as sipping through a straw that a caregiver is holding or pushing a feeding tube or rectal catheter plunger, to self-administer the medication into their body.

- In Oregon, ALS is the second most common diagnosis, after cancer, among people who have utilized the Death with Dignity Act since 1998. For the vast majority of situations, even for people with paralyzing disorders such as ALS, a six-month prognosis is sufficient time to request and self-administer aid-in-dying medication.

Compassion & Choices does not support medical aid-in-dying bills that do not require self-administration of the medical aid-in-dying medication because it is a core safeguard for preventing potential abuse to ensure that the dying person — and only the dying person — is making the decision to administer the medication. C&C strongly recommends amending the provision in the bill as demonstrated below.

§ -23 I request that my attending provider prescribe medication that I may self-administer for a peaceful death. ~~to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness.~~

The bill stands to skew data and fails to protect patient privacy on public records.

The bill requires that the death certificate list not only the terminal disease as the immediate cause of death, but also requires specifying that self-administration of the medication as the cause of death. For personal privacy purposes, the death certificate, which is a public record, should list the underlying illness as the cause of death. Specifically listing self-administration of the medication as the cause of death unfairly stigmatizes and discriminates against terminally ill patients who decide to utilize medical aid in dying over other end-of-life care options. Public announcement of an individual's personal end-of-life care decision would allow opposition groups like the Westboro Baptist Church to show up to protest at funerals, just as they have done at the funerals of people who died of AIDS and HIV. They use cause of death as a weapon to stigmatize and shame. C&C strongly recommends amending the provision in the bill as demonstrated below.

§ -4 Attending provider; duties

(b) Notwithstanding any other provision of law, an attending provider may sign the qualified patient's death certificate. The death certificate shall list the underlying terminal disease ~~and self-administration of the medication prescribed pursuant to this chapter~~ as the ~~immediate~~ cause of death.

The bill restricts quality continuum of care by mandating neither the consulting physician nor the mental health professional have previously assumed responsibility for the care of the patient with the attending provider.

Given the challenges presented by a scarce number of medical and mental health providers on the islands, mandating that neither the consulting physician nor the mental health professional have previously assumed responsibility for the care of the patient with the attending provider stands not only to limit access to medical aid in dying, but may impact the overall quality of end-of-life care, by disrupting the terminally ill patient's continuity of care.

For example, this provision would prohibit a terminally ill patient's oncologist treating his or her cancer from serving as the attending or consulting physician in conjunction with the terminally ill patient's primary care physician because these two physicians have undoubtedly coordinated the patient's care at some point.

An independent assessment of the consulting provider and mental health provider evaluating a patient's request for medical aid in dying or capacity to make an informed decision is already part of the standard of care in HB 2739; any provider who does not meet this standard would not be afforded the protections that HB 2739 provides. C&C strongly recommends removal of these provisions in the bill.

The bill limits the scope of advanced practice registered nurses to that of an attending provider.

We support efforts to ensure access to medical aid in dying and believe that expanding the scope of practice to include advanced practice registered nurses will help to address one of the challenges posed by the provider shortage. It is unclear whether limiting the ability of an advanced practice registered nurse to serve only in the role of the attending provider was intentional. An advanced practice registered nurse would serve just as expertly as a consulting provider however we agree that at minimum, one of the two providers should be a physician who meets the definition as provided in the bill. We would suggest a friendly amendment to clarify this language. Language suggested from removal is ~~struck through~~, newly proposed language is underlined.

§ -1 Definitions.

“Attending provider” means a physician licensed pursuant to chapter 453 or an advanced practice registered nurse licensed pursuant to chapter 457 who has primary responsibility for the care of the patient and treatment of the patient’s terminal disease.

“Consulting provider” means a physician licensed pursuant to chapter 453 or an advanced practice registered nurse licensed pursuant to chapter 457 who is qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient’s disease, but who has not previously assumed responsibility for the care of the patient with the attending provider.

§ -4 Attending provider; duties

(b) For the purposes of this section, if an advanced practice registered nurse is fulfilling the duties of an attending provider, the consulting provider must be a physician as described in section 1: Definitions.

~~(b)~~ (c) Notwithstanding any other provision of law, an attending provider may sign the qualified patient’s death certificate. The death certificate shall list the terminal disease ~~and self-administration of the medication prescribed pursuant to this chapter~~ as the ~~immediate~~ cause of death.

§ -5 Consulting provider; confirmation.

Before a patient is qualified under this chapter, a consulting provider shall examine the patient and the patient’s relevant medical records and confirm, in writing, the attending provider’s diagnosis that the patient is suffering from a terminal disease, and verify that the patient is capable, is acting voluntarily, and has made an informed decision. For the

purposes of this section, if an advanced practice registered nurse is fulfilling the duties of a consulting provider, the attending provider must be a physician as described in section 1: Definitions.

The proposed bill lacks a definition of self-administration

This legislation should clearly outline what actions are and are not covered by the immunity provisions provided in the bill to ensure that doctors and caregivers do not perform euthanasia, which is illegal in all 50 states. C&C would suggest the following definition: *“Self-administer” means an individual performing an affirmative, conscious, voluntary act to take into his or her body medication for medical aid-in-dying to himself or herself to bring about his or her own peaceful death.*

The bill restricts any additional capability assessment of the terminally ill applicant for medical aid in dying to a psychiatrist or psychologist.

Given the healthcare provider shortage in Hawai’i, as well as the islands’ unique geography, mandating that only a psychiatrist or psychologist is allowed to perform an additional capability assessment stands to severely limit, and in many cases make it impossible, to access to medical aid-in-dying.

“The vast majority of area doctors are located in and around the capital city of Honolulu on the island of O’ahu while some other islands are without a single mental health provider,” according to study published in March 2017 Hawai’i Journal of Medicine and Public Health. The dying person’s health may be compromised to the point where travel is difficult, especially between islands, or the person may reside in a rural area, where the closest psychiatrist is hours away, or it may take months to get an appointment.

Conducting capability assessments is part of the training and routine practice for licensed clinical social workers. Compassion & Choices recommends including licensed clinical social workers under the scope of mental health professionals in the proposed bill as this provision would ensure that terminally ill patients requiring an additional capability assessment are less likely to be denied this option, based solely on a lack of available mental health specialists.

The bill requires a fourth and final attestation from terminally ill patients who have already met the requirements of the law.

Not only are additional post-prescription requirements burdensome both to the patient and to the provider at a time when the patient is experiencing unbearable suffering and near death, but such a requirement is unnecessary to protect people. Terminally ill patients who have obtained aid-in-dying medication have already been determined to be capable of making their

own medical decisions by two separate physicians, free from coercion by the two physicians and two witnesses, and in some instances a third mental health evaluation by a mental health professional. In addition, it is an unenforceable mandate.

The bill requires an attending physician submit a follow up form within 30 days of the patient's death.

Recently, states are foregoing requiring a follow up form from the attending doctor if the doctor is not aware that the patient died from self-ingesting the medication. Recent laws do not make this follow up form mandatory because it discourages doctors from participating, increases the cost to the state, and the information collected may be interesting to the media, but is not used to improve or monitor patient care. Requiring the attending physician to submit a follow up form within 30 days of a patient's death puts the physician at risk for unintentional non-compliance with the required reporting under the law. We would suggest a friendly amendment as follows. Language suggested for removal is ~~struck through~~, newly proposed language is underlined.

§ -14 Reporting requirements.

(b) Within thirty calendar days after the attending provider is made aware of following the qualifying patient's death resulting from ingestion of a prescribed medication pursuant to this chapter, ~~or any other cause~~, the attending provider shall submit any follow-up information to the documentation required pursuant to section -12 to the department.

Conclusion

In a growing number of jurisdictions, lawmakers like yourselves are examining the Oregon experience over the last 20 years and developing legislative approaches that are appropriate to improve care for their constituents. Again, we applaud Representative Belatti for introducing this important legislation and appreciate the opportunity to offer our expertise as the leading national non-profit dedicated to expanding choice at the end of life. We trust that the concerns we have shared with the Committee will be addressed and the bill will be amended appropriately, at which time we will be pleased to offer our full support.

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.
503 201 3645 mobile
800 247 7421 main
kwest@compassionandchoices.org

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. 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).
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15. 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).
16. *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).
17. 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).

HB-2739

Submitted on: 2/26/2018 4:29:43 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathryn Kaknes	Compassion & Choices	Support	Yes

Comments:

I'm offering this testimony in support of HB2739, Medical Aid in Dying. I believe that all Hawaii residents should have the option, together with their families, their doctors, and their faith, to make the end-of-life decisions that are right for them in the final stages of terminal illness. This includes the option to request a prescription from their doctor to end their dying process painlessly and peacefully.

Both my parents died from cancer with hospice care in their homes. I'm grateful that each died before their suffering become unbearable. As a hospice volunteer here in Hawaii, this hasn't always been the case for some of the people with whom I've spent time at the end of their lives.

For those dying people who experienced excruciating pain and suffering, and for their loved ones caring for them, having the prescription from their doctor would have been a blessing.

Please enact medical aid in dying, and allow Hawaii to join the six other states (Oregon, Washington, Montana, Vermont, California, and Colorado) as well as the District of Columbia in authorizing this practice. These seven jurisdictions have more than 40 combined years of experience with medical aid in dying without a single legally documented incident of abuse or coercion.

I feel confident that the many carefully-crafted guidelines outlined in this bill will ensure that mentally-capable people who are close to death have the most painfree and peaceful end-of-life possible. I believe that each life is precious, and each end-of-life should reflect that.

Thank you for your consideration.

Respectfully,

Kathryn M. Kaknes



HONOLULU CIVIL BEAT

Editorial: Terminally Ill Have A Fundamental Right To End Their Suffering

Finally, popular opinion and legislative intent appear to be aligning when it comes to medical aid in dying in Hawaii.

At least four measures have surfaced as viable pieces of legislation this session. Of these, House Bill 2739 appears to be the best vehicle.

Among its strengths is that it was introduced by House Majority Leader Della Au Belatti and is co-authored by Speaker Scott Saiki, Finance Committee Chairwoman Sylvia Luke and Judiciary Committee Chairman Scott Nishimoto.

HB 2739 adopts language from a Senate bill that overwhelmingly passed that chamber in 2017 but stalled in the House.

The Senate bill, which carried over to the 2018 session and could still be heard, is modeled on the law in Oregon, the first state to legalize medical aid in dying in 1997. But the House measure is the stronger piece of legislation.

HB 2739, which also includes provisions from the somewhat more restrictive California law that took effect in 2016, acknowledges the national movement toward allowing “mentally competent adult residents who have a terminal illness to voluntarily request and receive a prescription medication that would allow the person to die in a peaceful, humane, and dignified manner.”

Recent polls have found nearly two-thirds of Hawaii voters in favor of medical aid in dying,

The authors of the House bill say that at least 30 states have either enacted such laws or are considering it.

“Each of the states that have grappled with this issue has done their best to address the concerns of the impassioned voices on each side of the debate,” says HB 2739.

The Senate bill died in the House health committee, chaired at the time by Belatti, in part because there was a concern about lack of safeguards for patients. The House bill calls for stringent protections:

- confirmation by two health care providers of the patient's diagnoses, prognosis and medical competence, and that the patient's request was made voluntarily;
- two verbal requests from the patient (separated by not less than 15 days) and one signed written request witnessed by two people (one of whom must be unrelated to the patient);
- an additional waiting period between the written request and the writing of the prescription; and
- the creation of strict criminal penalties for any person who tampers with a person's request for a prescription or coerces a person with a terminal illness to request a prescription.

"These rigorous safeguards would be the strongest of any state in the nation and will thoroughly protect patients and their loved ones from any potential abuse," the House bill reads.

HB 2739 also recognizes an important fact: that residents of Hawaii "should have the fundamental right to determine their own medical treatment as they near the end of life, including the right to choose to avoid an unnecessarily prolonged life of pain and suffering."

Needless Suffering

Hawaii [data from 2015](#) shows that, of the nearly 11,000 deaths that year, more than 2,400 people died of cancer, primarily of the colon, pancreas, breast, cervix, prostate and lung, or leukemia.

A similar number died of heart disease, while over 2,000 died from diseases including tuberculosis and HIV. These can all be horrible deaths.

Consider [a just-released report](#) from Colorado, where voters approved medical aid in dying in 2016.

Data from the first year of the program (2017) show that the underlying terminal illness or condition among the 69 patients prescribed life-ending medication was most often cancer. Amyotrophic lateral sclerosis (also known as ALS or Lou Gehrig's disease) and heart disease were the next-leading reasons.

Of the 56 Colorado patients who died after receiving aid-in-dying medication, nearly 80 percent were at least 65 years old. Most of them died at home and under hospice care.

Clearly, the Colorado law — as is also the case in Oregon, California, Vermont and Washington state — is being used by very sick people who want to end their suffering. It is not being misused, as some have feared, to take the lives of the unwilling.

We implore Hawaii legislators to do the right thing and send a medical aid in dying bill to the governor's desk in 2018.

Star Advertiser

Denying 'death with dignity' only adds to patients' suffering

By: David Shapiro, February 4, 2018

A "death with dignity" bill that would allow terminally ill patients to obtain lethal prescriptions to end their suffering has been spit out by the Hawaii Legislature like a political poison pill for 16 years.

In 2002, it passed the House 30-10, only to fall two votes short in the Senate. Last year, it was the Senate that approved medical aid in dying 22-3, but the House held it in committee.

It's time for the two houses to settle their differences, which are not substantial, and extend this basic human compassion.

Lawmakers' fears of a voter backlash are as outdated as arguments against the bill; polls show voters favor it 2-1, and Oregon has 20 years of experience under a similar law without seeing the widespread abuse opponents predicted.

Senate and House bills, both modeled on the Oregon law and a comparable measure passed by California in 2016, leave little room for abuse.

Safeguards include a 15-day waiting period, patient counseling on comfort options and certification by two physicians that the patient has less than six months to live, is mentally and psychologically able to make an informed decision, and is not being coerced by others.

Patients receive no help from physicians in administering the lethal medication.

Medical aid in dying is infinitely more humane than leaving sound-minded people making informed personal choices to starve themselves to death, put a gun to their heads or jump in front of a bus.

Opponents are mostly conservative religious groups, doctors with professional concerns and advocates who fear the elderly and disabled will be pressured by family and insurance companies to end their lives.

Last year, a local pastor opposing the law told legislators that "tremendous good can come out of suffering."

He has the right to suffer as much as he wishes when his time comes, but not the right to force his religious beliefs on others who don't share them.

Doctors with objections are not required to write lethal prescriptions, and the California law bars insurance companies from pitching medical aid in dying to terminal patients.

In California's first year, 191 terminal patients were prescribed lethal medication and 111 used it. For many, the comfort was simply knowing the option was there.

California Gov. Jerry Brown, a former Jesuit seminary student, signed the law despite the opposition of his church.

"I do not know what I would do if I were dying in prolonged and excruciating pain," he said. "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."

This, of course, is the bottom line. How can we deny to others an option the vast majority of us say we would want for ourselves?



Medical aid in dying is optional.

Optional for patients and optional for doctors. No person is required to use it. No doctor is mandated to provide it. It is illegal to force someone to use it.



Medical aid in dying improves end-of-life care. Studies show palliative (“comfort”) care gets better for patients — and families — in states with medical aid in dying.



Medical aid in dying includes strict eligibility requirements.

A patient must be an adult, have six months or less to live, be able to make an informed health care decision and be able to take the medication themselves.



Medical aid in dying helps far more people than those who choose to use it. Research shows just having medical aid in dying as an option relieves fear and anxiety — even for those who never choose the option.



The legislation includes more than a dozen safeguards.

Two doctors must confirm that the patient has six months or less to live — due to terminal illness, not because of age or disability. Two doctors and two independent witnesses must confirm that no coercion exists. Coercion is subject to criminal prosecution.



Doctors support medical aid in dying. A December 2016 Medscape survey reported that more than half (57%) of physicians support the practice.



Medical aid in dying has been safely practiced in six states for a combined 40 years.

And within those six — Oregon (1994), Washington (2008), Montana (2009), Vermont (2013), California (2015) and Colorado (2016) — not a single case of abuse or coercion nor any criminal or disciplinary charges have been filed. Not one.



Hawai'i residents support medical aid in dying. According to an Anthology Marketing Group poll, eight out of 10 Hawai'i voters agreed that “a mentally capable adult [who] is dying of a terminal disease that cannot be cured ... definitely (55%) or probably (25%) 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.””



Medical Aid in Dying Gives Patients

Autonomy. The patient is in charge. They request the medication. They take it. And they can change their mind at any time.

Fact: Medical Aid-in-Dying Laws Work to Protect Patients



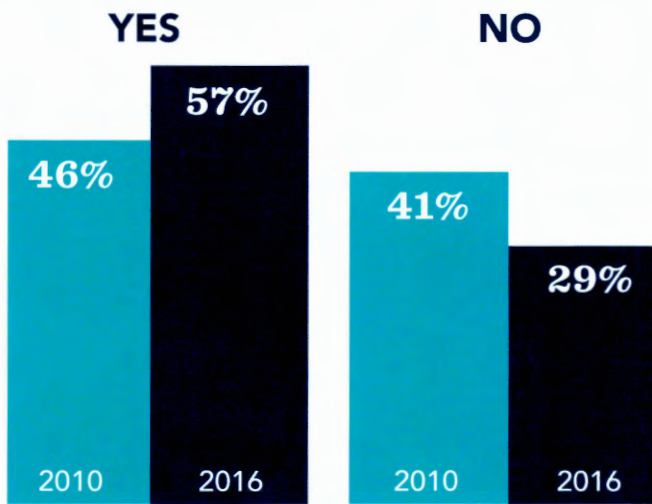
“
I have spent my life fighting to empower workers, women and disenfranchised communities. I advocate for and support passing medical aid-in-dying laws because they have strict safeguards to protect vulnerable people from abuse and coercion — while honoring the fundamental human right to decide how and when we die, when death is inevitable. All Americans should have the option to decide the end-of-life care that is right for them in consultation with their doctor and their loved ones.

– Dolores Huerta, American Labor Leader and Civil Rights Activist

1. Medical aid-in-dying laws' strict eligibility requirements protect all patients, including the elderly and disabled. A person must be an adult, terminally ill with six months or less to live, able to make an informed healthcare decision and able to take the medication themselves.
2. Medical aid-in-dying laws have over a dozen safeguards — too many, according to some physicians and even more patients. These safeguards include:
 - » Two doctors must confirm that the person is terminally ill with six months or fewer to live and has the ability to make an informed healthcare decision.
 - » Two doctors and two witnesses must confirm that no one is exerting undue influence on the person requesting medical aid in dying.
 - » A doctor must counsel the person about all other available treatment options.
 - » The person always remains in control, has to take the medication by self-ingesting it, and can change their mind at any time about taking the medication.
3. It is a crime to unduly influence or coerce anyone to request or use medical aid in dying.
4. More than a dozen studies have carefully examined existing medical aid-in-dying laws. They conclude medical aid in dying benefits many terminally ill adults, whether they use the option or not, because it spurs conversations about all end-of-life care options, and reduces suffering by inspiring more frequent usage of hospice, palliative care and pain management.
5. While many people request information about the law and achieve peace of mind knowing it exists, fewer than 1 percent of people — and even lower percentages among traditionally disadvantaged populations — decide to access the law, further confirming that the law does not put vulnerable populations at risk.
6. According to a Journal of Medical Ethics report about the Oregon Death with Dignity Act: “Rates of assisted dying in Oregon ... showed no evidence of heightened risk for the elderly, women, the uninsured ... people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations.”

Physicians Support Medical Aid in Dying Almost 2-to-1

PHYSICIANS SUPPORT FOR MEDICAL AID IN DYING IS ON THE RISE



Should physician-assisted suicide or physician-assisted dying be allowed for terminally ill patients?

STATE MEDICAL ASSOCIATIONS INCREASINGLY AGREE PATIENTS SHOULD DRIVE CARE

Since the California Medical Association's June 2015 decision to drop its 30-year opposition to medical aid in dying and the California Academy of Family Physicians (CAFP) adopted a neutral position, medical societies across the country have followed suit, including:

- » New York State Academy of Family Physicians
- » Colorado Medical Society
- » Maryland State Medical Society
- » Medical Society of the District of Columbia
- » Nevada State Medical Association
- » Maine Medical Association
- » Minnesota Medical Association
- » Vermont Medical Society
- » Massachusetts Medical Society

62% of doctors in states where medical aid in dying is not authorized report having had a patient whom they wished could have exercised that right.

56% of doctors say the passage of medical aid-in-dying laws is a positive development.



We give patients the right to hasten their deaths by refusing dialysis, mechanical ventilation, antibiotics or any other life-sustaining treatment. Why deny them what is essentially the same choice?

– **Marcia Angell**, physician, author, and the first woman to serve as editor-in-chief of the New England Journal of Medicine

ZERO: The number of complaints Disability Rights Oregon has received in the 20 years since Oregon's medical aid-in-dying law was implemented

“

We cannot advocate for the rights of people living with disabilities to be able to make their own choices and healthcare decisions during life, only to deny those freedoms at the end of life. I believe much of the objection to medical aid in dying is driven by fear and misunderstanding. Dying is a part of living.

– Gene Hughes, disability rights advocate, Utica, New York

”

NINE FACTS YOU NEED TO KNOW

1. The medical aid-in-dying and disability rights movements share important core values: autonomy, independence and self-determination.
2. Medical aid-in-dying laws protect people with disabilities from coercion and exploitation through strict eligibility requirements and safeguards. In states where medical aid in dying is not authorized, people with disabilities are actually **more** vulnerable to coercion and abuse.
3. A person with a disability is only eligible for medical aid in dying if they are terminally ill with six months or less to live. In addition, the person has to be an adult, able to make informed healthcare decisions, and able to take the medication themselves.
4. No one can get a medical aid-in-dying prescription unless and until two doctors and two independent witnesses confirm that the person requesting it is not being coerced to do so.
5. Coercing someone to use medical aid in dying is a felony punishable under state criminal laws.
6. In a combined 40 years of practice across six jurisdictions, there has not been a single case of abuse or coercion nor any criminal or disciplinary charges filed, not one.
7. Two out of three people living with a disability support medical aid in dying according to surveys in Connecticut, New Jersey and Massachusetts.
8. The Disability Rights Legal Center has declared that medical aid in dying “poses no threat to people with disabilities.”
9. Activists in the disability community — like Dr. Steven Hawking, among others — are some of the strongest supporters of medical aid in dying as an option.

Medical Aid in Dying Is NOT Suicide, Assisted Suicide or Euthanasia



Medical aid in dying is fundamentally different from euthanasia. While both practices are designed to bring about a peaceful death, the distinction between the two comes down to who administers the means to that peaceful death. Euthanasia is an intentional act by which another person (not the dying person) administers the medication. By contrast, medical aid in dying requires the patient to be able to take the medication themselves and therefore always remain in control. Euthanasia is illegal throughout the United States. Medical aid in dying is authorized in six states plus Washington, D.C., with legislation being considered in 26 other states.



State legislatures and courts in states where the practice is authorized recognize medical aid in dying as differing from suicide, assisted suicide or euthanasia. Euthanasia and assisted suicide are both illegal in jurisdictions where medical aid in dying is authorized. Medical aid-in-dying laws on the books in California, Colorado, the District of Columbia, Oregon, Vermont and Washington expressly state: "Actions taken in accordance with [the Act] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide." And in Montana, where assisted suicide is specifically illegal, the Montana Supreme Court ruled in *Baxter v. Montana* that medical aid in dying provided to terminally ill, mentally competent adult patients in no way violates established state law [including Montana's assisted suicide statute] or the principles of public policy."



The American Psychological Association asserts medical aid in dying and suicide have "profound psychological differences." People who seek medical aid in dying want to live but are stricken with life-ending illnesses. They feel deeply offended when the medical practice is referred to as suicide or assisted suicide.



Leading medical organizations reject the term "physician-assisted suicide." The American Academy of Hospice and Palliative Medicine, American Medical Women's Association, American Medical Student Association and American Public Health Association have all adopted policies opposing the use of the terms "suicide" and "assisted suicide" to describe the medical practice of aid in dying. And the American Association of Suicidology, a nationally recognized organization that promotes prevention of suicide through research, public awareness programs, education and training comprised of respected researchers and mental health professionals, asserts medical aid in dying is fundamentally distinct from suicide and that the term "physician-assisted suicide" should not be used.



The most prominent professional society in the United States addressing issues that arise at the interface of law and medicine rejects the term "physician-assisted suicide." The American College of Legal Medicine filed an amicus brief before the United States Supreme Court in 1996 rejecting the term and adopted a resolution in 2008 in which they "publicly advocat[ed the] elimination of the word 'suicide' from the lexicon created by a mentally competent, though terminally ill, person who wishes to be aided in dying."

From Prognosis to Prescription: Six Simple Facts About Medical Aid in Dying



Under medical aid-in-dying laws, the attending physician writing a prescription must be the licensed

physician with primary responsibility for the care of an individual. Most frequently, that doctor is a family-practice or palliative-care physician, a hospice medical director, or other specialist who is qualified to confirm a diagnosis and prognosis of terminal illness, and routinely addresses serious and terminal illnesses.



Two doctors need to confirm the terminal diagnosis, prognosis and patient's mental capability to make

healthcare decisions. A terminally ill adult may only receive a prescription for medical aid in dying if two doctors determine the person is suffering from a terminal illness, has less than six months to live and is mentally capable of making their own healthcare decisions.



In 40 combined years of practice across states that authorize the practice, there has been no evidence

of any doctors prescribing aid-in-dying medication inappropriately. There has never been a documented instance of abuse. State medical boards are responsible for reviewing alleged failures to comply with the law; no board has found that a physician has engaged in inappropriate conduct under any medical aid-in-dying law in the country. A physician not legally qualified to fulfill the role of an attending physician who nonetheless provides a prescription is subject to discipline by the state medical board.



Physicians are experts at determining their patients' mental capability.

Doctors are specially trained and required on a daily basis to assess whether patients have the mental capacity to make informed healthcare decisions — including life and death decisions. If either the attending or consulting physician is concerned about the patient's mental capacity, evaluation by a mental health specialist is required before a prescription for aid-in-dying medication can be written.



Doctors tend to overestimate how much time their patients have left, making fears that patients will

prematurely take aid-in-dying medications unfounded. To be referred to hospice a person must have a prognosis of six months or less to live, a time frame that has thus become a guide to end-of-life care decisions. As one study published in the November 2005 issue of Mayo Clinic Proceedings found, the vast majority of physicians overestimate how long a person has to live after being diagnosed with a terminal illness.



Studies indicate that the availability of medical aid in dying in authorized states is improving physician training in end-

of-life care. Studies in Oregon and Washington, along with a host of national surveys published in the New England Journal of Medicine, JAMA and other medical journals, link the availability of medical aid in dying as a palliative care option to a number of positive end-of-life care outcomes, including better physician training.

HB-2739

Submitted on: 2/26/2018 12:03:51 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Self Advocates	Hawaii Self Advocacy Advisory Council (non-profit organization)	Oppose	Yes

Comments:

My name Renee Manfredi. I am the President of the Hawaii Self Advocacy Advisory Council. We have nearly 200 members statewide.

We **strongly oppose HB2739** physician-assisted suicide and believe it requires strong and absolute vigilance because:

- The death of any person by way of physician-assisted suicide is never acceptable and should not be allowed by law under any circumstances;
- Laws and procedures, however strict, are not sufficient to protect people with Developmental Disabilities from being coerced into ending their lives;
- When the person is seriously ill and in pain, the use of appropriate medical or palliative care to reduce and/or eliminate pain and discomfort can and must be provided.

Thank you for this opportunity to submit testimony **OPPOSING HB2739**.

HB-2739

Submitted on: 2/26/2018 12:04:16 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Harlor	Pearson Foundation	Oppose	Yes

Comments:

Strongly in opposition HB2739. Life is precious from conception to natural death. Never would we not use life saving measures for our healthy children in an accident, or experiencing a life threatening illness, based on unknown outcome of their recovery. This should also apply when dealing with our family members of any age. We value their contribution to life.

We cannot choose our Birth date into this world, nor can we choose our Death date.

This is only God's Will for each and everyone of us.

Please do not play a role in taking God's Will into your hands with knowledge HB2739 would lead to preempting a person's time on earth to a third party, that would enable murder in the guise of compassion!

God Bless & Pray for your discernment in this crucial matter to society!

Sincerely, Patricia J Harlor

HB-2739

Submitted on: 2/23/2018 8:07:19 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carrie Mukaida	Individual	Support	Yes

Comments:

I support HB 2729 for the following reasons:

I am a 71 year-old, single woman, who is the primary caregiver for my 99 year-old mother, who is very frail and requires 24-hour care and supervision.

I do not want to be a burden to my family and society when I am demented, incontinent and less than a pet. I do not want to spend my last days suffering in pain and confusion, and being unable to eat, control my bowels/bladder and without any quality of life. I do not want my family and caregivers to suffer the stress of waiting for someone who is actively dying, to die. I do not want precious healthcare resources squandered on keeping my body alive, when there is no hope of recovery and contributing to a long, agonizing death. These resources would be better spent on cures and treatments that prolong life, rather than prolong dying.

I do want the right to end my life on my own terms with dignity, safety and without leaving a mess for others to have to clean up. HB 2739 gives me the CHOICE to make a graceful final exit. Testimony from Compassion and Choices and The Hawai'i Death with Dignity Society have articulated the reasons to support this legislation in other testimony. I fully endorse their testimonies.

While I respect the positions of the opponents of this bill, I do NOT RESPECT their wishes to impose their beliefs on my freedom to make CHOICES about MY LIFE! I feel the same way about women's choices to terminate pregnancies, and anti-abortion advocates are trying to take away these choices, as well! Opponents of choice are NOT the ones who will be on the front lines proving the care and support to families whose loved ones are dying, unless they have a personal connection. It is easy for them to stake out a moral high ground, without respecting the wishes of others who do not share their beliefs.

Thank you, in advance, for voting to pass this bill, and for your continued support

Sincerely,

Carrie Mukaida

(808)524-3089

HB-2739

Submitted on: 2/25/2018 4:48:21 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

It's my death and MY choice.

From: [Joan Hiel](#)
To: [hhstestimony](#)
Subject: Diabetics can choose death?
Date: Saturday, February 24, 2018 10:20:05 AM

Dear Committee HHS,

PLEASE ROUTE THE THE HMS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation of having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Sincerely,

Joan Hiel
46-313 HAIKU PLANTATIONS DR
Kaneohe, HI 96744
rickandjoan313@yahoo.com

HB-2739

Submitted on: 2/26/2018 10:44:26 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carm Akim	Individual	Oppose	Yes

Comments:

Honorable Representatives,

My name is Carm Akim. I am a registered nurse in one of the major hospitals here in the island of Oahu. I STRONGLY OPPOSE HB 2739 for the following reasons:

1. Poison Control-

The RN that answered my phone call refused to answer my questions rehashing patients who used lethal medications as a way of ending their life. I looked up overdosing on barbiturates online and they advise to call 911 or poison control depending on the severity of symptoms. This bill does not provide any information regarding what the physician should advise their patient if they change their minds after ingesting the lethal medication.

2. DNR/POLST on file.

The bill is also not clear on how the attending MD should make it known to healthcare providers that patient is opted to take lethal medications and pt must have a POLST or DNR order.

This is from the Oregon DWD Handbook

*If the patient plans to take the medication, the attending physician should prepare the patient and family (if the patient agrees) for potential complications. **Physicians should encourage or recommend or consider** patients to complete an advance directive and Physician Orders for Life-Sustaining Treatment (POLST) form, which includes a do-not-attempt-resuscitation (DNR) order.*

For me "encourage" , "consider" or "recommend" will not hold up in court if patient was resuscitated and brought back to life. It should be that the **MD INSTRUCTS OR MANDATES pt. to fill out a POLST or agree to DNR order if they really want to do physician assisted suicide** . This is to protect Emergency Medical Service responders from being penalized for intervening out of not knowing patient took lethal medicine via this option.

Sometimes patients' and health care professionals' rights directly conflict with each other under the Oregon Act. The patient's right to privacy may conflict with the rights of health care professionals to make informed personal decisions. This applies particularly to emergency personnel who may not have access to information about a patient's wishes but who have to make resuscitation decisions quickly

3. EMT

This is an excerpt from Multnomah County Oregon's EMS 2018 Patient Treatment Protocols. This is what paramedics are asked to do if they are called to respond to a patient opted to do physician assisted suicide .

Oregon Death with Dignity Act: If a person who is terminally ill appears to have ingested medication under the provisions of the Oregon Death with Dignity Act, the EMT should:

1. Provide comfort care, as indicated.
2. Determine who called 9-1-1 and why (i.e., to control symptoms or because the person no longer wishes to end their life with the medication).
3. Establish the presence of DNAR orders and/or documentation that this was an action under the provisions of the Death with Dignity Act.
4. Contact OLMC or On-Line Medical Control.
5. Withhold resuscitation,
if: a. DNAR orders are present,
and b. There is evidence that this is within the provisions of the Death with Dignity Act,
and
c. OLMC agrees.

This an excerpt from DWD guide book. They have enacted protocols that supposedly clear up confusion with Emergency Doctors and EMTs but unfortunately it is not a fool proof process. Hawaii's EMS is heavily burdened and short staffed, we should not put this responsibility on their shoulders.

4. Patient's Location at time Lethal Med was taken

First column with numbers is 2016 next is 1998-2015, last is total



Although very small number, the likelihood of a pt doing PAS while in a hospital is REAL! We will never know how the patients acquired the lethal medicine because as patients are not mandated to disclose this info.

5. Protection of Nurses

HB 2739 used the same language in the Oregon Law re: protection of health care providers as stated in page 22 line 16 to page 23 line 6.

Based of the Oregon DWD Act

This is a our right to refuse to participate:

Conscientious practice applies to both participants and non-participants in the Oregon Death with Dignity Act. Physicians, other health care professionals, and health care systems have deeply held values regarding end-of-life issues. It is important to recognize the rights of persons with conflicting views. Conscientious practice is the action that comes of respecting one's own moral beliefs while at the same time respecting the moral beliefs of others. Conscientious objection arises from the concept that people are not obligated to perform acts that violate their conscience, even if the acts are legally or professionally sanctioned. Conscientious objection by health care professionals is a principle that is upheld by professional codes of ethics, for example, the refusal of a nurse to participate in an abortion done in a hospital. The Oregon Death with Dignity Act endorses conscientious practice and respect by stating unequivocally "No health care provider shall be under any duty, whether by contract, by statute or by any other legal requirement to participate in the provision to a qualified patient of medication to end his/her life in a humane and dignified manner."

This is our right to know if we are taking care of someone who wants to do PAS:

All health care professionals have a right to know whether their care of patients involves actions that would be morally objectionable for them. This applies to all health care professionals, including hospice nurses and pharmacists, who have rights to be knowing participants. Nevertheless, attending physicians must respect the confidentiality of the patient's request unless otherwise waived (see Liability and Negligence).

However, it is sketchy when we are taking care of someone after the fact that the pt. took the lethal meds and THE OREGON LAW OR THE HAWAII BILLS ARE NOT CLEAR ON HOW NURSES CAN ASSIST THE PT. TO TAKE THE LETHAL MEDS. So... there are times when I ask my patients if they want me to put their meds all in their mouth or if they need help to take it one by one. Should I feed it to them if they cant or to weak to do so??? Spooky!

A health care professional who is with the patient when he or she takes the medication should provide care and comfort to the patient and family. The Oregon Death with Dignity Act does not provide guidance on the degree of assistance with self-administration that may be given by another person. Nurses in particular have questions concerning this issue. The Oregon Act does not alter the existing standards and scope of practice of nurses in Oregon.

HB 2739 IS NOT GOING TO PROTECT NURSES, EMTS AND CARE HOME OPERATORS, PHARMACISTS AND ALLIED HEALTH CARE PROVIDERS FROM LITIGATIONS AND WILL NOT PROTECT OUR RIGHTS TO NOT PARTICIPATE IN THE PATIENT'S ACT TO TAKE THIER LIVES BY PHYSICIAN ASSISTED SUICIDE.

PROTECT THE PEOPLE WHO TAKES CARE OF HAWAII.

Testimony for the joint House Committees on Health and Human Services and Judiciary
Re: HB-2739

February 26, 2018

Aloha. Thank you for the opportunity to share my experiences with you. I am board certified in both Family Medicine as well as Hospice and Palliative Medicine. I have more than 25 years of clinical experience and the last 10 years of my practice have been dedicated exclusively to caring for patients living with serious and life limiting illness. I work with a team at the University of Vermont Medical Center. 40% of my work is in providing home-based Hospice and Palliative Care.

Last month, my patient John Roberts, a WWII veteran who had overcome many challenges in his long and full life, died peacefully in his home with his good friend Hal at his side. Hal later told me how John was “so serene” in the very few minutes between self-ingestion of his medication and becoming unconscious. John’s life was complete. He had accomplished his most precious life goals: to live as long and as well as possible with a clear mind, to remain in his own home despite declining health related to advanced prostate cancer, and to die peacefully. All on his own terms.

John shared several characteristics with other patients I have worked with in Vermont; he had a strong will to live, was resilient, accepted that his illness was terminal and determined to avoid needless suffering in his final days.

John was referred to me 4 months before he died. He had voiced his desire to explore all of the options for treatment of his illness, was hoping for more time to live, and also wanted a clear plan for the end of his life. He had seen other loved ones have face difficulties in their final weeks: pain, having to move into a nursing facility, losing the ability to communicate meaningfully. John was self-reliant, had traveled extensively and lived in a home that reflected the entirety of his life. He was not afraid to die, but he was afraid of losing himself and all that mattered to him before he died.

I listened to John as he shared many stories: about his service in the war, his travels and his later years in Vermont. He showed me around his home and told me with pride how he managed independently at the age of 94. We discussed the possible benefits of moving to a more supportive living environment and why this was not anything he was interested in. We explored how he might get more help in his home, we talked about the services a Hospice enrollment would offer him, and we discussed Medical Aid in Dying.

Despite his age, and his cancer, it was not clear that he had a prognosis of less than 6 months. We talked about what changes might indicate that more clearly, and we agreed to follow up. John took great comfort in being able to openly discuss his hopes and worries for the final phase of his life.

3 months later, John began to decline significantly and had obvious signs of progression of his cancer. After discussing his case with his Primary care doctor and his Urologist, we all agreed that John very likely only had weeks to short months to live. He enrolled in Hospice. John treasured his independence, and was not happy about needing more help at home because he feared what else he would lose. He was gracious in accepting physical decline, and managed for a time. When he was ready, he completed his formal request for Aid in Dying. On a day he chose, with his dear friend Hal at his side, John took medication and had the end of life experience he wanted and deserved.

Hal and I spoke soon after John's death. Hal expressed deep gratitude for the medical team that "met John where he was"; that supported his wishes and truly honored his life.

Just 2 weeks later, Hal and I had a chance to meet again as I was also helping to care for his brother George who was very ill with advanced heart failure. George had been in and out of the hospital and rehabilitation facilities several times in the preceding weeks, was losing ground fast despite best medical efforts, and had a prognosis of weeks to short months. George was not ready to accept that death may be near. George wanted to give every treatment a chance. George's family was worried about him. They visited every day and could see his steady decline. George tried his best at rehab, but his body could not gain strength. George's family was remarkable in supporting George's hopes to get better, and to gently help him prepare for the future. Eventually, plans were developed to have George move in with his son. On the day before discharge, George took a turn for the worse and it became clear that he was actively dying. The rehab staff support George and used treatment to help assure his comfort. He died the next morning. Hal and his family were grateful that George's hopes for a miraculous recovery were honored and that he also had a peaceful death, on his own terms.

Hal and I talked about these two very different examples of truly patient centered care. Every person, every family circumstance is unique. How remarkable it was for Hal to witness such different paths in the final phase of life. These two cases are a poignant reminder of the importance of "meeting patients where they are", of fully exploring hopes and fears, and to provide the best medical plan based on individual values.

I am proud to be a part of a medical community in Vermont that honors patient centered care and choices at the end of life. Over the 5 years our law has been in effect, we have had very similar experiences to other states where Aid in Dying is legal. There has not been one case of malpractice or abuse of any kind under the law. The carefully crafted safeguards in place are working. Patient's and providers are having appropriate conversations and exploring a wide range of available treatments as well as end of life preferences.

We have more than 20 years of experience and robust data gathering about Aid in Dying in Oregon, and now even more experience in California, Washington, Colorado and Vermont. Experience shows us that Aid in Dying laws are both safe and effective. A few highlights of the facts:

-Procedures are in place to assure that patients and providers are well informed, the process is patient driven and voluntary for all (patients, physicians and other providers).

-The majority of physicians and patients in the USA support access to Aid in Dying laws;

- The rights of those who are opposed to participating in Aid in Dying are fully protected;


-Recently, Vermont's state Medical Society changed its position from being opposed to the law to being neutral in recognition of the diversity of opinions involved.

-Two Physicians must independently evaluate patients to determine their prognosis and that they are capable of understanding and participating in the law. It is a regular part of everyday practice for physicians to assess our patients' ability to make serious health care decisions.

-Individuals facing terminal illness often have grief related to dying. Grief is different from depression, though occasionally they can co-exist. There are safeguards in place to assure that if there is depression or any question regarding judgement, then psychological evaluation takes place before the process can move forward.

I strongly support your efforts to assure that eligible, terminally ill residents of Hawaii have access to Medical Aid in Dying.

Mahalo for your time and attention to this important topic. I would be happy to answer any questions now or in the future.

A handwritten signature in black ink that reads "Diana L. Barnard". The signature is written in a cursive, flowing style.

Diana Barnard, MD
Assistant Professor, Family Medicine
Division of Palliative Medicine
University of Vermont Medical Center
111 Colchester Ave
Burlington, VT 05753

Provider Access: 802-847-0000

Mobile: 802-989-0098

Email: Diana.Barnard@uvmhealth.org

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair
Committee on Health and Human Services

Representative Scott Nishimoto, Chair
Representative Joy A. San Buenaventura, Vice Chair
Committee on Judiciary

Hearing: Tuesday, February 27, 2018
10:30am, Capitol Auditorium

Aloha and mahalo Representatives for the opportunity to testify regarding HB 2739.

As a mom, resource caregiver (AKA foster parent) and someone who has watched a parent and friends receive palliative care, I oppose this bill and public policy that advances the legalization of physician-assisted suicide.

I believe in living ALOHA, cherishing the breath of life, and in living out our traditions of caring for people who are most vulnerable such as keiki currently/formerly in foster care and kupuna. I cannot endorse physician assisted suicide because there are avenues in this bill that could adversely affect and endanger vulnerable populations such as those with mental health problems, chronic disease, physically or intellectually challenged, the young, and the frail elderly.

As a state we already have a problem with suicide. There are other bills in this legislative session related to suicide prevention because of that. If we are working on reducing suicide then legalizing assisted suicide is not going to help. In reading what's happening in other states that have legalized assisted suicide and in particular the study published in the Southern Medical Journal, How Does Physician Assisted Suicide Affect Rates of Suicide, legalizing PAS is contrary to our goal of reducing suicides in our state.

Here's the abstract from that study:

Objectives: Several US states have legalized or decriminalized physician-assisted suicide (PAS) while others are considering permitting PAS. Although it has been suggested that legalization could lead to a reduction in total suicides and to a delay in those suicides that do occur, to date no research has tested whether these effects can be identified in practice. The aim of this study was to fill this gap by examining the association between the legalization of PAS and state-level suicide rates in the United States between 1990 and 2013.

Methods: We used regression analysis to test the change in rates of non-assisted suicides and total suicides (including assisted suicides) before and after the legalization of PAS.

Results: Controlling for various socioeconomic factors, unobservable state and year effects, and state-specific linear trends, we found that legalizing PAS was associated with a 6.3% (95% confidence interval 2.70%–9.9%) increase in total suicides (including assisted suicides). This effect was larger in the individuals older than 65 years (14.5%, CI 6.4%–22.7%). Introduction of

PAS was neither associated with a reduction in non-assisted suicide rates nor with an increase in the mean age of non-assisted suicide.

Conclusions: Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in non-assisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) non-assisted suicide, or that it acts in this way in some individuals, but is associated with an increased inclination to suicide in other individuals.

Some say physician assisted suicide is a private choice, a personal matter of self-determination to be accepted by the rest of society. However, physician assisted suicide is not simply a personal matter. It is in fact a social act, involving others beyond the patient and requiring government oversight. This hearing is one of the initial steps of the government oversight and the course that this bill is taking.

Our resources, physical and intellectual, should revolve around mitigating the despair and loss of control that may be associated with the final stages of life. The priority is to fulfill the commitment to provide dignified and compassionate end-of-life care. I can support public policy that is looking to improving and expanding access to, and delivery of, high quality palliative care which anticipates the physical, psycho-social and spiritual needs of a person living with debilitating illness.

Please do not pass this bill.

Submitted with Much Aloha,

Esther McDaniel
Wahiawa, Hawaii

Date: February 26, 2018

To: The Honorable John M. Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
House Committee on Health & Human Services
And
The Honorable Scott Y. Nishimoto, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
House Committee on Judiciary

From: Holly Arroyo, MSW Student at University of Hawai'i at Manoa

RE: Testimony in Strong Support of HB 2739, Our Care, Our Choice, Relating to Health

Chair Mizuno, Vice Chair Kobayashi, and members of the House Committee on Health & Human Services

Chair Nishimoto, Vice Chair San Buanaventura and members of the House Committee on Judiciary:

I, Holly Arroyo, Master of Social Work Student at University of Hawai'i at Manoa, **strongly support** HB 2739, Our Care, Our Choice, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

One the core values of the social work profession is the dignity and worth of a person. This means preserving a person's right to self-determination. For patients diagnosed with a terminal illness, much of their autonomy is limited due to the devastating and debilitating effects of their illness. By allowing patients the option of death with dignity, patients have the choice of easing their suffering and preserving their dignity by taking prescription medication that **hastens** their death in peaceful manner. This is very different from **causing** their death, as the actual cause of the death is their terminal diagnosis.

This bill includes strong safeguards in preserving the rights of the patients by imposing felony charges on any individuals who tamper with or forge physician prescriptions for life-ending medications as well as charges for those who coerce or pressure patients into obtaining and taking such medications. These conditions for criminal charges would significantly reduce any potential abuse of this bill.

I strongly urge the Health and Human Services Committee and the Judiciary Committee to pass this bill, which has been passed and enacted in six other U.S States, in order to preserve the dignity and worth of those Hawai'i citizens suffering from the debilitating affects of a terminal illness.

Holly Arroyo

MSW Student

University of Hawai'i at Manoa

Representative John Mizuno, Chair, Representative Bertrand Kobayashi, Vice Chair, And Members of the House Committee on Health and Human Services

Representative Scott Nishimoto, Chair, Representative Joy San Buenaventura, Vice-Chair, and Members of the House Committee on Judiciary

From: Leslie Jones, Kamaaina and Constituent friend

To: Joint Hearing of House Health and Human Services and Judiciary Committees

Hearing Date: Tuesday, February 27, 2018 Hearing Time: 10:30 a.m.

Testimony in Opposition to HB 2739, Relating to Health

Thank you for this opportunity to testify. As a kamaaina and friend of many constituents and others that would be adversely affected by this bill, I stand in opposition to this measure as currently drafted. While the intent may be praiseworthy, the current draft falls short of protecting all of Hawaii's citizens.

Recently, 29 states have introduced assisted suicide legislation, and 28 of those states have rejected such legislation. Hawaii's physicians have also testified that Hawaii is not ready for such legislation.

For these and many additional reasons, please hold HB 2739 and similar measures for further discussion at this time or amend the measure to account for the above considerations. Thank you again for this opportunity to testify.

HB-2739

Submitted on: 2/26/2018 11:03:29 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Juliet Begley	Individual	Support	Yes

Comments:

HB-2739

Submitted on: 2/26/2018 10:30:30 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
	Individual	Oppose	Yes

Comments:

Strongly opposed to physician-assisted suicide! Please respect human life. HB2739 has many problems and promotes to a culture of death.

HB-2739

Submitted on: 2/26/2018 10:01:46 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Strider Didymus	Individual	Oppose	Yes

Comments:

TESTIMONY

As a true man of God, I am testifying here today in strong OPPOSITION to HB2739, and as such I am also commanded to **“Have nothing to do with the fruitless deeds of darkness, but rather expose them.”** (Ephesians 5:11) Here goes!

You Democrats here never cease to amaze me with how you twist truth and hate righteousness; first you officially throw God out of your party and then reaffirm your progressive demonic agenda of wickedness.

I therefore do hereby expose your evil here and should you pass this murderous bill that has fooled people into believing the lies of Satan to escape their suffering; their blood *shall* be on your hands as accomplishes to MURDER – especially you Representative Della Au Belatti, a political poster child here along with John Radcliff in pushing this agenda from hell.

And to the HHS Chair John Mizuno personally, you claim to be a *“Christian”* and go to church, but you are an **“imposter going from bad to worse”** (2 Timothy 3:13) and shall be held accountable for your actions in promoting this bill before the media and God Almighty – this unless you truly repent of such wickedness in being an *“accomplice”* to MURDER here.

The Merriam -Webster dictionary states that an *“accomplice” is one associated with another especially in wrongdoing, was convicted as an accomplice to MURDER.*

Yeshua said, **“You shall not MURDER** [one of the Ten Commandments - Exodus 20:13] **and anyone who MURDERS will be subject to judgment.”** (Matthew 5:21)

And, **“You belong to your father, the devil, and you want to carry out your father’s desire. He was a MURDERER from the beginning, not holding to truth, for there is no truth in him. When he lies, he speaks his native language, for he is a liar and the father of lies.”** (John 8:44-45)

You say, *“Let’s call it “Women’s Reproductive Rights”* for the murdering of unborn humans and now it’s *“Relating To Health”* for a bill to *“legalize”* assisted MURDER by

some so called “doctors,” whom will have thrown away their Hippocratic oath and allowed SUICIDE by patients that already have a legal and humane remedy to their suffering.

It’s called Hospice, a compassionate and merciful organization that helped even my own cancer ridden Dad during the last few months of his life.

And as a result, he was able to die with dignity and not shame for such MURDER VIA SUICIDE (a sin) and thus not giving up his soul to eternal torment in Hell - place to which Yeshua (Jesus) spoke more of than anyone else for he did not want anyone to go there.

Indeed, an inescapable “**place of torment**” (read Luke 16:19-31), “**where there will be weeping and gnashing of teeth**” (Matthew 13:41), “**where the fire never goes out**” and “**the worm does not die.**” (Mark 9:44 & 48)

I know that my Dad did NOT go there, for he had previously repented of his sins and come to the saving grace of Yeshua, and had an absolute faith and a peace that transcends all understanding in fully knowing that he would be with the Lord in a new gloried body upon his immediate passing.

As Yeshua said to the remorseful thief on the cross next to him, “**I tell you the truth, today you will be with me in paradise.**” (Luke 23:43)

And for the record, it is he who causes illness and death (see Acts 10:38, Luke 6:18, 13:10 & 16), then he fools people into believing his lies so that they will join him in eternal torment.

“They perish because they refused to love the truth and so be saved. For this reason God sends them a powerful delusion so that they believe the lie [euthanasia in this case] and so that all [politicians, medical staff and patients] will be condemned who have not believed the truth but have delighted in wickedness.”
(2 Thessalonians 2:10-12)

Indeed, “**But the cowardly, the unbelieving, the vile, the MURDERERS, the sexually immoral, those who practice magic arts, the idolaters and all liars—they will be consigned to the fiery lake of burning sulfur. This is the second death.**”
(Revelation 21:8)

“They will be tormented day and night for ever and ever.” (Revelation 20:10)

Yeshua also said, “**This is the verdict: Light [himself] has come into the world, but men loved darkness because their deeds were evil. Everyone who does evil hates the light for fear that his deeds will be exposed.**” (John 3:19-20)

You are now officially being warned here in the name of Yeshua and therefore shall be without excuse on Judgment Day, should you not heed such.

Sadly though, I know that you won't. This is all but a charade of going through the motions, you made your minds up already just like the passing of the deviant homosexual "*marriages*" a few years ago that was overwhelmingly rejected by the people of this State in testimony and an "**abomination of God**" (Leviticus 18:22 & 20:13).

Think twice people before you cast your vote, for there are eternal ramifications for such choice.

In the name and love of Yeshua, "**My Lord and my God!**" (John 20:28)

"Strider Didymus" - Servant of God and disciple of Christ

DATE: February 23, 2018

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

FROM: Janet Grace, Hauoli Home Care, LLC
Member

Thank you for the opportunity to testify. My name is Janet Grace owner and founder of Hauoli Home Care, LLC and STRONGLY OPPOSED to HB2739.

First, I'd like to point out that page 1 Section 1, 1 – 9 notes that The legislature finds at least thirty states have either enacted or considered enacting laws to allow...

This is not true. The last state to enact law was Colorado via ballot (2016) or legislative approve. Oregon 1997, Washington State 2008, Montana 2009 *the Montana Supreme Court refused to declare a constitutional right to doctor-prescribed suicide but made it de facto legal by allowing the patient's consent to be a defense*, Vermont 2013, California 2015 and District of Columbia. 2016. This is a total of seven states. Let's not mislead the people. In fact, the opposite is true.

Having the privilege of caring for Hawaii's Kupuna, persons with disabilities and those living with chronic disease(s), injury and terminal illness for over 20 years this bill is a recipe for abuse. (I was also a ventilator caregiver on the late beloved Peggy Chun's, Pegs Legs team)

I have seen the good, the bad and the ugly of caring for people, primarily our elderly.

We all pray our loved ones will live full, long lives. Of course, we also know that may mean the time will come when those who cared for us as a child will need to be cared for. Everyone deserves to be loved through lives challenges. Not offered a quick and inhumane way out through physician assisted suicide or euthanasia which this bill clearly eludes to.

Commented [JH1]:

What strikes me most about our precious seniors is the amazing fearless and fiercely independent lives they've lived – during some pretty rough patches in history.

These people our mothers, fathers, tutus, aunties and uncles... Many have sacrificed greatly for us and generations to follow. They've also contributed greatly to community and have left incredible legacies of honor and aloha.

When I meet with families who are looking for home care or assistance with a loved one who has a chronic disease such as dementia, Parkinson's disease, diabetes, etc. they want to know I will do everything in my expertise, and ability to provide safe and reliable care. They want to know that their loved one will be treated with the utmost respect and dignity.

It is imperative that we do everything in our power to ensure that every person regardless of their circumstances has access to high quality health care. Not **100 secobarbital** capsules that may not even kill them or give them a so called “peaceful” death. This is just not true.

When seniors begin to need assistance with activities of daily living such as toileting, showering, walker etc. they often become depressed and embarrassed. After all, again these are our pillars, providers and protectors. They are scared as they continue to lose their independence and clearly do not want to become a burden to adult children and other family members. How sad to know they are scared and can’t even tell us that do to shame and humiliation.

It’s now our turn to give back. We must do all we can to protect, provide for and offer our aging loved ones the best care possible to include outstanding palliative and hospice care. *(According to Oregon’s latest official report, 48.9% of patients who died using that state’s assisted suicide law did so to avoid being a burden on their family, friends or caregivers. That number far exceeded those who cited pain or concern about pain as their reason)*

HB2739 19-

(2) As a home care agency, I’m very concerned about my employees being asked to assist a client that may have the prescription of 100 secobarbital pills to help administer them. More so, if a client has complications from the self-administering of 100 pills, such as vomiting, choking, anxiety and/or nausea, my employee and/or my company could be held liable. **This is a slippery slope.**

HB2739 23-

14 – 18 This is clearly euthanasia by definition. **This is a slippery slope.**

I request that my attending provider prescribe medication that I may self-administer to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness.

What I also find interesting about HB2739 is that Hawaii house leadership support this:

1. Belatti – Majority Leader
2. Hashem – Education Vice-Chair
3. Lowen – Grant-In-Aide Chair
4. Luke – Finance Chair
5. Morikawa – Majority Floor Leader
6. Nishimoto – Judiciary Chair
7. Saiki – Speaker of the House
8. Takayama – Public Safety
9. Todd – Water & Land Vice Chair

In closing, my hope is that our elected officials, especially those entrusted to high power and position will do the right thing and put the overall welfare and safety of the most vulnerable of our Hawaii ohana first and not a political agenda.

I urge you to kill this bill...not move it out of committee.

Mahalo for the opportunity to testify.

HB-2739

Submitted on: 2/26/2018 9:47:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
De MONT R. D. CONNER	Individual	Support	Yes

Comments:

In my individual capacity, I STRONGLY SUPPORT this bill. I have Chronic Mylogenous Leukemia or "CML". Just this past summer, due to my refusal to take Chemo medication for over a year, following the error made by a pharmacist who had prescribed 5x the dosage of Chemo meds that I was supposed to take daily, and for which I nearly lost my life, I was given two choices: Hospice or Emergency Bone Marrow transplant. I immediately chose hospice. My wife told my doctor to leave the hospital room & lit into me severely. Then end result was that I agreed to try the fourth version of Chemo pills, as a result, I got better, left the hospital after another 3 week stay & have been able to continue my work for my native Hawaiian LĀ• hui, which all of you observe me do on a regular basis.

So, I am fully aware of the Pro's & Con's of both sides to this argument. I will tell you now, that after all I have personally been through, I continue to stand by my right to decide for myself, what course I want to take for my life, notwithstanding to love & respect that is mutually shared between my wife & I. I HAVE AN INALIENABLE RIGHT TO CHOOSE HOW MY LIFE WILL END, IN THE EVENT THAT I AM ONCE AGAIN FACED WITH CERTAIN DEATH. All this bill does, is not penalize the medical profession who fulfill their hypocratic oaths to their dying patients. Please pass this bill, so my doctor is not treated as a criminal for helping me to exercise my choice to terminate my life, in the event that I should end my life. Mahalo

Nikos A. Leverenz
Committee on Health & Human Services; Committee on Judiciary
27 February 2018 -- 10:30 AM
HB 2739 -- SUPPORT

Rep. Mizuno, Rep. Kobayashi, & Members of the Health Committee:
Rep. Nishihara, Rep. San Buenaventura, & Members of the Judiciary Committee:

I am writing in strong support of HB 2739, which would allow terminally ill individuals with less than six months to live to obtain prescription medication to direct the circumstances of their death.

In contrast to Hawaii's current policy landscape, this bill recognizes the fundamental sovereignty of individuals to make important life decisions in the course of their medical care. Providing a regulatory framework to assist suffering individuals facing imminent death to alleviate their pain is a measured yet resolutely compassionate response.

The exercise of individual decisional autonomy over medical decisions in other contexts is a key privacy right under both state and federal constitutional law. With California and Colorado adopting aid-in-dying laws in recent years, 18% of all Americans now have the liberty to determine the manner of their death should they become terminally ill. Most of those who utilize aid-in-dying are suffering from cancer.

In California, there has been a significant increase in discussion of all end-of-life issues, including pain management in the context of hospice and palliative care, with the passage and implementation of aid-in-dying laws:

“Physicians across the state say the conversations that health workers are having with patients are leading to patients’ fears and needs around dying being addressed better than ever before. They say the law has improved medical care for sick patients, even those who don’t take advantage of it.”
(Karamangla, S. (2017, 21 August). [“There's an unforeseen benefit to California's physician-assisted death law.”](#) *Los Angeles Times*.)

Aid-in-dying laws also provide relief to those who bear the burden of terminal illnesses along with afflicted patients:

The debate around physician-assisted suicide laws tends to focus on patients. But California's early experiences show the practice also has a profound impact on those left behind.

Family members have typically spent months, if not years, accompanying loved ones to doctor's appointments, sitting by hospital beds, suffering the ups and downs of treatment. They've been part of an arduous process that sometimes seemed to strip their relatives of autonomy and dignity.

A request for end-of-life drugs can inspire regret or sorrow among family and friends. But, experts say, it can also be powerful and comforting for grieving family members to know they fulfilled their loved one's dying wish. (Karamangla, S. (2017, 30 June). "[She watched her ex-husband end his life under California's new right-to-die law. 'I felt proud.'](#)" *Los Angeles Times*.)

Similarly, one hopes that Hawaii's medical care providers will prospectively endeavor to recalibrate their approaches to end-of-life care, including hospice and palliative care. The health and well-being of patients is best served by a candid ongoing discussion with doctors regarding their medical conditions, their underlying concerns, and appropriate courses of treatment.

Many individuals and groups who object to this measure do so principally upon the basis of sincerely held sectarian beliefs. Those who feel compelled by such beliefs to not access the remedy contemplated by this measure are wholly free to exercise such restraint. However, in a polity governed by secular civil law individual rights should not be subject to an imprimatur of the views of ecclesiastical authority or selected scriptural references.

While public debate may be informed by the inclusion of discrete sectarian viewpoints, the coercive power of the state must be exercised with an impartial eye and an even hand toward all individuals. In this case, recognizing the dignity and autonomy of terminally ill individuals who are suffering is a just and equitable policy response to an urgent human need.

Sincerely,
Nikos A. Leverenz

JOINT HEARING
HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES
HOUSE COMMITTEE ON JUDICIARY

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Date: Tuesday, February 27, 2018

Time: 10:30 a.m.

Place: Capitol Auditorium

HB2739, RELATING TO HEALTH

IN STRONG SUPPORT

My name is Bart Dame and I am testifying as an individual in STRONG SUPPORT of HB2672.

I want to begin by thanking you for hearing this bill and for holding it in the auditorium to accommodate all who wish to share their thoughts on this important matter. Because of the passions people feel about the issue, I understand it might be somewhat uncomfortable for some elected officials to express their personal views. Or even offer an opportunity like this, for a public discussion. So thank you for the courage you are displaying.

My sisters and I lost both of my parents in recent years. We were lucky. And by “lucky,” I mean my parents were lucky and, as survivors who loved them dearly, the kids were all lucky that they had GOOD DEATHS, in warm beds, with loved ones present and without the levels of physical pain which can cause great suffering for both the dying and their loved ones. Because we were lucky, we did not need medical aid in dying. But some families are not so lucky. And it is for them that I believe this bill must be passed.

I appreciate concerns that a depressed person, confronting a prolonged illness, might be tempted to “commit suicide.” Or that a dying person, concerned about the huge medical bills eating up their savings or which will fall upon their survivors, might feel an obligation to speed up their exit for the sake of those survivors.

This bill has strict safeguards against either of those pressures.

I understand some people have deeply-held religious beliefs against a person ending their life before God takes the person. Those beliefs, no matter how sincere, should only guide those who believe them and should not be imposed upon those with different beliefs and who are already wrestling with difficult problems. It really is as simple as a matter of religious people NOT being allowed to impose their religious beliefs on what should be the private decisions of other people.

Please pass HB2739.

Thank you for the opportunity to testify.

HB-2739

Submitted on: 2/26/2018 9:31:56 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Randolph Hack	Individual	Support	Yes

Comments:

I support the right of a terminally ill individual with six months to live to obtain a prescription for lethal means of ending his/her life. Death With Dignity! Oregon already has this law.

Aloha Chair and Committee Members,

My name is Lynn Robinson-Onderko and I am a resident of Ewa Beach. I am writing in strong support of HB2739 as I support medical aid in dying. Our terminally ill citizens have a right to decide when and how they will die. It is unfair to that we do not allow them the choice to stop the pain and agony that can be associated with a terminal disease. This bill is a strong bill with adequate protections that address the concerns of earlier bills introduced to our legislature.

It is time that Hawaii join other states and pass this compassionate measure. I hope you will do the right thing and move HB2739 forward. Mahalo nui for your careful consideration.

HB-2739

Submitted on: 2/26/2018 12:49:58 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Kimball	Individual	Support	Yes

Comments:

Aloha, Joint Committee Members,

I am Deborah Kimball, a “retired” (meaning unpaid) public policy advocate. I strongly support HB2739, offering under defined conditions a voluntary choice in dying. I will die, and I will be very relieved and grateful if this year this legislature increases my chance of a peaceful and humane death.

My father died a slow death he would never have chosen. My mother had a feeding tube she did not want and pulled out, only to have another one that we couldn’t stop forced on her; she died after ten helpless years in nursing homes. Of course we desire control over our life-and-death conditions toward the end!

Seeking some serenity about dying, in my mid-seventies I convened a group. We read extensively, ending with the best-selling Being Mortal—Medicine and What Matters in the End by a neurosurgeon who suddenly had questioned whether yet another surgery would be the choice of a patient with very little time left. His research transformed his thinking--and mine.

On “God’s will,” without brand new penicillin I would have died at age seven, and also at age nine, and probably a few decades ago without meds for high cholesterol. So many people in Hawai’i nei—and millions of others elsewhere—would be dead today without modern medicine. If we welcome medicine to stop suffering throughout our lives, why stop at the end?

Death doesn't frighten us, I think, nearly as much as how miserably we might do our dying. Some people with terminal illness are so weary from medical procedures trying to fend off near-death. Others abhor their dependency on people and machines. If we want a peaceful death, and a choice in when and how to depart our bodies, the State should ensure excellent safeguards and approve this bill.

This most personal, final life process is a difficult topic, and I commend you all for taking it up with reason and care. Now that you've seen several polls and read the Democratic Party of Hawai'i resolution "On Death with Dignity," and see that it forces no patient to do anything whatsoever, we the great majority will cheer as you move HB2739 forward. Mahalo for your good attention.

HB-2739

Submitted on: 2/26/2018 9:28:04 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Hashimoto	Individual	Oppose	Yes

Comments:

My name is Kathleen Hashimoto and I strongly oppose HB2739.

As a former Hospice Hawaii patient in 2009, I deeply understand terminal cancer diagnoses, multiple transplants, dialysis, extended hospital stays, multiple ports, breathing assistance, invasive procedures, chemotherapy, and the like.

Incredibly, I was miraculously healed and kicked out of hospice 5 months later, confounding my doctors. I fear to imagine what choice others in this situation might make if lethal drugs are available.

My doctors were not wrong as no one with the type of cancer I had, has ever lived beyond 8 months. However, doctors do not have a crystal ball and do not know precisely how long a patient will live.

How can we let our life and death decisions rest on these prognoses, when even the most experienced doctors are often wrong?

Also, legalizing assisted suicide fundamentally changes the doctor-patient relationship which goes from one of health/life provider and support to a death agent.

It is very dangerous to the poor, vulnerable, uneducated and depressed. Faced with the prospect of medical bills, the poor can be pressured into suicide, adult children and relatives of the ill can seek to hasten death for material benefit.

I also am a Marine Corps wife and am aware suicide in the military is a crisis. It is hard to explain to depressed or those suffering with PTSD that some should not commit suicide while others should be supported, assisted, cheered. Do you not see the dissonance in this message?

Killing oneself is selfish. It is not about an individual. It affects multiple people on multiple levels. We have better alternatives and should work to help individuals access them.

We somehow know this for military members and youth and grieve their suicides as tragic and preventable. This law will impact all of Hawaii toward more of a culture of death. Death by suicide is inherently undignified.

Suicide laws send the message that certain people's lives are not worth living and as a result suicide rates go up among the general populace in states that have enacted aid in dying laws.

As an example, Oregon, which legalized assisted suicide in 1997, has a suicide rate 35% higher than the national average.

This bill will begin a slippery slope in Hawaii when it agrees that killing is an acceptable answer to human suffering. Once euthanasia is unleashed, it never stops expanding.

It is fundamentally wrong to take another person's life, or your own, calmly and freely with full awareness and determination. Human life must be respected, cherished and celebrated until natural death.

I pray you will realize the deathly damage this bill will do and oppose HB2739.

Respectfully,

Mrs. Kathleen Hashimoto



Ola Souza

P. O. Box 240531 • Honolulu, HI 96824 • (808) 258-6040 • olasouza@hawaii.rr.com

**House Committee on Health & Human Services; Representative John M. Mizuno, Chair
House Committee on Judiciary; Representative Scott Y. Nishimoto, Chair**

**Tuesday, February 27, 2018; 10:30AM
Capitol Auditorium**

Testimony in STRONG OPPOSITION to H. B. 2739

Aloha, Chairs and Committee Members.

My name is Ola Souza, and I am a mother of a handsome and exuberant 12-year-old boy with autism. I want to tell you a story ...

On September 30, 2012, my son got ahold of a bottle of my mother's prescription medication. Limited in his ability to communicate and with a desire to please, his stock answer to questions he does not understand is "yes," so when I asked him if he had put anything in his mouth that was the answer I got. The cap was ajar, he had peeled off most of the label making it impossible to know just what the bottle contained, and though there were still pills in it, my mother could not definitively say how many were supposed to be in there. EMTs rushed my son to the ER as a precaution where, after several hours of observation, doctors deduced that he had not ingested any of my mom's medication.

To be sure, I let my mom have it. We had many an argument about putting her medication away prior to this incident. My suspicion was that I had interceded before he was able to get the cap all the way off because I know him well enough to definitively say that if he had, there wouldn't be any pills left. He'd have "eaten" them all because he has a compulsion to "finish" things. Entire bottles of water, puzzles, songs, exercises, school assignments, meals - he doesn't stop until it's empty or complete.

I've heard it said that the number of pills required to end the life of someone who requests this prescription is considerable, as if that somehow is a safeguard for others. I assure you, that would not be the case with my son. Yes, unfortunately children die every year from ingesting prescription medication. The difference being, that medication is intended to help the prescribed individual treat or heal a condition and LIVE a healthier life. This prescription has but one purpose ... to kill the person who takes it.

My gravest personal concern is that this bill provides no accountability of this prescription once it's been dispensed. It need not be taken right away, it need not be returned if not consumed, you don't have to tell anyone you have it in your home, it could be lost, stolen, resold or left behind should the individual die a natural death. Given the story I've shared in this testimony, I firmly believe that in enacting this measure it is just a matter of time before someone who is NOT trying to end their life ... does.

I'm sorry. It pains me to think of the hopelessness that drives an individual to want to commit suicide, but if that is their choice, it ought not come at the expense of taking another's instead. And should that happen, this bill provides no legal recourse for such a tragedy.

I'm also a Christian and won't waste time stating my faith-based objections to this measure, which have undoubtedly been made by many others providing testimony in opposition. I will, however, close by saying, "I'll be 50 years old in less than three weeks, and I struggle to understand just when and how in my lifetime we moved from a society that once did everything possible to STOP someone who wanted to commit suicide and instead ask, 'Need a push?'"

Thank you for this opportunity to testify. I strongly urge you to **hold H.B. 2739**.

HB-2739

Submitted on: 2/26/2018 12:41:36 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois J Young	Individual	Oppose	Yes

Comments:

Aloha Chairman and Committee Members,

Thank you for your dedication to our state motto: the life of land is perpetuated in righteousness.

I write in STRONG OPPOSITION to HB 2739.

Hawaii has one of the highest rates of suicides in the nation and I'm thankful you are taking steps to resolve this statistic by introducing bills to fund suicide prevention projects.

Unfortunately, HB2739 contradicts your suicide prevention message of VALUEING LIFE and sends a message that should a crisis arise it's ok to commit suicide, therefore DEVALUEING LIFE. A crisis has many definitions depending on the person, ie terminal illness, a bad teenage breakup, a nasty divorce, loss of a job, loss of a loved one etc.

The contradictions are blatantly clear, and if you are intent on preventing suicide and reducing our high rate of suicide in the state, then let's not send the message that it's ok to commit suicide if a medical crisis arises. You're giving "wobble room" for a reason for suicide where there should be NONE.

My other issues with assisted suicide are as follows:

Terminal prognoses are often wrong.

Assisted suicide is not popular and has failed many attempts to legalize in several states.

Opens the door to abuse of the elderly, or infirmed. The prescription is either self induced or administered by a family member/friend without a witness of time of death.

May jeopardize a medical professional's practice should they choose not to assist or prescribe the suicide drug based on their values.

The one most prominent reason is that this bill CHEAPENS LIFE.

I urge you for the sake of our preserving our culture that we embrace LIFE and ALOHA by not passing HB2739.

Sincerely,

Lois Young

HB-2739

Submitted on: 2/26/2018 12:24:00 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kerrie Villers	Individual	Oppose	Yes

Comments:

I strongly oppose medical aid in dying because I don't believe the safeguards provided in this bill adequately protect the most vulnerable from coercion. There are numerous conceivable situations wherein someone who may want to harm a terminally ill patient would be able to do so using this law, and the failure of any of these safeguards means the loss of innocent lives.

Additionally, the message sent to our youth, should this measure pass, is that ending one's life is acceptable under the right circumstances. We should be striving for the best we can do for all in our community, which includes our youth and the ways in which this measure will influence the decisions they make during their own trying and difficult times.

DATE: February 25, 2018

TO: COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John Mizuno, Chair Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair Rep. Joy A. San Buenaventura, Vice Chair

Testimony in **Strong Opposition to HB2739 (Related to Health)**

Submitted by: Lisa Shorba, Resident of Honolulu, HI, since birth.

Date of Hearing: Tuesday, February 27, 2018
10:30 AM -- State Capitol Auditorium

Aloha Representatives /Committee Members,

I stand in firm opposition to HB2739 which degrades and devalues the life of a human person. In no way is legalized killing “pono” or a moral right for anyone to choose. Death by choice is very different from a “natural” death, it is traumatic for the family members/those who survive, and leads to countless negative consequences in a variety of settings (community, family, etc.)

This proposed legislation is dangerous to our community and there are no safeguards that will guarantee the safety of anyone who may have access to the lethal drugs. It is also not wise to legislate death...it opens the door to more suicides across the board. It sends the wrong message to our youth or anyone who may be depressed or dealing with serious mental health issues that suicide is okay... for, if it is legal for some people, they may ask, “why not for me too?”

I recently read an on-line article by a physician, entitled: Letter from Aaron Kheriaty, M.D. to American Medical Association in Opposition to Physician-Assisted Suicide (Charlotte Lozier Institute, February 16, 2017), which stated that, *“For almost a quarter of a century, the American Medical Association (AMA) has opposed physician-assisted suicide, stating that it is “fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.” In strong language, the AMA has concluded that “permitting physicians to engage in assisted suicide would ultimately cause more harm than good” and that physicians “should not abandon a patient once it is determined that cure is impossible.”*

According to Dr. Kheriaty (physician, medical ethicist, and clinical psychiatrist with expertise in the problem of suicide), “The social consequences of suicide are significant and should not be ignored. *Studies have repeatedly demonstrated a “social contagion” aspect to this behavior, which leads to copycat suicides*—this is known by scientists as the “Werther Effect” in social science. The work of Nicholas Christakis and others have also demonstrated how suicide, like other health related behaviors, tends to spread person-to-person through social networks; the statistically significant influence extends up to three degrees of separation (Christakis, NA;

Fowler, JH: *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*. Little, Brown and Company, 2009). Indeed, it is noteworthy that the overall suicide rates in Oregon rose dramatically in the years following the legalization of physician assisted suicide in that state in 1997: after Oregon's suicide rates had declined in the 1990s, they rose alarmingly between 2000 and 2010, surpassing the rate of increase nationally. Preliminary data from Washington shows a similar trend.”

It is also important to mention from this letter: “Well-replicated research demonstrates that 80 – 90% of suicides are associated with clinical depression or other treatable mental disorders, *including* for individuals at the end-of-life and individuals with a terminal condition (cf. Admiral P., cited in: Lo B. Euthanasia: the continuing debate. *West J Med*. 1988;49:211-212). Yet alarmingly, according to the Oregon Health Department's annual report, only 5% of the individuals who have died by assisted suicide under Oregon's law were referred for psychiatric evaluation – and this number is decreasing every year. Considering what we know about suicide risk factors, this constitutes medical negligence.”

Another key point from this document is that, “Laws that permit physicians to assist some patients in taking their own lives will undermine the medical and psychiatric community's necessary efforts aimed at suicide prevention. “ You may read this letter in its entirety at: <https://lozierinstitute.org/letter-from-aaron-kheriaty-m-d-to-american-medical-association-in-opposition-to-physician-assisted-suicide/>

Please protect Hawaii's people and our families by **not passing HB2739** and by enacting laws that work to prevent suicides in Hawaii, while providing improved quality care and comfort for the terminally-ill.

Mahalo for the opportunity to testify on this serious and important matter.

Lisa Shorba

HB-2739

Submitted on: 2/26/2018 7:45:32 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bryn Villers	Individual	Oppose	Yes

Comments:

Dear Committee Chairs Rhodes and Nishimoto and Committee Members,

Thank you for taking time to read my testimony.

I am writing in strong opposition of HB2739. A detailed list of the bill's inadequacies at handling this issue has been written out by others. A few of which are:

- Lack of oversight
- Lack of transparency
- Lack of protection for kupuna and disabled

The bill is also, largely, unnecessary—palliative care for end of life patients is already in existence.

The problem is broader. This bill and those like it are the first forays into the normalization of suicide in our society.

Once doctors are no longer tasked with keep people alive or limiting pain, but are now instructed to proactively provide death, their purpose is altered forever. Many good doctors of conscience will quit. And we need doctors.

Once predicted pain, incapacity, or disablement become the benchmarks for properly killing oneself, the inevitable next steps are mental anguish, depression, disease, physical disability, and eventually "choice".

Please, if you have not already done so, consider the long game. This bill will result in unnecessary death. This legislation is unnecessary, changes a doctor's fundamental purpose, and begins the normalization of suicide in society—all of which are reasons that it should not become law.

Aloha 'oe,

Mr. Villers

Committee on Health & Human Services

Rep. John M. Mizuna, Chair

Rep. Bertrand Kobayashi, Vice-Chair

Committee on Judiciary

Rep. Scott Y. Nishimoto, Chair

Rep Joy A. San Buenaventura, Vice-Chair

Dear Committee Chairs and Members,

I am a licensed physician in Honolulu, certified by the American Board of Internal Medicine, practicing Hospital Medicine, and am often responsible for patients suffering from a wide variety of illnesses, including terminal and debilitating disease. Based on my professional training and experience, I am strongly OPPOSED to the passage of HB2739 and physician assisted suicide under any description, for the following reasons:

1. Physicians are trained and have the experience to make complex clinical decisions. There is no need nor propriety for legislated edicts on medical judgement. Lawmakers have not received medical training, nor have they the clinical perspectives to prescribe a deadly panacea that amounts to an irreversible, final solution.
2. There seems to be an unfounded narrative that suggests a dire need for legal suicide to help suffering patients. The underlying supposition magnifies the need, while my own experience and observations of hospital practice are that it is the rare patient that might be the focus of this bill. Physicians, by and large, are already and very appropriately managing the comfort and palliation of suffering patients. In medicine, we are mindful to assess every intervention based on the expected benefits versus harm. The same responsibility should be with legislators with respect to their laws. I am at a loss to understand what benefit this bill would have for the vast majority of patients, while at the same time introducing potential harm in the form of the killing off of the most vulnerable, undefended, and/or undesirable segments of the population. Under the sterile sheets of legal language, this bill makes possible those unintended final solutions. Government can protect them by not introducing hazardous legislation.
3. Compassionate and palliative care is a challenging role for the medical profession. It is burdensome in utilization of time, energy and financial resources. While palliative caregivers should be supported in their work, this bill instead introduces burdensome obstacles that get in the way of the work that is already being done. This bill will also create an even more onerous physician work environment in a state where physician shortage is a crisis. Highly trained new physicians with burdensome six figure student loans are already have disincentives to practicing here due to the high cost of living and housing. When the scales are already tipped against increasing physician supply, undesirable legislative mandates add further weight to the downward slide.
4. There is already a public health epidemic of death by prescription opiates; that is already a form of suicide that is assisted by physicians, although unintentional. Doctors prescribe these medications in good faith, yet prescriptions get abused or overused with deadly effect. In the midst of this epidemic we have proposed legislation to make deadly drugs even more available, with lethal collateral damage likely to occur. It is the abuse of legally available drugs that is fueling the current epidemic, so it seems unwise to add fuel to an already raging fire. Government can be part of the solution for this much larger problem by not adding unneeded legislation, whose only benefit might be to the rare patient.
5. Existing safeguards for patient autonomy and comfort already exist in the form of Advanced Health Care Directives and POLST declarations. I have found that these, along with sensitive discussions with patients and families, already resolve the vast majority issues that are purported to be the basis for the assisted suicide bill. What these declarations don't (and shouldn't) address is the unreasoned "choice" that a depressed patient might have to end their life. In that instance, it is not the government's role to aid or abet the choice of one who is mentally ill.

Respectfully submitted,



Steven Orimoto, MD

HB-2739

Submitted on: 2/26/2018 6:02:15 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Lynch	Individual	Support	Yes

Comments:

see attached testimony

February 25, 2018

To: House Health & Human Services Committee and House Judiciary Committee

From: Cheryl Toyofuku, Pearl City, HI, hjhcnt@gmail.com

Re: Opposition to HB 2739 relating to Health

Hearing: Tuesday, February 27, 2018 at 10:30 a.m., Hawaii State Capitol

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 HB 2739, 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 it 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 & other health professional associations adamantly oppose it.

Snapshot polls may show Hawaii voters are in favor of assisted suicide, but there has been no indication of how Hawaii's physician community feel about the issue. Physicians, in general, have been excluded from the public dialogue or have shunned participation because they may have no intention of participating in its implementation. We can learn from California, which despite having its physician-assisted law in effect for more than a year, continues to struggle with identifying providers who are willing to prescribe dosages of lethal drugs medications or validate the need for physician-assisted suicide. This undermines safeguards by forcing California patients to find a doctor who is willing to be their attending provider who may not fully understand their health history, prognosis and most importantly, ensure they are acting voluntarily and not being coerced into the decision. My request to the committee is simply to ponder this question: Why are we modeling HB 2739 on a law that is not effective, unnecessary, and without support from Hawaii's physicians?

Please do NOT pass HB 2739 out of your Committee. Hawaii deserves better than the mixed messages that suicide is okay.

Thank you.

HB-2739

Submitted on: 2/26/2018 9:26:15 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Ameen Jr.	Individual	Oppose	Yes

Comments:

Hear Honorable Chair and Representatives:

This bill HB2739 is not about death with dignity. The very phrase suggests that people who do not choose suicide lack dignity. So if I choose to die in hospice from so called terminal illness (which is what people have done for years, and the natural way to die) that this is any less dignified, is this kind of death any less brave?

On the contrary, it is not death with dignity, it is a premature giving up on the precious, sacredness of life. It is not a brave choice, but deceives those in pain and suffering with a lie.

What if someone who is diagnosed with a 'terminal illness' incorrectly. I understand that your bill requires 2 separate doctors opinions. But both could be and often are wrong. Can you or anyone really know when it is your time to die or move on? Can you? No, only the Creator, or God or Nature knows this, not us! This bill is not about death with dignity, it is about wrongful death!

This false idea of death with dignity is a lie that preys on the minds of those already devastated, weak, and discouraged about their condition. Again, often taking precious people away from their loved ones prematurely.

You want to know what true "death with dignity" means? It is what medical professionals have always endeavored to do:

1) provide the best care for healing in the face of impossible odds. And many times this occurs. How shameful it would have been for someone to commit suicide when in reality they could have been healed.

2) provide the best comfort and pain management until a persons very last breath. This is death with dignity.

No second guessing in that. Suicide is not something you play with nor second guess. Sadly, and obviously, there is no second guessing.

If Suicide were wrong, and it is, then why are there also potential bills HB2169, HB2262, and HB2278, on preventing suicides and lowering suicide rate?

Here is a paragraph from multiple currently proposed bills on suicide prevention, see HB2262 page 2 line 7-12.

"Suicide attempts, like suicide deaths, have harmful, lasting, and profound impacts on families and communities. For every person that dies by suicide, more than thirty others attempt suicide. Therefore, it is important to monitor hospitals and emergency departments to identify individuals in need of immediate intervention."

Is there anyone that can explain why suicide is wrong in these bills and not wrong in HB2739 on 'assisted suicide?'

I believe that what is stated in this paragraph is 1000% true. For every suicide, there are 30 others who attempt it.

Therefore, when you open up physician assisted suicide you will usher in a flood of suicide death that would never have occurred. Again, prematurely ending people's lives and taking them away from their families. In some cases where wrong diagnoses have been given, this is even more tragic and purely senseless and wrong.

This bill is not a bill on death with dignity, it is a bill on wrongful death. Let it be known regardless if every other state wrongly legalizes assisted suicide that Hawaii will embrace life, and hope, not death.

Honorable chair and representatives, please withdraw this bill completely.

David Ameen Jr.

Mililani, Hawaii

I strongly opposed HB2739 and ask that you vote against it for the following reasons:

1. This bill 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?
2. It 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.
3. It is 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.
4. 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.

Sincerely,

Tracey Clay-Whitehurst

HB-2739

Submitted on: 2/25/2018 9:16:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
marie wong	Individual	Oppose	Yes

Comments:

STRONGLY DISAGREE!!!!

will give verbal testimony.

thank you

HB-2739

Submitted on: 2/25/2018 8:53:22 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark Williams	Individual	Oppose	Yes

Comments:

I strongly opposed HB2739 and ask that you vote against it for the following reasons:

1. This bill 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?
2. It 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.
3. It is 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.
4. 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.

Sincerely,

Tracey Clay-Whitehurst

HB-2739

Submitted on: 2/25/2018 8:51:22 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Williams	Individual	Oppose	Yes

Comments:

HB-2739

Submitted on: 2/25/2018 7:55:28 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Norma	Individual	Oppose	Yes

Comments:

I am in opposition to SB2739 and greatly disappointed in Representatives John Mizuno and Scott Nishimoto for requesting this hearing. We need to support a culture of LIFE not death. Please do not sanction suicide, donot allow this bill to pass.

Sincerely

Norma Jacques

To the House Committee on Health & House Judiciary Committee
Capital Auditorium
February 27, 2018, 10:30 AM

HB2739-Related to Health; **Medical Aid in Dying**

Honorable Committee Chairs, Vice Chairs, and Members:

VERY STRONG SUPPORT

Speaking as a doctor of Clinical Psychology

I worked for Hawaii Department of Health as a child clinical psychologist for many years. My doctorate in clinical psychology is from UH-Manoa. I received additional specialty training from UCLA. Based on this professional training and experience, I believe that the services offered by HB2739 will be extremely supportive of our state's **emotional well-being**. **HB2739** will allow a genuine step forward in public mental health.

Speaking as a deeply religious person

Although being a psychologist has been a huge part of my life, it is religious, spiritual, practice that is my core. I believe it's "why I am here," so to speak. **Kindness** is the expression of my spirituality. I believe HB2739 is extremely kind. I want to acknowledge, and honor, religious diversity in defining "kindness." At the same time, I feel called to say that attempting to restrict others' end-of-life options, based on one's own end-of-life beliefs, to me, seems unintentionally unkind. I am testifying here to help add more kindness to our entire diverse community. Survey research has shown that most people living in diverse Hawaii believe in end of life options.

Speaking as a survivor (so far) of brain cancer

I fell down out on Hilo's beautiful Coconut Island during a sunny exercise walk with my girlfriend. For half an hour I had a full-body seizure. I was diagnosed with brain cancer and given 8 months to 2 1/2 years to live. For over a year I mistakenly believed that in our state I could have medical aid in dying. This created a powerful **safety net** for me. This safety net helped me experience 3 things: Courage, relief, and love of my remaining life. More specifically, HB2739 care added:

1. courage to face a very difficult treatment process that could create extreme handicaps, including brain damage,
2. relief of worry about final months of extreme pain, and
3. the ability to better treasure my remaining time.

The incorrect belief that I had services offered by HB2739 put a safety net under me. It gave me back my remaining time.

Reaching out to you with my own hand, I ask of you personally, *please help me. Please make that safety net real*. Please help all of us facing fatal illnesses be able to live with more courage, relief, and joy.

In deep gratitude for your review of this material,
Vicki Stoddard, Ph.D., Private citizen
P.O. Box 10236, Hilo, Hawaii 96721
808-961-3608

HB-2739

Submitted on: 2/25/2018 5:52:07 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cathy Goeggel	Individual	Support	Yes

Comments:

My body is mine- as a woman especially, I find the government has historically interfered with my right to decide if I can choose to control my reproduction. My body is mine and I want the ability to decide when and how to end my life if I am suffering from a debilitating and terminal illness. Please consider my plea with compassion, as Hawai'i has with so many social issues.

Mahalo,

Cathy Goeggel

TESTIMONY to: House Committees on Health and Human Services
and Judiciary

Regarding: HB 2739 Relating to Health

Tuesday, February 27, 2018

10:30 AM -- State Capitol Auditorium

Submitted In **STRONG OPPOSITION** by

Mary Smart, Mililani, HI

Chairs Mizuno & Nishimoto, Vice Chairs Kobayashi & San Buenaventura and
Committee Members:

1. As an individual, VP Pearson Foundation of Hawaii, Inc. pregnancy counseling non-profit, and an officer of The Hawaii Federation of Republican Women, a conservative auxilliary of the Republican Party, we most strongly oppose HB 2739 and request you Vote NO at this committee hearing.
2. Contrary to Section 18 (page 21) of the proposed Statute, the procedures of this bill meet the definition of mercy killing and active euthanasia. Denying it doesn't make it true. If you truly object to mercy killing and euthanasia – do not pass this bill. This bill essentially creates “a license to kill”.
3. HB2739 is unnecessary, introduces new dangers into the community, and targets the vulnerable to include the sick, elderly, depressed, panic-stricken, and individuals with disabilities. Not only does it open the door to abuse, which is already a problem in Hawaii, it creates new felony and misdemeanor crimes listed in Sub-Section 20. Those crimes are delineated because you are well aware that these abuses are likely to occur. It is very difficult to determine if the “patient” is being coerced, by family, heirs, or even medical insurance providers (private and government operated). There are documented cases where patients were denied life-extending medicines and offered the life-ending perscription as their only option. That IS coercion.
4. The bill acknowledges that other acceptable options exist for those with terminal illnesses. Not only does page 1 of the bill list those options, (i.e. palliative care, VSED (voluntarily stopping eating and drinking), and stopping artificial ventilation or other life sustaining therapy to advance the dying Process”, but on page 35, Section 4, it references Section 327H-2, noting licensed physicians already have the option to “prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in the causing, death for any reason...”

5. This bill achieves objective of the Compassion and Choices (formerly the Hemlock Society/Final Exit and other ideologies that want to rid the world of “useless eaters”. This group works at the opposite of the age spectrum of Margaret Sanger’s desire to rid the world of “human weeds”, through abortion and Planned Parenthood. One organization works on killing the already born and the other on terminating the life of the pre-born. It may seem practical to some, but to others only a barbaric and inhumane culture would approve of a bill of this nature.

6. Hawaii residents suffer from diabetes and kidney disease at a rate higher than other states. This bill targets them as well as people with other ailments including dementia, and Parkinson’s disease. My father had Parkinson’s disease. He lived many productive years with the disease before moving to Hawaii to live in my home for twelve years. His presence was a blessing. Many people think they couldn’t care for someone with a debilitating disease, but it is a wonderful time to bond with one another. If assisted suicide becomes a legal “final solution” in Hawaii, in all likelihood, fewer people will have a similar uplifting experience. Most of us who have taken on this responsibility report it to have been a positive endeavor.

7. There are several objectionable criteria in the bill besides the false premise that it could be legal to directly cause of death of another human being. Changes to consider include:

a. Minimum age must be raised to at least 26 years old. Youth are dependents of their parents until that age for health insurances purposes. Therefore 26 years old should be a minimum age for making a life and death decision. Smoking and drinking alcohol are already set at 21 and those don’t cause death immediately.

b. The waiting period should be at least 3 months, not 15 days. Many people need time to reflect on their options when they get a horrifying prognosis. Also, many people choose suicide when they are depressed. Soon after a terminal diagnosis is not the time to make life and death decisions. Doctors make errors. Every patient should be evaluated by a mental health professional before making a final decision.

c. Only doctors who sign-up to participate in this life-ending procedure should be allowed to write these deadly prescriptions. Those doctors/medical practitioners should attend specific training and receive a specific license that allows them to participate in this program. People who want assistance in taking their life should only solicit this life-ending service from specifically licensed doctors. Doctors and medical staff should not have to participate nor refer patients to those willing to participate in this program. Most doctors still affirm that their skills and knowledge should be used to heal, not kill.

d. Finding loved ones dead body after they deliberately take their life can be tramatizing. If no one is informed that the procedure will occur, the body may be in an advanced state of decomposition when it is discovered. Although the bill recommends that the pills be taken in a non-public location, there is not guarantee that will happen. Innocent by-standers may have to watch the public suicide. Until the patient takes the

pills, there are dangerous narcotics being stored in a home, car, or office, etc. There are no strong controls to prevent these dangerous substances getting into the hands of children or inquisitive teens. It would be better to have the substances held for the individual at a safe designated location (similar to a funeral home – but for taking these life-ending pills in a comfortable but private setting) that allows family members to gather, if desired, and the pills be dispensed that the controlled location. That would keep the dangerous drugs out of public hands and allow for controlled disposal if/when the pills are no longer needed. Having these pills out in the community is a public safety issue and the bill offers no safe-guards. This would also guarantee the pills are only used for the patient who requested them.

e. The fact that insurance policies are not affected by the act of suicide is an added cause of concern about coercion. When there are high amounts of money involved, it is very possible. We have an elder abuse problem due to this problem of people eager to get their hands on the “estate”. The requirement that one witness not be an heir doesn’t offer much protection. From the draft bill, anyone off the street can be a witness to the request for the life-ending pills and therefore would have no idea of the pressure that is causing the patient to request this procedure. That witness could be a friend of an heir as well. Adequate safeguards are not contained in the bill.

. Section 19 (2) of the proposed statute needs to be deleted. A healthcare facility, organization, or association must be able to decide whether or not they want to employ a doctor who participates in these procedures. Many individuals and organizations find this procedure to constitute legalized murder and do not want to employ anyone who thinks it is ethical to intentionally end a human life. You should not use the force of government to mandate a health provider to keep on staff someone who dispenses death. Death care is not health care.

8. Overall, this bill is an insult to the morals and culture of Hawaii residents who love life and consider one another members of our ohana. We enjoy our multi-generational homes and hanai family members. This bill serves the purposes of a very few residents and introduces services that many of us consider an abomination. We know of abuses that have occurred in Belgium and the Netherlands and the fact that “evidence” of murder is quickly destroyed in the cases of “assisted suicide”. Your constituents do not want this bill to pass.

9. **Vote NO on HB 2739.** Do not pass this bill.



Hawai'i Registered Nurse and APRN Opposition to HB 2739

Contact: Cindy Ajimine, RN at cajipang808@hawaii.rr.com

Received by: _____ (Initials)

To: _____ - Please kindly read and forward

Submitted by:

1. Cindy Ajimine, RN – Primary contact
2. Jennifer Lee, APRN
3. Kathy Doi, RN, APRN
4. Lenora Low, RN, APRN
5. Jennifer Fukumitsu, RN
6. Stephanie Ono, RN
7. Julia Gregory, RN
8. Kimberly Gomez, RN
9. Beatrice Kaohi-Prothero, RN
10. Shannon Ichishita, RN
11. Dion Elflein, RN
12. Rebecca Hotta, RN
13. Marianne Miranda, RN
14. Laurene Chun, RN
15. Geila Fukumitsu, RN
16. Sydonie Jandoc, RN
17. Cristy Benosa, RN
18. Amy Bento, RN
19. Carm Akim, RN
20. Shelly Ige, RN
21. Wes Ige, RN
22. Estrella Wolfe, RN
23. Josephine Araki, RN
24. Gloria Lyn Chan, RN
25. Gayle Okazaki, RN
26. Lillian DeCosta, RN
27. Linda Peters, RN
28. Sandy Shimabukuro, RN
29. Cheryl Toyofuku, RN
30. Jackie Mishler, RN
31. Sydonie Jandoc, RN
32. Cristy Benosa, RN
33. Eugenia Parlet, RN
34. Joy Kaneshiro, RN
35. Iris Tom, RN
36. Lois Chang, RN

REGISTERED NURSES IN OPPOSITION TO HB 2739

Dear: Honorable Members of the House Health and Judiciary Committees

Re: HB 27399 – Physician Assisted Suicide/Death with Dignity

Aloha,

We are registered nurses in the state of Hawai'i and practice on multiple islands across various levels of care. While we understand the intention of the bill, we are respectfully submitting testimony in **OPPOSITION** based on the following:

- Nursing's values of **compassion, care, communication, courage, competence, and commitment** support our goal of putting the patient and family at the center of all we do. Providing compassionate care during and at the end-of-life is a given. This bill goes against the nature of nursing.
- Proper medical care **already includes standards/requirements to provide patient-centered, end-of-life information and care** that includes the provision of medications to alleviate pain and suffering. This bill calls out that "...physicians don't always offer these options..." but doesn't address this problem. **Can we improve upon the need to provide information and patient-centered palliative care vs. adding new requirements to an already burdened health care system?**
- Multiple physical and psychological health conditions can cause despair. Each stage of grief and death holds unique characteristics, challenges, and beauty. These are **often temporary** with time/therapy/intervention but can lead to the request of these medications. Many of us **have helped patients and families to cope with disease and dying and to forge bonds of peace, love, and create plans for positive life memories that would not have been possible with an early death. This bill does not adequately provide for individual variations related to the time needed to help people through these stages.**
- **The bill does not address litigation protection across all health care disciplines** (e.g. EMTs, Nurses, Care Home Operators) and in all levels of care. A health care facility could not prevent deaths from prescribed suicide on its premises. Furthermore, a facility willing to permit assisted-suicide deaths could require some nurses, pharmacists and certain other individuals to facilitate such deaths.
- The need to have a **current Advanced Health Care Directive and POLST** should be mandatory (not recommended) for patients who choose to end their lives.
- **National best practices** for clinician education and implementation have not yet been established. Research and long term experience are minimal at best. If HB 2739 becomes a law, Advance practice nurses who are non-physicians could diagnose a patient and prescribe drugs to cause that patient's death. We simply do not have enough training and knowledge in this area. **Practical implementation guides and timelines are not included.**
- **Safeguards** are not outlined and the same issues we have with opioid **abuse** that has high **financial and life costs** could easily happen. E.g. inadvertent child use or elder abuse by understandably stressed caregivers. **Sec. 15- Who will be responsible to enforce the requirement to return unused medications when we can't even do it with opioids?**

- **Unconscious bias** already causes multiple health disparities. This bill could easily lead to the **abuse and premature death** of the poor, indigent, disabled, sick, and elderly. Doctors may influence/make recommendations that are not in the best interest of the patients, especially in cases where patients cannot decide for themselves. It is possible that insurance companies and government policies may not provide treatment coverage or back experimental or risky treatments, which otherwise may save the lives of patients. **How will we prevent/address this including the long term impact? Are federal, national, and accreditation reporting requirements aligned with this bill? Are there reimbursement implications for patients who decide to self-terminate while in medical institutions?**
- Medicine is a practice/science and far from perfect. Humans **cannot accurately predict** terminal conditions and timelines in 100% of patients. The “**miracle**” **recovery, longer than predicted life expectancy, and increased purpose and productivity** is fairly common – e.g. John Radcliffe, Charlie Wedemeyer.
- Please be aware that once these medications are taken, it is irreversible short of gastric lavage. As with other forms of (attempted) suicide, **there is no turning back**.

While this proposed bill is much better than previous, we open a Pandora’s Box if we cannot address all of these issues that will likely require amendments, create lawsuits, and worst of all, the **knowledge that the premature deaths of our loved ones may be on our hands**.

Caring for and protecting the people of Hawai’i and future generations is an honor, privilege, and burden at times. Thank you for all you do and for your thoughtful consideration and courageous vote. **We plead with you to please vote NO.**

*We should all remember the words of former Surgeon General C. Everett Koop, who warned that **the practice of medicine “cannot be both our healer and our killer”** (from KOOP, *The Memoirs of America’s Family Doctor* by C. Everett Koop, M.D., Random House, 1991).*

Addendum #1: The 5 Stages of Grief & Loss

Addendum #2: 2018_Hawai_-HB_2739_Analysis with Highlights

Addendum #1

The 5 Stages of Grief & Loss

By: Julie Axelrod (excerpts: <https://psychcentral.com/lib/the-5-stages-of-loss-and-grief/>)

The 5 stages of grief and loss are:

1. Denial and isolation;
2. Anger;
3. Bargaining;
4. Depression;
5. Acceptance.



People who are grieving do not necessarily go through the stages in the same order or experience all of them. **The stages of grief and mourning are universal and experienced by people from all walks of life, across many cultures. Mourning occurs in response to an individual's own terminal illness,** the loss of a close relationship, or to the death of a valued being, human, or animal.

There are five stages of grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book *On Death and Dying*. In our bereavement, we spend **different lengths of time** working through each step and express each stage with different levels of intensity. The five stages of loss do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death. **Many of us are not afforded the luxury of time required to achieve this final stage of grief.**

The death of your loved one might inspire you to evaluate your own feelings of mortality. Throughout each stage, a common thread of hope emerges: **As long as there is life, there is hope. As long as there is hope, there is life.**

1. Denial & Isolation

The first reaction to learning about the terminal illness, loss, or death of a cherished loved one is to deny the reality of the situation. "This isn't happening, this can't be happening," people often think. It is a normal reaction to rationalize our overwhelming emotions.

Denial is a defense mechanism that buffers the immediate shock of the loss, numbing us to our emotions. We block out the words and hide from the facts. **We start to believe that life is meaningless, and nothing is of any value any longer. For most people experiencing grief, this stage is a temporary response that carries us through the first wave of pain.**

2. Anger

As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family.

The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. **That does not make them immune to the suffering of their patients or to those who grieve for them.**

Do not hesitate to ask your doctor to give you extra time or to explain just once more the details of your loved one's illness. Arrange a special appointment or ask that he telephone you at the end of his day. Ask for clear answers to your questions regarding medical diagnosis and treatment. Understand the options available to you. Take your time.

3. Bargaining

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control through a series of "If only" statements, such as: If only we got a second opinion from another doctor... This is an attempt to bargain. Secretly, we may make a deal with God or our higher power in an attempt to postpone the inevitable, and the accompanying pain.

4. Depression

Two types of depression are associated with mourning. The first one is a reaction to **practical implications** relating to the loss. Sadness and regret pre-dominate this type of depression. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us. **This phase may be eased by simple clarification and reassurance.**

The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell.

5. Acceptance

Reaching this stage of grieving is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression.

HB-2739

Submitted on: 2/25/2018 7:26:20 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anna Tognaci	Individual	Oppose	Yes

Comments:

It is a shame that our society is condoning suicide, but it is not surprising, especially when God is being removed from every facet of our society. This country was founded on Judeo-Christian teachings, and as Christians we are called to carry our cross. As a mother whose child is mentally challenged and prone to illness, passing this assisted suicide bill would mean that, if he should become critically ill, I would be expected and perhaps even forced to terminate his life. And even if he did not become ill, because our society may deem him a burden, then the law may compel me to end his life when he is in good health, where would the boundaries end? Currently, in Canada, since they have legalized Euthanasia, parents of sick children are requesting to end their children's life, because it imposes hardships and inconveniences on their modern day lifestyle. How barbaric! Without God we are not morally obligated to anything, not our laws and definitely not to each other, we can do whatever we want without fear of final judgment. We have become the neo-barbarians! Assisted Suicide, abortion, euthanasia have become a euphemism for murder. If there is any belief or faith in Jesus Christ in you, then you will not pass this bill.

HB-2739

Submitted on: 2/25/2018 5:38:19 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Becker	Individual	Support	Yes

Comments:

Aloha! I am here today in Support of HB2739. 80% of Hawaii citizens in a recent poll support the individuals right to choose Medical assistance in the dying process for terminally ill individuals. I am standing up for Compassion, Dignity and Choice in their dying process. This choice is a deeply personal choice for each individual. I appreciate and respect the personal, cultural, religious and or philosophical views of those who are opposed. The opinions of others should not supersede a patients right to choose to end ones suffering.

I am a 70 year old man who has nursed many friends and family members at their homes in their time of need. I have seen those who pass in great pain from a terminal illness. I believe HB2739 has followed the models of other similar bills voted into other states. These models have worked well preserving the Dignity and Right to Choose for terminally ill individuals. I ask you to please work with an open mind and facilitate the passage of this Bill. Mahalo

HB-2739

Submitted on: 2/26/2018 7:38:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara Polk	Individual	Support	Yes

Comments:

Aloha Chairs Mizuno and Nishimoto, vice Chairs Kobayashi and San Buenaventura and members of the House committees on Health and Human Services and on the Judiciary.

I **Strongly Support** HB2739 that would permit a doctor, on request of a dying patient and after careful review to prescribe a medication to end the patient's life, which the patient would take on his or her own.

None of us know how our lives will end. And none of us know whether we would make use of this procedure or not. In Oregon, over the past 20 years, few people have opted to use it; even many who are provided with the medication do not take it.

For some, this option is important to end a life of pain that cannot be controlled. However, I believe another primary importance of this bill is to allow dying people, who usually have little or no control over their lives, to have one, final choice that is under their control. The fact that they would have this choice restores some humanity to a person who may feel they have little or none left. The decision made--whether to request or take the medication or not--is important in its own right regardless of which way the person decides, and can be a psychological relief to a dying person.

I urge you to pass HB 2739.

Thank you,

Barbara Polk

HB-2739

Submitted on: 2/26/2018 2:28:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Marcia Linville	Individual	Support	Yes

Comments:

Chair and members of the Committee

I a Marcia Linville, testyfing in support of HB2739.

I realize this is a highly controversial matter, having testfied on it in former sessions and listened to the opposition. Tthe arguments opposed fall largely into two areas, religious and fear that it may be misused. This bill adequately addresses opportunities for misuse. the religious belief that only God has the right to decide when you should die is perfectly acceptable if you happen to believe it. I and a majority of the people of the state do not. I am 82 years old and in poor health. My right to determine how much pain an indignity I am willing to handle should not be held hostage to someone elses religious belief.

I ask your suport for HB2739.

Marcia Linville

808 536 4466

Katherine T. Kupukaa
Mililani, Hawaii

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura

DATE: Tuesday, February 27, 2018

TIME: 10:30 am.

PLACE: Capitol Auditorium

State Capitol

415 South Beretania Street

RE: OPPOSE HB 2739 RELATING TO HEALTH

I oppose HB 2739 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.

On a personal note my elderly disabled uncle of mine, because he is in pain both physical and emotional has told me on several occasions that he wants to commit suicide. When I visit with him I tell him that it is up to God when you die.

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.

HB-2739

Submitted on: 2/25/2018 5:31:19 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mike Palcic	Individual	Oppose	Yes

Comments:

I am certain that the government's interest in protecting and preserving life as well as preventing intentional killing far outweigh any person's interest in choosing to commit suicide, an act already illegal for good reason.

HB-2739

Submitted on: 2/25/2018 5:02:57 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dawn O'Brien	Individual	Oppose	Yes

Comments:

Aloha Elected Representatives of Hawaii's Citizens,

I strongly object the legalization of a procedure & process that is not completely medically proven to be completely safe for all parties involved--the patient, the family/ caretaker/ friends, and the medical professional attending. There is so much that is not guaranteed or safe-guarded in the current bill -- How can we be assured beyond a shadow of a doubt (as is legally necessary to prove guilt) that the patient is in full control of the entire process & procedure? The bill does not provide this safeguard or guarantee in a matter of life & death, quite literally; therefore, as my representative & a representative to the majority of the people in this state -- and not the outside lobbyists/ professional protestors or activists -- I strongly encourage & urge you to vote AGAINST such travesty in our state. Please stand up for our people, our kupuna, our future generations and stop this runaway train of illegal & immoral legislation that only serve to line the bank accounts of the already wealthy and ignore the welfare of the many. Mahalo!

HB-2739

Submitted on: 2/25/2018 4:54:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
tim miller	Individual	Oppose	Yes

Comments:

The question of whether an individual has the "fundamental right" to navigate the many questions of end-of-life decisions is largely unsettled. There is much ignorance in the general public as to how palliative care is currently administered very effectively. And many "six month" prognoses have often been found as underestimates. I would hope that our legislators are aware of "hospice graduates"? Frankly, not meaning to sound ungracious, but- this issue is best left to professionals who work in the field. Are there limits as to what the legislature believes is their kuleana? Hopefully. Many I've spoken to in our community are opposed to the bill but realize that the history of the legislature's decisions often is not reflective of a majority of opposed testimony. A basic question: does the Constitution need to be changed: "life, liberty, the pursuit of happiness, and the ability to legally choose to end their lives"?

As a Hawai'i tax-payer who has had a lifelong career in healthcare, I firmly oppose HB2739. To me, "Death with dignity" is not a dignified death. I contrast the deaths of Lauren Hill as opposed to Brittany Maynard... only one lived and died with dignity. Yet, oddly CNN chose Maynard as a "Person of the Year". I am thinking of Kimberly Kuo's late husband who received the same diagnosis and prognosis as Maynard. David lived ten years after, fathering two children, and died with dignity (https://www.youtube.com/watch?v=_OWsb6tyrAg).

JOHN P. DELLERA
Attorney at Law
619 Ahakea Street
Honolulu, HI 96816
Telephone 808 739 9078

TESTIMONY IN OPPOSITION TO H.B. 2739, RELATING TO HEALTH (DEATH)

Tuesday, February 27, 2018, 10:30 a.m., Capitol Auditorium

Date: Sunday, February 25, 2018

The Honorable John Mizuno, Chair
The Honorable Bertrand Kobayashi, Vice Chair
Committee on Health

The Honorable Scott Y. Nishimoto, Chair
The Honorable Joy A. San Buenaventura, Vice Chair
Committee on Judiciary

Dear Chairs, Vice Chairs, and Members of the Joint Committees:

I was Executive Director of the Hawaii Disability Rights Center from 2009-2011 and am Vice-President of the Autism Society of Hawaii. I have helped to care for a young man with autism for over 20 years. I am testifying IN OPPOSITION to this bill in my individual capacity.

I disagree with arguments based on self-autonomy to the extent that I believe, with the poet John Donne, that "no man is an island, entire of itself." The personal decisions we make inevitably affect others, and if the State Legislature sanctions suicide as an answer to pain and suffering, the ugliest unintended consequences will inevitably arise.

Proponents of this measure argue that competent adults should be free to make their own decisions about life, death, and health. The Legislature has a responsibility, however, to see that people who are vulnerable to the will of others are protected from abuse. This bill attempts to address the problem of abuse and undue influence by asking medical professionals to sanction killing their patients. That is at least ironic: if "do no harm" means anything, it means that doctors should treat and try to cure disease, not kill their grieving patients.

The bill imposes severe penalties that are categorized as Class A felonies in Section -20(a), (b), and (c). Inexplicably, however, Section -20(d) provides (contrary to subsections (a) and (c)) that forging a suicide request or rescinding one without the patient's consent is merely a misdemeanor! That might be incompetent drafting, but as presented, **THIS BILL MAKES MURDER A MISDEMEANOR!!** No prosecutor could convict a person of murder when the statute classifies the offense as a misdemeanor.

In view of the internal contradictions and poor draftsmanship, there may be other errors in this misguided bill. The Joint Committees should **DEFER** further action.

HB-2739

Submitted on: 2/25/2018 4:32:46 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charles F Miller	Individual	Support	Yes

Comments:

I have been an oncology physician treating cancer patients for over 40 Years, most of whom die of their disease— many with much suffering and pain. It was clear early in my career that patients reach a point where treatment does more harm than good - so early on I became an advocate for giving cancer patients a choice of how they would like their lives to end. Palliative care and hospice provide excellent EOL care and for many individuals that is sufficient. But sometimes they are not enough. If they were we would not find over 80% of Hawaii voters supporting legislation to approve Medical Aid In Dying. To critics who claim that every person's suffering at EOL can be completely managed by hospice and palliative care - then my response is they have not taken care of enough cancer patients. Critics also 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 doctor who has followed and cared for the patient sometimes for years. This really means giving the individual control over his own life and death and recognizing it should be a fundamental right of any human being who is undergoing an agonizing end of life experience to decide how he or she will die. It should be the individual's choice when to end their life because only the individual knows when their quality of life becomes so poor that life is no longer worth living. Another criticism of Aid In Dying is that a doctor is abandoning his patient if they provide the means for that patient to end their life. I respectfully disagree with this premise. My view is exactly the opposite. With AID, a physician doesn't abandon a patient; rather we are providing the ultimate support to our patients at the time of their greatest need. We are helping the patient to choose how, when, where and who will be present at time of death. AID is by definition an act of respecting and honoring the patient's choice - the patient's right to decide. I would also like to address what I consider a double standard – "terminal sedation" (TS) is the process of continuous administration of medication, usually morphine, to relieve severe, intractable symptoms that cannot be controlled while the person is conscious. This is an accepted method of controlling end of life suffering and is legal in all 50 states. Every oncologist I know has used it many times to ease their patients pain & suffering at the end of life. But this process is not patient choice; this is the doctor's choice of deciding where and when the patient's life ends. This is what I consider the double standard – Terminal Sedation is acceptable but Aid In Dying is not? My belief is that when I am providing terminal sedation to my patient I am providing medical aid in dying. Critics use the principle of

“double effect” to say that terminal sedation is different than AID because there is no intent to have the patient die with this procedure, thus it is not AID. I believe this is semantic hypocrisy. It attempts to distinguish between intended and unintended consequences when the ultimate outcome of both TS and AID is the patient’s death. What TS does is take away patient choice as to when, where and how they will end their life. For families experiencing AID with a loved one universally report less trauma and a sense of calm and relief, happy to know it was patient’s choice to end their life.

Over many years of caring for dying patients, I have come to strongly believe that all persons should have the right to decide how and when to end their lives when their suffering becomes unbearable. AID should be a choice available to all the people of Hawaii and now is the time!

HB-2739

Submitted on: 2/25/2018 11:03:00 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dave Cobb	Individual	Support	Yes

Comments:

I have been an RN for 35 years, and I have seen many people needlessly suffer excruciating pain on their way to dying, so I know what I'm talking about. If a patient is terminally ill and in excruciating pain and multiple Doctors are willing to avow that there is no hope for recovery, that patient should be allowed to choose to end his or her suffering by their own hand. It is THEIR business and nobody elses.

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 25, 2018

TESTIMONY IN STRONG **OPPOSITION** TO HB 2739
Hearing: Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Andria P.L. Tupola
Rep. Lei R. Larmont

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair
Rep. Tom Brower
Rep. Gregg Takayama
Rep. Chris Lee
Rep. Bob McDermott
Rep. Dee Morikawa
Rep. Cynthia Thielen

Dear Chairman, Vice Chairman and Committee Members,

My name is Jim Hochberg and I am a civil rights attorney allied with Alliance Defending Freedom to protect constitutional rights in the federal and state courts in the Hawaii. I have practiced law in Hawaii since 1984 (34 years). I testify in strong opposition to HB 2739. Although this testimony does not address all the issues in the 39 page bill, others will address the portions this testimony does not. Some of the specific problems with the bill are addressed below.

A. The work that was done on the bill from last year is appreciated and does not go unnoticed. However, the basic concept of the bill is still not acceptable. Physician Assisted

House Committees on Health & Human Services
and on Judiciary
February 25, 2018
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Suicide, no matter what you want to call the bill, is still not appropriate for the culture in Hawaii. I urge these committees to not pass this bill at the decision making portion of this joint hearing.

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. Then adding exceptions to criminal statutes reveals the true intent to make sure the actions permitted under this bill are not enforceable. We must more fully protect our kupuna from the myriad of undesired consequences that will flow from this policy.

All of the following language should be added to section -20:

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

House Committees on Health & Human Services
and on Judiciary
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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.

The requirement that someone in possession return unused medication in section -15 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.

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.

In addition, the following language should be deleted from Section -19(a):

(1) No person shall be subject to civil or criminal liability or professional disciplinary action for participating or acting in good faith compliance with this chapter, including being present when a qualified patient takes the prescribed medication to end the qualified patient's life pursuant to this chapter.

(5) No health care facility shall be subject to civil or criminal liability for acting in good faith compliance with this chapter.

C. No real informed consent required. The definitions in the bill do not conform to long standing definitions with respect to mental capacity, informed consent and similar aspects of the law. Why move away from the standard legal language we have used for hundreds of years? Is it a tacit recognition that this bill legalizes conduct that is not medically appropriate? Specifically, in the definitions, the word "capable" is used but the legal test is capacity. An "Informed Decision" is not the same as informed consent. Because of those definitional issues, "Qualified Patient" also fails to uphold the standard used in the medical community. In addition, the "Qualified Patient" is still not provided full accurate medical disclosures by the language of this bill. Death by seconol suicide is often quite easily *not* a peaceful and dignified death. While there is some disclosure it is not sufficient.

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Also, the very process is not adequately described. This is how the process will actually play out if physician assisted suicide becomes law. The physician writes a prescription for anti-nausea pills and 100 capsules of seconol, or other 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 hopefully 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 - which is the ultimate goal of this legislation, euthanasia.

D. HB 2739 is contrary to historical practice of medicine. The elimination of the Patient through the death of the patient is still not what is meant by the practice of medicine. The name of the new law, "Our Care, Our Choice" is simply the latest attempt to market this bad idea. The legislature 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. The law of unintended consequences should advise you against passing this bill out of your committee. 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 by seconol, 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!**

House Committees on Health & Human Services
and on Judiciary
February 25, 2018
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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 do not pass it out of the committee. If you have any questions please feel free to call me.

Sincerely,

JAMES HOCHBERG

JH

HB-2739

Submitted on: 2/25/2018 2:04:24 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Philip D Galon	Individual	Support	Yes

Comments:

Thank you for allowing me to testify in support of HB2739. My name is Philip D Galon. I am

a Registered Nurse licensed in the State of Hawai`i. I have been an RN for 27 years. I have been working in Healthcare for 42 years. Throughout my career, I have cared for many patients who are terminally ill from incurable and debilitating disease. I have witnessed their agony of unrelenting pain and discomfort while they spend their remaining days with a miserable quality of life. Many of these patients are not just waiting to die. They are ready to die. They want to die. They want the ability to choose an expedient path to death, to end their suffering, and to die peacefully.

HB2739, the "Our Care, Our Choice Act", if enacted into law would give these patients a choice to end their suffering and have a peaceful death. I urge the Hawai`i State Legislature

to have compassion for patients in these situations, by approving HB2739. Thank you for

your time and consideration.

February 27, 2018

Representative John Mizuno, Chair
Committee on Health & Human Services
Representative Scott Nishimoto, Chair
Committee on Judiciary
Hawaii State Capitol
415 South Beretania Street
Honolulu, HI 96813

RE: Testimony in strong support of HB 2739 Relating to Health

Chair Mizuno, Chair Nishimoto and Committee Members:

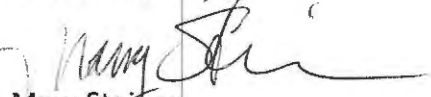
I am delighted that both the Health & Human Services and Judiciary Committees have decided to hear this bill and I commend you for moving such an important issue forward. When signed into law HB 2739 will provide an opportunity to qualified terminally ill individuals to have a peaceful death should they so choose.

Until you've been through a bad death, suffered by a close friend or relative, you don't understand why this such an important issue. The dying process usually involves horrendous pain and a loss of individual autonomy. I remember my mother lying in bed begging me, more than once, to help her end her life. Her suffering was too much. I stood by her bed crying only wishing I could help. I am haunted by the fact that I couldn't do anything to end her pain or her anxiety. My mother may have decided not to take the medication, as so many others have done in states where it is already legal. That is a choice I wish she could have considered.

Every competent terminally ill person should have the right to make their own decision about how their life will end. I sincerely hope that you never need to avail yourself of the option, but a peaceful death should be a legal choice to those who need and want it.

I thank you in advance for passing this bill as I truly hope that is what you will decide today.

Mahalo nui loa,



Mary Steiner
808-225-4563

HB-2739

Submitted on: 2/25/2018 9:35:52 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lucien Wong	Individual	Support	Yes

Comments:

If you have a terminal illness with only months to live and you want your life to end quickly to stop your pain, suffering 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, but he will not be able to tell what it feels like to die this way. If you ask what can be done about the pain, you will be told medication, such as morphine, will help. It does not always although he may not tell you. 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 medical aid in dying. It is about your right to choose when the time comes!.

House Committee on Health and Human Services & House Committee on Judiciary
February 27, 2018 at 10:30AM
Capitol Auditorium

RE: Testimony in **SUPPORT** of HB2739

Aloha nui e Chair Mizuno, Chair Nishimoto, and Members of the joint House Committees of Health & Human Services and Judiciary:

I write today in strong support of HB2739, Hawaii's proposed medical aid in dying legislation. I commend your committees on hosting this hearing - I believe it demonstrates leadership and understanding that while this issue touches on many heartfelt issues, the people of Hawaii 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 Hawaii 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. Hawaii 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 Hawaii, builds upon the lessons learned in Oregon, where 20 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.

HB2739 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 Hawaii should have the option, together with their 'ohana, 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 HB2739 and give those who are dying this important and compassionate option.

Me ke aloha pumehana,



Rebecca Justine 'Iolani Soon

TO: Representative John M. Mizuno, Chair Health & Human Services (HHS)
Representative Scott Y. Nishimoto, Chair Judiciary (JUD)
Representative Bertrand Kobayashi, Vice Chair HHS
Representative Joy A. San Buenaventura, Vice Chair JUD

FR: John H. Radcliffe

RE: Testimony in STRONG SUPPORT of HB2739 Relating to Health

Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Dear Chair Mizuno, Chair Nishimoto, Vice Chair Kobayashi, Vice Chair San Buenaventura and Members of the Committee:

Thank you for hearing this critical piece of legislation. Please pass it, the community overwhelmingly favors it, and the Senate having heard similar legislation last year, will be inclined to pass it. It is much needed. In the year since I was here in the House on this legislation a lot has happened to keep me alive. For one thing, doctors successfully removed about a foot of cancerous material from my colon in an operation heretofore deemed too risky. They risked it and won. The doctors, nurses, technicians, everyone at Kaiser do incredible work that is keeping many like me alive.

However, in the time it took to stop chemotherapy, have the operation and restart chemo, the cancer took the opportunity to grow more in the liver and also expand into the lung. I have outlived my prognosis by twenty months so far, and just finished my fifty-eighth, three day chemo session last week.

As you know, that is a very high number. I am hoping to go where it takes me, but my prognosis remains six months or less. There are good days and bad but mostly good.

What would be bad is if this option for a peaceful death not be approved.

Thank you for your consideration.

HB-2739

Submitted on: 2/24/2018 5:14:35 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Glenn Allen Sears	Individual	Support	Yes

Comments:

My name is Glenn A. Sears and I live at 343 Honron Ln. Apt 3503. I am writing in support of HB2739, Health: Our Care, Our Choice.

Two years ago I was diagnosed with pancreatic cancer at Mayo Clinic. There were two choices; an operation called a Whipple Procedure or wait for the disease to take it's path. The Procedure had only an 85% chance of survival and serious side effects including diabetes and kidney failure. Due to my age I declined the procedure. Without the procedure I might survive for one to five years.

I have no symptoms. That is why pancreatic cancer is so hard to recognize. When symptoms start you have three to six months to live.

I've had a very good life, married for 58 years, two children with successful careers and a professional career that has taken me around the world. I've been retired for twenty five years and enjoyed every minute of it.

So, what happens when the end comes? I don't want to end a good life unable to care for myself. I don't want my wife and children's last memories of me as a helpless, bedridden patient in severe pain. I will take my life when that time comes. This bill will make it safer for those around me and assure me a death with dignity.

TESTIMONY FOR **HB2739** for February 27, 2018 Hearing 10:30 am
HAWAII STATE CAPITOL

TO: HOUSE COMMITTEE ON HEALTH & HUMAN RESOURCES & JUDICIARY
FROM: Sandra Tanaka Polhemus – 64-704 Ao Akua Place, Kamuela, HI 96743
Cell phone: (808) 277-8770

I am flying to Honolulu from Kona on Tuesday, 2/7/18 to testify in person in support of this bill because I am convinced that this is an important issue for the following reasons:

- 1) I am a cancer patient with lung cancer that was diagnosed, treated with surgery, chemotherapy and radiation at the Kaiser facilities in Oahu and the Big Island, where I live.
- 2) In my case, the chances of the cancer returning are pretty high
- 3) Lung Cancer is a painful disease as we depend on our lungs for vital oxygen
- 4) If and when my cancer returns and is not curable, at 68 years old I do not want to suffer and die a painful death due to not being able to breath
- 5) I feel that it is cruel and inhuman to submit a person to painful and inevitable death when a compassionate method is available for those of us who are or will be terminally ill and of sound mind
- 6) My husband of many years totally supports me on this issue and is ready to help me in my last days to pass peacefully, surrounded by our children, grandchildren and loved ones
- 7) I urge you to pass this essential legislation
- 8) I am a Hawaii born and educated citizen with a college degree and feel that it is the right of every legal aged individual of sound mind to have this option available if and when needed with the help of his or her physician
- 9) Other States that have passed this legislation are in the forefront of medical and ethical compassion
- 10) Each adult individual has a right to choose along with their doctor's help to end their lives compassionately when all other medical choices have been exhausted

I hope you will seriously consider passing this much needed legislation so patients like me do not have to suffer in vain. This is a voluntary, individual choice that each dying patient has the right to make so avoid an inevitable and perhaps painful death.

This will give dignity to those of us who otherwise will die in pain and suffering.

Aloha and may your good sense and conscience be your guide in addressing this issue.

Sandra Tanaka Polhemus

TO: Chair John M. Mizuno
House Committee on Health & Human Services
Chair Scott Y. Nishimoto
House Committee on Judiciary

FROM: Kalawai'a Goo
UH Mānoa School of Social Work
jeromeg@hawaii.edu
(808) 679-1364

DATE OF HEARING: February 27, 2018

SUBJECT: **SUPPORT of HB 2739**

Aloha Kākou,

My name is Kalawai'a Goo, I am a social worker and Master's student at the School of Social Work at UH Mānoa. I am testifying in **support** of **HB 2739**

I cannot imagine anything more personal than the destiny of one's own life, especially when that life is terminal and in its final days. I support that the destiny of that life be in sole control of its owner and absolutely not be left to the will of external legislation such as religions or right-wing extremes.

As a social worker, I am part of an evidence-based community. I have followed the issue of Physician-Assisted Suicide (PAS) and Physician-Assisted Death (PAD) since its introduction to Hawai'i in the late 1990s. I have extensively researched this issue, especially the foundation for opposition. In this matter, I have researched the US Constitution, Biblical references, the Hippocratic Oath, the position of the National Association of Social Workers (NASW), national and international experiences, and other precedents for prohibition. My research found no foundation, legal or otherwise, for support of prohibition.

In US states, the District of Columbia, and internationally where the Act has passed, there is no evidence that the PAS or PAD has ever been abused, putting the "What if...?" and worst-case scenario arguments to rest, definitively.

According to polls conducted by Stanford University (2015) and Anthology Research for Choices Hawai'i (2016), Hawai'i's climate in support for PAS and PAD is near or at 80 percent.

Majority of opposition seems to be from a loud minority claiming religious foundation, despite there being no Biblical reference to support prohibition.

In this matter, I find it absolutely unconscionable that a vocal minority should impose prolonged suffering and indignation towards an inevitable journey through the legislative process.

As social worker, an American, a veteran combat medic, a Buddhist, and a conscientious human, I find it unfathomable to ever impose my deeply personal choice on the majority through legislation or otherwise. I ask that the same courtesy be absolutely extended towards me and the above mentioned majority.

Finally, in my exhaustive research, a reoccurring phrase was, 'You're against it, until it's you.' In my extensive experience as a combat medic and caregiver, PAS and PAD was and is the most exquisitely painful yet compassionate act we as humans can extend towards our loved ones in their final days.

As people of good conscience and members of a compassionate community, I ask that this be the year Hawai'i extend the ultimate act of goodwill and **pass HB 2739** without further delay.

Sincerely,
Kalawai'a Goo

Mary M. Uyeda, APRN

To the House of Representatives, Committee on Health and Human Services, Feb. 27, 2018

I support HB2739 – *Our Choice Act* - as my personal right to choice at end of life in Hawaii.

As a retired nurse from Intensive Care after 30 years of witnessing death with its many variables, I am obliged to sharing my own story, on a very personal level.

-As a Roman Catholic at birth, I had fewer choices...however “righteousness was not my calling” but spirituality remains central to my life. If I may quote a senior Anglican priest, recently saying, “we don’t need religious superstition and fatalism”!

-As a teen, I learned to face the consequences of my actions and often reminded that making choices required taking responsibility but will spare you the details.

-As an active adult, I enjoyed extreme sports like skin diving but made sure that my advance directive was filed with the physician. However, I was stumped when the physician asked if I was suicidal. So I communicated with him (and my husband) that an MVA on the way home could leave me immobile (if I survived, sadly) and my choice was never to be kept alive in that state...starvation was my only way out! Current research shows that 50% of young adults would not choice to live in a vegetative state. -As a Mother facing elective Cesarean Section, I was perplexed by the challenge of determining what day my child was going to be born? As a child, my neighbors - a Buddhist family - would honor each day of the week with special attributes of a person given by Buddha. So my logical mind then asked, if I can determine the date of birth - why not, the date of death?

-As a Nurse of some 30 years...When it is time, the patient was often the “first to know” reaching out for the nearest being that might listen ... be it the nurse, doctor or family member. In this state of utter loneliness, there is potential for a person’s last wishes being ignored, over and over again. It is guaranteed that we are all going to die - so why can’t we make those final plans?

Situation in question: Why does a terminal cancer patient have to pack a loaded gun with his belongings - only to be interrogated by the police for a suicidal gesture? He felt that he had no choice at the end of his life and did not wish to suffer any longer. Advance directives are useful but not always upheld when temporary cures are favored - no matter the cost of a lifetime’s savings - even if, it only means extending life by a few more days.

-Finally as a Senior after some 66 years of the good life. I will die some day in the next 20 years and wish to have that choice of being at home with my loved ones. So, my long term care insurance (with Rider) is in place with all important paperwork in a special file for our children. Thank you for your time and commitment to our CHOICE, beginning with limited cases.

HB-2739

Submitted on: 2/24/2018 6:43:36 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Francis Nakamoto	Individual	Support	Yes

Comments:

Chairs Nishimoto and Mizuno and members of the Judiciary and Health and Human Services Committees, I speak in strong support of HB2739.

For over a year before my 96-year old mother passed away of heart failure, she constantly talked to her children 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.

Several months before she died, she was diagnosed with colon cancer. During the last month of life, she pleaded with us to let her go. By then, massive bedsores 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 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 or anyone else like her to endure all the suffering she bore once she decided it was past time to end her miserable existence. HB2739 will finally allow people, like my mother, in the last days of their lives 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 to and on their own terms. 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 end or avoid unbearable pain and suffering.

It has been 16 years since this State came close to giving dying persons the right to die with dignity. A switch in a couple of votes in the Senate doomed thousands of our citizens, including my mother, since then to indescribable pain, agony and loss of basic dignity in their final days.

Last year, the House Health Committee deferred SB1129 based on objections that it lacked sufficient protections for patients. In HB2739, Representative Bellati has

tightened up controls she found absent in SB1129. There is no legitimate reason to deprive thousands more the right to dignity and peace in their last days. Please pass HB2739. Thank you

HB-2739

Submitted on: 2/23/2018 5:21:44 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melvia Leong	Individual	Support	Yes

Comments:

Committee on Health and Human Services

Committee on Judiciary

Hearing Date: Tuesday, February 27, 2018

Time: 10:30 am

To: Members of the Committees

From: Melvia Leong

Re: HB 2739 Related to Health, Medical Aid in Dying Act

Position: Strong Support

Dear Chair Mizuno and Nishimoto, Vice-Chair Kobayashi and San Buenaventura and Committee members,

Currently, I am a full-time student completing my degree in the Masters of Social Work program at UH Manoa 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 based on my experiences, knowledge base and of course, evidence-based research in practice.

Every year, mentally competent adults receive a prognosis of a terminal illness, which enables planning on the transitions of death. In Hawaii, our laws restrict equity of freedoms exercised in other states (Lee, 2014).

A 2014 study (Lee, 2014) of the Oregon Aid-in-dying program showed that families assisted were better prepared and more accepting of the death as compared to a control group. According to the same study, fears that the 1994 Death with Dignity Act would hurt vulnerable populations have not materialized and aid-in-dying persons represent approximately 0.2% of all deaths in Oregon per year. Let me quote the study conclusion following 16 years of gathering and analyzing data “That record has made clear that the risk of harm is small when the law authorizes terminally ill, mentally competent adults to access medication they may self-administer for peaceful dying.”

According to a study on clergy views (LeBaron et al, 2015), a “good death” is characterized by dignity, preparedness, physical suffering and community; whereas a “poor death” is defined by separation, isolation and doubt. The prospect of a peaceful death may provide comfort in the end of life experience for clients, their families and friends. Memories of the death of a person continue to affect loved ones and contribute to their positive or negative views on dying.

The bill before us defines my mentally competent decision for a peaceful death when all conditions are met. My experience, knowledge base and research have concluded that this bill enacts strict safeguards to ensure compliance.

In the past I have worked to exercise control of my reproductive freedom over those who seek to impose their personal religious and spiritual beliefs to take away my self-determination. I rise again to fight injustice and ask that you to do the same by voting for this bill.

Thank you,

Melvia Leong
References

LeBaron, V. T., Cooke, A., Resmini, J., Garinther, A., Chow, V., Quinones, R., Noveroske, S., Bacccari, A., Smith, P. T., Peteet, J., Balboni, T. A., Balboni, M. J. (2015). Clergy Views on a Good Versus a Poor Death: Ministry to the Terminally Ill. *Journal of Palliative Medicine* 18:12 p1000-1007.

Lee, B. C. (2014). Oregon’s experience with aid in dying: findings from the death with dignity laboratory. *Annals of the New York Academy of Science*: 1330 94-100. doi: 10.1111/nyas. 12486.

Mesler, M. A., Miller, P. J. (2000). Hospice and assisted suicide: The structure and process of an inherent dilemma. *Death Studies*, 24(2), 135-155.

Oregon Health Authority. Oregon Death with Dignity Act Data Summary 2016. Retrieved on 02/06/2018 from <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year19.pdf>

SUPPORT HB 2739 – RELATING TO HEALTH

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

DATE: Tuesday, February 27, 2018
TIME: 10:30AM
PLACE: Capitol Auditorium
State Capitol
415 South Beretania Street

To the House Committees on Health & Human Services and Judiciary:

Mahalo for hearing this bill.

If an adult resident of the State with a medically confirmed terminal disease and less than six months to live wishes to obtain a prescription for medication to end his or her own life, I want that right to exist.

I do not expect that I will ever use this right, but I want other people to have it.

When my Uncle Ray was dying of cancer, he was in so much pain. His wife, my Auntie Lynn, died shortly before him from stomach ulcers because of the stress of dealing with his cancer. Especially after she died, he told us all that he wanted to go and be with his wife. There was no point in sticking around to be in pain. He said he would be happy to receive a lethal injection. I remember family members saying they would be happy to give it to him, which was really difficult for me to understand at about 13 years old. I did not understand why anyone would want to die or why any family member would want to help a person die. Nobody, including Uncle Ray, wanted him to be in pain any longer. If this bill had been in effect, he could have had the relief he wanted.

At this point in my life, I am 28 years old and pretty healthy. I cannot get into the mindset of someone who would want this, but I cannot, in good conscience, tell them that they cannot have it.

Please support this bill.

Mahalo nui loa,

Justin Salisbury
1617 Kapiolani Blvd, Apt 1402
Honolulu, HI 96814

FAX COVER SHEET

TO

COMPANY

FAXNUMBER 18085866311

FROM Gary Rosolowich

DATE 2018-02-25 17:21:11 GMT

RE eFax: 2018-02-25DLRtestimony.pdf

COVER MESSAGE

TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

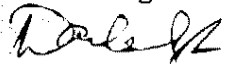
Dear Committee Chairs and Members:

I submit this testimony in strong **OPPOSITION** to HB2739 and physician assisted 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

Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.



 Sign name
 Darlene Rosolowich

 Print name
 511 Hahaione St #80 96825

 Print street address with zip code

SENT VIA:

- PAPER: 20 copies (including an original) to Room 403 in the State Capitol
- FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or
- WEB: For testimony less than 20MB in size, transmit from <http://www.capitol.hawaii.gov/submittestimony.aspx>

From: [Jennifer Chiwa](#)
To: [hhstestimony](#)
Subject: Testimony in Support of HB 2739 for Hearing on 2/27/18 at 10:30 am
Date: Sunday, February 25, 2018 3:56:09 AM

Aloha, Members of the Committees on Health and Human Services, and the Judiciary. My name is Jennifer Chiwa.

Please support HB 2739 which would allow an individual who has a terminal illness to choose to end his or her life by means of prescribed medication. I feel that each of us, including those we love, should have the legal capability to avoid unnecessary pain and suffering, and be able to have a merciful end to life here in Hawaii instead of having to go to another state. Furthermore, our beloved animal family members are allowed a merciful end to pain and suffering. Please support this bill so that people can be allowed the same consideration. Mahalo.

Jennifer Chiwa

HB-2739

Submitted on: 2/23/2018 9:55:20 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robert Pagliai	Individual	Oppose	Yes

Comments:

Respect Life

We should all be fearful of a government that passes laws allowing the killing of its own citizens.

We should all be fearful of a government that passes laws giving immunity to anyone involved in taking another persons life

No one is above the law and yet this law will allow anyone involved with the taking of a life to be above the law to falsify government documents to cover up all those involved in the unnatural death of another human being

This law will allow government officials and those in authority to knowingly and conspire to falsify government documents and allow those trusted to care for others to end the lives of citizens and cover up these facts, to conspire with doctors, public officials, coroners and law makers in allowing the premature death of American citizens

Any politician any law maker allowing such atrocities of its citizens is guilty of conspiring to the premeditated genocide of the weak the elderly the mentally ill the marginalized should not be in office and should be in prison. any law maker approving such a measure is complicit in a plot to end the life and cover up the intentional death of its citizens these are currently criminal acts and this will allow such felonies to become a way of life or rather a way of death

It makes no difference if you assist citizens to die one at a time or in a group with a pill or a bullet it is not a natural death and to lie about it is wrong it goes against every what we teach our children to tell the truth and to respect Life.how can we tell our children that our leaders will take care of us when they even consider such heinous laws that go against our pursuit of life liberty and happiness and bring about a culture of death into our culture of life our culture of love our culture of aloha

February 25, 2018

To: House Health and Human Services Committee and Judicial Committee Chairs and Members.

Re: **HB 2739 – Medical Aid-in-Dying**

From: Malachy Grange RN

I am supporting this bill on *Medical Aid in Dying*. I am a retired RN who worked 25 years in Oregon and 8 years in Hawaii. Currently I am a hospice volunteer and visit several patients every week.

I have cared for hundreds of patients in their last months and weeks of life; most of these were in Oregon. I have personally seen the benefits of access to medical aid in dying. In fact, many patients and their families report a sense of peace and control by having this option, even when they go no further than discussing it with their physician, knowing it an option available to them if they so chose.

I have also seen the needless suffering that can happen when access to this personal choice is not available.

I'd like to share two brief stories from my nursing experience in Oregon that illustrate this.

In 1995, when medical aid in dying was not yet available in Oregon, I had a patient with AIDS whose progressive symptoms of weight loss, incontinence, infected bedsores, pain and immobility, along with her loss of autonomy and dignity, brought her great suffering. Home hospice helped, but could not successfully treat her main symptoms. Desperate, she tried to end her life with street drugs but failed, leaving her in a comatose condition. She spent her last week in a nursing home, attended by strangers — her worst nightmare come true.

The Oregon Death with Dignity Act became law in 1997. Shortly after that, another patient, a man with terminal metastatic cancer and a 4-month prognosis, requested and, after proper screening, received life-ending medications. He wanted to die when he still had enough quality of life left to be with his friends and family for a final week of loving celebration. This is

indeed what happened. After sharing loving memories and connecting with them, he took the medication with their support, went to sleep and died peacefully at home. By connecting with loved ones, and by choosing the time, place and manner of his passing, he embraced both life and death in his last days.

Please pass **House Bill 2739**.

From: David Smoot, House District 26

HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY

&

COMMITTEE ON HEALTH & HUMAN SERVICES

Testimony supporting House Bill 2739

Tuesday, February 27, 2018

10:30am

Capitol Auditorium

Aloha Committee Chairs, Vice-Chairs and Committee members.

I'm David Smoot of District 26, and I'm testifying in strong support of HB2739 "Our Care Our Choice".

First, the public supports death with dignity. A Novembner 2016 poll by Anthology Market Research found 80% of Hawai'i voters agree with the statement "When a mentally capable adult is dying of a terminal disease that cannot be cured, do you think that this adult should have the legal option to request prescription medicine from their doctor, and use that medicine to end their suffering in the final stages of dying?"

If the primary opposition to this bill is religious, please note that under this bill, no doctor or medical personel are forced to participate if they are opposed.

Other concerns are related to elder abuse and depression, but this bill has strong protections for the vulnerable. Only the patient can administer the medication, and then only after repeated requests, both orally and in writing, and a mental health exam.

My friend is currently in hospice, and so I feel especially compassionate about his pain, final wishes, and dignity. My grandfather was a medical doctor, so I am also concerned about medical liability. This bill allows doctors to practice with compassion and without fear of liability.

I urge you to vote to advance HB2739 to the floor.

Thank you for the opportunity to show my support for HB2739.

Sincerely,
David Smoot

Michael (Mike) Golojuch, Sr., Lt Col, USAF (Ret)
92-954 Makakilo Drive #71
Kapolei, HI 96707-1340

February 23, 2018

The Honorable John M. Mizuno, Chair,
and Members
Committee on Health and Human Services

The Honorable Scott Y. Nishimoto, Chair,
and Members
Committee on Judiciary

Hawaii State Capitol
514 Beretania Street
Honolulu, Hawaii 96813

RE: HB2739, RELATING TO HEALTH

I strongly support HB2739. I, like many others, want choices when it comes to end of life. This includes the option of using medication to end the pain.

As noted, this is a choice by a person who is competent at the time of the decision.

You have and will hear their religious reasons why this shouldn't be allowed. Great. Let those who have strong beliefs opt not to request a compassionate choice of using medication to end their suffering. It is a choice and not that individuals are trying to get rid of someone.

As someone who has been involved with the Catholic Church with the deaconate program, Rite of Christian Initiation of Adults, Adult and Youth religious education, I fully support this bill. As a wise professor priest told others, and me if you believe God made everything, then it is good. The option to end the pain and a person life, it is good.

Thank you for letting me express my strong support for HB2739.

Sincerely,

Mike Golojuch, Sr., Lt Col, USAF (Ret)

HB-2739

Submitted on: 2/24/2018 10:10:07 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Gross	Individual	Support	Yes

Comments:

This is a matter of individual choice and cannot and should not be restricted or curtailed by the beliefs of anyone other than the patient involved. To preclude one from this option because it conflicts with the religious or moral beliefs of someone else is tantamount to enforced religion. As an advanced practice RN, I have engaged with terminally ill patients many times; as a nurse, I often wished I could offer more than sometimes effective palliative measures in order to comply with their wishes for relief.

Concerns have been expressed about misuse or abuse, but these concerns appear to be specious since there is no supportive data. On the contrary, the Hawaii senate, in reviewing a previous edition of a similar bill, recommended passage after, among other reviewed items, they failed to identify abuses or misuses in other states with similar legislation. A review of 1600+ instances in Oregon and Washington (states with longest history of similar legislation) by the Des Moines Register, a conservative newspaper, failed to reveal a single instance of coercion, forceful administration, abuse of the disabled, or any other abuse/misuse that opponents of this bill would have us believe will run rampant if enacted. Their review did, indeed, identify a very few instances of improper paperwork and questioned the effectiveness of the self-administered drug in three instances. Even if these instances are credible (took too long to work?) the frequency of "failures" falls well within the normal range of drug interactions/failures/etc.

This legislation can provide comfort in many forms to those who are able to choose to avail themselves of its provisions. Those who are unable to make this choice are automatically excluded; again, there is NO evidence that anyone unable to choose has ever been harmed in the states that have already passed similar legislation.

Unarguably, recent surveys show a large majority of Hawaii citizens favor such legislation.

HB-2739

Submitted on: 2/23/2018 4:21:01 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth R. Conklin, Ph.D.	Individual	Support	Yes

Comments:

Dear legislators:

I support this bill.

Here's a simple argument you might not have thought of yet.

Do you believe that a woman has the right to choose what to do with her own body, and therefore you support the right of a woman to choose abortion? If so, then logically you **MUST** also agree that any person nearing the end of life and suffering horribly should have a right to choose to put an end to the suffering. In fact, the right of a woman to choose abortion actually results in the killing of an innocent soon-to-be baby who has no choice in the matter. That is more morally troubling, than the right of a mentally competent adult to freely choose to end his/her own life by taking a medically prescribed drug or even by the direct help of a physician in administering such a drug in a way that will ensure success without unpleasant complications.

I hope you are not so arrogant and condescending to believe that **YOU** have a right to tell me or anyone else that we must be forced to stay alive to endure unendurable pain or mental anguish due to your refusal to allow us to end it. If you leave us screaming and force us to remain in that condition, you are, in effect, a torturer.

I hope you will not create a government "establishment of religion" (contrary to the First Amendment of the U.S. Constitution) by maintaining laws that force us all to adhere to religious tenets which only some of us subscribe to.

Kenneth R. Conklin, Ph.D. (Philosophy)

Committee on Healthy and Human Services

Rep. John Mizuno, Chair

Rep. Bertrand Kobayashi, Vice-chair

Committee Members:

Representatives: Belatti, Learmont and Tupola

Judiciary Committee

Rep. Scott Nishimoto, Chair

Rep. Joy San Buenaventura, Vice-chair

Committee Members:

Representatives: Brower, Morikawa, McDermott, Lee, Takayama and Thielan

February 23, 2018

Re: HB 2739 Relating to Health (PAS)

I stand in strong opposition to this bill, firstly the title "Health" is misleading. This bill is not about health it is about ending one's life aka suicide. Suicide, if I may point out is not illegal.

This is more about desensitizing the public view of life under the guise of compassion.

We discount the value of a child's life while in the mother's womb; we won't even pass a law that would protect that life, should that child be born alive.

I find it ironic that we have two bills moving through the house looking at reducing suicide rates in Hawaii and then we have this bill which promotes it.

My fear is that this bill will lead to more nefarious things; who knows what the opening of Pandora's Box will bring.

It sites qualified patients, as having medically confirmed terminal illness with less than six months to live. Yet if diabetics stopped taking their medication or patients on kidney dialysis stopped their treatment, would they then qualify? Would their conditions then be considered terminal with death following within 6 months?

Will this encourage insurance companies to deny coverage for life extending treatments, yet cover the cost of death procuring medication? as been seen in the cases at the end.

Concern, in two sections of the bill, it indicates the patient acknowledged that their attending provider may assist in the administration of the medicine if they are not able to do it themselves.

May I assume this is due to their weakened state. As I understand it, the medication is in oral liquid form, wouldn't this cause the patient more discomfort in trying to swallow something

being poured down their throats while gasping for air ... how is this death with dignity?
Something is wrong.

I am pleased to see that the death certificate will now disclose the true cause of death:
“terminal disease and self-administration of the medication prescribed”

However I see the documentation collected will be kept private to protect the family (which I understand) but to protect the privacy of the attending provider? Why would they need to be protected?

Then we have the “information collected shall not be disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding.” What is the justification for this? ... perhaps this is why Oregon can claim that there have never been any cases involving abuse! No records no case!

The section regarding disposal of unused medication is still very weak. It gives some instruction as to what should be done with unused or partially used medication, yet no real oversight as to whom and how this is to be monitored.

In closing I thank you for your attention to my concerns and ask that you oppose the passing of this bill.

Respectfully,
Rita Kama-Kimura
Mililani, HI

Terminally ill mom denied treatment coverage — but gets suicide drug approved

Oct. 24, 2016

<https://nypost.com/2016/10/24/terminally-ill-mom-denied-treatment-coverage-but-gets-suicide-drugs-approved/>

Barbara Wagner offered assisted suicide instead of medical treatment

June 3, 2008

<http://alexschadenberg.blogspot.com/2008/06/woman-in-oregon-offered-assisted.html>

Oregon offers terminal patients Doctor-Assisted Suicide instead of Medical Care

Wednesday, July 30th. 2008

<http://alexschadenberg.blogspot.com/search?q=randy+stroup>

Insurance companies denied treatment to patients, offered to pay for assisted suicide, doctor claims

May 31, 2017

<http://www.washingtontimes.com/news/2017/may/31/insurance-companies-denied-treatment-to-patients-o/>

HB-2739

Submitted on: 2/26/2018 6:40:04 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
rosanna vanderhoeven	Individual	Oppose	Yes

Comments:

My name is Rosanna Vanderhoeven. I am a resident of Hawaii and I am currently a Skills Trainer for disabled children with Hawaii Behavioral Health. I also facilitate fine art classes once a week at Kahala Nui's Memory Care unit. Prior to this, from 2006 to 2015, I lived in Bend, Oregon where I worked as a Chaplain at St. Charles Medical Center and owned a geriatric care coordinator business called Helping Aging Parents and Spouses (HAPS).

Through my work with people with cognitive disabilities I became aware and confronted by their vulnerability to abuse. The most common form of abuse, and the one that is growing at the most rapid rate, is financial. The National Council on Aging reports that over 60% of all elder abuse is at the hands of a family member. In 2014 our district representative, Jason Conger, assigned me to represent Deschutes County on the Governor's State Task Force on Elder Abuse Prevention. Based on this, and my work that followed, many measures were taken to protect our fragile older adults and educate our community.

At this time, I feel the need to once again come to my government for help. Hawaii cannot allow HB 2739 to pass because I have seen with my own eyes, working in hospitals, residential care facilities and with families in the community, the widespread potential for financial abuse and exploitation using "the right to die" as an excuse.

I had at least two different occasions where a family member asked if their mother was eligible for assisted suicide. I had to tell them that a diagnosis of Alzheimer's does not meet the criteria because people can live for longer than 6 months with it. They would then tell me that quality of life and suffering was the issue, but I knew from working with their mothers that they were content on a daily basis. I would ask, "WHO is suffering?" It is my opinion that the motivation in these two cases was financial exploitation because the adult children (usually those who lived out of state) saw their inheritance dwindle away due to the high cost of residential care. Both of these women had large estates.

Another issue is that people in their 80's and 90's, who are dependent on their family for care, are highly vulnerable to suggestion. For example, one person, who's mother became eligible when diagnosed with liver failure and her dementia was not on record, insisted that I contact her mother's doctor about finding out what would be "the next steps" to obtaining the prescription of lethal pills. The doctor refused and said that she

would have to find a new doctor. When the mother learned she would have to lose her long time primary care doctor to go along with what her daughter wanted she refused to cooperate. She clearly did not understand the entire picture.

There is another reality that I saw in Oregon that I would like to mention. I have worked with doctors that refused to refer their patients to hospice care, even though the patient was actively dying. I have seen this aversion to death when doctor's were overly cautious about prescribing too high a dose of pain medicine to a frail older adult. It was difficult to watch a person suffer because a doctor seemed to fear death. I often observed that doctors did not like to participate in "end of life" discussions with the family and did quick hand offs to the chaplains in many cases. This is understandable. Doctors are trained to save lives, not terminate them. Life is a very strong and pervasive motivation for medical care in hospitals, skilled nursing facilities, and other long term care organizations. This bill undermines and erodes that singular, uniting purpose and creates yet another grey area for otherwise overburdened doctors and family members. This bill would create temptation where there should be none, and problems for medical communities and families that could be avoided. Please do not bring this to Hawaii. Please protect our most vulnerable citizens.

Testimony in Support of Medical Aid in Dying (aka) Death with Dignity - HR 2739

My name is Ruth Mizuba. I live in Hilo on the Big Island.

For more than 30 years, I was a medical social worker.

During those years, I assisted my husband through terminal colon cancer. By far, the most important issue for him was to be in control of his life's decisions, such as treatment and efforts to maintain his life. Control was his issue, and how could he maintain control over himself and his life experience.

Frequently, I wondered how my experience with him benefitted me and enhanced my professional life.

For 15 years, I was the Public Guardian for the island of Hawaii with the Office of the Public Guardian out of the 3rd Circuit Court. That is, I made all legal decisions for my clients as they were deemed to be mentally incapacitated to make their own decisions. Having explored the issues of life and death served my clients well. Although legally incapacitated, they had the right to make decisions of which they were capable. All those capable of expression had an opinion about the quality of their life.

The course of treatment for clients was guided by the assessment of whether their condition was curative, restorative or palliative. This decision was made with input from the client, family members, the doctor and the nursing team. Without exception, clients wanted control over the quality of their life, and wanted to avoid being kept alive on machines and being bed bound in the hospital or nursing home for what time they had left.

Our team came to appreciate the phrase Allow Natural Death (AND). For all citizens, an advance health care directive can assist with these decisions. For those without, a consideration on how the client lived their life was used to guide the way to death with dignity. Patients deserve to make decisions to decrease their suffering at the end of life. This is a declaration of right to life.

LATE

February 27, 2018
Capitol Auditorium, 10:30 A.M.

To: The Honorable John Mizuno, Chair
Members of the House Committee on Health and Human Services

The Honorable Scott Nishimoto, Chair
Members of the House Committee on Judiciary

From: Kameron Apostol-Chinn, Student, UH Manoa

H.B. 2739

I, Kameron Apostol-Chinn, support H.B. No. 2739, which Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

The Declaration of Independence ensured that people have the right to “Life, Liberty, and the pursuit of Happiness”. Each person is able to choose how they want to live and do what will make them happy. I believe that these rights should be upheld, especially through the end of their life. A person, with a terminal illness, should have the right to choose how and when to end their life. They should not have to be subjected to prolonged pain and suffering, while they wait to succumb to their diagnosis.

A terminally ill person, and their family, should not be forced to bear the financial burden of paying for expensive treatments that may only add a few months to the person’s life. These treatments could also lower this person’s quality of life. Forcing a person to do this is counterintuitive to each person’s inalienable rights of “Life, Liberty, and the pursuit of happiness”. This is why I urge you to pass H.B. No. 2739.

LATE

HB-2739

Submitted on: 2/27/2018 3:28:11 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Merril Roger Goodell	Individual	Support	Yes

Comments:

Merril 'Roger' Goodell, APRN

To the House of Representatives, Committee on Health and Human Services, Feb. 27th., 2018

I support HB 2739 – *Our Choice Act*

I am a retired Geriatric NP with Masters in Public Health, and retired Honolulu Fire Captain. I have been present at the end of life in a variety of settings, performing CPR on bedroom floors as well as ICU beds. As a Geriatric NP for a large Honolulu Hospital, I was responsible for the transitional care of acute to subacute patients as well as ongoing care for nursing home residents. It was often my role to be the first to suggest limiting medical interventions, particularly in the context of chronic disease punctuated by acute health crisis.

I believe individuals and their families should have the right to a Physician assisted 'self' determined death in certain medical circumstances. Personally, I want the right to assign a POA with the power to initiate my demise if and when dementia robs me of the ability to do so.

I have volunteered twice as a part of the medical support team for Hawaii's MDA Summer Camp week. I have seen how they relish life. I understand the disabled's concerns about the ramifications of this bill. That is a separate fight, and I resent their intrusion on my efforts to determine my own death circumstances, when appropriate. Death can be hard and if expediting it lessens the pain of it then I want to be able to do it. I know my God won't mind.

Thank you.

HB-2739

Submitted on: 2/26/2018 5:14:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
luz medina	Individual	Oppose	Yes

Comments:

Honorable Members of the Hawaii State Legislature:

I am Doctor Luz Patricia Medina, a resident of Maui County and a practicing physician in the community. I oppose the assisted suicide bills including HB 2739. As an individual, I revere LIFE.

As a physician, I abide by the Hippocratic Oath which states "that neither will I administer a poison to anybody when asked to do so nor will I suggest such a course".

Assisted suicide opens the gates to abuse the ones with no voice: the elderly, the disabled, the depressed, the lonely and fearful sick youth.

Do not make the mistake that Holland made in the early 1990's when they legalized assisted suicide. Today in Holland one of every 30 people are dying from assisted suicide including now the disabled newborns.

Sincerely,

Luz Patricia Medina , M.D.

-----Original Message-----

From: Melissa Crisostomo, R.N., M.P.H. [<mailto:alohamc007@gmail.com>]

Sent: Saturday, February 24, 2018 4:59 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Too many questions...

Dear Committee JUD,

My testimony in strong opposition to HB 2739 Relating to Health

Please attention to the House Health & Human Services Committee and the House Judiciary Committee

This hearing is on Tuesday, February 27, 2018 in the Capitol Auditorium.

HB 2739, which promotes physician-assisted suicides, reveals the incongruency and inconsistency in public policies in our Aloha state. Here are the facts:

One person commits suicide every other day in our islands and a bill to reduce suicides in our state by 25% by the year 2025 is moving forward.

To save lives from opioid addiction and deaths from overdose in Hawaii, a number of bills are moving forward to address this before the situation worsens in our islands.

I am angry and dismayed that this special interest bill that promotes for physician-assisted suicide is even being heard. While the other bills seek to save lives, this one advocates people taking their lives.

For the safety and well-being of Hawaii's people, I urge the members of the committees not to pass this bill. Mahalo!

Sincerely,

Melissa Crisostomo

95-1011 LIHO ST

MILILANI, HI 96789

alohamc007@gmail.com

LATE

HB-2739

Submitted on: 2/27/2018 7:35:05 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Tada	Individual	Oppose	Yes

Comments:

I am opposed to is bill. While I do recognize all of the safeguard mechanisms withi this bill, as a person with a disability, this bill truly scares me to my core . I have Cerebral Palsy, and while I hear and sympathize with all who have a terminal condition and want a peaceful death, I dont think that it is morally right to have a doctor prescribe anyone medication to help them die. Once you cross that threshold, at that precise point, you are requiring said physitian to move dangerously beyond the scope of his/her practice, into an area in which there is no return. Do we REALLY want to travel down this road as a state? CAN WE REALLY AFFORD THIS, OR WOULD IT NOT COMROMISE THE ALOHA SPIRIT? That is a question each of us, especially our elected officials seriously need to ponder, for I truly believe that this bill is something in which our state, our economy, and our citizenry will end up in a very bad way. I humbly implore you not to pass this bill.

Thank You and God bless

HB 2739
Testimony

2/27/2018

Ed Smith, resident of Oahu.

LATE

Thank you for giving me the opportunity to submit my testimony and thank you for your public service to our State.

I am against HB 2739 for many reasons but one primarily of those who are medically unable to make decisions on their behalf. These may be the elderly, people who have mental diseases, or people who may not have the education to fully understand the law.

As leaders we are to defend those who are cannot and take a position of fairness. Leaders need to speak out, help and serve.

Physician assisted deaths will encumber many layers of uncertainty for those who are unable to make a sound and lawful decision and may even lead to unintended deaths and lawsuits.

Those who suffer from mental illness, are they protected from making an informed decision, or will the decision be given to their guardian and personal representation? How can they be treated fairly?

Whom can we leave the final decision to when we encounter life threatening circumstance such as cancer and other illnesses? I believe it lies in the hand of God.

I pray as public servants you lead and help people who need a voice in the community. I strongly oppose HB 2739.

The following testimonies were received without notice the organization(s)/individual(s) will be present to testify at the hearing.

Committee on Health & Human Services
Committee Clerk, Kevin
Vice-Chair, Rep. Kobayashi Office



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: House Committee on Health

Measure: HB 2739 RELATING TO HEALTH
Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Date & Time of Hearing: Tuesday, February 27, 2018, 10:30 a. m.

Location: State Capitol Auditorium

Position: **St. Francis Healthcare System of Hawaii strongly opposes HB 2739.**

Dear Chair Mizuno, Vice Chair Kobayashi, Honorable Members of the House Committee on Health and Human Services, and Chair Nishimoto, Vice Chair San Buenaventura, and Honorable Members of the House Committee on Judiciary

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 HB 2739.

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 care, 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 HB 2739.

Sincerely,

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

Email gsimon@stfrancishawaii.org

February 23, 2018

THE LIBERTARIAN PARTY OF HAWAII
TESTIMONY

c/o 1658 Liholiho St #205
Honolulu, HI 96822

February 25, 2018

RE: HB 2739 to be heard Tuesday February 27, in the Capitol Auditorium at 10:30 AM

SUPPORT

To the members of the House Committee on Judiciary

Libertarians believe that an individual owns their body and their life. As such we support this bill which would allow persons to make their own end of life decisions.

Aloha

A handwritten signature in black ink, appearing to read 'Tracy Ryan', with a long horizontal flourish extending to the right.

Tracy Ryan, Chair



To: Hawaii State House Committee on Health and Human Services
Hearing Date/Time: Tuesday, Feb. 27, 2018, 10:30 a.m.
Place: Hawaii State Capitol Auditorium
Re: Testimony of Planned Parenthood Votes Northwest and Hawaii in support of H.B. 2739, relating to Health

Dear Chair Mizuno and Members of the Committee,

Planned Parenthood Votes Northwest and Hawaii (“PPVNH”) writes in support of H.B. 2739, which seeks to establish a medical aid in dying program.

PPVNH supports H.B. 2739 because it gives people the right to make private, personal decisions about their bodies and lives, which is something that we work to protect and promote every day for the thousands of Hawaii people that come through our doors each year seeking health care.

Thank you for this opportunity to testify in support of H.B. 2739.

Sincerely,

Laurie Field
Hawaii Legislative Director

HB-2739

Submitted on: 2/23/2018 4:19:19 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Margaret Dore	Choice is an Illusion, a nonprofit corporation opposed to assisted suicide and euthanasia worldwide	Oppose	No

Comments:

Touted Safeguards Are Neutralized by Other Bill Text; Unenforceable

By **Margaret Dore, Esq., MBA**

HB 2739 seeks to legalize assisted suicide and euthanasia as those terms are traditionally defined. The bill also promotes itself as having “robust” safeguards.[1] Indeed, the bill goes so far as to say that its “rigorous safeguards would be the strongest of any state in the nation and will thoroughly protect patients and their loved ones from any potential abuse.”[2]

The purported safeguards are enumerated and include that the attending provider “shall” refer the patient to a consulting provider, and that the attending provider “shall” offer the patient an opportunity to rescind the lethal dose request.[3]

The bill, however, also says that the attending provider is merely to ensure that all “appropriate” steps are carried out, and that the provider is held to an “accordance” standard. The bill, § 4, states:

The attending provider shall: . . .

(11) Ensure that all **appropriate** steps are carried out in **accordance** with this chapter (Emphasis added).[4]

The bill does not define “appropriate” or “accordance.”[5] Dictionary definitions of appropriate include “suitable or fitting.”[6] Dictionary definitions of accordance include “in the spirit of,” meaning “in thought or intention.”[7]

With these definitions, the attending provider’s mere view of what is “suitable or fitting” is enough for safeguard compliance. The provider’s mere “thought or intention” is sufficient. The touted safeguards are thus neutralized by other bill language as to

whatever an attending provider happens to feel is appropriate and/or had a thought or intention to do.

The purportedly "robust" safeguards are unenforceable.

Footnotes

[1] HB 2739, § 1, p.2, lines 11-12.

[2] [Id.](#), p.3, lines 14-16.

[3] [The bill](#), § 4, p. 9, line 13 to p. 11, states:

(a) ***The attending provider shall: . . .***

(4) *Refer the patient to a consulting provider* for medical confirmation of the diagnosis, and for a determination that the patient is capable and acting voluntarily; . . .

[and]

(8) Inform the patient that a qualified patient may rescind the request at any time and in any manner, and *offer the qualified patient an opportunity to rescind* at the time of the qualified patient's second oral request made pursuant to section - 9 (Emphasis added).

[4] The bill, pp. 9 & 11.

[5] See the bill in its entirety.

[6] See definition of "appropriate" at <http://www.dictionary.com/browse/appropriate>

[7] See definitions of "accordance" and "in the spirit of," at <https://choiceisanillusion.files.wordpress.com/2018/02/definition-accordance.pdf> and <https://choiceisanillusion.files.wordpress.com/2018/02/definition-in-the-spirit.pdf> .

LATE

HB-2739

Submitted on: 2/27/2018 6:11:13 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas A. Dickey	GLBT Caucus	Support	No

Comments:

I strongly support passage of HB 2739.

HB-2739

Submitted on: 2/26/2018 9:00:25 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Loree Jean Searcy	Kuakini Medical System	Oppose	No

Comments:

Dear Committee Chairs and Members;

I am opposed the HB2739 and physician assisted suicide under any description for the following reasons.

As a Registered Dietitian Certified Diabetes Educator I have seen very many ill diabetes patients and others with termina illnessess who have been given the proper nutrition and medical care and have gone on to live many more years than what was predicted. Doctors can not predict when a patient has only 6 months to live. I have seen this proved to be wrong in many instances.

I also make recommendations for tube feedings which are considered to be an end of life decision well patients can live comfortably for years on an enteral feeding.

My other concern with this physician assisted suicide script is the doctors lack of control once the script has been filled. The doctor does not know-who took the drug, when it was taken, where it is stored til the time of use and whether the drug was taken by the intended! What happens if it is taken by a teenager or child? The death is on the head of the physician.

As a Christian, it is God and only God who has the knowledge of our years on this Earth. This is His divine right. I urge you to vote NO on HB2739 at the hearing on February 27th, 2018.

Loree Searcy, RD, CDE

444 Nui St #1008

Honolulu, HI 96815

HB-2739

Submitted on: 2/23/2018 11:47:05 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melodie Aduja	OCC Legislative Priorities Committee, Democratic Party of Hawai'i	Support	No

Comments:

HB-2739

Submitted on: 2/24/2018 1:05:07 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
sam puletasi	democratic party	Support	No

Comments:

I support HB2739!

HB-2739

Submitted on: 2/24/2018 9:25:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Martha Nakajima	ACLU People Power	Support	No

Comments:

As a senior (age 75) in good health, I very much appreciate Rep. Mizuno's initiative in promoting this bill so I can relax about my end of life options. I have a medical directive not to be resuscitated in a catastrophic situation but that would not be sufficient to avoid months of end of life suffering.

HB-2739

Submitted on: 2/24/2018 12:48:28 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Pang	HSTA-R	Support	No

Comments:

Death with Dignity is widely supported across our state. A Civil Beat January 31, 2018 survey reports:

- 63% of Hawaii voters support
- Caucasians and Japanese support at 70%

So who opposes this common sense measure allowing individuals to make informed decisions at the end of their life? Predominantly the Catholic Filipino community (47% support with 24% opposed) and doctors (whose SUPPORT has now grown to 57%). HMSA has taken a neutral position.

I urge passage for the following reasons:

- No religious group should be allowed to control the actions of another informed and suffering individual. These religious groups have no intention of accessing the provisions in this bill so its passage does NOT affect their lives; yet they wrongly believe that they have the right to control other people's lives and decisions. Any legislator is unethical if they allow their own particular religious philosophy to dictate their position also. While I respect everyone's right to their own religious tenets; they must also respect my philosophical beliefs to control the end of my life.

- Doctors report that they presently can use morphine at the end of one's life to hasten the death of a person. This is also unacceptable to end one's life in a morphine haze after suffering until death is imminent. They should not be hypocritical in administering morphine, but only with hours or days to survive. A competent individual in pain with a terminal illness prognosis should make their own decision as to when that pain is intolerable. The example of John Radcliffe and his sharing of his journey show that people want to live, but also want to control their inevitable death when all medicine is exhausted.

-Lastly, the new safeguards in the bill address issues raised last session.

NOW is the time to pass this legislation.

Top Reasons to Oppose Assisted Suicide

Assisted suicide is a **deadly mix** with our profit-driven health care system

- Some patients in Oregon have received word from the Oregon Health Plan that it will pay for assisted suicide but will not pay for treatment that may sustain their lives.¹
- Patients enrolled in private health plans are meeting with similar discrimination and pressure to commit suicide. One patient in California was told by her insurance company that it would not pay for her life-extending treatment but that she “would only have to pay \$1.20” for drugs to commit suicide.²
- Nevada physician Dr. Brian Callister testifies that when he tried to transfer patients to their home states of Oregon and California for treatments not available in his state, insurers in both states rejected his effort and instead volunteered, “would you consider assisted suicide?” Dr. Callister says both patients had good chances for a cure with treatment but will be terminal without it.³
- One well-known advocate of assisted suicide has written openly of the unacceptable “burden” of caring for elderly Americans, declaring 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.”⁴

Assisted suicide invites **coercion** putting vulnerable persons at risk of abuse

- Once lethal drugs have been prescribed, assisted suicide laws have *no* requirements for assessing the patient’s consent, competency, or voluntariness. Who would know if the drugs are freely taken since there is no supervision or tracking of the drugs once they leave the pharmacy and since no witnesses are required at the time of death?
- Elder abuse is considered a major health problem in the United States with federal estimates that one in ten elder persons are abused.⁵ Placing lethal drugs into the hands of abusers generates an additional major risk to elder persons.
- Despite a reporting system designed to conceal rather than detect abuses, reports of undue influence have nonetheless surfaced in Oregon. In one case, a woman with cancer committed suicide with a doctor’s assistance though she had dementia, was found mentally incompetent by doctors, and had a grown daughter described as “somewhat coercive” in pushing her toward suicide.⁶
- The U. S. Supreme Court has also recognized “the real risk of subtle coercion and undue influence” that assisted suicide poses.⁷ The justices heeded the warning of the New York Task Force that “[l]egalizing physician-assisted suicide would pose profound risks to many individuals who are ill and vulnerable.... The risk of harm is greatest for the many individuals in our society whose autonomy and well-being are already compromised by poverty, lack of access to good medical care, advanced age, or membership in a stigmatized social group.”⁸
- An heir to the patient’s estate or friends of the heir can encourage or pressure the patient to request lethal drugs and then be a witness to the request. Generally, assisted suicide laws allow one of the two witnesses to be an heir.

Terminal illness defined dangerously broad; predictions of life expectancy are notoriously inaccurate

- Assisted suicide laws typically appear to limit eligibility to terminally ill patients who are expected to die within six months but don’t distinguish between persons who will die within six months *with treatment* and those who will die within six months *without treatment*. This means patients with treatable diseases like diabetes and disabilities requiring ventilator support are

eligible for lethal drugs since they would die within six months without treatment. Furthermore, diagnoses of terminal illness and predictions of life expectancy are notoriously inaccurate.⁹

- According to official data collected by Oregon's health department, lethal drugs have already been given to Oregon patients with less predictable conditions like chronic respiratory or cardiac disease and even "benign and uncertain" tumors.¹⁰

Untreated pain is not among the top reasons for taking lethal drugs

- According to official annual reports, in 2016, 90% of Oregon patients seeking lethal drugs said they were "less able to engage in activities making life enjoyable" and were "losing autonomy," and 49% cited being a "burden" on family, friends or caregivers. In Washington, 52% cited being a "burden". In both Washington and Oregon concern about pain was cited as the second to last reason for seeking lethal drugs (35%).

Definition of self-administration opens door to euthanasia

- Can others take an active role in ending the patient's life? Oregon law speaks of the patient as "ingesting" medication to end his or her life.¹¹ Washington law says patients will "self-administer" the drugs, but defines "self-administer" to mean "ingesting."¹² But "ingesting" ordinarily means absorbing or swallowing; so this does not seem to bar others from administering the drugs. If such action is in accord with the Act, it may *not* be treated as a homicide.¹³

No psychiatric evaluation or treatment is required; patients with depression qualify for assisted suicide

- Despite medical literature showing that nearly 95 percent of those who commit suicide had a diagnosable psychiatric illness (usually treatable depression) in the months preceding suicide,¹⁴ the prescribing doctor and the doctor he or she selects to give a second opinion are both free to decide whether to refer suicidal patients for any psychological evaluation. Per Oregon's official annual report, from 2013-2016 less than 4% of patients who died under its assisted suicide law had been referred for evaluations to check for "impaired judgment."
- If an evaluation is provided to suicidal patients, its goal is not to treat the underlying psychopathology, but to determine that the patient is not suffering from "a psychiatric or psychological disorder or depression *causing impaired judgment*."¹⁵ The doctors or counselor can decide that, since depression is "a completely normal response" to terminal illness, the depressed patient's judgment is not impaired.¹⁶
- Assisted suicide laws place lethal drugs in patients' hands to be administered at a time of their choosing, making it impossible to determine whether their judgment is impaired when the actual decision for suicide is made and the drugs are taken.

Assisted suicide threatens improved palliative care

- There is compelling evidence that legalizing assisted suicide undermines efforts to maintain and improve good care for patients nearing the end of life, including patients who never wanted assisted suicide.
- Vermont legalized physician-assisted suicide in 2013. In 2015, the state's Visiting Nurse Association announced it is conducting a study to discover why the state has "the third lowest hospice utilization rate in the nation."¹⁷
- Oregon was a leader in promoting hospice care before it legalized assisted suicide. After legalization its percentage improvement in utilization of hospice fell below the national average. The state opened only five new hospices from 2000 to 2014, at a time when 1,832 opened in other states. Washington, which legalized assisted suicide in 2008, also has a hospice utilization rate below the national average.¹⁸

Publicity about suicide and assisted suicide, especially when presented favorably, leads to more suicides.

- In 2015, Oregon’s health department said “The rate of suicide among Oregonians has been increasing since 2000” (3 years after it legalized assisted suicide) and as of 2012 was “42% higher than the national average”; suicide had become “the second leading cause of death among Oregonians aged 15 to 34 years.” These figures are in addition to deaths under the Oregon assisted suicide law, which legally are not counted as suicides.¹⁹
- Proponents claim assisted suicide is a “peaceful” alternative that replaces “violent” suicides. A recent study has found that legalizing assisted suicide does not reduce or substitute for other suicides, but increases total suicides.²⁰
- The World Health Organization warns that certain kinds of media coverage of suicide “which sensationalizes or normalizes suicide, or presents it as a solution to problems” can lead to “imitative suicidal behaviours,” especially among young or depressed people.²¹

Assisted suicide operates through **deception** and **secrecy**

- In Oregon, doctors list patients’ underlying illness as the cause of death on death certificates; in Washington, this falsified report is explicitly *required* by law.²² The death certificate may be signed by the doctor who prescribed the lethal drugs, completing this closed system for controlling and hiding information.²³
- In Oregon and Washington, all reporting about doctor-assisted deaths is self-reporting by the doctors prescribing lethal drugs.²⁴ By its own figures, “Compassion and Choices” (formerly The Hemlock Society), which adamantly supports assisted suicide, played an active role in 97% of Oregon’s assisted deaths in 2009.²⁵
- Doctors cannot report reliably on the situation when patients ingest the lethal overdose and die, as nothing in the law requires them to be present – and no one else who may be present is required to report. According to official annual reports, in Oregon, the prescribing physician was present at the time of death in only 10% of known cases in 2016. In Washington in 2015, the prescribing physician was present in only 5% of cases (9 out of 166). Who else may have been present, what role they played in causing the patient’s death, and what motives they were acting on, are not known and never reported.

Assisted suicide fosters **discrimination**

- Assisted suicide fosters discrimination by creating two classes of people: those whose suicides our country spends hundreds of millions of dollars each year to prevent and those whose suicides we assist and treat as a positive good. We remove weapons and drugs that can cause harm to one group, while handing deadly drugs to the other, setting up yet another kind of life-threatening discrimination.
- Removing an entire class of citizens from the protection of laws against deadly harm based on the condition of their health, as assisted suicide laws do, violates the basic notion of equal justice for all. The only court in the nation to address the question has concluded that withholding from terminally ill patients “the same protections from suicide the majority enjoys” violates equal protection.²⁶

For additional information on why legalizing assisted suicide is a bad and dangerous idea see:

www.usccb.org/toliveeachday and www.patientsrightsaction.org

July 12, 2017

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- ¹ Susan Harding, *Health Plan Covers Assisted Suicide But Not New Cancer Treatment*, KVAL News (published July 31, 2008, updated Oct. 30, 2013) (noting that the Oregon Health Plan will pay for coverage for chemotherapy that cures cancer, but not for chemotherapy drugs that can extend life); Jennifer Popik, *Terminally Ill Oregon Patients Denied Treatment but Reminded They Can Choose Physician-Assisted Suicide* (July 2008), available at <http://www.nrlc.org/archive/news/2008/NRL08/Oregon.html>.
- ² Bradford Richardson, *Assisted-Suicide Law Prompts Insurance Company to Deny Coverage to Terminally Ill California Woman*, Wash. Times (Oct. 20, 2016), <http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den/>.
- ³ “Insurance companies denied treatment to patients, offered to pay for assisted suicide, doctor claims,” *The Washington Times*, May 31, 2017, at <http://www.washingtontimes.com/news/2017/may/31/insurance-companies-denied-treatment-to-patients-o/>.
- ⁴ Derek Humphry and Mary Clement, “The Unspoken Argument,” in *FREEDOM TO DIE*, 313 (1998).
- ⁵ <http://www.nejm.org/doi/full/10.1056/NEJMra1404688>
- ⁶ See H. Hendin and K. Foley, “Physician-Assisted Suicide in Oregon: A Medical Perspective,” 106 *Michigan Law Review* 1613-45 (2008) at 1624-5; available at <https://docs.google.com/file/d/0BwDPETL1NPnAMmFjZTNjNzctOGU4NS00MTUwLTgxZjAtM2I4NDhIMjA2OTFj/edit?hl=en&pli=1>.
- ⁷ *Washington v. Glucksberg*, 521 U.S. 702, 732 (1997).
- ⁸ *Id.* at 732.
- ⁹ Joanne Lynn, *et al.*, *Defining the “Terminally Ill”*: Insights from *SUPPORT*, 35 Duq. L. Rev. 311 (Fall 1996); Eric Chevlen, *The Limits of Prognostication*, 35 Duq. L. Rev. 337 (Fall 1996)
- ¹⁰ Oregon Public Health Division, “Oregon Death with Dignity Act: Data Summary 2016” at 9 and 11 n. 2.; available at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>.
- ¹¹ Or. Rev. Stat. § 127.875
- ¹² Wash. Rev. Code §§ 70.245.020 and 70.245.010(12)
- ¹³ Or. Rev. Stat. § 127.880; Wash. Rev. Code § 70.245.180(1). See M. Dore, “‘Death with Dignity’: A Recipe for Elder Abuse and Homicide (Albeit Not By Name),” 11.2 *Marquette Elder’s Advisor* 387-401 (Spring 2010) at 391-3; <http://scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=1027&context=elders>
- ¹⁴ H. Hendin, M.D., *Seduced by Death: Doctors, Patients, and Assisted Suicide* (New York: W.W. Norton, 1998):34-35.
- ¹⁵ *Id.*
- ¹⁶ Hendin & Foley, *Physician-Assisted Suicide in Oregon*, *supra* at 1623-4.
- ¹⁷ “Vermont VNA Seeking to Identify Causes of State’s Low Hospice Utilization Rates,” *Hospice and Palliative Care News*, April 29, 2015, at <http://healthrespubs.com/hospice-and-palliative-care-news/2015/04/29/vermont-vna-seeking-to-identify-low-hospice-utilization-rates/>.
- ¹⁸ J. Ballentine et al., “Physician-Assisted Death Does Not Improve End-of-Life Care,” *Journal of Palliative Medicine* 19 (2016): 1-2.
- ¹⁹ X. Shen and L. Millet, *Suicides in Oregon: Trends and Associated Factors. 2003-2012* (Oregon Health Authority 2015) at 3, <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf>.
- ²⁰ D. Jones and D. Paton, “How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?”, 108 *Southern Medical Journal* (2015): 599-604.
- ²¹ World Health Organization, *Preventing Suicide: A Resource for Media Professionals* (WHO: Geneva 2008) at 6, 7, 8; www.who.int/mental_health/prevention/suicide/resource_media.pdf
- ²² M. Dore, “‘Death with Dignity’: A Recipe for Elder Abuse and Homicide (Albeit Not By Name),” 11.2 *Marquette Elder’s Advisor* 387-401 (Spring 2010) at 395; <http://scholarship.law.marquette.edu/cgi/viewcontent.cgi?article=1027&context=elders>.
- ²³ Or. Rev. Stat. § 127.815(2); Wash. Rev. Code § 70.245.040(2).
- ²⁴ Or. Rev. Stat. §§ 127.855(7) and 127.865; Wash. Rev. Code §§ 70.245.120 and 70.245.150.
- ²⁵ K. Stevens, “The Proportion of Oregon Assisted Suicides by Compassion & Choices Organization,” March 4, 2010, at www.patientsrightscouncil.org/site/oregon-assisted-suicide-deaths/.
- ²⁶ *Lee v. Oregon*, 891 F. Supp. 1429 (D. Or. 1995), *vacated on other grounds*, 107 F.3d 1382 (9th Cir. 1997), *cert. denied*, 522 U.S. 927 (1997).

HB-2739

Submitted on: 2/24/2018 11:44:16 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rose Davis	Concerned Women For America Of Hawaii	Oppose	No

Comments:

Dear Hawaii State Legislature,

The very idea of Bill HB2739 is horrific.

Life is a precious gift, and should be honored. This bill dishonors life completely.

The same doctors that can prescribe a pill for death; are able to prescribe a pill for pain relief and comfort. No doctor knows how many years, months or days a person will live for certain.

Do not allow this evil that will lead to devaluing and disrespecting all of our lives. No person is qualified to make such a decision. God alone knows the number of days we are needed here.

Hawaii should raise the banner of respect for all life. We need to promote loving one another.

Please vote no on HB2739.

With sincere aloha for all,

Mrs. Rose Davis

1621 Ulupii Place

Kailua, Oahu, HI 96734



February 27, 2018

To: Representative John Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair and
Members of the Committee on Health and Human Services

To: Representative Scott Nishimoto, Chair
Representative Joy San Buenaventura, Vice Chair and
Members of the Committee on Judiciary

From: Jeanne Y. Ohta, Co-Chair

RE: HB 2739 Relating to Health
Hearing: Tuesday, February 27, 2018, 10:30 a.m., Capitol Auditorium

POSITION: Strong Support

The Hawai'i State Democratic Women's Caucus writes in strong support of HB 2739 Relating to Health.

We believe that a terminally ill person's end-of-life choices should be theirs 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 and compassion. 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 Hawai'i overwhelmingly passed a resolution at the 2010 Convention in support of Death with Dignity and again at the 2016 Convention. The Hawai'i 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.



Hawai`i Advocates For Consumer Rights

Working for Hawaii's consumers since 1994

Scott Foster, Communications Director

808-590-5880

fosters005@hawaii.rr.com

advocatesforconsumerrights.org

Testimony supporting House Bill 2739

Relating To Health; Our Care, Our Choice

HAWAII STATE HOUSE OF REPRESENTATIVES
COMMITTEE ON JUDICIARY
COMMITTEE ON HEALTH & HUMAN SERVICES

Tuesday, February 27, 2018

10:30 AM

Capitol Auditorium

Aloha Honorable Committee Chairs, Vice-Chairs and 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. AFCR is now in 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 urge you to pass this long-needed legislation this year. House Bill 2739 (HB2739) is based on the acclaimed Oregon statute and includes all of the proven safeguards to protect patients from misuse -- and more. The Oregon law has been in effect since 1997 without a single incident of misuse and Oregon's documented 20-year history with the law has proven this to be fact, despite what vocal opponents may say.

Because of Hawaii's geographical makeup and the growing shortage of doctors especially on the Neighbor Islands, we support Hawaii's Advance Practice Registered Nurses (APRN) being included in the list of "providers." Many APRNs are already engaged in palliative care in Hawaii's hospices where anyone with a 6-month terminal diagnosis may go to receive palliative (end-of-life) care.

Please pass this legislation and let Hawaii's citizens have this important freedom of choice, which is now enjoyed by the citizens of Oregon, California, Colorado, Montana, Vermont and Washington State.

Sincerely,

/s/

Scott Foster

Communications Director

**Chair John M. Mizuno
Vice Chair Bertrand Kobayashi
House Committee on Health & Human Services**

**Chair Scott Y. Nishimoto
Vice Chair Joy A. San Buenaventura
House Committee on Judiciary**

February 27, 2018

**TESTIMONY TO OPPOSE HB 2739
RELATING TO HEALTH**

Dear Chairs Mizuno & Nishimoto, Vice Chairs Kobayashi & San Buenaventura, and Members of the Committees,

My name is Clementina D. Ceria-Ulep, a member of Our Lady of the Mount Catholic Church in Kalihi Valley. I am also a nurse by profession.

This bill will allow an adult resident of the State with a medically confirmed terminal disease and less than six months to live to obtain a prescription for medication to end the patient's life.

As a Catholic Christian, I do not support the intent of this bill. I do believe that only God can give and take away life.

As a nurse, I also do not support the intent of this bill as it is in opposition of the American Nurses Association (ANA) Code of Ethics. The ANA Code of Ethics states "... *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).

I ask you, **PLEASE DO NOT PASS HOUSE BILL 2739.**

Thank you for considering my testimony.

Sincerely,

Clementina D. Ceria-Ulep
**Clementina D. Ceria-Ulep
211 Hoomalu Street; Pearl City, HI 96782**

TESTIMONY to: House Committees on Health and Human Services and Judiciary

Regarding: HB 2739 Relating to Health

Tuesday, February 27, 2018

10:30 AM State Capitol Auditorium

Submitted for comments by Fern Mossman, President HFRW

Things to be aware of and safeguards to put in place:

1. Problem with predicting an accurate prognosis. Medical prognosis is based on often incorrect averages and patients frequently outlive them.
2. Greedy insurance companies can deny coverage for extensive care prescribed by doctors and only offer the cheaper termination-of-life regime.
3. Mental health issues:
 - A. The patient should receive a psychological evaluation before the life-ending prescription is written. A screening from a doctor untrained in mental health is not sufficient.
 1. Only 4% of patients who died from PAS in Washington state were referred to a mental health evaluation. It should be mandated that Patients be given mental health resources and be screened for depression by mental health care providers.

Overall suicide rates seem to be affected by similar bills in other states. Since the passage of a similar bill in Oregon in 1997, that state has seen a 49.3% increase in non-assisted suicides. Perhaps because it makes suicide more socially acceptable. The fact remains that Oregon's overall suicide rate is 41% higher than the national rate. From my own research, just reading about someone taking their own life can serve as a trigger for those contemplating suicide. This of course is not limited to the elderly or infirmed, but to younger people.

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you. X

Signature

Date

X MICHAEL N. JEFFERSON 1091 HONOLULU ALEX, HI 96701

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

3320 Mooheau Ave. Honolulu HI 96816

Signature _____ 2/25/18
Date

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.


Signature

2/25/18
Date

X FRANCIS LAU 95-1050 MAHAIKAI ST. 2ND, 96789 MILILANI, HI
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Pauline M. Yamane

Signature

Date

1874 Aia Moe Pt., Hon, HI 96819

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I urge you to vote **NO** on **HB2739**. Thank you

X Ames Pato 91-1116 Pohnahawa STEWA Beach HI 96706 2-25-18
Signature Date

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Signature

Date

X DORIDA O'NEILL
Print Name, Address, and Zipcode

95-186 HOKWULA ST MILILANI HI 96789
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

Date

X JACOB O'NEILL 95-1800 HOKUKA PI MILILANI HI 96789

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- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you. X Tony P. 2/25/18
Signature Date

X Tony Pato, 91-1116 Pohohawaii St. 96706

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Anthony Fataea 2-25-18
Signature Date

Anthony Fataea, 91-1116 Pohakawai St. Ewa Beach, HI 96706
Print Name, Address, and Zipcode

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Signature

Date

WILMA YOUTZ, 2671 IPULEI PL, HONOLULU, HI 96816

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Rae Byers 87-1021 Naakawelolu St Waianae 96792

Print Name, Address, and Zipcode

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Scott Byers 25 Feb 18
Signature Date

X *Scott Byers* 87-1021 Naakawelola St Waianae HI 96792
Print Name, Address, and Zipcode

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Signature

Date

X KEVEN WSLAN 91-1127 HANALOA ST, EUKA BEBEH, HI 96706

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Signature

Date

X Erin 981384 Hooihiki St 96782

Print Name, Address, and Zipcode

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Permelynn D. Andrea 2/25/17
Signature Date

Permelynn D. Andrea 98-1384 Hoochiki St. Pearl City HI 96782
Print Name, Address, and Zipcode

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Perlane L. Pelayo 2/25/18
Signature Date

Perlane L. Pelayo 91-1191 Keoneula Blvd Apt 2B4 Ewa Beach HI
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

90706

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.


Signature

2/25/18
Date

X LSWPEACE RELNO 91-1171 REDTAKUP BWD. 2P4 ELDA FZKOK AF 06704
Print Name, Address, and Zipcode

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Signature

Date

X SEAN MORINAKA, 1630 VIHOLIHU ST APT #1015 96822

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Stanley Mersbaugh 02/25/18

Stanley Mersbaugh

9505A Kamahele Pt, HI 96782

Print Name, Address, and Zipcode SIGNATURE DATE
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Arlette Mesbough 98-576 A Kamahele Pt HI 96782

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X Mary Anne Goodson PO Box 1052 Hono HI 96808
Signature Date

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

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X Barbara Jook Offo 94-440 Maui Koi Ko St #100 Waipahu HI 96799

John Mizuno

2/25/18

TESTIMONY IN STRONG OPPOSITION TO HB2739

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Signature

Date

X John Lafferty 98-1711 Kaahumanu St #30, Aiea, HI 96701

Print Name, Address, and Zipcode

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X Heather Heshiki 1015 Luena St. P.C. 96782
Signature Date 2/25/14

Print Name, Address, and Zipcode

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X Zendo Heshiki 1015 Luenua St. P.C. 96782
Signature Date 2/25/18

Print Name, Address, and Zipcode

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X Stephanie Quiocho 5180 LIKINI ST 1104 HONOLULU HI 96818
Signature Date

Print Name, Address, and Zipcode

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Nelia B. Duivew 2/25/18
Signature Date

Nelia B. Duivew 5180 Likini St #1104 Honolulu HI 96818
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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X. Janelle Quiocho 2/25/18
Signature Date

X Janelle Quiocho 5180 Likini Dr. Apt. 104 Honolulu, HI 96818
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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X Lisa-Rae Mamin

8455A Mikea Street

Signature

Waianae, HI 96792

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Christian Searte 84-559 Nukea St, Waianae, HI 96792

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X Richard Mann III

Signature

02/25/18

Date

84-554 Mikea St. Waianna HI 96742

Print Name, Address, and Zipcode

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TESTIMONY IN STRONG OPPOSITION TO HB2739

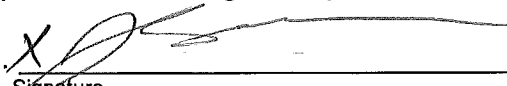
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I urge you to vote **NO** on **HB2739**. Thank you.  02/25/18
Signature Date

X 84-559 Nukea St. Waianalae HI 96792

Print Name, Address, and Zipcode

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↑
Joshua Searle

TESTIMONY IN STRONG OPPOSITION TO HB2739

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Signature

Date

X MARY SEARLE, 84-559 NUKEA ST, WAIANAE, HI. 96792

Print Name, Address, and Zipcode

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Raylen Hoapili 2/25/18
Signature Date

X Raylen Hoapili 89-1019 Pihaiolona st.
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

Waianae HI. 96792

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

x Johnath Quoc Ho 5180 Liliuokalani St #1104 Honolulu HI 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you  25 Feb

Signature

Date

X Timothy R. Weaver 89-1019 Pihaiolene St Weighaie Hi 96792

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. *

Joey Marquez 2/25/18
Signature Date
X JOEY MARQUEZ 1099 Ala Napoalan St #103 Honolulu HI 96818
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

x Sidney Voss 1015 Hind Laka Dr. Honolulu HI 96821
Signature Date 2-25-18

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Sarah Gibboney 2/25/18
Signature Date

SARAH Gibboney 3009 Ala Moana Pl. #1412 Honolulu, HI 96818
Print Name, Address/and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Daniel Vela 3009 Ala Makahala Pl. #1412 Hon. HI 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Rebecca Malpass
Signature

2/25/2018
Date

X Rebecca Malpass 185 Pilokea Ct. Honolulu, HI 96818
Print Name, Address, and Zipcode

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Signature

Date

x Chris Malpass 185 Piloken Ct. Honolulu, HI 96818

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Charla Weaver 89-1019 Pikaiohena St - Waianae, HI 96792
Signature Date 2/25/18

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you,

Signature

2/25/18
Date

X Terran Woods 91-1066 Pakameli St Kapolei HI 96707

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Jacob Kana Kamaikai 85-345 Imipono Pl. Waiānāe HI 96792
Signature Date
X Kana Kamaikai 2-25-18

Print Name, Address, and Zipcode

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Chacann Kanakamaikai
Signature

2/25/18
Date

Chacann Kanakamaikai 85-345 Imipono Pl.
Print Name, Address, and Zipcode

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Wai'anae, HI, 96792

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- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you

X Linda H. Windham 98-611 Holopuni St Aiea 96701
Signature Date

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learmont, Rep. Andria Tupola

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X Franklin Cabael-Kua'lan, 800 Third St. #4318, P. City 96782
Signature Date

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DEREK ARCE 91-504 MOKAIA ST. EWA BEACH, HI 96704

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Gail M. Thomas 2377 Ahiki St. P.O. 496782
Signature Date
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X WILLIAM D. PABLO

2567

Signature

Jasmine St Hon. Hb

Date

2/25/18

96816

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X ALVIN SEGUIN 91-1001 Keawani Dr #430
Print Name, Address, and Zipcode Signature Date

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

96706

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Lillian Keever 2/25/18
Signature Date

X *Lillian Keever* 3139 Ala Ilima St. Hm HI 96818
Print Name, Address, and Zipcode

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Signature

Date

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X JoAnn Maneafai ga 98-925 Noelani Street #A Pearl City HI 96782
Signature Date

Print Name, Address, and Zipcode

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X Wendy Pakis
Signature

2/2/2018
Date

X 2569 Jasmine St Honolulu HI 96816
Print Name, Address, and Zipcode

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Signature

Date

x Gale K.Y. Fenna 337-B1 Kalama St Kailua 96734

Print Name, Address, and Zipcode

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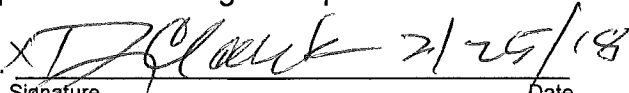
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Signature _____ Date 2/25/18
X DAWN A. CLARK 99-999 HANAILO ST. Aiea HI 96701
Print Name, Address, and Zipcode

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X Pamela Marr 2-25-14
Signature Date

X Pamela Marr - 95-307 Lanomea St. Mil. HI 96789
Print Name, Address, and Zipcode

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Signature Date

X Terran Woods Jr 91-1066 Pakawali St. 96707
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

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X George McShane III 85323 Kohala Pl Waipahoehoe
Signature Date
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Print Name, Address, and Zipcode

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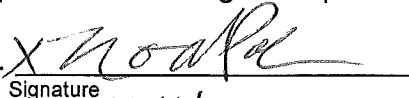
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I urge you to vote **NO** on **HB2739**. Thank you.

 02/25/2018
Signature Date

X NOAH POE 101 12th ST Honolulu, HI 96818

Print Name, Address, and Zipcode

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 2-25-18
Signature Date

X Cheng-Yu Hsieh

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Aiea, HI
96701

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Jaime Woods 2-25-18
Signature Date

Jaime Woods - 91-1066 Paowahi St 96707

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Connie Chung-Hsieh

98-1073

Signature

Komo Ma'i De. Unit A

2.25.18

Date

Area. HI. 96701

Print Name, Address, and Zipcode

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Signature

02/25/2018
Date

X Mary Poe 101 12th St., Honolulu HI 96818

Print Name, Address, and Zipcode

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X Gary Kawamura 2-25-18
Signature Date

X Gary Kawamura 98-1426A Koahalah St PC HI 96752
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Narcissa Seguin 91-1001 Keaunui Dr. #430 96706
Signature Date

Print Name, Address, and Zipcode

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Ebelia Copeland 2-25-18
Signature Date

Ebelia Copeland 91-1035 Waikai St. Ewa Beach HI 96706
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Brenda J. Trice 2/25/18
Signature Date

X *Brenda J. Trice 94-418 Hokuhele Pt. Mililani HI 96789*
Print Name, Address, and Zipcode

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x June Kawamura, 98-1420 A Koahaeke St, 96782
Signature Date 2-25-18

Print Name, Address, and Zipcode

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Kelsey Erich
Signature

2/25/18
Date

X *Kelsey Erich 95-1035 Koolani Dr. #71 Mililani, HI 96789*
Print Name/Address, and Zipcode

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TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Robert D. Windham, 98-611 Holopuni St., 96701

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X Philip D Park
Signature

FEB 25, 2018
Date

X 725 Kapiolani Blvd C-305 Honolulu, HI 96813
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X K. Russell Ho 2/25/18
Signature Date

X K. RUSSELL Ho 2522 DATE ST, #1601 HONOLULU
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

96826

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote NO on HB2739. Thank you.

Signature

Date

Print Name, Address, and Zipcode

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Melvin K. Matsushina 2/25/18
Signature Date

Melvin Matsushina 2442 Hooho'hoi St P.O. 96782
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Jeannie Hironaka 1519 Nuuanu Ave #34 96817

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

Signature

Date

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X TREVOR LIDGE 95-308 HAKU POKANOLOO MI ILANI HI

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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2/25/18
96789

TESTIMONY IN STRONG OPPOSITION TO HB2739

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Date

Print Name, Address, and Zipcode

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Signature _____ Date 2-25-18

X JEFFREY ADAMS, 3163 POULAH PLACE, 96822
Print Name, Address, and Zipcode

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Signature

Date

X Houck, Robert L 4232A Makole St Lihue, HI 96766

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X Cynthia Rabina-Houck

Signature

Date

2/25/18

Print Name, Address, and Zipcode

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JOCELYN SHIZURU
Print Name, Address, and Zipcode

3243 MOKIHANA ST HOLOLOA HI 96816
Signature

2/25/18
Date

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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BARON T. MIZUSAWA

98-1365

Signature

Baron T. Mizusawa Hoshiiki 89 Pearl City

Date

2/20/18
9/6/18

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you. Kim K. Mawakea 2/25/18

Kim Mawakea 94-500 Molehu St. Mililani, HI 96789
Signature Date

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- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Phillip Murray 938 2nd St Pearl City HI 96782

Signature

Date

2/25/18

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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TESTIMONY IN STRONG OPPOSITION TO HB2739

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Tenelle Huffman 94-1009 Maiau St. A Waipahu, HI
Signature Date
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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910797

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

PATRICK CARMODY 98-453 HOOMAILANI ST PEARL CITY HI 96782

Print Name, Address, and Zipcode

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Harriet Carmody 2/25/18
Signature Date

HARRIET CARMODY 98-453 HOOMAILANI ST PEARL CITY, HI 96782
Print Name, Address, and Zipcode

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Anthony Pociello 2-25-18
Signature Date

Anthony Pociello 1212 Kinau St. #201 Honolulu, HI. 96814
Print Name, Address, and Zipcode

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James Dawsatt Jr. 91-1065 Poholia St 209 Beach 96706
Signature Date 2/25/18

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Signature

Date

Claudia Lee 98-171 Puuuli St Aiea 96701

Print Name, Address, and Zipcode

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Signature

Date

Dayna Matsumura 98-1807 Kachumana St. #740 Aiea, HI 96701

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Suzanne Watanabe 2/25/18
Signature Date

Suzanne Watanabe 85-329 Imipono Pl. 96792
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you. Tarynn Baez 2/25/18
Signature Date

Tarynn Baez 98-720 Nohoaupuni Pl. 96701

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Signature

2/5/18
Date

88-720 Nohoaupuni Pt. Aiea, 96701

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Signature

Date

Diane Ferreira 91698 Kilinake St, Ewa Beach HI 96706

Print Name, Address, and Zipcode

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Dennis F. Sakai 85-329 Imipono Place, Waianae, HI 96792
Signature Date

Print Name, Address, and Zipcode

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Eric Nakasone 1495 O'ali Lp Hon #196816

Signature

Date

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Stacey Nakasone 1495 Oili Ln. 96816
Signature Date
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Joyce M. Sakai 85-329 Imipono Place 96792

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Cassandra Rafanan 94-286 Apoalah St. Waipaho HI 96797
Signature Date
2/25/18

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote NO on HB2739. Thank you.

X Madeline Higa 98-470 Hoomailani Street, Pearl City, HI 96782
Signature Date

Print Name, Address, and Zipcode

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Signature

Date

Chris Lane 98-1139A Moanalua Rd Aiea HI 96701 25 Feb 2018

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

Date

Cynthia M Lou 600 W. Nimitz Hwy 2600 Honolulu HI 96817

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I urge you to vote **NO** on **HB2739**. Thank you.

Joan Land 98-1139A Moanalua Rd Aiea HI 96701
Signature Date
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Gayle R Kuniu
Signature

2/25/11
Date

Gayle R Kuniu 98-1752 Hahaione street, Aiea HI 96701

Print Name, Address, and Zipcode

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Signature

Date

Clifton L. Burchfield, II 98-148 Hekaha St. Aiea HI 96701

Print Name, Address, and Zipcode

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Stephan Karichkowsky 94-440 MAIKOIKO ST/WAIPAHU, HI 96797
Signature Date 2/25/18

Print Name, Address, and Zipcode

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Signature

Date

Rodney Maunakea
Print Name, Address, and Zipcode

94-500 Moleke St Mililani HI 96789
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

2/25/18

Date

X Timothy Skizun 3243 Mokihana St. Honolulu, HI 96816

Print Name, Address, and Zipcode

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Signature

Date

JOSEPH WILLS 98-1375B NOEA ST #9 PEARL CITY HI 96782

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Byron Chilton
Print Name, Address, and Zipcode

2703 Nako Oko O St.
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

96826

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Stephen J. Nagy Sr. 2/25/2018
Signature Date

STEPHEN J. NAGY SR 1116 12TH AVE TOMS RIVER NJ 08757
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

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I urge you to vote **NO** on **HB2739**. Thank you,

Placidus Val Sarreola
Signature Date 12/25/18

X PLACIDUS VAL SARREOLA 94-1022 MAUNAHOA ST

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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WAIPIAHU HI 96797

TESTIMONY IN STRONG OPPOSITION TO HB2739

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- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you. X Linda Warne 2/25/18
Signature Date

X Linda Warne 92-725 Kuhoho St., Kapolei, HI 96707
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Joseph Warner
Signature

2/25/18
Date

X JOSEPH WARNE, 92-725 KUHIOHO ST, KAPOLEA, HI 96707

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you

Margaret Nagy 1116 12th Ave Tom's River NJ 08857
Signature Date

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Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Alison Randall
Signature

02/25/18
Date

X Alison Randall 323 Estner Street, Honolulu, HI 96815

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

Date

Della Kahunahana 1140 Kalaniana'olaha Pl. PC 96722

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you

Linda Wills 98-1375 B NOLA ST. PEARL CITY HI 96782
Signature Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Jane Yamada
Signature

2-25-18

Date

JANE YAMADA 2112 FERN ST #1 HON, HI 96826
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Melissa Barrientos 99-117 Kohomua St Apt 20E Aiea, HI 96701
Signature Date
Print Name, Address, and Zipcode

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Signature

2/25/18
Date

Sherri-Ann Barrett

2444 Date St #206

96826

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X Robyn M. Uehara - Tom _____
Signature Date

X Robyn Uehara - Tom, 1742 Hoohulu Street, Pearl City HI 96782
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

2-25-18

Date

* Kendrick Tom 1742 Hooehulu St. Pearl City HI 96782

Print Name, Address, and Zipcode

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Toni Rabe 2/25/18
Signature Date

Toni Rabe 95-1048 Kuau'i Street #172 Mililani, HI 96789
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives: _____

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Lydia Miyashiro 2/25/18
Signature Date

Lydia Miyashiro, 918 Hala Dr. Honolulu, HI 96817

Print Name, Address, and Zipcode

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Signature _____ Date 2/25/18

X Raymond
Print Name/Address, and Zipcode

980357 Kakaia Loop

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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ALICE HAWAII

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DEBORAH VILLOPIA - 94-211 WAAHANA PLACE WAIPAHU HI 96797 2-25-18
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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TESTIMONY IN STRONG OPPOSITION TO HB2739

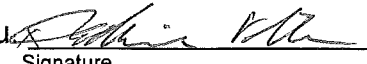
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I urge you to vote **NO** on **HB2739**. Thank you. 

Signature

Date

X MICHAEL VILLORIA 74-211 WAHAMANA PLACE, WAIKAPU H.I. 96797 2-25-18
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Henry D. Johnson JR

Print Name, Address, and Zipcode

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Signature

Date

02/25/18

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I urge you to vote **NO** on **HB2739**. Thank you.

Marisol Peña 25 Feb 2018
Signature Date

X *Marisol Peña*
205 Beard Ave Honolulu HI 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X

X JOHN J. MULLER

98-1532 / 100 MAUIE LP

Signature

P. O. Box 96782-2327

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X

Larry M. Hansen

02/25/2018

Signature

Date

X LARRY M. HANSEN 1124 8TH AVE., No. 2 HONOLULU, HI 96816

Print Name, Address, and Zipcode

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X Stefani Teroniah 91-2056 Paluhua place Ewa Beach 96706
Print Name, Address, and Zipcode

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Signature

Date

25 FEB 2018

X DAVID GONDES 2160 MAUOA RD, HONOLULU 96813

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X KARA O'NEIL 2/25/18

Signature

Date

X KARA O'NEIL, 941128 AKEI PL, WAIKOHU, HI 96797

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I urge you to vote **NO** on **HB2739**. Thank you.

Bradley G. Clifton
Signature

Date

Bradley G. Clifton 2703 Na'ako'oko' D St. Honolulu, HI 96826
Print Name, Address, and Zipcode

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Signature

Date

X Pamela Usack 116 Julian Ave Honolulu, HI 96818

Print Name, Address, and Zipcode

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*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X Bryan Jeremiah 91-2056 Pahuhu place Ewa Beach HI 100
Print Name, Address, and Zipcode

Signature

Date

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I urge you to vote **NO** on **HB2739**. Thank you.

X Cheryl Chua 2/25/18

X ANUILAGI AITAOTO 98-114 Lipoa Pl. #101, Aiea HI 96701

Print Name, Address, and Zipcode SIGNATURE Date

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Signature

Date

Print Name, Address, and Zipcode

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871 Papalalo Pl
Honolulu, HI 96825

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.*

X Ed Marks 811 Pezento Place, Honolulu 96825
Signature Date
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Thomas Delgado, 5034 KIDD ST. HONOLULU, 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Walter Yamashiro

91-1010 Kaimuki Street

Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. Mary Scarborough 2/25/2018
Signature Date

Mary Scarborough 1015 Luehvs St 96782
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Monna Marie Triggs 3/25/11-8
Signature Date

MONNA MARIE TRIGGS 546 Kapaeha Street, 23B Honolulu
Print Name, Address, and Zipcode

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HI 96817

TESTIMONY IN STRONG OPPOSITION TO HB2739

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Signature

Date

Print Name, Address, and Zipcode

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X Faleolu Saluka
Signature

Date

X Faleolu Saluka 1701 Puowaina Dr 96813 25-02-018
Print Name, Address, and Zipcode

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Signature

Date

AWIGHT JENARUSCH; 170 LA Pa'owaina Drive, Honolulu-96813

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X Dolores C. Roa
Signature

2/25/18
Date

X Dolores C. Roa
Print Name, Address, and Zipcode

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X Ramona Loo 94-283 Aaahu St. Milani, HI 96789
Signature Date

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I urge you to vote **NO** on **HB2739**. Thank you,

Signature

Date

X CAMILO D. GALLARDO, JR. P.O. BOX 30461 HONOLULU, HI. 96820

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X Gabriel Vergara
Signature

25/FEB/18
Date

X GABRIEL VERGARA 724 KAKALA ST. UNIT 1405 KAPOLEI HI 96707
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2/25/18
Date

X TREVIS CAREY
Print Name, Address, and Zipcode

41539 Makakalo Street Waimanalo, HI 96795
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Madison Carey 2/25/18
Signature Date

X Madison Carey 41539 Makela St Waimanalo, HI 96795
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2/25/18
Date

X Keyla Hernandez 724 Kakala St. Unit 1405 Kapolei HI 96707
Print Name, Address, and Zipcode

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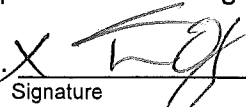
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25 Feb 2018
Date

X Frederic D Chubb 1214 Pop Point St Honolulu HI 96782
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DALE RAOONOK, 475 A+ KINSON DR HONOLULU, HI 96814

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Stacey Gasper 1342 B Wilder ave Hon 96822
Signature Date
Print Name, Address, and Zipcode

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Guy Tokunaga 2-25-18
Signature Date

X GUY TOKUNAGA 98-1038 Moanalua Rd 7.206
Print Name, Address, and Zipcode

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Nelly Paekukui 2/25/19
Signature Date

X *Nelly Paekukui, 2949 Ala Ilima St., #203, Hon. HI 96818*
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X Cassanoka Joy Kamataulwoole
Signature

X Cassanoka Joy Kamataulwoole
Print Name, Address, and Zipcode

940325 Akula Pl *milianitti*
Date *9/6/2011*

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Signature

Date

X DARRIN SEU, 3130 AKA KILIMA ST #218, HONOLULU 96818

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I urge you to vote **NO** on **HB2739**. Thank you.

Kyeonga Kang 02/25/18
Signature Date

X KYEONGA KANG P.O. Box #1402 Pearl City HI 96782
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Bernice L. Hu

BERNICE L. HU

98-249 KANUKU

ST. AIEA, HI

96101-5216

Print Name, Address, and Zipcode

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X  25 Feb 18
Signature Date

X JESSE W. HALL II 92-1140 HUALAUA ST EWA BEACH, HI 96706
Print Name, Address, and Zipcode

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Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X **RIZALINDA P. HALL**

91-1140

Signature

Rizalinda P. Hall 25 FEB 2018

Date

Hialewa St. Ewa Beach HI

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

916706



HAWAII

AMERICANS FOR DEMOCRATIC ACTION

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Karin Gill, Secretary	Chuck Huxel	Doug Pyle		

February 25 , 2018

TO: Honorable Chairs Mizuno & Nishimoto and Members of HHS & JUD Committees

RE: HB 2739 Relating to Health

Support for hearing on Feb. 27

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 HB 2739 as it would establish a process to allow some terminally ill patients the option to end their suffering. We find the moral position is to reduce suffering and to empower people to control their lives, and that means controlling its termination.

Thank you for your favorable consideration.

Sincerely,

John Bickel
President

Testimony of Rev. John Heidel

House Joint Committees on Health & Human Services and Judiciary

Hawaii State Capitol Auditorium

RE: HB 2739 Relating to Health

Tuesday, February 27, 2018

10:30 a.m.

Aloha Chairs Mizuno and Nishimoto and Members of the Committees,

My name is John Heidel. I am an ordained minister of the United Church of Christ (UCC) and a resident of Hawaii for over 50 years. **I strongly support HB 2739.**

As indicated by a poll taken in December 2016, the voters of Hawaii also support this option with a supermajority of 80%. Importantly, these results were consistent across all demographics including island of residence, ethnicity, age, economic status and religion. Regarding religion, my involvement in the interfaith community of Hawaii in the last 20 years has provided evidence of strong support from Christian, Jewish and Buddhist congregations. While I'm still learning about the teachings of other faith traditions, I'm convinced that most of the opposition from Christians is from the leadership of the Catholic Church, the Mormons and the Evangelical Churches; the general membership is largely supportive.

In March 2004, while I was president of The Interfaith Alliance Hawaii, we made the following statement, "We respect the right of competent adults to make their own decisions concerning end of life choices according to their own beliefs and values." I do not believe it is up to me, or any other religious leader, to dictate how this final, 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 we ourselves might choose; this is the meaning of freedom of choice and mutual respect. This is what we hope will be enacted by our legislators.

An important clarification is necessary; 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 people who want to live. But they can't. They have been diagnosed with a terminal illness. This bill does not advocate the indiscriminate taking of one's own life but acknowledges that, in certain carefully defined circumstances when death is certain and suffering is intolerable, that a peaceful death through the aid of medication could be an option.

The bill before you is modeled after the California medical aid in dying law which, in turn, took provisions from a law enacted 20 years ago in Oregon. These laws have resulted in relief for many terminally ill patients. Not a single case of abuse of these laws has been reported. I urge the committees to provide for Hawaii residents the same level of compassionate relief of suffering by passing HB 2739.

Mahalo for listening and for considering this Bill.



FEBRUARY 27, 2018

TESTIMONY IN SUPPORT OF TESTIMONY IN STRONG SUPPORT OF HB 2739:
RELATING TO HEALTH: Our Care, Our Choice

SUBMITTED BY: FAYE KENNEDY, CO-CHAIR
HAWAII FRIENDS OF CIVIL RIGHTS

Chair Mizuno, Chair Nishimoto, Vice-Chair Kobayashi, Vice Chair San Buenaventura and members of the Committees:

I am writing to urge your support HB 2739 relating to health care and choice. 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 chair of the Hawai'i 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.

Schools Our
Keiki Deserve

808-351-0980
808-627-0193

1488 Glen Ave.
Wahiawā

**RE: STRONG SUPPORT FOR HOUSE BILL 2739 -
RELATING TO HEALTH**

**Dear Chair Mizuno, Chair Nishimoto and Members of
the Committees,**

I am writing in strong support for HB 2739, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live to the power choose to obtain a prescription for medication to end the patient's life. As someone who just lost a loved one to a devastating case of the flu, and who Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Sincerely,

Dr. Amy Perruso

Executive Director

HB-2739

Submitted on: 2/25/2018 10:08:51 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Kuo	Hawaii Association of Professional Nurses	Support	No

Comments:

To: The Honorable Representative John M. Mizuno, Chair of the House Committee on Health and Human Services; The Honorable Representative Scott Y. Nishimoto, Chair of the House Committee on Judiciary

From: Hawaii Association of Professional Nurses (HAPN)

Subject: HB2739 – Relating to Health

Hearing: February 27, 2018, 10:30 a.m. Auditorium, State Capitol

Aloha Representative Mizuno, Chair; Representative Kobayashi, Vice Chair; Representative Nishimoto, Chair; Representative Buenaventura, Vice Chair; and Members of the House Committee on Health and Human Services and Judiciary,

Thank you for the opportunity to submit testimony regarding HB2739. HAPN is in **strong support** of placing choice in the hands of patients who we work with every day. This bill would join several other states in our nation who provide compassionate patient choice to allow mentally competent adult residents of the State of Hawaii who have a terminal illness with a confirmed prognosis of six or fewer months to live to voluntarily request and receive a prescription medication for self-administration so that they can die in a peaceful, humane manner.

It is very clear that over the years that this discussion has taken place in not only the legislative offices, committees, and conference rooms, but this discussion has been taking place in hospitals, churches, provider offices, in community organizations, and most importantly, at the kitchen tables all over our State. This has been an issue with passion on both sides. HAPN believes that patient choice and options are important. Providing choices for those who we care for on a daily basis is the reason we support

this bill. This choice may not be the right choice for some, however, we believe that the choice should be available to all.

Advanced Practice Registered Nurses have played an important role in the healthcare of our communities and we will continue to be by our patients' side as they make many different healthcare decisions throughout their lives.

In order to improve access to care, HAPN would like to recommend an **amendment in the definition of "Counseling" include Psychiatric Mental Health Nurse Practitioners** who also play a vital role in the mental healthcare of our communities.

Again, HAPN strongly believes that mentally competent adult patients who are residents of the State of Hawaii should be provided choices throughout their lives as it pertains to their healthcare. HAPN will continue to strongly support this legislation.

Thank you for the opportunity to share the perspective of HAPN with your committee. Thank you for your enduring support of the nursing profession in the Aloha State.

Respectfully,

Bradley Kuo

HAPN Legislative Committee, Vice Chair



THE INTERFAITH ALLIANCE HAWAII

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Honorable Hakim Ouansafi

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Rev. Jack Ryan

Rev. Mike Young

Commissions

Commission on Human Concerns

Rev. Douglas Pyle

Chair

Commission on Ethics in Public Life

Sister Joan Chatfield, MM

Chair

Commission on Community Building

Dr. Ha'aheo Guanson

Chair

Interfaith Open Table

Rev. Dr. Thomas D. Lynch

Convener

February 25, 2018

TO: Honorable Chairs Rep. Mizuno & Rep. Nishimoto, Vice Chairs Rep. Kobayashi & Rep. San Buenaventura, and Members of the HHS & JUD Committees

RE: SUPPORT for HB 2739 Relating to Health
Committee hearing 10:30 AM Tuesday Feb. 27, 2018

Testimony in Support of HB 2739, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

The Interfaith Alliance Hawai'i (TIAH) is the local chapter of the Interfaith Alliance, which represents over 70 spiritual and religious faith traditions nationwide as well as agnostics and atheists, all committed to promoting cooperation around shared values and beliefs. The mission of The Interfaith Alliance Hawai'i is to provide a positive and healing role in Hawai'i with people of faith, good will, and aloha, encouraging nonviolent civic participation, facilitating community activism, and challenging religious and political extremism.

The Interfaith Alliance has long maintained this position statement:

TIAH and Religious Leaders for Assisted Dying

The Interfaith Alliance Hawai'i 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.

Submitted On behalf of TIAH, In Peace, by Rev. Douglas Pyle, Chair
TIAH Commission on Human Concerns

HB-2739

Submitted on: 2/26/2018 9:32:48 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara J Ferraro	Concerned Women for America of Hawaii	Oppose	No

Comments:

CWA of Hawaii Stands up to Physician-Assisted Suicide Bill.

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 expected, physician-assisted suicide (PAS) has raised its ugly head again this legislative session. This emotionally-charged issue continues to draw heated support and opposition in Hawaii. However statistics from states that have legalized PAS show the terrible, unintended consequences Hawaii can expect to experience if it follows suit. Here are just some of our concerns:

The individual could be given the prescription due to a misjudgment or an error in the diagnosis of their disability or illness.

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 and very little 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.

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.

PAS increases overall suicide rates, lethal addictive drugs go unused, and mental health issues are ignored.

There is much room for error in these situations, since any drug that the patient would receive a prescription for could also be used for detrimental purposes.

Therefore, CWA of Hawaii opposes this legislation and we urge all committee members to vote NO.

HB-2739

Submitted on: 2/26/2018 10:03:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Derald Skinner	Calvary Chapel Pearl Harbor	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 8:32:33 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Valko RN ALNC	National Association of Pro-Life Nurses	Oppose	No

Comments:

Nancy Valko, RN ALNC

St. Louis, Mo.

Email: nancyvalko@sbcglobal.net

Phone: 314-504-5208

February 26, 2018

Please Do Not Approve HB 2739, From a Mother and a Nurse

As the mother of a physically healthy suicide victim who used an assisted suicide technique and as a registered nurse who has cared for suicidal people both personally and professionally for over 40 years, I implore you not to approve the dangerous HB 2739, the "Our Care, Our Choice Act".

Despite the euphemism of "aid in dying" instead of medically (since advanced practice registered nurses can be "the attending physician") assisted suicide and the demand for it as a fundamental right, this bill puts both desperate people and our health care system in danger. I want to address both issues.

My Daughter Marie Killed Herself Using an Assisted Suicide Technique

In 2009, I lost a beautiful, physically well 30-year-old daughter, Marie, to suicide after a 16-year battle with substance abuse and other issues. Her suicide was like an atom bomb dropped on our family, friends and even her therapists.

Despite all of our efforts to save her, my Marie told me that she learned how to kill herself from visiting suicide/assisted suicide websites and reading Derek Humphry's book Final Exit. The medical examiner called Marie's suicide technique "textbook final exit" but her death was neither dignified nor peaceful.

Marie was not mere collateral damage in the controversy over assisted suicide. She was a victim of the physician-assisted suicide movement, seduced by the rhetoric of a painless exit from what she believed was a hopeless life of suffering.

SUICIDE CONTAGION

Adding to our family's pain, at least two people close to Marie became suicidal not long after her suicide. Luckily, these two young people received help and were saved, but suicide contagion^[1], better known as "copycat suicide", is a well-documented phenomenon^[i].

1. Oregon's physician-assisted suicide law took effect in 1997, the rate of suicide increased. In 2015, the state's health department said "The rate of suicide among Oregonians has been increasing since 2000" and as of 2012 was "42% higher than the national average"; suicide had become "the second leading cause of death among Oregonians aged 15 to 34 years."^[2] These figures are in addition to deaths under the Oregon assisted suicide law, which legally are not counted as suicides.

My Marie was one of the almost 37,000 reported US suicides in 2009. According to the Centers for Disease Control and Prevention^[3], suicide is the 10th leading cause of death among Americans with more than 44,000 people dying by suicide in 2015, more than 1.4 million people reported making a suicide attempt in the past year and almost 10 million adults reported thinking about suicide in the past year. Suicide costs society over **\$56.9 billion** a year in combined medical and work loss costs.

Our urgent health care crisis is not the staggering and increasing number of suicides, not the lack of enough medically assisted suicides.

The Effect of Medically Assisted Suicide on Our Health Care System

MY STORY

Several years after Oregon's law was passed, I was threatened with termination from my job as an intensive care unit nurse after I refused to participate in a deliberate overdose of morphine that neither the patient nor his family requested after an older patient experienced a crisis after a routine surgery.

The patient had improved but did not wake up within 24 hours after sedatives used with a ventilator were stopped. It was assumed that severe brain damage had occurred and doctors recommended removing the ventilator and letting the patient die.

However when the ventilator was removed, the patient unexpectedly continued to breathe even without oxygen support. A morphine drip was started and rapidly increased but the patient continued to breathe.

When I refused to participate in this, I found no support in my hospitals “chain of command” and I could not pass off this patient to another nurse so I basically stopped the morphine drip myself, technically following the order to “titrate morphine for comfort, no limit.”

The patient eventually died after I left but ironically, a later autopsy requested by the family showed **no lethal condition or brain injury** as suspected.

The physician who authorized the morphine demanded that I be fired.

I’ve known other doctors, nurses and therapist who have similarly put their jobs on the line to protect their patients. Unfortunately, we are fast becoming pariahs in the face of medically assisted suicide legalization.

Society has long insisted that health care professionals adhere to the highest standards of ethics as a form of protection for society. The vulnerability of a sick person and the inability of society to monitor every health care decision or action are powerful motivators to enforce such standards. For thousands of years doctors (and nurses) have embraced the Hippocratic standard that "I will give no deadly medicine to any one, nor suggest any such counsel." Should the bright line doctors and nurses themselves drew to separate killing from caring now be erased by legislation?

As a nurse, I am willing to do anything for my patients -- except kill them. In my work with the terminally ill, I have been struck by how rarely these people say something like, "I want to end my life." And the few who do express such thoughts are visibly relieved when their concerns and fears are addressed and dealt with instead of finding support for the suicide option. I have yet to see such a patient go on to commit suicide.

In 2015, the Canadian Supreme Court approved MAID (medical aid in dying aka medically assisted suicide) and lethal injection suicides began in Quebec, one of Canada’s largest provinces. Such lethal injections are now approved in HB 2739 when “my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness.” (p. 30, lines 15-17) Now, “only 5 of more than 2,000 Canadian patients who used medical aid in dying self-ingested the lethal medication^[4].”

But a December, 2017 Canadian medical journal article “First Results from a Unique Study”^[5] done in Laval, Canada showed that although prior to the law, 48% of doctors said they would participate, 30% with conditions and only 28% said they would never participate, afterwards, 77% of the physicians getting MAID requests refused to actively participate, all of them using the conscientious objection clause, even though the study claimed the majority (72%) were in favor of MAID with only 13% of the doctors neutral or ambivalent. The most common reason given for refusal was “too much of an emotional burden to bear”,

Do assisted suicide supporters really expect us doctors and nurses to be able to assist the suicide of one patient, then go on to care for a similar patient who wants to live, without this having an effect on our ethics or our empathy? Do they realize that this can reduce the second patient's will-to-live request to a mere personal whim – perhaps, ultimately, one that society will see as selfish and too costly? How does this serve optimal health care, let alone the integrity of doctors and nurses who have to face the fact that we helped other human beings kill themselves?

Conclusion

Medically assisted suicide is a dangerous proposition and HB 2739 goes beyond even Oregon's law by approving lethal injections and advanced practice registered nurses as providers. Other countries have gone farther to include chronic psychiatric conditions, birth defects and even just old age

We must not discriminate on the basis of health and choice when it comes to desperate people seeking suicide. We must treat all of our citizens with equal concern.

[1] "Suicide bereavement and complicated grief" by Young et al. *Dialogues Clin Neurosci.* 2012 Jun; 14(2): 177–186. Online at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3384446/>

[2] X. Shen and L. Millet, *Suicides in Oregon: Trends and Associated Factors.* 2003-2012 (Oregon Health Authority 2015) at 3, <http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/NVDRS/Suicide%20in%20Oregon%202015%20report.pdf> ; Oregon Health Authority,

Oregon Vital Statistics Annual Report 2015 (Dec. 2016), Vol. 2 at 6-26, <https://digital.osl.state.or.us/islandora/object/osl%3A94197>

[3] "Suicide: Consequences". Centers for Disease Control and Prevention. Online at <https://www.cdc.gov/violenceprevention/suicide/consequences.html>

[4] "Medical Aid in Dying: When Legal Safeguards Become Burdensome "Obstacles" by Thaddeus Mason Pope, JD, PhD. December 25, 2017. Online at

<http://www.ascopost.com/issues/december-25-2017/medical-aid-in-dying-when-legal-safeguards-become-burdensome-obstacles/>

[5] “First Results from a Unique Study” by Lucie Opatrny, and Marie-Ève Bouthillier, PhD. LeSpecialist. December 2017 pp 36-40.

<https://www.fmsq.org/en/mediatheque/editions/le-specialiste>

HB-2739

Submitted on: 2/26/2018 3:31:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Barbara L. Lyons	Patients Rights Action Fund	Oppose	No

Comments:

In states that have legalized assisted suicide, governments and insurance companies are incentivized to deny coverage of lifesaving treatment and instead offer payment for cheaper lethal drugs, as evidenced in the personal story videos below. To protect Hawaii residents who would be subjected to such treatment, we urge you to vote NO on HB 2739. Thank you.:

Barbara Wagner: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon.

<https://www.youtube.com/watch?v=77b2h041gSs&feature=youtu.be>

Randy Stroup: Denied payment for chemotherapy and offered payment for lethal drugs by the State of Oregon. https://www.youtube.com/watch?v=5_WtvktyxkA

Stephanie Packer: Denied payment for lifesaving treatment and, when asked, was told by her California insurance company that they would pay for lethal drugs.

https://www.youtube.com/watch?v=-02mSDU_ouo&feature=youtu.be

Patients of Dr. Brian Callister: Denied payment for lifesaving treatment and offered payment for lethal drugs by insurance companies in Oregon and California.

https://www.youtube.com/watch?v=CWrpr_5e4RY



February 26, 2018

Aloha Chairman Mizuno, Chairman Nishimoto and members of the committee,

I respectfully submit the attached petitions urging lawmakers to enact medical aid in dying legislation.

Over 1,000 signers represent a sampling of the supermajority 80% of registered Hawai'i voters who support medical aid in dying. (Poll: [November 2016 Anthology Group](#).) The signatures were collected at voluntary events and venues throughout Oahu, including the annual Seniors Fair, the Women's March, and our website.

They were collected without influence from persons in a leadership position (religious or otherwise).

If medical aid-in-dying legislation is enacted, Hawai'i would join six states (Oregon, Washington, Montana, Vermont, California, and Colorado) as well as the District of Columbia in authorizing the practice. The seven jurisdictions have more than 40 combined years of experience with medical aid in dying without a single legally documented incident of abuse or coercion.

We greatly appreciate your consideration of this important issue and hopefully your support of House Bill 2739.

Mahalo,

Michael Golojuch, Jr.
Grassroots Coordinator
Compassion & Choices – Hawai'i



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Arlene Jansen
Address: 1035 LUNA'I PL
City: Kailua State: HI ZIP: 96734
E-mail: arlene.jansen@yahoo.com
Phone: (808) 261-4088

Name: Alexandra Avery
Address: 42 Palione Pl
City: Kailua State: HI ZIP: 96734
E-mail: aavery@hawaii.rr.com
Phone: 808 295 5495

Name: CHRIS JANSEN
Address: 1035 LUNA'I PLACE
City: KAILUA State: HI ZIP: 96734
E-mail: RCJ364@gmail.com
Phone: 808 261 4088

Name: Vern Hinsvark
Address: 42 Palione Place
City: Kailua State: HI ZIP: 96734
E-mail: Verno@hawaii.rr.com
Phone: 808 295-5495

Name: EDGAR MORLEY
Address: 146 ULLAMA ST
City: KAILUA State: HI ZIP: 96734
E-mail: MORLEYEC@gmail.com
Phone: 808 262-5424

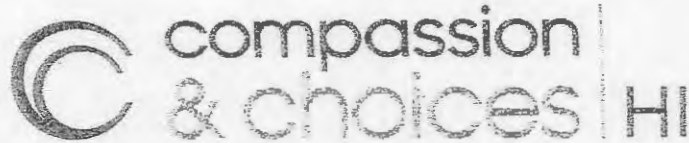
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Mary Reilly
Address: 140 Ullama St
City: Kailua State: HI ZIP: 96734
E-mail: reillykirby@yahoo.com
Phone: 808 542-1006

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Eve Anderson
Address: Old Kalaniana'olaha Rd
City: Kailua State: HI ZIP: 96734
E-mail: eva@hawaii.rr.com
Phone: 262-6765

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Caroline L. Mackenzie
Address: 44-168 Nanamooaa
City: Kaneohe State: HI ZIP: 96744
E-mail: clordmack@gmail.com
Phone: _____

Name: PATTY LA FORCE
Address: 1020 KOOHOO PLACE
City: KAILUA State: HI ZIP: 96734
E-mail: PALAFORCE@earthlink.net
Phone: 808 306 4596

Name: Suzanne Baraff
Address: 1438 Kihaukai Dr.
City: KAILUA State: HI ZIP: 96734
E-mail: sbaraff@gmail.com
Phone: 310.600.8299

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Joyce Clarin
Address: 314 Kuu Kama
City: KAILUA State: HI ZIP: 96734
E-mail: joyce.clarin@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Leslie Wynchhoff
Address: 872 Kainui Dr.
City: KAILUA State: HI ZIP: 96734
E-mail: leslie.wynchhoff@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Amy Conley
Address: 1231 Alala Rd
City: KAILUA State: HI ZIP: 96734
E-mail: AmyConleyhomes@gmail.com
Phone: 808 375-2521

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Lana Oura
Address: 43 Pohina St. #1601
City: Wailuku State: HI ZIP: 96793
E-mail: lana.oura@gmail.com
Phone: 808-264-1990

Name: Barbara Swanson
Address: POB 1112
City: Kihei State: HI ZIP: 96753
E-mail: Swanbar@aol.com
Phone: 808-283-8032

Name: Dennis Oura
Address: 43 Pohina St. #1601
City: Wailuku State: HI ZIP: 96793
E-mail: doura@twc.com
Phone: 808-264-8854

Name: Adah Askew
Address: P.O. Box 1470
City: Kihei State: HI ZIP: 96753
E-mail: adahmaui@yahoo.com
Phone: 808-635-2492

Name: Hal Brotheim
Address: 43 Pohina St. #1602
City: Wailuku State: HI ZIP: 96793
E-mail: haljbpi@gmail.com
Phone: 808-868-4690

Name: John Doucette
Address: 151 E. Wakea Ave #201
City: Kahului State: HI ZIP: 96732
E-mail: drdoucette@dc@yahoo.com
Phone: (808) 893-2427

Name: Sondra Brotheim
Address: 43 Pohina St. #1602
City: Wailuku State: HI ZIP: 96793
E-mail: sbrotheim@gmail.com
Phone: 808-868-4690

Name: Ruth Smith
Address: P.O. Box 880392
City: Pukalani State: HI ZIP: 96788
E-mail: deepaloha724@gmail.com
Phone: 808-341-76543

Name: Michaella Hashimoto
Address: 40 A Mohala Pl.
City: Pukalani State: HI ZIP: 96768
E-mail: Michaella.Hashimoto@gmail.com
Phone: 808-283-6719

Name: Angel Devlin-Brown
Address: 29 Haukoma St. #2002
City: Wailuku State: HI ZIP: 96793
E-mail: angeladevlinbrown@gmail.com
Phone: 808-446-1955



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Sandie Elrick
Address: 51 Pohina St #1704
City: Wailuku State: HI ZIP: 96793
E-mail: N/A
Phone: 815-262-1003

Name: Till Hansen MD
Address: 24 N. Church St #403
City: Waikaloa State: HI ZIP: 96791
E-mail: hansen.till@gmail.com
Phone: 808 385 1552

Name: WANDA SHIRREFF
Address: 713 AULIKE ST
City: KIHEI State: HI ZIP: 96753
E-mail: WSHIRREFF@YAHOO.COM
Phone: 804-429-2004

Name: Kamaile Jenkins
Address: 3125 Liholani St.
City: Pukalani State: HI ZIP: 96768
E-mail: Kamailelaureta@gmail.com
Phone: 808 281 3804

Name: Joyce Van Zwalenburg
Address: P.O. Box 967367
City: Paia State: HI ZIP: 96779
E-mail: _____
Phone: _____

Name: Patty Minardi
Address: 160 Keonekai Rd #19-104
City: Kihei State: HI ZIP: 96753
E-mail: _____
Phone: _____

Name: Carol Caton
Address: 29 Kai Ani Ln #2-201
City: Kihei State: HI ZIP: 96753
E-mail: _____
Phone: _____

Name: Kathy Hass
Address: 515 S. KIHEI Rd. A202
City: KIHEI State: HI ZIP: 96753
E-mail: pacmav1@aol.com
Phone: 808 866-2952

Name: William Quiberg
Address: 1506 Kaumuali'i #219
City: Honolulu State: HI ZIP: 96819
E-mail: None
Phone: 808-955-6119

Name: Juliana Higa
Address: 187 ALOHI PLACE
City: MAKAWAO State: HI ZIP: 96768
E-mail: mauiplanner@gmail.com
Phone: 808 264-2765



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Name: Gail Terada
Address: 324 Ekoa Pl.
City: Wailuku State: HI ZIP: 96793
E-mail: _____
Phone: 242 7412

Name: Lena Stanton
Address: 222 Anamulua St
City: Kahului State: HI ZIP: 96732
E-mail: lena.stanton@gmail.com
Phone: ~~808-893-0928~~ 893-0928

Name: Juliet Kinimaka
Address: 114 Papahi Loop
City: Kahului State: HI ZIP: 96732
E-mail: kinimakajuliet@gmail.com
Phone: 808-866-2489

Name: LLOYD SODETANI
Address: 1885 MAIN ST #404
City: WAILUKU State: HI ZIP: 96793
E-mail: lf.sodetan@hawaii.rr.com
Phone: 808-244-9036

Name: Valene Kaili Gomes
Address: P.O. Box 183
City: Makawao State: HI ZIP: 96768
E-mail: vkailig@icloud.com
Phone: (808) 268-3223

Name: Lena Kaili
Address: 10 Makea way
City: Wai State: HI ZIP: 96793
E-mail: none
Phone: 808 760-8764

Name: Glen Dura
Address: 319 Ala Pl.
City: Wailuku State: HI ZIP: 96793
E-mail: gourd319@gmail.com
Phone: 808-276-2925

Name: Leinani Halilivane-ortiz
Address: Alahane hili Hwy
City: Waihee State: HI ZIP: 96793
E-mail: leinani89@gmail.com
Phone: 808-298-2124

Name: Katsuko Enoki
Address: 81 Ihaa St
City: Pukalani State: HI ZIP: 96768
E-mail: kenoki@hawaii.rr.com
Phone: 5728316(h) 8566537(c)

Name: Arlene Cadiz
Address: 265 Mikohe Loop
City: Kahului Maui State: HI ZIP: 96732
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Jessie Sakamoto
JESSIE SAKAMOTO
Address: 2528 Kaupakalua Rd
City: HAIKU State: HI ZIP: 96708
E-mail: leuro.sakamoto@yahoo.com
Phone: (808) 572-6061

Name: Cameron Sakamoto
Address: 2530 Kaupakalua Rd
City: Haiku State: HI ZIP: 96708
E-mail: _____
Phone: 385-1939

Name: Wayne Sakamoto
Address: 2528 Kaupakalua Rd
City: HAIKU State: HI ZIP: 96708
E-mail: sakamotow007@hawaii.rr.com
Phone: (808) 572-6061

Name: WYNNE MORIYAMA
Address: 1255 NUUANU #715
City: HON State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Christine Baeta
Address: 650 Haleka St
City: Kahe State: H ZIP: 96753
E-mail: _____
Phone: _____

Name: Mical Oora
Address: 40A Moala Place
City: pukalani State: HI ZIP: 96765
E-mail: N/A
Phone: 808-419-8344

Name: Brian Watanabe
Address: 1665 Haiku Rd
City: Haiku State: H ZIP: 96708
E-mail: _____
Phone: _____

Name: Jason Honda
Address: 838 Makiki St.
City: Wailuku State: HI ZIP: 96792
E-mail: Surfa17@hotmail.com
Phone: 808-385-0354

No Soliciting

Name: Kimberly Allen
Address: 2530 Kaupakalua Road
City: Haiku State: HI ZIP: 96708
E-mail: KimberlyCJS@gmail.com
Phone: 808-777-7308

Name: Shannon Valenzuela
Address: 23 Keolu Ala Ave
City: Makawao State: HI ZIP: 96768
E-mail: Shannonvalenzuela@
Phone: (808) 870-9231 hotmail.com
(808) 870-9235



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Jamir Brunson
Address: 45 Kamehameha Ave
City: Wailuku State: HI ZIP: 96732
E-mail: brunson.jamir23@gmail.com
Phone: 935-319-4782

Name: Stephanie Kuramata
Address: POB 2426
City: Wailuku State: HI ZIP: 96793
E-mail: StephanieKuramata@gmail.com
Phone: 808-242-9347

Name: CARRIE MILLWARD
Address: 2048 KAHO ST
City: WAILUKU State: HI ZIP: 96793
E-mail: Schroeder124@msn.com
Phone: (808) 264-3720

Name: Shigery Kuramata
Address: POB 2426
City: Wailuku State: HI ZIP: 96793
E-mail: ShigeryKuramata@gmail.com
Phone: 808-242-9347

Name: Janet Warren
Address: 429 Nihoa
City: Kohala State: HI ZIP: 96732
E-mail: Janstanmami@yahoo.com
Phone: 808 214 8286

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Vickie Ribuan
Address: 736 Oleng St.
City: Wailuku State: HI ZIP: 96793
E-mail: ~~_____~~
Phone: 808-250-6077

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: Jaimie Brown
Address: 73 Maunaloa Pl.
City: Wailuku State: HI ZIP: 96793
E-mail: JBrownePndMauiProperty.com
Phone: 808-385-5318

Name: Melide Vasler
Address: 326 Pukalani St.
City: Pukalani State: HI ZIP: 96768
E-mail: melidegvasler@gmail.com
Phone: 808-573-5232

Name: KEONI MANAEL
Address: 70 E. Kahaunui Ave C9
City: Hahione State: HI ZIP: 96732
E-mail: Keoni@hotmail.com
Phone: 344-7122

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Gindyn Dea Cruz
Address: 670 Plo Dr Wailuku
City: Maui State: HI ZIP: 96703
E-mail: gindycruz01207@gmail.com
Phone: 6331738

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Maria N. Isotov
Address: 71 Makani Ave #7
City: Wakanaa State: _____ ZIP: 96768
E-mail: mnisotov@maui.net
Phone: 808-344-0530

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Stephanie Kuramata
Address: 2326 Main St.
City: Wailuku State: HI ZIP: 96793
E-mail: StephanieKuramata@gmail.com
Phone: 808-298-4460

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Duplicate

(no marketing)



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Andrea Young
Address: P.O. Box 10119
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Randall Young
Address: P.O. Box 17524
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Caroline L. Mackenzie
Address: 44 168 Kananakooa
City: Kaneohe State: HI ZIP: 96744
E-mail: clordmack@gmail.com
Phone: _____

Name: PATTY LAFORCE
Address: 1020 KOCHOO PLACE
City: KAILUA State: HI ZIP: 96734
E-mail: PATLAFORCE@earthlink.net
Phone: 808 306 4596

Name: Suzanne Baraff
Address: 1438 Kihaukani Dr.
City: KAILUA State: HI ZIP: 96734
E-mail: sbaraff@gmail.com
Phone: 310.600.8299

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Joyce Clarin
Address: 314 Kuukama
City: KAILUA State: HI ZIP: 96734
E-mail: joyce.clarin@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Leslie Wynhoff
Address: 872 Kainui Dr.
City: KAILUA State: HI ZIP: 96734
E-mail: leslie.wynhoff@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Amy Conley
Address: 123 Alala Rd
City: KAILUA State: HI ZIP: 96734
E-mail: AmyConleyhomes@gmail.com
Phone: 808 375-2521

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Entered

HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

Name: Sharon Lowrie M.D. Address: 44-243 Mikiada Dr City: Kaneohe State: HI ZIP: 96744 E-mail: Coconutkai@hotmail.com Phone: 808-265-2596

Name: Mary Reilley Address: 140 Ulilama St City: Kailua State: HI ZIP: 96734 E-mail: reilleykirby@yahoo.com Phone: 808-542-1006

Name: ANGELA POSITIERE Address: 716 MALUNIV AVE City: KAILUA State: HI ZIP: 96734 E-mail: angela@myartmail.com Phone: 808-243-0273

Name: Ing Sprindt Address: 495 C. Akipoke Pl City: KAILUA State: HI ZIP: 96734 E-mail: isprindt@yahoo.com Phone: 808-262-3890

Name: Alexandra Aveny Address: AZ Palione Place City: Kailua State: HI ZIP: 96734 E-mail: aaveny@hawaii.rr.com Phone: 808 295 5495



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Julie Ediger
Address: 45-205 Kahanahou Cir.
City: Kaneohe State: HI ZIP: 96744
E-mail: jediger22@gmail.com
Phone:

Name: Jon Flynn
Address: 45-205 Kahanahou Cir
City: Kaneohe State: HI ZIP: 96744
E-mail:
Phone:

Name: Eric Ediger
Address: 45-205 Kahanahou Cir
City: Kaneohe State: HI ZIP: 96744
E-mail:
Phone:

Name: Sarah Wolfe
Address: 41209 Lanuhole St.
City: Waimanalo State: HI ZIP: 96795
E-mail:
Phone:

Name: Lucy Kida
Address: 91-1070 Noholike St
City: Ewa State: HI ZIP: 96706
E-mail:
Phone:

Name: Jodie Ohaga
Address: 99-859 Maala St.
City: Aiea State: HI ZIP: 96701
E-mail:
Phone:

Name: DUFF ZWALD
Address: 2330 AIHAANA WAY
City: HONOLULU State: HI ZIP: 96821
E-mail:
Phone:

Name: Gabriel Kunipo
Address: 7217 Hawaii Kai Dr.
City: Honolulu State: HI ZIP: 96825
E-mail:
Phone:

Name: JAKE WYNN
Address: 45-205 KA HANAHOU CIR
City: KANEOHE State: HI ZIP: 96744
E-mail:
Phone:

Name: TOM SIEK
Address: 94979 Kaula Pl Apt 801
City: Waiipahu State: HI ZIP: 96797
E-mail:
Phone:



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Name: Leanne Kau
Address: 910 451 Atkinson Dr.
City: Hon State: HI ZIP: 96814
E-mail: _____
Phone: 949-4161

Name: Sharon Miyasato
Address: 2316 Maikalanui Dr.
City: Hon State: HI ZIP: 96811
E-mail: Shm.yasato@llwu.local142.org
Phone: 9494161

Name: Teddy B. Espeleta
Address: P.O. Box 790535 Paia
City: Maui State: HI ZIP: 96779
E-mail: teddy b 9093 @ gmail. com
Phone: 808-870-4167

Name: Sui Ling Poy
Address: 910 451 Atkinson Dr
City: Honolulu State: HI ZIP: 96814
E-mail: _____
Phone: 949-4161

Name: Michelle Takara
Address: 1430 Kealia
City: Honolulu State: HI ZIP: 96817
E-mail: mmktakara@gmail.com
Phone: (808) 949-4161

Name: Michelle Tran
Address: 1550A Pukete Ave.
City: Honolulu State: HI ZIP: 96816
E-mail: michelletran21@gmail.com
Phone: (808) 679-1925

Name: Rae C. Shiraki
Address: P.O. Box 62246
City: Honolulu State: HI ZIP: 96839
E-mail: _____
Phone: 949-4161

Name: Desmond Koon
Address: 45-340 KONGA ST
City: Konawa State: HI ZIP: 96744
E-mail: dkoon@llwu.local142.org
Phone: 949-4161

Name: Jose Miramontes
Address: 92-783 Makuhila DR #18
City: Kapolei State: HI ZIP: 96707
E-mail: Jmiramontes@llwu.local142.org
Phone: 799-6618

Name: Dillon Hurling
Address: 46-390 Kukulupa
City: Kaneohe State: HI ZIP: 96744
E-mail: _____
Phone: 949-41-61



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Name: Paris Fernandez
Address: 389 AMATHOU ST.
City: Honolulu State: HI ZIP: 96825
E-mail: pfernan@yahoo.com
Phone: 808-754-5512

Name: VENUS ARTHUR
Address: 1519 NUUANU AVE ILI
City: Honolulu State: HI ZIP: 96817
E-mail: vmaexercise@hotmail.com
Phone: 808-949-4161

Name: MICHAEL YAMAGUCHI
Address: 98-704 NABUHI ST
City: AIEA State: HI ZIP: 96701
E-mail: MYAMAGUCHI@AIEA.LOCAL.HI.EDU
Phone: (808) 864-1490

Name: Jo-Ann Lee
Address: 2754 Kuilei St #1004
City: Honolulu State: HI ZIP: 96826
E-mail: snjlee123@hotmail.com
Phone: 808-949-4161

Name: Lohie Kailoa
Address: 1524 Pensacola St #314
City: Honolulu State: HI ZIP: 96822
E-mail: KAALOAZ@HAWAII.EDU
Phone: 864-1921

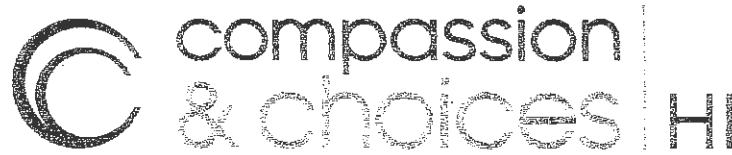
Name: Collette J.K. Mattos
Address: 47-369 D Hui Iwa St.
City: KANEHE State: HI ZIP: 96744
E-mail: CJKMATTOS@gmail.com
Phone: 808-203-0416

Name: Lisa Maehara
Address: 91-1037 Palihauai H.
City: Ewa Beach State: HI ZIP: 96706
E-mail: lmaehara@lamuchira.com
Phone: (808) 949-4161

Name: Serena Takahashi
Address: 587 Puu Place
City: HONOLULU State: HI ZIP: 96821
E-mail: serena_takahara@hotmail.com
Phone: 808-397-4580

Name: Luana Andrade-Galderia
Address: 94-1197 Kepehu Street
City: Waipahu State: HI ZIP: 96747
E-mail: luana.galderia@yahoo.com
Phone: (808) 949-4161

Name: CELIA CALPITO
Address: 91-1536 PUKANAZA ST
City: EWA BEACH State: HI ZIP: 96706
E-mail: calpitocjex@hawaii-rr.com
Phone: (808) 751-7729



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Name: N. U Omori
Address: 98-1936 Hapaki St
City: Aiea State: HI ZIP: 96701
E-mail: mie.omori@ilwulocal142.org
Phone: 808-226-7020

Name: Tyrone Tahara
Address: 3013 Kamekuni St
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Lynette McComas
Address: 98-1867 Kaabumona St S
City: Aiea State: HI ZIP: 96701
E-mail: lmcemas@ilwulocal142.org
Phone: 808-1493

Name: Drake Debrauw
Address: 4212 Hakua St
City: Hon State: HI ZIP: 96818
E-mail: _____
Phone: _____

Name: DWIGHT TAKAMINE
Address: 2497 MAUKI WTS DR.
City: HONOLULU State: HI ZIP: 96822
E-mail: dwright.takamine@ilwulocal142.org
Phone: 213-9285

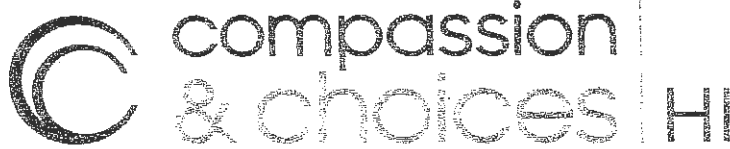
Name: Jemi Miyoi
Address: 99-912 Hulumanu St.
City: Aiea State: HI ZIP: 96701
E-mail: tmiyoi@ilwulocal142.org
Phone: _____

Name: DONOVAN DUNCAN
Address: 3670A HILO PLACE
City: HONOLULU State: HI ZIP: 96816
E-mail: donovanduncan64@gmail.com
Phone: 808-772-9172

Name: Lorna Domingo
Address: 2824 Kauhale St
City: Kihei State: HI ZIP: 96753
E-mail: ldomingo@maui.gateway.com
Phone: 808 875-8139

Name: EADIE OMONAKA
Address: 2115 HAENA DR.
City: HONOLULU State: HI ZIP: 96822
E-mail: elovis@lava.net
Phone: 808-946-6550

Name: Matthew Arakawa
Address: PO Box 2160
City: Honolulu State: HI ZIP: 96805
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Karl Lind Name: _____
 Address: 99-953A Halawa Dr Address: _____
 City: Aiea State: HI ZIP: 96701 City: _____ State: _____ ZIP: _____
 E-mail: KLind@icwmlocal142.org E-mail: _____
 Phone: 864-1297 Phone: _____

Name: Joanne Kealoha Name: _____
 Address: 1023 Kapahulu Ave., #18 Address: _____
 City: Honolulu State: HI ZIP: 96816 City: _____ State: _____ ZIP: _____
 E-mail: jkealoha@icwmlocal142.org E-mail: _____
 Phone: 864-1310 Phone: _____

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 E-mail: _____ E-mail: _____
 Phone: _____ Phone: _____

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 E-mail: _____ E-mail: _____
 Phone: _____ Phone: _____

Name: _____ Name: _____
 Address: _____ Address: _____
 City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____
 E-mail: _____ E-mail: _____
 Phone: _____ Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: LYNN REEDELL
Address: 2977 ALA ILIMA ST #310
City: HONOLULU State: HI ZIP: 96818
E-mail: LYNNOTR@HOTMAIL.COM
Phone: 808-587-6146

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Cindy Goldstein
Address: 98-814C Kaula ST
City: Aiea State: HI ZIP: 96701
E-mail: _____
Phone: 808-673-1836

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: M R Chai
Address: POB 846
City: Aiea State: HI ZIP: 96701
E-mail: makona@makonachai.com
Phone: 808-282-2743

Name: Yan Ho Janet Lyle
Address: 55 S. Kukui Street Apt. D914
City: Honolulu State: HI ZIP: 96813
E-mail: _____
Phone: _____

Name: S. Yee
Address: 3680 Lilinoe Pl.
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: 808 734-1072

Name: Anthony Chang
Address: 1245 Maunakea St. #2316
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Ona Lee
Address: 3680 Lilinoe Pl
City: Hon State: HI ZIP: 96816
E-mail: onagku@yahoo.com
Phone: 808-734-1072

Name: SABINA SWIFT
Address: 1640-D O'o Lane
City: Honolulu State: HI ZIP: 96817
E-mail: sabinafajardo@gmail.com
Phone: 808-521-7053

Name: Jo Schlesinger
Address: 2426 Oahu Ave
City: Honolulu State: HI ZIP: 96822
E-mail: joschlesinger@verizon.net
Phone: 412-596-8658

Name: Ona Lee
Address: 3680 Lilinoe Pl.
City: Hon State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Bob Stauffer
Address: 4679 Kolohala St.
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Nivian Carlson
Address: 322 Aolua St #1801
City: Kailua State: HI ZIP: 96734
E-mail: vanncarlson@gmail.com
Phone: 808-263-4879

* I may have signed an electronic version of this



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Name: JUDITH A. HALL
Address: 323 D KAELEPUNA DR
City: KAILUA State: HI ZIP: 96734
E-mail: _____
Phone: 808-262-2269

Name: Malia Chow
Address: 45-657 Halekai PL
City: Kahehe State: HI ZIP: 96744
E-mail: _____
Phone: 808-236-2668

Name: Marilyn Kay Larsen
Address: 77 Karsten Dr #23D
City: Wahiawa State: HI ZIP: 96786
E-mail: kaylarsen18@gmail.com
Phone: 808-778-9646

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: JOHN P WHALEN
Address: 224 A HUALI STREET
City: HONOLULU State: HI ZIP: 96813
E-mail: jpwhalen@live.com
Phone: 808-754-5285

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Elizabeth L Raulston
Address: 821 South St A3005
City: Honolulu State: HI ZIP: 96813
E-mail: ELRMP15@aol.com
Phone: 612-807-8662

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Katherine O'Reilly
Address: 45-09C Namoku St. A.1415
City: Kaneohe State: HI ZIP: 96744
E-mail: Kittyor@aol.com
Phone: 247-4417

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Marianne Rho
Address: 1212 Punahou St, #1115
City: HNL State: HI ZIP: 96826
E-mail: _____
Phone: _____

Name: Shoshana Cohen
Address: 3356 Francis St.
City: Honolulu State: HI ZIP: 96815
E-mail: Shoshana.kelile@gmail.com
Phone: (808) 388-9010

Name: Sandra Tsukiyama
Address: 3593 Akaka Pl
City: Honolulu State: HI ZIP: 96822
E-mail: sandritsukie@gmail.com
Phone: 808-227-7258

Name: Glenda Paige
Address: 3653 Tantalus Dr
City: Honolulu State: HI ZIP: 96822
E-mail: ghpaige@hotmail.com
Phone: 808-536-7442

Name: Glenda Paige
Address: PO Box 88616
City: Hono State: HI ZIP: 96830
E-mail: glendepaige@yahoo.com
Phone: 808-370-5339

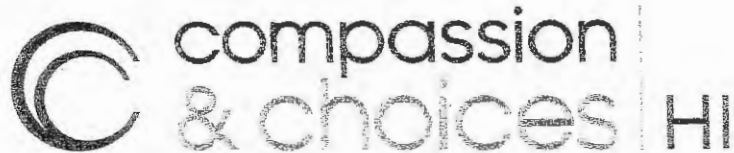
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Elijah An Sing
Address: PO Box 88616
City: Hono State: HI ZIP: 96830
E-mail: elijah-shing@yahoo.com
Phone: 808-265-2002

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Sharon Paige
Address: 1439 8th Ave.
City: Hon State: HI ZIP: 96816
E-mail: spsmile808@yahoo.com
Phone: 808-429-8094

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Jonathan Spangler
Address: 1020 Green St. #313
City: Honolulu State: HI ZIP: 96822
E-mail: jon-spangler@yahoo.com
Phone: 808-523-1044

Name: Patti Schult #402
Address: 1710 Nahua St
City: Honolulu State: HI ZIP: 96815
E-mail: pschultz25@aol.com
Phone: _____

Name: Jo Ann Lamolino
Address: 908 Columbus Ave
City: Westfield State: NJ ZIP: 07090
E-mail: jlamolino@yahoo.com
Phone: 201 248-3364

Name: HAROLD L. BUCKNER
Address: 813 PAANI ST 'A'
City: HONOLULU State: HI ZIP: 96826
E-mail: leonhi10@gmail.com
Phone: 808-228-0521

Name: Mathew Costa
Address: 821 Monelio St
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: 780-7579

Name: CLAUDIA Micki HALL
Address: 545 E Queen St
City: HON State: HI ZIP: 96813
E-mail: _____
Phone: _____

Name: Crystal Alcantar
Address: 1837 East-West Rd
City: Honolulu State: HI ZIP: 96822
E-mail: crys724@hawaii.edu
Phone: 609-466-7836

Name: Martha Nakajima
Address: 1645 Ala Wai Blvd. #701
City: Honolulu State: HI ZIP: 96815
E-mail: nakamertha@aol.com
Phone: 808-222-3779

Name: J. Douglas Seifers
Address: 215 Koko Isle Cir
City: HONOLULU State: HI ZIP: 96825
E-mail: DOUGSEIFERS@GMAIL.COM
Phone: 808 396 5762

Name: Natalie Mahoney
Address: 1645 Ala Wai #1104
City: Honolulu State: HI ZIP: 96815
E-mail: for_natm2@yahoo.com
Phone: 808-949-4683



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Carol Stevenson
Address: 555 Univ Ave #1800
City: Honolulu State: HI ZIP: 96826
E-mail: murray@hawaii.edu
Phone: (808) 1387-1811

Name: Kera Lovell
Address: 2115 Ala Wai Blvd Apt 1102
City: Honolulu State: HI ZIP: 96815
E-mail: Keralovell@gmail.com
Phone: _____

Name: Steve Lohse
Address: 1031 Nuuanu #2104
City: Honolulu State: HI ZIP: 96817
E-mail: lohse@hawaii.edu
Phone: 808-499-5406

Name: Sherry Heiser
Address: 67415 Wai'Alua Beach Rd
City: Wai'Alua State: HI ZIP: 96791
E-mail: XELIAKAI@I@gmail.com
Phone: _____

Name: Marilyn Kay Larsen
Address: 77 Karsten Dr #230
City: Wahiawa State: HI ZIP: 96786
E-mail: Kaylarsen18@gmail.com
Phone: 808-778-9646

Name: Tatjana Johnson
Address: PO Box 893788
City: Mililani State: HI ZIP: 96789
E-mail: _____
Phone: _____

Name: Wally Inglis
Address: 2349c Palolo Av
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: BARBARA L. RUDEN
Address: 808 HAUSTEN ST #74
City: HONOLULU State: HI ZIP: 96826
E-mail: tefax@YAHOO.COM
Phone: 808-369-7248

Name: Rhonda McCormick
Address: PO Box 22212
City: Honolulu State: HI ZIP: 96823
E-mail: rjmhi50@aol.com
Phone: 808-744-7272

Name: LISA RUDEN
Address: 808 HAUSTEN ST #14
City: HNL State: HI ZIP: 96826
E-mail: lisaruden@yahoo.com
Phone: 808-369-7248



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Cory Koiku
Address: 45-109 Pookela Pl.
City: Kaneohe State: HI ZIP: 96744
E-mail: Koikeca@hawaii.ntl.net
Phone: 234-1228

Name: Patricia Young Sasaki
Address: 1222 A Alani St
City: Hon State: HI ZIP: 96817
E-mail: wslilaha@yahoo.com
Phone: 222 2795

Name: Tad Lynn Kobayashi
Address: 45-405 Mokulele Dr #23
City: Kaneohe State: HI ZIP: 96744
E-mail: Td557@hawaii.vr.com
Phone: _____

Name: Wilfred Young Sasaki
Address: 1222 A Alani St
City: Hon State: HI ZIP: 96817
E-mail: wilfuh@yahoo.com
Phone: _____

Name: Romulo T Maxina
Address: 1009 Kapiolani Blvd # 306
City: Honolulu State: HI ZIP: 968154
E-mail: Maxina@hotmail.com
Phone: 305-394-2356

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Rayna Taubman
Address: 707 Wailepo Pl.
City: Kailua State: HI ZIP: 96734
E-mail: sunchine-367@hotmail.com
Phone: (808)469-6458

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Christine Berry
Address: 1453 Lexington St
City: Kailua State: HI ZIP: 96734
E-mail: Christineanne84@gmail.com
Phone: 808 6206800

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



HI

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Name: Lois Nagamine
Address: 2833 Konohe Pl.
City: Hon State: HI ZIP: 96720
E-mail: loisrad2@gmail.com
Phone: 808 429 0789

Name: Silcen Omori
Address: 94-166 Makapipi St
City: Mililani State: HI ZIP: 96789
E-mail: hashi@hawaii.rr.com
Phone: 808-6256759

Name: Gale Nagamine
Address: 5633 #6 Nakookoo St
City: Honolulu State: HI ZIP: 96826
E-mail: _____
Phone: 808-384-1745

Name: Carol Miwa
Address: 1762 Hooihulu St.
City: P.C. State: HI ZIP: 96782
E-mail: _____
Phone: _____

Name: Yvonne Lim
Address: 935 Waiholo Rd
City: Hon State: HI ZIP: 96821
E-mail: _____
Phone: 373-7801

Name: RUSSELL MIWA
Address: 1762 HOOHULU ST
City: PEARL CITY State: HI ZIP: 96782
E-mail: miwa.r.nc@gmail.com
Phone: 721-9371

Name: Carl Takamura
Address: 6770 Hawaii Kai Dr, #502
City: Hon State: HI ZIP: 96825
E-mail: ctakamura@aol.com
Phone: (808) 390-2278

Name: Yem Omori
Address: 94-166 Makapipi St
City: Mililani State: HI ZIP: 96789
E-mail: _____
Phone: _____

Name: ~~_____~~
Address: ~~_____ Apt 711~~
City: ~~_____~~ State: ~~HI~~ ZIP: ~~96810~~
E-mail: ~~_____@aol.com~~
Phone: ~~(808) 734-5758~~

Name: Janis Reischmann
Address: 3501 Niinumu Pali
City: Honolulu State: HI ZIP: 96817
E-mail: janisr@hawaii.rr.com
Phone: 784-5550



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Name: Ch Mahamata
Address: 3371 KEAH ST
City: Hon State: H ZIP: 96822
E-mail: helhar@hawaiiantel.net
Phone: 808-988-5674

Name: Mary Endo
Address: 1655 Meleia
City: Honolulu State: H ZIP: 96814
E-mail: _____
Phone: 941-1329

Name: Christine Kaizawa
Address: 1634 Nuuanu Ave 315
City: Hon State: H ZIP: 96817
E-mail: _____
Phone: 585-8980

Name: Miyo Kishimoto
Address: 1650 Kaula St
City: Hon State: H ZIP: 96816
E-mail: _____
Phone: 9556101

Name: Sherrie Copanel
Address: 1634 Mak. h. #201
City: Honolulu State: H ZIP: 96822
E-mail: _____
Phone: (808)

Name: Tina Smart
Address: 2335 Kalakaua
City: Hon State: H ZIP: 96815
E-mail: _____
Phone: _____

Name: Louneille Michinaka
Address: 1543 Wilhelmina Pl.
City: Honolulu State: H ZIP: 96816
E-mail: _____
Phone: _____

Name: Wendell Moon
Address: 2014 Umea #2
City: Hon State: H ZIP: 96816
E-mail: _____
Phone: 3685278

Name: JODY CHU
Address: 1258 NEHOA ST
City: HON. State: H ZIP: 96822
E-mail: _____
Phone: _____

Name: RICHARD SHIINOKI
Address: 1550 RYCKOFF ST
City: Hon State: H ZIP: 96814
E-mail: _____
Phone: 741-9992



compassion

HI

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Name: ROBERT CHONG
Address: 2444 HAWAII
City: HON State: HI ZIP: 96826
E-mail: _____
Phone: _____

Name: Harue Lockhart
Address: 1415 Victoria St #1411
City: Honolulu State: HI ZIP: 96822
E-mail: _____
Phone: _____

Name: Wesley Reese
Address: 2121 ALA WAI BL 1201
City: LA State: CA ZIP: 96815
E-mail: _____
Phone: _____

Name: Hikishi Satomi
Address: 1816 10th Ave #B
City: Honolulu State: HI ZIP: 96816
E-mail: hikishi529@aol.com
Phone: 808-735-2114

Name: Kay Chino
Address: 5210 Likini St #1310
City: Honolulu State: HI ZIP: 96818
E-mail: _____
Phone: _____

Name: Roberto Zamarron
Address: 1011 Prospect St
City: Honolulu State: HI ZIP: 96812
E-mail: ramzam65@gmail.com
Phone: 808-384-5224

Name: Koyanagi Young M.
Address: 1650 Kaimuki Ct #310
City: Honolulu State: HI ZIP: 96814
E-mail: _____
Phone: 808-343-5762

Name: MARY LEIALONA
Address: 1650 KAIMUKI ST #314
City: HONOLULU State: HI ZIP: 96814
E-mail: _____
Phone: _____

Name: Leatrice Nakandakar
Address: 2215 ALOHA DR. #15K
City: Hon State: HI ZIP: 96815
E-mail: Leatrice_email@gmail.com
Phone: 808-221-1637

Name: LAUREN MURATA
Address: 225 QUEEN ST. #12F
City: HONOLULU State: HI ZIP: 96813
E-mail: laurenmurata@yalco.com
Phone: _____



compassion

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Name: Jackie Choo
Address: 1350 Ala Moana Unit 1510
City: Honolulu State: HI ZIP: 96814
E-mail:
Phone: 808-260-9236

Name: DONNA Lefebvre
Address: 2428 TUSITALA ST #210
City: HONOLULU State: HI ZIP: 96815
E-mail: donnabotswana@hotmail.com
Phone: 808 259 1261

Name: Yam-Liang Chen
Address: 1350 Alameda Blvd #1510
City: Honolulu State: HI ZIP: 96814
E-mail:
Phone: 808-260-9236

Name: Ali Huxel
Address: 741 Lukepaue A2
City: Hon State: HI ZIP: 96816
E-mail: alitoya@gmail.com
Phone: 808 8927497

Name: LARANE YOSHIDA
Address: 2123 OAHU AVE
City: HONO State: HI ZIP: 96822
E-mail: LARANE_YOSHIDA@yahoo.com
Phone: (415) 342-0111

Name: LANA HIGA
Address: 2607 KULLEIST B-124
City: HON State: HI ZIP: 96826
E-mail: lana higa 44@gmail.com
Phone:

Name: ~~JERRA TAYLOR~~
Address: ~~808 ST FRANCIS~~
City: ~~HON~~ State: ~~HI~~ ZIP: ~~96822~~
E-mail:
Phone: 808 521-7114

Name: Mirrah Huxel
Address: 741 Lukepaue A2
City: Hon State: HI ZIP: 96816
E-mail: alitoya@gmail.com
Phone: 808 277 3427

Name: Emmanuel Sambirino
Address: 1011 Puuhou St. #302
City: Hon State: HI ZIP: 96822
E-mail: Sambirino@yahoo.com
Phone:

Name: Maria Limbo
Address: 1176 Kona
City: Hon State: HI ZIP: 96814
E-mail:
Phone: 808 511 0200



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Name: Robin Hoodwick
Address: 3501 MILWAUKEE PKY DR
City: Honolulu State: HI ZIP: 96817
E-mail: robin.hoodwick@gmail.com
Phone: 734-330-7155

Name: Edward Pei
Address: 1083 Hunakai St.
City: Honolulu State: HI ZIP: 96816
E-mail: edpei88@gmail.com
Phone: 808-524-5161

Name: Roy Manzoku
Address: 95559 POIKI PL
City: MILWAUKEE State: HI ZIP: 96789
E-mail: manzokurphi@hawaii.rr.com
Phone: 808-779-1452

Name: Aelen Siu
Address: 1253 KAWELO KA ST.
City: PEARL CITY State: HI ZIP: 96782
E-mail: siuhefen@outlook.com
Phone: 808 455-5533

Name: Gayle Pei
Address: 1083 Hunakai St.
City: Honolulu State: HI ZIP: 96816
E-mail: gpeispark@hotmail.com
Phone: _____

Name: Edwin Siu
Address: 1253 Kawelo Ka St.
City: Pearl City State: HI ZIP: 96782
E-mail: _____
Phone: 808 455-5533

Name: FRANCIS NAKAMOTO
Address: 1829 ALA NOE PL.
City: HONOLULU State: HI ZIP: 96819
E-mail: fmnhawaii@gmail.com
Phone: 808 721-4860

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

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YES! I Support all End of Life Options, including Aid in Dying!

Name: Dana Lee Curran
Address: 7122 Hawaii Kai Dr #86
City: Honolulu State: HI ZIP: 96825
E-mail: dcurran@hawaii.rr.com
Phone: 394-8792

Name: Deborah Bond-Upton
Address: 1069 Aialapa Dr
City: Kaunoa State: HI ZIP: 96734
E-mail: deborah@learningbond.com
Phone: 415 902 3396

Name: Aimee Olivera Sanchez
Address: 2770 Schmitt Pkwy
City: Honolulu State: HI ZIP: 96818
E-mail: akosanchez@gmail.com
Phone: (910) 988-5760

Name: Sherla O'Keefe
Address: 2235 Oahu Ave
City: HNL State: HI ZIP: 96822
E-mail: sheila.o'keefe.hawaii@gmail.com
Phone: 808-489-4629

Name: Sue Yamare-Carpenter
Address: 86-012 Pokai Bay St
City: Waianae State: HI ZIP: 96292
E-mail: Syamarecarpenter@gmail.com
Phone: 258-8968

Name: Ann Wilby
Address: 3111 Pualei Circle #202
City: Honolulu State: HI ZIP: 96815
E-mail: awilbytiff87@gmail.com
Phone: 808-925-7421

Name: JANICE DAVIS
Address: 322 Aolaa #1302
City: Kaunoa State: HI ZIP: 96734
E-mail: cdavis007@gmail.com
Phone: 808-651-474849

Name: Jan Montgomery
Address: 140 Kaula Rd
City: Kaunoa State: HI ZIP: 96734
E-mail: Janhawaii@gmail.com
Phone: 808-561-7790

Name: Junko Davis
Address: 1350 Ala Moana Blvd, PH5
City: Honolulu State: HI ZIP: 96814
E-mail: _____
Phone: 808-724-4747

Name: Eue B. Anderson
Address: P.O. Box 25550
City: Honolulu State: HI ZIP: 96825
E-mail: ega@hawaii.rr.com
Phone: 262-2625



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Charlene Yamada
Address: 92-1511 Aliinui Dr 101A
City: Kapolei State: HI ZIP: 96707
E-mail: charlene.yamada@yahoo.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
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Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
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Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: Barbara J. Service
Address: 4172 Keolu St. #4
City: Hon State: HI ZIP: 96816
E-mail: barbarajservice@gmail.com
Phone: 352-1779

Name: SHELLY BONOAN
Address: PO BOX 4464
City: HNL State: HI ZIP: 96812
E-mail: shellby310@gmail.com
Phone: _____

Name: Jean McIntosh
Address: 250 Kawayhae St
City: Honolulu State: HI ZIP: 96825
E-mail: Jean-McIntoshhawaii.net
Phone: 396-0840

Name: Daniel LaBett
Address: 2444 Hihiooa St. #1602
City: Honolulu State: HI ZIP: 96826
E-mail: dblubi@yahoo.com
Phone: 947-6165

Name: ARVID T. YOUNGQUIST
Address: 1725-F PERRY ST.
City: Hon. State: HI ZIP: 96819
E-mail: arvidtadamsmith@gmail.com
Phone: 587-2140 daytimes

Name: Lauren Inouye
Address: 1440 AKIIKII PL.
City: Kailua State: HI ZIP: 96734
E-mail: linouye@gmail.com
Phone: (808) 261-2408

Name: E. Takeo Kudo
Address: 920 Ward Ave. 5C
City: Hon State: HI ZIP: 96814
E-mail: kudo@hawaii.edu
Phone: _____

Name: Mike Hardy
Address: 1551 Ala Wai. #2204
City: Honolulu State: HI ZIP: 96815
E-mail: mhardy031@msu.com
Phone: 295-9867

Name: Diane Pyles
Address: 927 Prospect St #1102
City: Honolulu State: HI ZIP: 96822
E-mail: dpyles@hawaiiintel.net
Phone: 808 533-1293

Name: Carol Kawanawa
Address: 555 University #3300
City: Honolulu State: HI ZIP: 96826
E-mail: ckawanawa55@gmail.com
Phone: _____



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Name: Alan Sanpei
Address: 2517 Waolani Ave
City: Hon State: HI ZIP: 96817
E-mail: hsanpei@gmail.com
Phone: 534-2540

Name: Jessica Garloch
Address: 342 Elope
City: Hon State: HI ZIP: 96821
E-mail: jessicagarloch@gmail.com
Phone: _____

Name: Jan M. Cooke
Address: 2000 Kalaheo St
City: Honolulu State: HI ZIP: 96822
E-mail: cooke@hawaii.edu
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: M R. T. HOFFMAN
Address: 95-215 WAIOLEKA ST #61
City: MILANI State: HI ZIP: 96789
E-mail: _____
Phone: _____

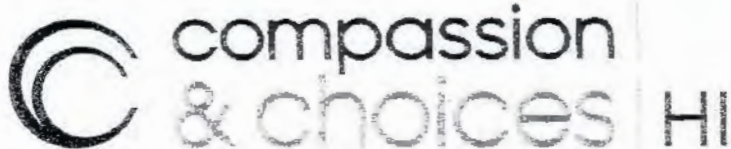
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Jane E. Arnold
Address: 938 14th Ave
City: Honolulu State: HI ZIP: 96816
E-mail: staceyjanearnold@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Frank Harris
Address: 1719 Ala Nas Bldg #1708
City: Honolulu State: HI ZIP: 96815
E-mail: rhetorically@gmail.com
Phone: 808-282-1027

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Susan Shimokawa
Address: 3056 Maigret
City: Hon State: HI ZIP: 96816
E-mail: Susan.Shimokawa@gmail
Phone:

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: BRENDAN WONG
Address: 2944 PAPALI PLACE
City: HONOLULU State: HI ZIP: 96819
E-mail: BRENDANHT@YAHOO.COM
Phone: 679-6903

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: WYJUAN TOCHUKAWA
Address: 81641 HAWIKI ST
City: HONOLU State: HI ZIP: 96819
E-mail: _____
Phone: 285-5104

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: HEIDI LEVENHAGEN
Address: 75 KIMOLU PL #200+
City: Honolulu State: HI ZIP: 96813
E-mail: heidi1@hawaii.rr.com
Phone: (808) 381-6155

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Mychale Nagaki
Address: 2732 Manda Rd
City: Hon State: HI ZIP: 96822
E-mail: mychaleinagaki@hotmail.com
Phone: 258-7125

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: CINDY FLYNN
Address: 45-205 KA-HANAKOU CIR
City: KANEHOE State: HI ZIP: 96744
E-mail: leida74@gmail.com
Phone: 808-728-1534

Name: Janet R. Cooke
Address: 2000 Ualakoua St
City: HNL State: HI ZIP: 96822
E-mail: janet.cooke@gmail.com
Phone: _____

Name: BILL METZGER
Address: 3120 BEAUMONT WOODS PL.
City: HONOLULU State: HI ZIP: 96822
E-mail: _____
Phone: 808-988-6220

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
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E-mail: _____
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YES! I Support all End of Life Options, including Aid in Dying!

Name: ARNOLD YOSHIOKA
Address: 95-1065 KAMEHA ST #125
City: MILILANI State: HI ZIP: 96789
E-mail: anone986@gmail.com
Phone: (808) 753 3720

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: SUGAW LYNDI
Address: 1515 KUALA ST
City: HONOLULU State: HI ZIP: 96822
E-mail: ssmahulo@msn.com
Phone: 551-1509

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Charlene Nakagawa
Address: 2435 Liliha ST
City: Hon State: HI ZIP: 96819
E-mail: charnaka@hawaii.edu
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
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Name: _____
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Name: PADMANI BROWN
Address: 1016 HoloHolo ST
City: KAILUA State: HI ZIP: 96734
E-mail: PADMANI@MAC.COM
Phone: 808 754 6488

Name: Jane Yamashiro
Address: 6770 Hawaii Kai #1205
City: Hale State: HI ZIP: 96825
E-mail: jane96825@qmail.com
Phone: 383-4826

Name: Pandy Ching
Address: PO Box 61124
City: Hon State: HI ZIP: 96839
E-mail: chingston@hawaii.m.com
Phone: 732-1640

Name: Aileen Goma
Address: 95-1065 Kaapehast #125
City: Mililani State: HI ZIP: 96189
E-mail: Aileen.goma@gmail.com
Phone: 398-5189

Name: Wilma Roman
Address: 94-524 LUMAUU ST Bldg 2
City: Waimanalo State: HI ZIP: 96797
E-mail: WRoman1207@gmail
Phone: (808) 295-7804

Name: Hiroko Nekehara
Address: 1695 HAKU ST
City: Hon State: HI ZIP: 96819
E-mail: hnekehara@hawaii.edu
Phone: _____

Name: Carolyn Golajuch
Address: 92-454 MaKaIka Dr #71
City: Kapolei State: HI ZIP: 96707
E-mail: gomama808@gmail.com
Phone: 808 779-9078

Name: Maisha Soyner
Address: 477 Opukua Pl
City: Hon State: _____ ZIP: 96825
E-mail: msoyner@hawaii.m.com
Phone: _____

Name: Robin McDonald
Address: 85702 A Kaupuni Pl.
City: Waianae State: HI ZIP: 96792
E-mail: robinamacd@yahoo
Phone: 808 675 1429

Name: ALYN BROMLEY
Address: 2207 MOHALA WAY
City: HNL State: HI ZIP: 96822
E-mail: abromley@hawaii.m.com
Phone: 808-946-7663



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Name: Gloria J. Purugganan
Address: 1005 LUETTY ST,
City: PEARL C, State: HI ZIP: 96782
E-mail: _____
Phone: 808-773-7310

Name: Christine Tucker #
Address: 1512 NUUANU AVE #1909
City: _____ State: _____ ZIP: 96817
E-mail: CHRISTINET54@SNAPE.COM
Phone: 497-3737

Name: Molly Egged
Address: 1225 KUPAHI ST.
City: Kailua State: HI ZIP: 96734
E-mail: megged25@gmail.com
Phone: 262-7029

Name: Emily R Reed
Address: 445 Seaside Ave. # 3202
City: Honolulu State: HI ZIP: 96815
E-mail: emilypr31@aol.com
Phone: 922-0140

Name: Pearl Nakagawa
Address: 94-662 Kaulaika Pl.
City: Mililani State: HI ZIP: 96789
E-mail: pearlcat@gmail.com
Phone: 371-2420

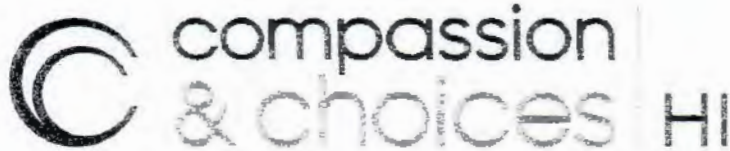
Name: PRESTON LENTZ
Address: 999 WILDER, #1204
City: HNL State: HI ZIP: 96822
E-mail: lentznp@gmail.com
Phone: _____

Name: Daci J Armstrong
Address: 626 Coral St # 2207
City: Hon. State: HI ZIP: 96813
E-mail: danjoeyes1@gmail.com
Phone: 536-1481

Name: Constance Kelsey
Address: 6770 Hawaii Kai Dr. #305
City: HNL State: HI ZIP: 96825
E-mail: ckelsey2@hawaii.rr.com
Phone: 808 230-7809

Name: ELLEN DUMAINEAU
Address: 45-652 IMAEKA PL
City: Kaneohe State: HI ZIP: 96744
E-mail: ellen.dumauneau@gmail.com
Phone: 525-8783

Name: James Wolfe
Address: 55 SOUTH JUDD 1808
City: Hon State: HI ZIP: 96817
E-mail: Jim Wolfe@gmail.com
Phone: 528-7112



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Name: Javier Méndez
Address: 1326 B Alewa Dr
City: Honolulu State: HI ZIP: 96817
E-mail: mendezj@hawaii.edu
Phone: _____

Name: DENNIS ARAKAKI
Address: 1200 QUEEN EMMA ST. #1403
City: HON State: HI ZIP: 96813
E-mail: DHARAKAKI@GMAIL.COM
Phone: _____

Name: Michelle Golojuch
Address: 92-954 Makalapa Dr
City: Kapolei State: HI ZIP: 96702
E-mail: Michelle.Golojuch@gmail.com
Phone: 778-3751

Name: Haroldyn Toma
Address: 2444 Hikiwai St. #1105
City: Honolulu State: HI ZIP: 96826
E-mail: hgtoma@yahoo.com
Phone: 271-5791

Name: Catherine Graham
Address: 2106 Kula
City: Honolulu State: HI ZIP: 96817
E-mail: catgraham48@gmail.com
Phone: 741-4317

Name: Carol Takamine
Address: 2497 Makiki Hts. Dr.
City: Hon State: HI ZIP: 96822
E-mail: cmrtakamine@gmail.com
Phone: 497-6099

Name: MALACHY GRANGE
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Linda A.S. Day
Address: 1618 Wilhelmina Rise
City: Honolulu State: HI ZIP: 96816
E-mail: blissful-latus@yahoo.com
Phone: (808) 489-5123

Name: Lody Allen
Address: 3850 Leahi ave
City: Honolulu State: HI ZIP: 96815
E-mail: aisshawaii@gmail.com
Phone: 808-384-4838

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



compassion & choices HI

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Name: Susan Bright Spangler
Address: 1713 Ulumaike St.
City: Hon. State: HI ZIP: 96816
E-mail: susan.spangler1@gmail.com
Phone: 734-2925

Name: BRIAN GOODYEAR
Address: 2924 ALPHONSE PLACE
City: HONOLULU State: HI ZIP: 96816
E-mail: BSGOODYEAR@aol.com
Phone: (808) 285-9393

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: JN MUSTO
Address: 3101 Pacific Heights
City: Honolulu State: HI ZIP: 96813
E-mail: jnmusto@gmail.com
Phone: 239-0950

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
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Name: _____
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Phone: _____

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Name: DAVID YONEDA
Address: 1022 MAO LANE
City: HON. State: HI ZIP: 96817
E-mail: hawaii@inbox.com
Phone: 782-4895

Name: JAMES ROBERTSON
Address: 159 MOANIALA
City: HONO State: HI ZIP: 96821
E-mail: ZAMA110@hotmail
Phone: 479-9013

Name: Linda Musto
Address: 3101 Pacific Hts Rd
City: Honolulu State: HI ZIP: 96813
E-mail: lgmusto@gmail.com
Phone: 239-0980

Name: Sue Yamane-Carpenter
Address: 86-012 Pokai Bay St
City: Waiance State: HI ZIP: 96792
E-mail: SyamaneCarpenter@gmail.com
Phone: (808) 258-8968

Name: Barbara Tom
Address: 98-1854 Mirinohu
City: Aiea State: HI ZIP: 96701
E-mail: barbara.yukie@gmail.com
Phone: 392-5946

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Jan Spindt
Address: 9915 C AKIPOKE PL
City: KAILUA State: HI ZIP: 96734
E-mail: ispindt@yahoo.com
Phone: 808-262-3890

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: AUAN SPINDT
Address: 995C AKIPOKE PL
City: KAILUA State: HI ZIP: 96734
E-mail: _____
Phone: 808 256 0633

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: Ann M. Ota
Address: 1717 Mott-Smith #1202
City: Honolulu State: HI ZIP: 96822
E-mail: amo96822@yahoo.com
Phone: 808-531-2770

Name: STANFORD CHARLES
Address: 619 LAWE LAWE ST
City: HONOLULU State: HI ZIP: 96821
E-mail: STANFORD@LAWA.NET
Phone: 808 371-5724

Name: Robert T. Nakasone
Address: 3012 Pacific Hgts R.
City: Hon State: HI ZIP: 96813
E-mail: bobnakasone@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Jane Maeda
Address: 6231 Keolu Pl. #135
City: Honolulu State: HI ZIP: 96825
E-mail: janemaeda@gmail.com
Phone: 395-6982

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Christ Townsend
Address: PO BOX 1226
City: Kaunoi State: HI ZIP: 96731
E-mail: christtownsen.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: LEU WALTER
Address: 1619 KANAMAU AVE #109
City: Honolulu State: HI ZIP: 96813
E-mail: wleu1936@gmail.com
Phone: 5312136

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: Eisula Speidel
Address: 3809C Toutoulu Dr
City: Honolulu State: HI ZIP: 96825
E-mail: esl.speidel@gmail.com
Phone: _____

Name: Christine Weger
Address: 7920 MAKAAOA PLACE
City: Honolulu State: HI ZIP: 96825
E-mail: Cweger@hawaii.rr.com
Phone: 741-6205

Name: Barbara Bree
Address: 2729 Kaaha St. #6
City: Hon. State: HI ZIP: 96826
E-mail: none
Phone: 949-1735

Name: DAVID STRAND
Address: 99-1054 MANAKO ST
City: AIEA State: HI ZIP: 96701
E-mail: dstrand@gmail.com
Phone: 413-823-0910

Name: SHIRLEY THOMPSON
Address: 619 LAWELAWE Street
City: HONOLULU State: HI ZIP: 96821
E-mail: me@shirleythompson.net
Phone: 377-7757

Name: Marc Midke
Address: 8070 Lili'ine St.
City: Honolulu State: HI ZIP: 96818
E-mail: marc.de.midke@gmail.com
Phone: 836-6403

Name: Stephen TSCHUDI
Address: 1743 10TH AVE APT C
City: HON. State: HI ZIP: 96816
E-mail: byjove@hotmail.com
Phone: 3493213

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Lidiya Peralta
Address: 945764 Winiwini ST 2
City: Waiapala State: HI ZIP: 96791
E-mail: LIDIYA.HOMES@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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Name: PAULA LUV
Address: 3643 LURLINE DR
City: HONOLULU State: HI ZIP: 96816
E-mail: PAULALUV@OUTLOOK.COM
Phone: 737-8011

Name: DAVID MIELKE
Address: 5070 LIKINI ST #1609
City: HONOLULU State: HI ZIP: 96818
E-mail: mielked001@hawaii.rr.com
Phone: 536-6303

Name: Diane Lee
Address: 355 ALOA ST. H-107
City: KAILUA State: HI ZIP: 96734
E-mail: dianlee.chs@gmail.com
Phone: 808 261-2616

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Linda Legrande
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: lindalegrande2243@gmail.com
Phone: _____

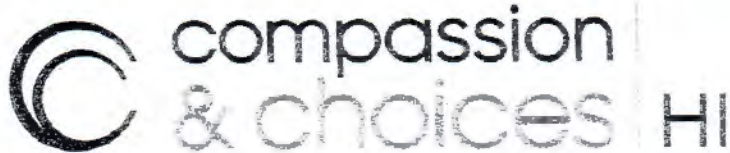
Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: BOBBI BAACKERS
Address: 3731 KANA'INA AVE 223
City: HON State: HI ZIP: 96815
E-mail: REDHIBISCUS@LIVE.COM
Phone: 732-1677

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Deborah Kimball
Address: 808 Hunter St #63
City: Hon State: HI ZIP: 96826
E-mail: dkk@hawaiiantel.net
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Katherine O'Conner
Address: 114 N. Kua'ini St #906
City: Honolulu State: HI ZIP: 96817
E-mail: Kaukathy@hotmail.com
Phone: (808) 429-8381

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: CAROLA DICKSON PHD
Address: 1025 Wilder Ave
City: Hono State: HI ZIP: 96822
E-mail: cdickson808@gmail.com
Phone: 808-536-2533

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: MARCY KATZ
Address: 1010 WILDER #1301
City: HNL State: HI ZIP: 96822
E-mail: HAWAIIKATZ@ME.COM
Phone: 537 1301

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Joyce GRUAN
Address: P.O. BOX 4392
City: KANEIHE State: HI ZIP: 96744
E-mail: _____
Phone: 779-0945

Name: Warren Opler
Address: 2465 ALAWAI #1101
City: Honolulu State: HI ZIP: 96815
E-mail: tworetireesnow@yahoo.com
Phone: 636 328-4767

Name: JOE O'BRIEN
Address: PO BOX 235793
City: HONOLULU State: HI ZIP: 96823
E-mail: BUZZHONOLULU@YAHOO.COM
Phone: _____

Name: Ed Rensing
Address: 2465 Ala Pal #1101
City: Honolulu State: HI ZIP: 96815
E-mail: TWORETIREESNOW@YAHOO.COM
Phone: 636-328-4769

Name: Leilani Maxera
Address: 2544 Ipaiei Way
City: Honolulu State: HI ZIP: 96816
E-mail: leilani_maxera@yahoo.com
Phone: _____

Name: Dolores Feliciano
Address: 761-Kaimula St. G-A
City: Hon. State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: RONALD GOMES
Address: 275 KAILUA ROAD
City: KAILUA State: HI ZIP: 96734
E-mail: _____
Phone: 808-261-8861

Name: Dorothy C. Burke
Address: 84-575 KILI DR -#6
City: WAIANAHE State: HI ZIP: 96792
E-mail: dcarolburke@excite.com
Phone: 818 257 0674

Name: DICK JONES
Address: 1011 ALONA DR
City: Honolulu State: HI ZIP: 96817
E-mail: bedlight@yahoo
Phone: _____

Name: Ed Burke
Address: 84-575 KILI DR #6
City: WAIANAHE State: HI ZIP: 96792
E-mail: edburke1@excite.com
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Laura KURA
Address: 94-1172 MEAUA PL.
City: WAIIPAHU State: HI ZIP: 96797
E-mail: _____
Phone: _____

Name: Wailani Kahoua
Address: 2203 Kula Koa Dr.
City: Honolulu State: HI ZIP: 96819
E-mail: _____
Phone: _____

Name: Jane Smith-Martin
Address: 47-789 Malumala Place
City: Kaneohe State: HI ZIP: 96744
E-mail: _____
Phone: _____

Name: CORA CAEUILU
Address: _____
City: _____ State: _____ ZIP: 96797
E-mail: _____
Phone: _____

Name: Yi sha XU
Address: 418 Pua Lane #112
City: HONOLULU State: HI ZIP: 96817
E-mail: 2287742911@99.com
Phone: _____

Name: Lynn Watcher
Address: _____
City: _____ State: _____ ZIP: 96818
E-mail: _____
Phone: _____

Name: Janice Watson
Address: _____
City: _____ State: _____ ZIP: 96814
E-mail: _____
Phone: _____

Name: V. Meyer
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 287-5489

Name: Valerie Ossapoff
Address: _____
City: _____ State: _____ ZIP: 96816
E-mail: _____
Phone: _____

Name: Marie Kameali: Ortiz
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: mkkehua@gmail.com
Phone: 808-253-1264



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YES! I Support all End of Life Options, including Aid in Dying!

Name: ELVA TAKASAKI
Address: 94-637 KAIHAKUA ST 3E
City: WAIKAAU State: HI ZIP: 96797
E-mail: _____
Phone: 734-2830

Name: ELBA REYES
Address: 55 J. KUKUI ST D2305
City: HONOLULU State: HI ZIP: 96813
E-mail: ELBA.REYES@MSN.COM
Phone: 202-203

Name: Haru Iwano
Address: 3317 A Herbert St
City: Hon State: HI ZIP: 96815
E-mail: _____
Phone: _____

Name: Jeanne Shapiro
Address: 1080 SO. BERSTANIA ST. #901
City: Hon. State: HI ZIP: 96817
E-mail: _____
Phone: (808) 372-3143

Name: Arlene Copp
Address: 91-821 Hanalei St
City: Ewa Beach State: HI ZIP: 96706
E-mail: _____
Phone: 546-0861

Name: Joyce McLeod
Address: 201 OHIA #1006-T1
City: Honolulu State: CA ZIP: 96815
E-mail: elccox82@yahoo.com
Phone: 808-224-0570

Name: NENA UGALE
Address: 3003 ALA NAPAA PL 217
City: HON State: HI ZIP: 96818
E-mail: _____
Phone: (808) 391-6476

Name: KYLE SHINTAKU
Address: 92-124 PULIKO PLACE
City: KAPOLEI State: HI ZIP: 96707
E-mail: KYLESHINTAKU@KAMONONET.NET
Phone: 672-6975

Name: LYNNETTE SAKAMOTO
Address: 325 ADOLPH ST 202
City: KAILUA State: HI ZIP: 96734
E-mail: _____
Phone: 808 375-1955

Name: Donna Dalrymple
Address: 92-1232 Palohua St #AA201
City: Kapolei State: HI ZIP: 96707
E-mail: dnd4mail@yahoo.com
Phone: 672-6975



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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! | Support all End of Life Options, including Aid in Dying!

Name: William Yee
Address: 223 Jack Ln
City: Hon State: HI ZIP: 96817
E-mail: _____
Phone: 595-6555

Name: Bonifacia Lucia
Address: 4177 Keaka Drive
City: Hon. HI State: _____ ZIP: 96818
E-mail: _____
Phone: 497-9461

Name: 3ao Hung
Address: 155 N 3072th Ave #96817
City: SUW-4846 State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Annam Kun
Address: 467 Halakei St
City: Honolulu State: HI ZIP: 96821
E-mail: _____
Phone: 373-3381

Name: Lily Lu
Address: 1139 9th Ave #205
City: _____ State: _____ ZIP: 96816
E-mail: Hon HI
Phone: 375-1220

Name: Kara Akera
Address: 1251 West
City: Kaun State: ZIP: 96734
E-mail: _____
Phone: 741-5697

Name: Nola Fujie
Address: P.O Box 635005
City: Lanai State: HI ZIP: 96763
E-mail: nolafujie@yahoo.com
Phone: 1-808-563-1259

Name: Jocelyn Chang
Address: 4350 KILAUEA AVE
City: Hon State: HI ZIP: 96816
E-mail: jocelyn.chang@gmail.com
Phone: 808-2237921

Name: CHARLE GROVE
Address: 1057 MAUNAIHI
City: HONO State: HI ZIP: 96822
E-mail: charlie.grove@gmail.com
Phone: _____

Name: Merric GRAY
Address: 1415 GIFFORDS ST
City: Hon State: _____ ZIP: 96822
E-mail: _____
Phone: 728-0488



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

Name: Roland Lau
Address: 1208 8TH AVE
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: 291-5296

Name: if PROCTER Au
Address: 1052 Ala Wai Dr F
City: Hon State: HI ZIP: 96818
E-mail: _____
Phone: 589-6968

Name: Gary Mobley
Address: 94-207 Kanawao Place
City: Waipahu State: HI ZIP: 96797
E-mail: manicsm@aol.com
Phone: 808-349-8525

Name: Randi Passantino
Address: 1048 Maunalani St
City: Honolulu State: HI ZIP: 96825
E-mail: randikiley@aol.com
Phone: 702-373-4855

Name: LOUIS C. KITA
Address: 1100 Waipea
City: Waipahu State: _____ ZIP: 968
E-mail: _____
Phone: 681-5012

Name: Bernadette Kaai
Address: 1122 Hoawa St #A
City: Honolulu State: HI ZIP: 96826
E-mail: bernakaai@gmail
Phone: 948-6975

Name: BEVERLY HAYASHI
Address: 3453 A MAUNALO AVE
City: Honolulu State: HI ZIP: 96816
E-mail: bhayashi1@hawaii.m.com
Phone: 394-0900

Name: Mari Zeleznik
Address: 2207 Dole St
City: Hon State: HI ZIP: 96822
E-mail: mai.je@me.com
Phone: _____

Name: GAIL FUJIMOTO
Address: P.O. Box 970038
City: WAIPAHU State: HI ZIP: 96797
E-mail: _____
Phone: _____

Name: Christine Pickrel
Address: 340 Keaniani St
City: Kailua State: HI ZIP: 96734
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Lynn Wilson
Address: 94-870 Luumianau St B204
City: Waipahu State: HI ZIP: 96797
E-mail: _____
Phone: 988-3901

Name: Carole Mandryk
Address: 3798 Monini Way Apt B2
City: Honolulu State: HI ZIP: 96816
E-mail: mandryk@gmail.com
Phone: 720-626-4534

Name: Sandra Slubaske
Address: 283 A Kanihau Ave
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: _____

Name: Donna P. Cabral
Address: 94-1101 Puaiki St
City: Waipahu State: HI ZIP: 96797
E-mail: _____
Phone: _____

Name: Nancy Wong
Address: 2256 Anapaha St
City: Hon State: _____ ZIP: 96782
E-mail: Pearl City HI
Phone: _____

Name: Lea Bedish
Address: 1052E KoloKolo St
City: Honolulu State: HI ZIP: 96822
E-mail: KC 3410@yahoo.com
Phone: 39569031

Name: SUEMI MATSUMOTO
Address: 45721 KAKU ST.
City: KANELOE State: HI ZIP: 96744
E-mail: 505 121 KAKU ST. 9
Phone: 505 121 D live.com 247-2352

Name: Liy Tashem i
Address: 1623 Hoaaena Pk
City: Ho State: _____ ZIP: 96821
E-mail: 1stashe~2338@gmail.com
Phone: 373-4914

Name: Penny Craft
Address: 1190 W. Ilika Ave #212
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: _____

Name: Shuen Aguiard
Address: 1622 Waikele St
City: Hon State: _____ ZIP: 96819
E-mail: Hi
Phone: 8480671



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Ellen Taira
Address: 1450 Ala Iolani St.
City: Hon State: HI ZIP: 96819
E-mail: _____
Phone: 839-7640

Name: L CHAN
Address: 1034 MAUNAKEA ST
City: HON State: HI ZIP: 96817
E-mail: NOONE
Phone: NOONE

Name: Dorothy Matsui
Address: 7255 Kaula St
City: HON State: HI ZIP: 96825
E-mail: Dorothy.Matsui@gmail.com
Phone: 395-6084

Name: Edwin Taniguchi
Address: 94-550 Holani St
City: Mililani State: HI ZIP: 96759
E-mail: edtan@hawaii.rr.com
Phone: 6230985

Name: Joyce Lumsdaine
Address: 1314 Kalakaua Ave #1412
City: Honolulu State: HI ZIP: 96826
E-mail: nhfare-51@msn.com
Phone: (603) 359-7729

Name: Karen Kanbe
Address: 46-214 Koahu Pl
City: Kanbe State: HI ZIP: 96744
E-mail: karakanbe@hawaii.rr.com
Phone: 512-774-4888

Name: KATHERINE L. BROWN
Address: 87-122 NANAKEOLA ST #309
City: WAIANAE State: HI ZIP: 96792
E-mail: Katya.brown46@gmail
Phone: (808) 673-9662

Name: Shari McChellan
Address: 94-395 Makaha Ln
City: Mililani State: HI ZIP: 96789
E-mail: sharilovesdogs@gmail.com
Phone: (808) 551-2983

Name: Bing Acosta
Address: 1001 Sch. St. 106
City: Hon. State: HI ZIP: _____
E-mail: _____
Phone: 772 4058

Name: Arifude Yamamoto
Address: 2910 Nakookoo Street
City: Honolulu State: HI ZIP: 96826
E-mail: _____
Phone: _____



compassion & choices HI

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YES! I Support all End of Life Options, including Aid in Dying!

Name: Mildred Kimura
Address: 94-1146 Hoomakoa St
City: Waipahu State: HI ZIP: 96797
E-mail:
Phone:

Name: LELAND TOY
Address: 2233 AULI ST
City: Hono State: HI ZIP: 96817
E-mail:
Phone: 595 6199

Name: Mary Nakasuji-Yoshino
Address: 962 Lanakela St
City: Kaula State: HI ZIP: 96734
E-mail:
Phone:

Name: Joyce Toy
Address: 2233 Auli St
City: Hono State: HI ZIP: 96817
E-mail: jttkawaii@gmail.com
Phone:

Name: Prudy Uchima
Address: 1050 Ipo
City: Hon State: HI ZIP: 96816
E-mail:
Phone: 704 1859

Name: Rodney Boucher
Address: 91-941 HAWAII ST
City: Ewa Beh State: HI ZIP: 96706
E-mail: rwbworld@aol.com
Phone: 808 286-1669

Name: Alberta Chun
Address: 1287 Alewa Dr
City: Hon State: HI ZIP: 96817
E-mail:
Phone: 595-2223

Name: RICHARD / NEETHIDA
Address: 98-856 ILIEE ST
City: AIEA State: HI ZIP: 96707
E-mail:
Phone: 488 1455

Name: Joanna Yukiko
Address: 91-129 Kuluaka Place
City: Hon State: HI ZIP: 96816
E-mail:
Phone: (808) 558 3497

Name: SHARON FISHERMAN
Address: 1650 AIA MOANA BLVD
City: HONOLULU State: HI ZIP: 96815
E-mail: FISHERMANSHARON@AOL.COM
Phone: 503 473 6740



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Carolyn Chong
Address: 3031 Puhala Pl
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: 884-5070

Name: Sylvia Pearson
Address: 1649 Kanapuu Dr
City: Kailua State: HI ZIP: 96734
E-mail: _____
Phone: _____

Name: ALAN HAKAMOTO
Address: 1333 ALA ALUOANO ST
City: HON State: HI ZIP: 96819
E-mail: _____
Phone: 941-6109

Name: KONWUHEAAG
Address: SCHOOL ST. 308
City: _____ State: _____ ZIP: 96817
E-mail: _____
Phone: _____

Name: Faye Hazama
Address: 984607 KILINEA ST #811
City: Aiea State: HI ZIP: 96701
E-mail: _____
Phone: _____

Name: Dr Yi Huanfeng Zhen
Address: 1465 ALAN ST #206
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: 305-0487

Name: Irene Shanett
Address: 1744 Piikoi St
City: Hon State: HI ZIP: 96818
E-mail: ishanett@gmail.com
Phone: _____

Name: Lilly Quam
Address: 1465 #202
City: HON State: HI ZIP: 96815
E-mail: _____
Phone: 545-1045

Name: Obawa Masao
Address: 908 MAKAHIKI
City: Ho State: HI ZIP: 96826
E-mail: N
Phone: 9464607

Name: Margaret Terakawa
Address: 12646 Avenue St
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: 988-7282



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Name: Tricia Eng
Address: 700 OAHU ST
City: Hon State: HI ZIP: 96814
E-mail: _____
Phone: 949 0251

Name: B. Nakamura
Address: 503 KUKUIOLA LP
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: 242-8386

Name: Wilkin Choy
Address: 3031 Puhala Rise
City: Hon State: HI ZIP: 96822
E-mail: Wilkin-choy@att.net
Phone: 988-2152

Name: Maile Glaspell
Address: 1476 Ainaloa Ave
City: Hon State: HI ZIP: 96821
E-mail: maileglaspell@gmail.com
Phone: (808) 694-9211

Name: Leifeng Fan
Address: 125 N Hotel St
City: Hon State: _____ ZIP: 96817
E-mail: _____
Phone: 398-1441

Name: Jan Kobayashi
Address: 98-625 Kaomilo St
City: Hon State: HI ZIP: 96701
E-mail: _____
Phone: 498-8125

Name: Gail Nakamoto
Address: 1333 Ala Amosano St
City: Honolulu State: HI ZIP: 96819
E-mail: _____
Phone: 941-6129

Name: Karen Yee
Address: 2696 Jace Lane
City: Hon State: HI ZIP: 96817
E-mail: _____
Phone: 595-7793

Name: Jamie Nakamoto
Address: 1333 Ala Amosano St
City: Honolulu State: HI ZIP: 96819
E-mail: _____
Phone: 941-6129

Name: Barbara Annichime
Address: 1039 Ipo Place
City: Hon State: HI ZIP: 96816
E-mail: _____
Phone: 134-1056



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Shawn Ito
Address: 925 16th Ave #A
City: Hon State: H ZIP: 96816
E-mail: _____
Phone: _____

Name: VICKY PEAN
Address: 857-A THIRD ST
City: Pearl City State: H ZIP: 96782
E-mail: _____
Phone: _____

Name: Jan Frans
Address: 1664 Luaitena St C
City: Honolulu State: H ZIP: 96813
E-mail: janinefrans@gmail.com
Phone: 237-0852

Name: Alvin Lum
Address: 1243 Heula St
City: Hon State: H ZIP: 96821
E-mail: _____
Phone: 725-7788

Name: Jim Zhan
Address: 21 S KUKUINI ST
City: Honolulu State: H ZIP: 96813
E-mail: _____
Phone: _____

Name: Maybelle Pang
Address: 828 Judd
City: Honolulu State: H ZIP: 96817
E-mail: _____
Phone: _____

Name: Lam
Address: 1248 MAUNAKEA
City: _____ State: _____ ZIP: 96817
E-mail: _____
Phone: _____

Name: Jonathan Pang
Address: 828-A Judd St
City: Honolulu State: H ZIP: 96817
E-mail: _____
Phone: _____

Name: Liyng Lam
Address: 1248 MAUNAKEA
City: Honolulu State: _____ ZIP: 96813
E-mail: _____
Phone: _____

Name: Tony Baccay
Address: 2501 CALIFORNIA AVE
City: Wahiawa State: H ZIP: 96786
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Ed Abdul
Address: 370 O'Connell Pl
City: Honolulu State: HI ZIP: 96825
E-mail:
Phone: 808-395-0348

Name: RICHARD LUM
Address: 1925 AUMUAE ST
City: HONOLULU State: HI ZIP: 96817
E-mail:
Phone: 531-1191

Name: LAURA CHUN
Address: 1650 YOUNG ST Apt 703
City: HONOLULU State: HI ZIP: 96826
E-mail:
Phone: 226 9848

Name: Christa Koye
Address: 1583 Mont
City: Honolulu State: HI ZIP: 96819
E-mail: ckoye@twc.com
Phone: 551 9569

Name: Blanca Robles
Address: 2333 Kapiolani Blvd #609
City: Honolulu State: HI ZIP:
E-mail: BY Robles @ Yahoo . com
Phone: 223 38-900

Name: Lena Lopez
Address: PO Box 1307
City: Hon State: HI ZIP: 96825
E-mail:
Phone: 233 9411

Name: MARY Lee
Address: PO. Box 2152
City: Honolulu State: HI ZIP: 96823
E-mail:
Phone: 551 0553

Name: C moon
Address: 1 Keahole Pl #1205
City: Honolulu State: HI ZIP: 96825
E-mail:
Phone:

Name: SHIRLEY LUM
Address: 1925 AUMUAE ST.
City: Hon. State: HI ZIP: 96817
E-mail: Alsha Shirley @ yahoo . com
Phone: 782-9963

Name: Edward M.
Address: 443 Konoa Ct
City: Wahiawa State: HI ZIP: 96734
E-mail:
Phone:



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YES! I Support all End of Life Options, including Aid in Dying!

Name: JAMES D. Y. CHONG
Address: 91-1002 ALEPA ST.
City: KAPOLEI State: HI ZIP: 96707
E-mail: _____
Phone: 291-9960

Name: Don Tsark
Address: 500 Lunalilo Dr #7117
City: Hon State: HI ZIP: 96825
E-mail: _____
Phone: _____

Name: Harold Yamada
Address: 1082 MAHA CIR
City: PEARL CITY State: HI ZIP: 96782
E-mail: _____
Phone: 487-9601

Name: Brenda Ho
Address: 909 Aliamanu Rd
City: Hon State: HI ZIP: 96818
E-mail: _____
Phone: 422 2718

Name: Nelwyn Choy
Address: 1212 Punahou St #3203
City: HNL State: HI ZIP: 96826
E-mail: _____
Phone: 808 944 8575

Name: STEPHANIE CHAR
Address: 95-1021 HAKAUA
City: MILLANUI State: HI ZIP: 96789
E-mail: _____
Phone: 627-0113

Name: Debby Sakauye
Address: 747 Wiliwili St #41602
City: Hon State: HI ZIP: 96826
E-mail: deb-sakauye@hotmail.com
Phone: 808-497-1775

Name: Lynn Rathbun
Address: 1122 Elm St Apt 305
City: HNL State: HI ZIP: 96814
E-mail: lynnrathbun@email.com
Phone: 808 462 9674

Name: Alea Amano
Address: 5627 Kawai Kui St.
City: Honolulu State: HI ZIP: 96821
E-mail: alea@hawaii.edu
Phone: 808-226-1320

Name: Sharon Taba
Address: 94-870 Lumiauau St B204
City: Hon State: HI ZIP: 96797
E-mail: sharontabahi@gmail.com
Phone: 808.384.2902



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

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YES! I Support all End of Life Options, including Aid in Dying!

Name: PETE RAMIREZ
Address: 773 KIKAU ST. APT. 402-A
City: Honolulu State: HI ZIP: 96813
E-mail: RAMIREZ245678@HOTMAIL.COM
Phone: 206-6524

Name: Christine Olah
Address: Rob 3294
City: Honolulu State: HI ZIP: 96801
E-mail: Tropical Hawaii@AOL.com
Phone: _____

Name: Olivia Lee
Address: 98-380 Keauka Loop 323
City: Aiea State: HI ZIP: 96701
E-mail: oledaisy@gmail.com
Phone: _____

Name: Barbara Burgess
Address: 1980 Ala Mahanui P
City: Hon State: HI ZIP: 96819
E-mail: _____
Phone: _____

Name: Peg Kim
Address: 1239 S. King St. #710
City: Hon State: HI ZIP: 96814
E-mail: 440
Phone: 808 (358) 8066

Name: Darlene Neikagewz
Address: 2428 Tusitala St #64
City: Hon State: HI ZIP: 96815
E-mail: _____
Phone: _____

Name: Lola Pina
Address: 7739 Alakoa St
City: Honolulu State: _____ ZIP: 96782
E-mail: _____
Phone: 4563182

Name: Mao Lee
Address: 155 W 13th St A14 A 97696817
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Darlene F. Benjamin
Address: 910 Pamehaua St #1
City: Hon State: HI ZIP: 96826
E-mail: _____
Phone: 808-375-5279

Name: Rebecca Aita
Address: 1031 Noble Lane
City: Hon State: HI ZIP: 96817
E-mail: _____
Phone: 5548563



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Name: CHRISTY RIOS
Address: 95-088 Kipapa Drive Apt 431
City: Mililani State: HI ZIP: 96789
E-mail: cjrios@hawaii.edu
Phone: (808) 393-3103

Name: SANDRA L. CHUN
Address: 1680 Young St #703
City: Honolulu State: HI ZIP: 96826
E-mail: —
Phone: (808) 221-2187

Name: Cynthia Lee
Address: 94-1064 Meahale Pl
City: Waipahu State: HI ZIP: 96797
E-mail: —
Phone: 671-7652

Name: Tim SIBERAN
Address: 2825 S. KING RD
City: HNL State: HI ZIP: 96828
E-mail: —
Phone: —

Name: Naomi Mathre
Address: 98-1038 Moanalua Rd #705
City: Aiea State: HI ZIP: 96701
E-mail: —
Phone: —

Name: Rita R Nakabayashi
Address: 95-1132 MILILANI ST.
City: MILILANI State: HI ZIP: 96789
E-mail: RNAKABAYASHI@hawaii.rr.com
Phone: 808-626-1132

Name: Michael Cheang
Address: 2825 South King St #303
City: Honolulu State: HI ZIP: 96826
E-mail: —
Phone: —

Name: Shu Ian Ma
Address: 35 N KUKUI TOWER #40
City: — State: — ZIP: 96817
E-mail: —
Phone: 531-8292

Name: AGNES ABDUL
Address: 370 DOMANO PL
City: HON State: HI ZIP: 96825
E-mail: —
Phone: —

Name: Kwan In Chang
Address: 35 N KUKUI ST 307
City: — State: — ZIP: 96815
E-mail: 383-9309
Phone: —



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Name: Letizia Ventura
Address: 94691 Lea Pl
City: Mililani State: HI ZIP: 96825
E-mail: letiziapc.hawaii.rr.com
Phone: 423-0576

Name: CINDY FLINN
Address: 45205 KAHANAHOU CIR
City: KANELOHE State: HI ZIP: 96744
E-mail: leioa14@gmail.com
Phone: 728-1594

Name: ELLEN MURATA
Address: 1716 KEEAUMOKA ST
City: _____ State: _____ ZIP: 96822
E-mail: _____
Phone: _____

Name: E. Tomblin
Address: 3528 ALA AKULIKOHI
City: Hon State: HI ZIP: 96818
E-mail: _____
Phone: _____

Name: Sophie Ann Ada
Address: 1650 Wilder Ave
City: Honolulu State: HI ZIP: 96822
E-mail: sophieann35@gmail.com
Phone: _____

Name: Roland Yoshida
Address: 1517 Evelyn Ln
City: Honolulu State: HI ZIP: 96822
E-mail: _____
Phone: 849-1253

Name: May Morales
Address: 730B Kalihiki St
City: Hon State: HI ZIP: 96819
E-mail: no email
Phone: (808) 841-0068

Name: ELENA COSTANTINO
Address: 1676 ALA MOANA BLVD
City: Honolulu State: HI ZIP: 96815
E-mail: _____
Phone: 672-0744

Name: Jim Yoshida
Address: 1139 9th Avenue #205
City: Honolulu State: HI ZIP: 96816
E-mail: jkyosh2@gmail.com
Phone: 737-0050

Name: Brenda Miyamoto
Address: 5274 Kawilawe Pl
City: Honolulu State: HI ZIP: 96821
E-mail: _____
Phone: _____



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Name: Gloria Young
Address: 1955 Vancouver Dr.
City: Hon. State: HI ZIP: 96822
E-mail: mailjhs@hotmail.com
Phone: 808-388-7887

Name: Gordon W. Morris
Address: 500 Lunalilo Trm. Rd #44A
City: Honolulu State: HI ZIP: 96825
E-mail: Sailing@hawaiiintel.net
Phone: (808) 630-6084

Name: ALVAH T. STRICKLAND
Address: 2045 KILAKILA DR.
City: HONOLULU State: HI ZIP: 96817
E-mail: ATOMS61@GMAIL.COM
Phone: 808-595-3003

Name: STEVE HOO
Address: 94-540 POLOMANUANI
City: MIILANI State: HI ZIP: 96769
E-mail: _____
Phone: 623-3717

Name: Shirley Woz
Address: 1968 1st Ave
City: Hon State: HI ZIP: 96846
E-mail: _____
Phone: _____

Name: MARCIA GROSS
Address: 1221 VICTORIA ST
City: Honolulu State: HI ZIP: 96814
E-mail: _____
Phone: _____

Name: Hiro Takamiya
Address: 98-819 Kahala Pk
City: Aiea State: HI ZIP: 96701
E-mail: _____
Phone: _____

Name: MARINA CHONG
Address: 91-1002 Halepa St.
City: Waimanalo State: HI ZIP: 96707
E-mail: mchong@hawaii.countrysideclub.com
Phone: (808) 384-3883

Name: Annula Mygaard
Address: 1717 Mott-Smith Dr.
City: Honolulu State: HI ZIP: 96822
E-mail: _____
Phone: 808 531-5794

Name: MARIE SOKOL
Address: 626 AOWAIOHIMO ST.
City: HONOLULU State: HI ZIP: _____
E-mail: _____
Phone: 808-553-0123



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Name: Ronna Morris
Address: 500 Lunalilo Home Rd
City: Honolulu State: HI ZIP: 96825
E-mail: _____
Phone: _____

Name: P. Johnson
Address: Ala Alii
City: Hon State: HI ZIP: _____
E-mail: n/a
Phone: n/a

Name: Sandra E. Miyasato
Address: 2823 #C Varsity Circle
City: Honolulu State: HI ZIP: 96826
E-mail: smiyasato808@gmail.com
Phone: 808-391-1071
or 946-5808

Name: Kew Mureski
Address: 2040 Nuuanu Ave #1101
City: Hon State: HI ZIP: 96815
E-mail: Mureski@hawaii.net
Phone: 585-9404

Name: Amy Tsark
Address: 520 Lunalilo Home Rd #717
City: Hon State: HI ZIP: 96825
E-mail: _____
Phone: _____

Name: Faith Ho
Address: 94-540 Poloahilani St
City: Mililani State: HI ZIP: 96789
E-mail: _____
Phone: 623 3717

Name: Deborah Kobayakawa
Address: 46-219 Punahoa St.
City: Kaneohe State: HI ZIP: 96744
E-mail: alohadeb14@yahoo.com
Phone: 808-271-3887

Name: Ann Gross
Address: 1221 Victoria St
City: HONO State: HI ZIP: 96814
E-mail: sgross@hawaii.vv.com
Phone: 526-3888

Name: C. Murphy
Address: 9442 Ukalipti Pl
City: Mililani State: HI ZIP: 96789
E-mail: _____
Phone: _____

Name: Aimee Osmont
Address: 151 Kaimali St
City: HNL State: _____ ZIP: 96814
E-mail: _____
Phone: _____



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Name: RICHARD HAGAMINE
Address: 2502 MYRTLE ST
City: Honolulu State: HI ZIP: 96816
E-mail: xmaga55@yahoo.com
Phone: 737-9879

Name: Shirley Mattimore
Address: 953 Wainiha St
City: Hon State: HI ZIP: 96825
E-mail: _____
Phone: 395-1492

Name: KAREN TAKARA
Address: 3329 KANA'INA AVE #101
City: HON State: HI ZIP: 96815
E-mail: Karen.K.fakera@hawaiiintel.net
Phone: 808-7322132

Name: Molly McCurdy
Address: 68-379 Crozier Dr
City: Wai'anae State: HI ZIP: 96791
E-mail: MililaniMolly@hotmail.com
Phone: _____

Name: Lara Kaiwi
Address: 30 W. Palau St.
City: HII State: HI ZIP: 96740
E-mail: Lkaiwi87@gmail.com
Phone: 756-3956

Name: Cheryll Marzano
Address: 888 Hoilei Rd.
City: Hon. State: HI ZIP: 96817
E-mail: icheryll949@gmail.com
Phone: _____

Name: Paraluman A. Balones
Address: 94961 Awane'i St Apt F
City: WAI'ANA'E State: HI ZIP: 96791
E-mail: _____
Phone: 371-5812

Name: Jeffrey CHITGAS
Address: 5637 KAHUA
City: HI State: _____ ZIP: 96731
E-mail: Hone
Phone: 249-8357

Name: Susan Clifford
Address: Queen St
City: _____ State: _____ ZIP: 96814
E-mail: _____
Phone: _____

Name: Joe Ayala
Address: 1112 Kina #406
City: Hon State: HI ZIP: 96814
E-mail: _____
Phone: 808-551-7982



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Name: Carol Takamoto
Address: 1244 A Ekaha
City: Hon State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Tin Cheong
Address: 1210 WILDER AVE 405
City: HON. HI State: _____ ZIP: 96822
E-mail: _____
Phone: _____

Name: Stephen H. Akana
Address: 111 Haka Dr
City: Hon. State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Lawreana @ Lungac
Address: 94-1521 Paka'oa St
City: Waipahu State: HI ZIP: 96797
E-mail: _____
Phone: 677-0699

Name: Brenda A.
Address: 2 N King St.
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Yip Hoang Li'ang
Address: 1245 Moanalua Rd
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: 523 5156

Name: V Pinckney
Address: 1650 Ala Moana
City: HNL State: HI ZIP: 96815
E-mail: 26Vred@gmail.com
Phone: _____

Name: Bart Aronoff
Address: 386 Ka Awakeu Rd
City: Kailua State: HI ZIP: 96734
E-mail: barto@gmx.us
Phone: gmx

Name: Rosie Poistow
Address: 5745 Queen St #21
City: Honolulu State: HI ZIP: 96813
E-mail: _____
Phone: 702-809-6493

Name: VERONICA MARTIN
Address: 1410 LAAMIA PL.
City: HNL State: HI ZIP: 96821
E-mail: _____
Phone: 808-673-8591



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Name: Judy Division
Address: 618-918 Paahihi Rd
City: Waiakua State: H ZIP: 96791
E-mail: _____
Phone: 744-8099

Name: Barbara M. Necker
Address: 47-618 Melukula Rd
City: Kaneohe State: HI ZIP: 96744
E-mail: _____
Phone: _____

Name: CARMEN SAJOR
Address: 68-937
City: Wahiawa State: HI ZIP: 96791
E-mail: _____
Phone: 637-6300

Name: Uma Park
Address: 725 Kapotani Blvd
City: Honolulu State: HI ZIP: 96813
E-mail: _____
Phone: _____

Name: Gayle Inokuma
Address: 1255 Nuuanu Ave #901
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: 768-8693

Name: Miho Teipel
Address: 1888 Kalakaua Ave #2505
City: Hon State: HI ZIP: 96815
E-mail: _____
Phone: 808-538-1961

Name: Marilyn Matsumoto
Address: 94-1041 Manaka St
City: Aiea State: HI ZIP: 96701
E-mail: Marilyn.Matsumoto@yahoo
Phone: 458-7195

Name: Gladys Chu
Address: 1521 Ala Mahalo St
City: 1704 State: HI ZIP: 96819
E-mail: _____
Phone: 833-2419

Name: Sue Peng
Address: 2239 Ala Moana St
City: Honolulu State: _____ ZIP: 96822
E-mail: _____
Phone: 456782

Name: Barb Hudman #2903
Address: 2333 Kapotani
City: Hono. State: _____ ZIP: 96826
E-mail: _____
Phone: 808-348-4416



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Name: Donna Au
Address: 818 S King St #601
City: Honolulu State: HI ZIP: 96813
E-mail:
Phone: 255-7672

Name: Dolores Feliciano
Address: 761 -Kaimukula
City: Hon. State: HI ZIP: 96817
E-mail:
Phone: 847-2319

Name: Nasir Gazdar
Address: 909 Makaha Ki Way # 3
City: HNL State: HI ZIP: 96826
E-mail:
Phone: 561-4604

Name: Walter Kellar
Address: 541 Kealahou St
City: Hono State: HI ZIP: 96825
E-mail: WalterandCarolK@yahoo.com
Phone: 341-8865

Name: SHARON WILHELMY
Address: 1753 Lanikai St
City: HNL State: HI ZIP: 96821
E-mail: sharon.wielhemy@gmail.com
Phone: 373-7023

Name: Carol Kellar
Address: 541 Kealahou St
City: Hon. State: HI ZIP: 96825
E-mail: WalterandCarolK@yahoo.com
Phone: 808-341-8066

Name: Mike Spach
Address: 1215 W. Iolani
City: Hon State: ZIP: 96822
E-mail:
Phone: 943 9271

Name: Val Spach
Address: 1715 W. Iolani St
City: Hon State: HI ZIP: 96822
E-mail:
Phone: 808-768-5402

Name: Lupiminda Caoli
Address: 1950 Winant St
City: Hon. State: HI ZIP: 96817
E-mail:
Phone: 841-7427

Name: Roy Matsumoto
Address: 99-1041 Manako St
City: Aiea State: HI ZIP: 96791
E-mail:
Phone: 488-7195



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Name: Ed McGOVERN
Address: 2724 KATBALONA LN #1604
City: Honolulu State: HI ZIP: 96826
E-mail: ed_hrd@hotmail.com
Phone: _____

Name: Dale Yoshikawa
Address: 2427 Puuhui Ave
City: Hon. State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Rebecca Slacum
Address: 41-491 Kalaniana'olani
City: waimanalo State: HI ZIP: 96795
E-mail: carbear_too@hotmail.com
Phone: 808-259-8619

Name: SHIRLEY TOMITA
Address: 1284 AIA PUUMALU ST
City: HONOLULU State: HI ZIP: 96818
E-mail: SKICE2019@GMAIL.COM
Phone: _____

Name: Barbara D. Hoff
Address: 222 Liliuokalani Ave
City: Hon State: HI ZIP: 96815
E-mail: hopehope1@gmail.com
Phone: 808 222 3997

Name: Cindy Ogata
Address: 94-652 Makili
City: Waipahu State: HI ZIP: 96797
E-mail: _____
Phone: _____

Name: GREGORY PAUL
Address: 41-491 ~~KALANIANA'OLANI~~
City: WAIMANA State: HI ZIP: 96795
E-mail: grrpaul2007@gmail.com
Phone: 808 229-8619

Name: Jim Murphy
Address: 94-412 Ukaialii Pl
City: Mililani State: HI ZIP: 96789
E-mail: _____
Phone: _____

Name: Leslie Ozawa
Address: 4118 Kilauea Ave
City: Hon. State: HI ZIP: 96816
E-mail: lesozawa@hotmail.com
Phone: _____

Name: HARRY KANEHAUNA
Address: 46-219 KOAENA PL
City: KANEHE State: HI ZIP: 96744
E-mail: hkanehau@aortc.com
Phone: 223-4663



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Name: DENNIS KAWAHARA
Address: 94-353 KAUKAHUA ST
City: HILIKAI State: HI ZIP: 96729
E-mail: KAWA.CS1947@YAHOO
Phone: _____

Name: Darla Benjamin
Address: 910 Pumehana St. Apt. 7
City: Honolulu State: HI ZIP: 96820
E-mail: _____
Phone: 808-745-3838

Name: Toshimi Cho
Address: 1521 Alexander St #304
City: Hon. State: HI ZIP: 96822
E-mail: Toshimicho62@gmail.com
Phone: (808) 389-2631

Name: Sandy Nishimoto
Address: 1717 Mott-Smith Dr. #402
City: Hon. State: HI ZIP: 96822
E-mail: _____
Phone: 294-0212

Name: Aida Taganilla D311
Address: 1506 Kaunualii St
City: Hon. State: HI ZIP: 96817
E-mail: aidataganilla@yahoo.com
Phone: 842-4032

Name: Val Ohigashi
Address: 98-146 2 Hahaione St
City: PC State: HI ZIP: 96782
E-mail: ☐
Phone: 454-0162

Name: SHARON PLUMB
Address: 1341 KAPIOLANI BLVD #28A
City: HONOLULU State: HI ZIP: 96814
E-mail: _____
Phone: 949-4085

Name: BARBARA GOREE
Address: 2729 KAHA ST. #6
City: Hon. State: HI ZIP: 96826
E-mail: _____
Phone: _____

Name: Mayra Benjamin
Address: 910 Pumehana St Apt 7
City: Honolulu State: HI ZIP: 96820
E-mail: maytee2904@yahoo.com
Phone: 808-745-3294

Name: Rebecca Yee
Address: 60 N. KUPUKINI HO C
City: HI State: HI ZIP: 96817
E-mail: bedyee806@gmail.com
Phone: _____



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Name: Cathy Yee
Address: 1212 Punahoa
City: Hon State: HI ZIP: 96826
E-mail: cathy.yee.53@gmail.com
Phone: -

Name: CLARENCE SORIGAO
Address: 321 - KEOU DR.
City: KAILUA State: HI ZIP: 96734
E-mail: -
Phone: 201-1937

Name: K. Caldwell
Address: 850 KAWAIAHAWA
City: Hon HI State: HI ZIP: 96813
E-mail: -
Phone: -

Name: Michele Z. Kuni
Address: 1160 PAIOLUOLE WAY
City: Hon. State: HI ZIP: 96825
E-mail: michele.kuni@gmail.com
Phone: 360-607-2702

Name: CRAIG TANAKA
Address: 46-271 KAHUKONA ST E 107
City: KAN State: HI ZIP: 96704
E-mail: stancwt@hawaii.net
Phone: 634-5073

Name: Pam Nakagawa
Address: 2288 KAPAHU
City: Hon State: HI ZIP: 96813
E-mail: pnakagawa71@yahoo.com
Phone: 808-721-2153

Name: RUBY SUREJOI
Address: 321 KALOHEA DR.
City: KAILUA State: HI ZIP: 96734
E-mail: -
Phone: 201-1937

Name: Zelda Sprout
Address: P.O. Box 145
City: HAUULA State: HI ZIP: 96717
E-mail: zsprout@yahoo.com
Phone: 808-497-5040

Name: Iris Tanigawa
Address: 99-840 AUMAKU
City: Hon State: HI ZIP: 96701
E-mail: -
Phone: 286-5533

Name: Kaven Griffin
Address: 1441 KEWALO ST #404
City: Hon State: HI ZIP: 96822
E-mail: miko_96822@yahoo.com
Phone: 808-216-8184



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Name: Vanessa Oyabu
Address: 1551 Koolakaua
City: Hon. State: HI ZIP: 96820
E-mail: N/A
Phone: 738-7575

Name: Dawn Farinas
Address: 91-628 Onelua St
City: Ewa Beach State: HI ZIP: 96706
E-mail: dalohilani@yahoo.com
Phone: (808) 271-2278

Name: Gloria F. Kino
Address: 1650 Pukoi St - 502
City: Hon State: HI ZIP: 96822
E-mail: N/A
Phone: 536-4874

Name: JEANNE CITING
Address: 1896 9TH AVE
City: HON State: HI ZIP: 96816
E-mail: ladyj508@gmail.com
Phone: _____

Name: Maxine Murakami
Address: 6024 Kawela Pl
City: Hon State: HI ZIP: 96821
E-mail: maxie0548@hawaii.net
Phone: 348-6577

Name: LIKA KO NIHI
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: MARC STEVEN
Address: 250 KAHILI ST. B
City: HNL State: HI ZIP: 96815
E-mail: MARC_STEVEN@HOTMAIL
Phone: _____

Name: SANDY TAKAKI
Address: 10204 12TH AVE
City: HOU State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Kawai Dominga
Address: 95-1003 Kaapapa St #12
City: Wailuku State: HI ZIP: 96791
E-mail: kkd19057@yahoo.com
Phone: (808) 227-3247

Name: OKAWA MASAO
Address: 908 MAKAHIKI WAY
City: HIO State: HI ZIP: 96826
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: JOAN KAI
Address: 55 S. JUDD ST.
City: Hon. State: HI ZIP: 96817
E-mail: JKAI6197@AOL.COM
Phone: 226-8880

Name: Kimie Kashiwabara
Address: 1525 Kalaepohaka Pl
City: Hon. State: HI ZIP: 96816
E-mail: —
Phone: 734-3636

Name: JASON AMUKU
Address: 1660 Kapiolani Blvd
City: Honolulu State: HI ZIP: 96814
E-mail: jas2016@gmail.com
Phone: 809-949-9420

Name: DELIA D. BENTUAN
Address: 1804 LUSITANA ST. APT. B
City: HONOLULU State: HI ZIP: 96813
E-mail: bentuan.delia@yahoo.com
Phone: (808) 628-8201

Name: Jean McIntosh
Address: 250 Kawaiahae St. #5D
City: Honolulu State: HI ZIP: 96825
E-mail: Jean-McIntosh@hawaii.rr.com
Phone: 976-0840

Name: Merly Rinzer
Address: —
City: Hon. State: HI ZIP: 96817
E-mail: —
Phone: 722-7081

Name: Gloria Hasty
Address: 98-50 Koa Ka Loop #18L
City: Aiea State: HI ZIP: 96701
E-mail: gloriahasty@yahoo.com
Phone: 770-287-5445

Name: Michele Unten, MSW
Address: 98-402 Koa Ka Loop #709
City: Aiea State: HI ZIP: 96701
E-mail: mmatsumoto79@gmail.com
Phone: 381-4653

Name: Loi Hiramatsa
Address: 3129 Kahalo Pl
City: Kaunoi State: HI ZIP: 96734
E-mail: loi.hiramatsa@gmail.com
Phone: 227-9606

Name: Cheryl Padaken
Address: HC Box 6603
City: Kaunoi State: HI ZIP: 96749
E-mail: cpadaken@gmail.com
Phone: 932-8115 / 707 486-5235



Compassion & Choices HI

HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

Name: Stephanie Lew
 Address: 1676 Ala Moana Blvd #802
 City: Honolulu State: HI ZIP: 96815
 E-mail: Stephanie.Lew@gmail.com
 Phone: _____

Name: Florence C Wong
 Address: 1137 Alohik Way
 City: HNL State: HI ZIP: 96814
 E-mail: Q
 Phone: 5978996

Name: Michael Nagasaki
 Address: 2807 Lowrey Av
 City: Hon. State: HI ZIP: 96822
 E-mail: mhn768@gmail.com
 Phone: 753-5105

Name: CURRY BUCK
 Address: 91181 Iulani
 City: Honolulu State: HI ZIP: 96790
 E-mail: _____
 Phone: 8083572289

Name: Lorna Soong
 Address: 810 Cedar St
 City: Honolulu State: HI ZIP: 96814
 E-mail: _____
 Phone: 542-3609

Name: Jean Matsushita
 Address: 1304 Akinahala St
 City: Kailua State: HI ZIP: 96734
 E-mail: _____
 Phone: 808-2624684

Name: Dorothy Higa
 Address: 975 Ala Lilihae Dr
 City: Hon State: HI ZIP: 96818
 E-mail: _____
 Phone: 834-0522

Name: Daniel Coronado
 Address: 91065 Meleikalai St
 City: Waia Beach State: HI ZIP: 96706
 E-mail: _____
 Phone: _____

Name: Hopi Rudo
 Address: 445-229 Parker Dr
 City: Kaneohe State: _____ ZIP: _____
 E-mail: _____
 Phone: _____

Name: JOHN WONG
 Address: 1901 MORT SMITH DR
 City: HNL State: HI ZIP: 96822
 E-mail: lw1
 Phone: 942-7842



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YES! I Support all End of Life Options, including Aid in Dying!

Name: CHRIS YOUNG
Address: 1519 NUUANU AVE
City: HONO State: HI ZIP: 96810
E-mail: _____
Phone: 537-4172

Name: Judith J. Bayaman
Address: 91809 Aama Place
City: Waiea Beach State: HI ZIP: 96706
E-mail: _____
Phone: (808) 689-8976

Name: Sarimah Belunza
Address: Unmited
City: Hono State: HI ZIP: 96813
E-mail: _____
Phone: (808) 961-2902

Name: Jimmy Lee
Address: 46359 Kaimhipa St
City: Kaneohe State: HI ZIP: 96744
E-mail: _____
Phone: (1) 7841310

Name: JEAN T. WEAVER
Address: 545 QUEEN ST #433
City: HONO State: HI ZIP: 96813
E-mail: _____
Phone: (408) 674-6724

Name: Meeling Dang
Address: P.O. BOX 62108
City: Hono State: HI ZIP: 96839
E-mail: _____
Phone: 224-7028

Name: Jean Ohara
Address: 320 Kealahou St
City: Honolulu State: HI ZIP: 96825
E-mail: _____
Phone: (808) 395-3337

Name: CLARA MORIKAWA
Address: 725 KAPIOLANI #1012
City: HNL State: HI ZIP: 96813
E-mail: _____
Phone: 808-593-0643

Name: Maxine Robson
Address: 871 Ahuwale St
City: Honolulu State: HI ZIP: 96821
E-mail: maxofremax@hawaii.com
Phone: 384-5813

Name: FRANCIS MORIKAWA
Address: 725 Kapiolani #1012
City: Hono State: HI ZIP: 96813
E-mail: _____
Phone: 808-593-0643



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YES! I Support all End of Life Options, including Aid in Dying!

Name: DANIEL TAMURA
Address: 1704 ALA AMOLOA ST
City: HON State: HI ZIP: 96819
E-mail: _____
Phone: 839 2195

Name: Malan MK Kepia
Address: 45-090 #200 Namokua St
City: Kaunohi State: _____ ZIP: 96742
E-mail: _____
Phone: _____

Name: WILBERT KUROTA
Address: 15 CRAIGSIDE PL 911
City: Honolulu State: HI ZIP: 96817
E-mail: _____
Phone: 550-3047

Name: Cora Kinney
Address: 98-1717 Hakikua St.
City: Area State: HI ZIP: 96701
E-mail: kinneyc@aol.com
Phone: _____

Name: Sheila Pike
Address: 754 Ekala Ave
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: _____

Name: Kay W Masaki
Address: 94-1012 Uku Pl
City: Waipahu State: HI ZIP: 96797
E-mail: _____
Phone: _____

Name: Kathy Pechota
Address: 735 Kinau
City: Hon. State: HI ZIP: 96813
E-mail: _____
Phone: _____

Name: S. Shields
Address: 804 Peckole St.
City: HON State: HI ZIP: 96819
E-mail: myanna@aol.com
Phone: 521-6109



Darren DeMello
94-1072 Awalua St.
Waipahu, HI 96797-5323

E-mail: _____
Phone: _____

Name: Ritchie Koseki
Address: 1453 Pele St. A6
City: Hon State: HI ZIP: 96813
E-mail: richiek406@yahoo
Phone: 808 979 6126



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YES! | Support all End of Life Options, including Aid in Dying!

Name: Gail Nishikawa
Address: 1269 D LOKO DR
City: Wahiawa State: HI ZIP: 96786
E-mail: nishikawad001@hawaii.rr.com
Phone: 928-6384

Name: Keith YAMASAKI
Address: P.O. Box 17465
City: Honolulu State: HI ZIP: 96817
E-mail: NONE
Phone: 2348433

Name: Maman Genova
Address: 110-B Leikhua Rd
City: Wahiawa State: HI ZIP: 96786
E-mail: _____
Phone: 621-9792

Name: Carol Watanabe
Address: 2222 Citron St. #2102
City: Honolulu State: HI ZIP: 96816
E-mail: ca
Phone: _____

Name: Carmen Shimogami
Address: 2920 Ala Ilima St #1001
City: Honolulu State: HI ZIP: 96818
E-mail: _____
Phone: _____

Name: S Shields
Address: 804 Pi Koi St.
City: Hon. State: HI ZIP: 96814
E-mail: _____
Phone: 521-6109

Name: Tony Liu
Address: 2325 C L L Dr
City: Hon State: HI ZIP: 96817
E-mail: _____
Phone: _____

Name: Melissa A Petty
Address: 500 Lunalilo Home Rd #270
City: _____ State: _____ ZIP: 96825
E-mail: _____
Phone: _____

Name: MARILYN KUBOTA
Address: 15 CRAIGSIDE PL. #911
City: HONO State: HI ZIP: 96817
E-mail: wmk03@hawaii.com
Phone: 530-3047

Name: Michael Petty
Address: 500 Lunalilo Home Rd. #27N
City: _____ State: _____ ZIP: 96825
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

Name: LYNN MATSUHAGA
Address: 250 KAWAIIHAE ST Apt 710c
City: Honolulu State: HI ZIP: 96815
E-mail: _____
Phone: _____

Name: BERYL CLARK
Address: 2421 TOSITALA ST #1802
City: HON. State: HI ZIP: 96815
E-mail: _____
Phone: _____

Name: JANET TAUSCHER
Address: 250 KAWAIIHAE
City: _____ State: _____ ZIP: 96815
E-mail: _____
Phone: _____

Name: Lee Thomas
Address: 2611 Aieawai Blvd. 203
City: HNL State: HI ZIP: 96815
E-mail: _____
Phone: 923-2125

Name: N.T. KAGOSHIMA
Address: 2211 Kua Wai #1907
City: HON State: HI ZIP: 96815
E-mail: _____
Phone: _____

Name: KAREN KINIMAKA
Address: 1645 Aieawai Blvd. Apt. #307
City: Honolulu State: HI ZIP: 96815
E-mail: karenkinimaka@gmail.com
Phone: 808 744 8469

Name: April Ky Leung
Address: 2525 P 200 St Apt 200c
City: Hon State: _____ ZIP: 96826
E-mail: _____
Phone: _____

Name: SHARON SAVAGE
Address: 1812 KALAKAU #422
City: HNL State: HI ZIP: 96815
E-mail: _____
Phone: 285-1771

Name: David Sherrill
Address: 3423 Maunaloa Ave
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: 808 941 9594

Name: Faye Chi
Address: 868 Nana Hanua St
City: Hon State: HI ZIP: 96825
E-mail: fayechi808@gmail.com
Phone: 395-3642



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Paul Sueoka
Address: 2097 10th Ave
City: Honolulu State: HI ZIP: 96816
E-mail: ✓
Phone: 734-6266

Name: ANN YUEN
Address: PO Box 26096
City: HON State: HI ZIP: 96825
E-mail: _____
Phone: 377-5219

Name: John Morgan III
Address: 5543 Kawaiiku St.
City: Honolulu State: HI ZIP: 96821
E-mail: ✓
Phone: 373-9581 - 371-8449

Name: CHELY RICHARDS
Address: 94-1003 MAUELE STREET
City: WAIKANE State: HI ZIP: 96797
E-mail: CICCHARDS01@GMAIL.COM
Phone: 808.504.2589

Name: Soleil Fusha
Address: 1603 Hoolanleat.
City: Pearl City State: HI ZIP: 96782
E-mail: Soleil555@live.com
Phone: 377-0715

Name: Sylvia Ching
Address: 1611 Miller St.
City: Honolulu State: HI ZIP: 96813
E-mail: sching35@gmail.com
Phone: 523-1798

Name: Julita P. IGNACIO
Address: 3526 PLO PLACE
City: Honolulu State: HI ZIP: 96819
E-mail: _____
Phone: 541 7368

Name: Barbara Espinoza
Address: 54-309 Kam Hwy
City: Hauula State: HI ZIP: 96717
E-mail: longhornsbarb@yahoo.com
Phone: (808) 384-8110

Name: Mercedes L. Arum
Address: 2326 PLO PLACE
City: Wai State: _____ ZIP: _____
E-mail: 7
Phone: _____

Name: Kathy Thomas
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: alohaKat74@yahoo.com
Phone: 808 447 9177



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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YES! I Support all End of Life Options, including Aid in Dying!

Name: MARY Steiner
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 225-4563

Name: EARL KAWAGUCHI
Address: 2333 KAPIOLAN BLVD #916
City: Honolulu State: HI ZIP: 96824
E-mail: earl.kawaguchi@hawaii.com
Phone: 9444461

Name: Rog Okumura
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 623-4363

Name: AKIKO SMITH
Address: 1288 KAPIOLANI BLVD #3703
City: Honolulu State: HI ZIP: 96814
E-mail: _____
Phone: 808-691-9840

Name: Gisela Speidel
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: glspeidel@gmail.com
Phone: 808-536-8582

Name: CECILIA NAKAMOTO
Address: 1919 DATE ST. #5
City: HON. State: HI ZIP: 96826
E-mail: _____
Phone: 808-551-2972

Name: ERIKA WYRTKI
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 808-949-2229

Name: Clayton Tom
Address: 1346 AINAPUA ST
City: HNL State: _____ ZIP: 96819
E-mail: claytonhg@outlook.com
Phone: 808-1767

Name: Christina White
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 808-482-2917

Name: WAYNE LAU
Address: 1212 NUUANU #1306
City: Hon State: HI ZIP: 96817
E-mail: wayneandfriendrocketmail.com
Phone: 808 542-8853



compassion & choices HI

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Name: Cherwin Hoque
Address: 45-405 Kelaun Way
City: Farmington State: H ZIP: 96744
E-mail: calbmf@gmail.com
Phone: _____

Name: Paquiel Cruz
Address: 9638 Luanihale St
City: Hon State: H ZIP: 96813
E-mail: _____
Phone: 524-7350

Name: M. RIVERA
Address: 2624 Kapiolani
City: _____ State: CA ZIP: _____
E-mail: _____
Phone: 951 2018405

Name: Angela V. Arde-Cueto
Address: 914 Sely Lane
City: Hon, HI State: _____ ZIP: 96819
E-mail: _____
Phone: _____

Name: HELEN TOM
Address: 1541 KUPAU ST.
City: KAILUA State: H ZIP: 96734
E-mail: _____
Phone: (808) 262-7136

Name: Kaleo Mahoe
Address: 1539A Pono Pono Pl
City: Kalua State: HI ZIP: 96734
E-mail: _____
Phone: 808 348 4262

Name: Anne Jan
Address: 114 N. Kukui
City: _____ State: _____ ZIP: 96817
E-mail: _____
Phone: _____

Name: Judith Pittman
Address: 54-236 Anoie'i Pl.
City: Hauula State: HI ZIP: 96717
E-mail: alohafromjudy@gmail.com
Phone: 808 321-2955

Name: Dr. Rodriguez
Address: 7231 Kuahono
City: Hon State: HI ZIP: 96828
E-mail: _____
Phone: _____

Name: Margarita C. Lapitan
Address: 95-1050 Hakaikahi St. 12-F
City: Mililani State: _____ ZIP: 96759
E-mail: _____
Phone: 626-8271



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Name: Pat Bemis
Address: 1200 Queen Emma St. #3904
City: Honolulu State: HI ZIP: 96813
E-mail: pkbemis@gmail.com
Phone: 545-5105

Name: Aimi DSWAY
Address: 1561 KANUNU ST 1808
City: HNL State: HI ZIP: 96814
E-mail:
Phone: 244-4882

Name: S.L. GRISG*
Address: 2428 Twitala St. 806
City: Hon State: HI ZIP: 96815
E-mail:
Phone: -

Name: Roberta Bush
Address: 1120 Hassinger st #310
City: Honolulu State: HI ZIP: 96822
E-mail: pcorbin@yahoo.com
Phone: 808-949-2161

Please Not on mailing List
Name: ALBERTO RINSON
Address: 84-250A LAHAINA
City: WAIHANA State: HI ZIP: 96742
E-mail: rrico4ohawaii@yahoo.com
Phone: 695-5874 @gmail.com

Name: Noyita Saravia
Address: 56-154 Puuluanu #53
City: Kahuku State: HI ZIP: 96731
E-mail: noyitas@yahoo.com
Phone: 293-1871

Name: John Henderson #
Address: 4012 Kuhio Ave #115
City: Hon State: HI ZIP: 96815
E-mail:
Phone: 808-675-9111

Name: L. R. Gil
Address: P.O. Box 283294
City: Hon State: HI ZIP: 96828
E-mail: madreloveproductions
Phone: 308-1350

Name: ROSE MARIE J. Fu
Address: 3307 Herbert St
City: Hon State: HI ZIP: 96815
E-mail:
Phone: 808 732-4500

Name: F PANG
Address: 1296 Kapiolani Blvd
City: Honolulu State: HI ZIP: 96814
E-mail: teresafrankie@gmail.com
Phone: 591-1293



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Name: Rosa Quibuyen
Address: 1912 A Hanalei Lane
City: Honolulu State: H ZIP: 96819
E-mail: _____
Phone: 773-0010

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Louann Lombardi
Address: 275 Kailua Rd
City: KAI State: HI ZIP: 96739
E-mail: loulom44@yahoo.com
Phone: 808 261 8861

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Carla Fujikura
Address: 2912 Varsity Circle
City: Hon State: HI ZIP: 96826
E-mail: _____
Phone: 784-2974

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Charlene Matsuka
Address: 2525 Dole St #1604
City: Hon State: H ZIP: 96822
E-mail: Charlene.matsuka@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Lily Ng
Address: 500 University #2202
City: Hon State: _____ ZIP: 96846
E-mail: _____
Phone: 774 5333

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Violet Bonita
Address: 98-1209 Iolani Pl
City: PC State: K ZIP: 96782
E-mail: _____
Phone: (808) 282-4782

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Maxine Anderson
Address: _____
City: _____ State: _____ ZIP: 96826
E-mail: maxineka@gmail.com
Phone: 808 282-4782

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: PETE DILWIT
Address: _____
City: _____ State: _____ ZIP: 96786
E-mail: pdlwit@yahoo.com
Phone: (808) 690-4542

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying!

Name: BOBBY GONSALVES
Address: 909 UNIVERSITY AVE
City: HONOLULU State: HI ZIP: 96826
E-mail: _____
Phone: 949 8010

Name: Glen Takasaki
Address: 94-637 KAHAKEA ST. APT 31E
City: WAIKAKU State: HI ZIP: 96797
E-mail: Glen.Takasaki@dia.mil
Phone: 734-2850

Name: Belinda K Rosa
Address: 47-727 Hui Ulili St
City: Kaneohe State: HI ZIP: 96744
E-mail: bkr05a2005@yahoo.com
Phone: _____

Name: Eddie Himeda
Address: 4308 Papu Circle
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: 7322243

Name: Roger Reed
Address: P.O. Box 61684
City: Honolulu State: HI ZIP: 96859-1684
E-mail: roculousa@aol.net
Phone: _____

Name: Sylvia Himeda
Address: 4308 Papu Circle
City: Honolulu State: HI ZIP: 96816
E-mail: _____
Phone: 732-2243

Name: Lynn Sahlem
Address: 84-776 Hanalei ST
City: Waianae State: HI ZIP: 96792
E-mail: sahlemohana@gmail.com
Phone: 808-725-4217

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Frank Sahlem
Address: 84-776 Hanalei St.
City: Makaha State: HI ZIP: 96792
E-mail: sahlemohana@gmail.com
Phone: 808) 377-0100

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Linda LeVAY
Address: 2015 Ala Wai Blvd #1A
City: Honolulu State: HI ZIP: 96815
E-mail: _____
Phone: 348-9877

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Sandy	Farowich	HI		96753 dsfaro@gmail.com
	Anonymous	HI		96822 susanlynch808@gmail.com
Bruce	Lee	HI		96825 brucelee808@gmail.com
Stacy	Barretto	HI		96815 stayckb@gmail.com
AUBREY	HAWK	HI	96822-1247	aubrey@aubreyhawkpr.com
James	Tanigawa	HI		96789 jktanigawa@gmail.com
Marie	Abatayo	HI		96789 hiyapapaya22@yahoo.com
Thomas	Rau	HI	96744-4414	dai-uy@hawaii.rr.com
Lucy	Folk	HI	96822-1100	zippyseal@aol.com
Karen	Fujimoto	HI		96818 skyy@hawaii.rr.com
Joan	Peters	HI		96792 joanp@hawaii.edu
Cynthia	Kruger	HI		96783 ckruger@persephone.org
Barbara	Canovan	HI		96825 barbcanovan@gmail.com
Vivian	Carlson	HI		96734 vnmncarlson@gmail.com
Elizabeth	Jordan	HI		96792 eljordan@yahoo.com
Nicole	Harrison	HI	96734-1635	nikinamaste@hawaiiantel.net
Kasey	Lindley	HI		96815 kaseylou20@gmail.com
Colleen	McCown	HI		96825 mccowncolleen@gmail.com
Marissa	Vinberg	HI		96816 greenducky1987@hotmail.com
Stephanie	Palombo	HI		96816 yogini808@gmail.com
Jingwoan	Chang	HI		96822 yogamango@gmail.com
Breanna	Koshowsky	HI		96701 blhenderson1214@gmail.com
Sarah	Millard	HI		96791 millard.sally@yahoo.com
Melissa	Bourgeois	HI		96750 mbour16@gmail.com
Kathleen	O'Reilly	HI		96738 koreilly9@gmail.com
Sara	Krepps	HI		96740 kreppss@yahoo.com
Francine	Scheer Snell	HI		96708 snell.fran@gmail.com
Cori	Christian	HI		96740 nicengreen@aol.com
Jeanne	Bender	HI		96764 jib96720@yahoo.com
Warren	Snyder	HI		96753 maui.skip@yahoo.com
Denise	Blase	HI		96740 denise.m.blase@gmail.com
Georgia	Bopp	HI	96734-3538	gkbopp@gmail.com
MaryElizabeth	Ferla-Brown	HI		96740 malia5506@yahoo.com
Roxanne	Ortiz	HI		96813 roxannechastle@gmail.com
Renee	Lackey	HI		96753 reneelackey@aol.com
Robin	Juarez	HI		96761 fancy12001@yahoo.com
Corrie	Gulsrud	HI		96740 gulsrudc@gmail.com
Tammi	Sweeney	HI		96822 tjsweeney85@yahoo.com
Lucy	Mossman	HI		96720 lucymossman@gmail.com
Margaret	Collins	HI		96720 dalegas2@aol.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Jessie	Gonsalves	HI		96778 jessieleialoha@yahoo.com
Rovie	Vanhtha	HI		96793 rovievanhtha@hotmail.com
Martha	Randolph	HI		96813 merandhi@gmail.com
Margaret	Renz	HI		96743 m_renz7@icloud.com
Kate	Boyles	HI		96734 katet@me.com
Amanda	Lemke	HI		96797 jolieperuko@yahoo.com
Tom	Betts	HI		96740 tombetts63@gmail.com
Mary	Miller	HI		96749 ginamillersemail@gmail.com
Yvette	Kay	CA		94110 yvettekay_99@yahoo.com
Renee	Wohler	HI		96826 rkwohler@yahoo.com
Dawna	Markova	HI		96768 dawnamarkova@gmail.com
JT	Spurrier	HI		96744 seacliffitness@yahoo.com
JoAndi	DePew	HI		96740 joandidepew@gmail.com
Rachel	Zachry	HI		96761 rachelzachry@gmail.com
Elizabeth	Anderson	HI		96815 veggiepeace@aol.com
Ina	Costa	HI		96817 lohanspirit@yahoo.com
Susan	Fudge	HI		96719 susanfudge@outlook.com
Carol	Sakuma	HI		96797 cks_52@hotmail.com
Jennie	Kaneshiro	HI		96720 jennie.kaneshiro@yahoo.com
Emily	White	HI	96732-3616	emmaharberwhite@gmail.com
Nina	Buchanan	HI		96720 ninab@hawaii.edu
Mary Ann	BLanchard	HI		96740 kaloko2b@yahoo.com
Lil	Toma	HI		96797 ltoma99@gmail.com
Barbara	Potts	HI		96761 barb@alohapotts.com
Joan	Davis	HI		96708 quiltedmango@hawaii.rr.com
Madeline	Bresler	HI		96706 madeline.bresler@gmail.com
Lorraine	Parmentier	HI		96720 ruraltmystyle@gmail.com
Dottie	Nykaza	HI		96753 minidottie8@gmail.com
Ann	Pirsch	HI		96790 anniepir@gmail.com
Robert	Visalli	HI		96815 mukunda@hawaii.rr.com
Robin	Parisi	HI		96740 robinparisi@gmail.com
James	Long	HI	96772-0290	daegnut@gmail.com
Cynthia	Smoot			95734 mrsminister@hawaii.rr.com
gaye	chan	HI		96744 gayechan@gmail.com
Anna	Barnes	HI		96745 qtanna@hotmail.com
Anne	Estes	HI		96704 annecutshair@hotmail.com
Elizabeth	Yannell	HI		96790 peaceloveandlaughter@yahoo.com
Rebekah	Luke	HI		96730 rebekahluke@hawaii.rr.com
Gail	Haney	HI		96753 kraninga001@hawaii.rr.com
Joycelyn	Iyo	HI		96720 hazwell@gmail.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Cynthia	Fujimoto	HI	96826	bricynkel@gmail.com
Anne	Murata	HI	96825	annemurata@yahoo.com
Jean	Chan	HI	96822	jeanericchan@gmail.com
Ashley	Wilcox	HI	96761	ashzz@mac.com
Janie	Kunin	HI	96708	janieinhaiku@hotmail.com
Catie	Martin	HI	96822	deathsdelirium@yahoo.com
Gail	Dornstreich	HI	96753	waileaescape@hotmail.com
Robin	Scanlon	HI	96785	hiphotog@gmail.com
Alice	Hibberd	HI	96719	sacredchildren@rockisland.com
Rena	Ekmanis	HI	96740	renasea@gmail.com
Michelle	Foyt	HI	96814	michellefoyt@gmail.com
Debbie	Sullivan	HI	96740	kona4damomma@yahoo.com
Corrine	Ebel	HI	96704	konacoffeecori@gmail.com
Michael	Golojuch, Jr.			mgolojuch@hotmail.com
Victoria	Briggs	HI	96761	victorialynne@hawaii.rr.com
Mary	Jewell	HI	96822	marypjewell@yahoo.com
Chris	Daida	HI	96789	565248@gmail.com
Gay	Mathews	HI	96727	gaymathews.hi@gmail.com
Kamele	Ah You	HI	96822	kamele.ahyou@gmail.com
Karen	Kriegermeier	HI	96753	mauikittie@yahoo.com
Karyn	Castro	HI	96826	castrok01@gmail.com
dale	chappell	HI	96708-5010	sai@lotusdawn.com
Lisa	Freudenberger	HI	96740	lisa_freudenberger@yahoo.com
Paul	Klink	HI	96822	paul@paulklink.com
Lynn	Keiter	HI	96740	lynndehart@ymail.com
Mike	Golojuch, Sr	HI	96707	mikegolojuch808@gmail.com
Jan	Depwe	HI	96720	jdepwe@outlook.com
Leah	Laramee	HI	96816	leahlaramee@gmail.com
Catherine	Killam	HI	96785	volcanocat@gmail.com
Holly	Sereni	HI	96734	holly_sf@yahoo.com
Shana	Williams	HI	96740	dash4954@yahoo.com
Miki	Wallace	HI	96826	mikibasket@yahoo.com
Deborah	Winter	HI	96755-0849	winterd@whitman.edu
Laura	Peterson	HI	96748	laurarenrich@rocketmail.com
LindaLou	McPhee	HI	96816	lindaloumcphee@gmail.com
Gretchen	Pfeiffer	HI	96704	oahugecko@aol.com
Georgia	Mccullough	HI	96734	georgiaoc@gmail.com
Payricia	O'Toole	HI	96730	patsy_otoole@hotmail.com
Debbie	Coke	HI	96704	bluffcitymusic@yahoo.com
Beth	Fox	HI	96768	alohafoxes@hotmail.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Barbara	Cushman			bkcushman@gmail.com
L	Johnson	HI	96740	home@mykonahawaii.net
tess	patalano	HI	96761	tess.patalano@gmail.com
Tamira	Thompson	HI	96738	gotamira@yahoo.com
Russell S.	Pang			rustle333@gmail.com
Deborah G	Pang	HI	96814	ghengis43@gmail.com
Malachy	Grange	HI	96816-5633	the.malachy@gmail.com
Eileen	Herring	HI	96822-3244	herring.eileen@gmail.com
GLEND A	PAIGE	HI	96822-5033	ghpaige@hotmail.com
David	Atkin	HI		oahutran@yahoo.com
Stephanie	Smith	HI	96706	luv2bnsun@gmail.com
Janet	Gaffney	HI	96709-0358	janotterskykoalani@gmail.com
Rianna	Williams	HI	96821-1440	williamsr001@hawaii.rr.com
Howard	Gaffney	HI	96707	unkiecarchaser@hawaii.rr.com
Bernard	Keane	HI	96822	guyonoahu@juno.com
Elaine	Kimura	HI	96822	smileela808@yahoo.com
Joanne	Amberg	HI	96734-2022	joanne.amberg@gmail.com
Karen	Lehn	HI	96825	karenlehn@yahoo.com
Greg	Farstrup	HI	96813	gfarstrup@msn.com
Judy	McCluskey			carlbn@aol.com
Younghee	Overly	HI	96815	yoverly@gmail.com
Vinayak	Vinayak	HI	96753	vinayakeha@gmail.com
Rhea	Yamashiro	HI	96734	rheayamashiro@gmail.com
Jennifer	Fisher	HI	96734	jifisher5@gmail.com
Linda	Bess	HI	96825	lindylbess@aol.com
Christine	Nary	HI	96706-3890	naryc280@aol.com
Henry	Bess	HI	96825	hbess@hawaii.edu
Jane	Kirton	HI	96821	janekirton1@gmail.com
Brian	Goodyear	HI	96816-1704	bsgoodyear@aol.com
Baron	Gushiken	HI	96815	bgushiken@hotmail.com
Javier	Mendez	HI	96817-1200	mendezj@hawaii.edu
Stephen	Bess	HI	96743	lawbess@aol.com
VALRIE	GRIFFITH	HI	96816	valriegriffith@yahoo.com
	Anonymous	HI	96755	martysunderland@yahoo.com
Barbara	Jendrusch	HI	96815	barbjendrusch@gmail.com
Fred	Takara	HI	96825	fst@hawaii.rr.com
Nobu	Yonamine	HI	96782	nobuyona@hawaii.rr.com
Elsie	Yonamine	HI	96782	yonaminee003@hawaii.rr.com
Laura	Yonamine	HI	96818	laurayo@hotmail.com
William	Lee	HI	96817-2397	wjleedds@hawaii.rr.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Shirlene	Hanson	HI	96707	shsurfdancer@hawaii.rr.com
Michael	KENNEBECK	HI	96817	nov4mike1952@yahoo.com
michael	parrish	HI	96701	mb.parrish@hawaiiintel.net
David	Kanashiro			david.kanashiro1@gmail.com
Gloria	Wagner	HI	96836	rgcwagner@aol.com
David	Ambrose	HI	96815	davewaikiki@aol.com
Nancy	Morgan	HI	96730	namorgans@aol.com
Juliana	Lo	HI	96789	juliano@yahoo.com
Susan	Parks	HI	96707-3758	scparks@alumni.usc.edu
Lisa	Ahmed	HI	96822	lisa.r.ahmed@gmail.com
Stephanie	Frazier	HI	96734	alohasteph@mac.com
Patricia	Blair	HI	96734	patriciablair@msn.com
Hallie	LenWai	HI	96744	hlenwai@hotmail.com
Joyce	Lopes	HI	96792	jlopes@hawaii.rr.com
Ed	Lee	HI	96822-1402	edamylee@gmail.com
Nancy	Smith	HI	96813	nancyosmith@gmail.com
Cynthia	Cobb-Adams	HI	96734	cca299@aol.com
Merrill	Johnston	HI	96734	melemerrill@gmail.com
Erenio	Arincorayan	HI	96826	erenioa@yahoo.com
Virginia	Hench	HI	96816	virginia.hench@gmail.com
Desiree	Poteet	HI	96717	drpoteet@gmail.com
Brenda	Wong	HI	96819	brendahlt@yahoo.com
Lolita	Gabuat	HI	96701	lolita.gabuat@gmail.com
j	tuttle	OH	44060	drjonathontuttle@gmail.com
Janet	Maeda			janemaeda@gmail.com
Joseph	O'Brien	HI	96823-3513	buzzhonolulu@yahoo.com
Roxanne	Simso	HI	96744	clarkroxanne@ymail.com
Lynne	Oya	HI	96822	lynneoya@hawaii.edu
Zoe	Williams			zoesterbmc@gmail.com
e	godfrey	HI	96822	ellydeli@hawaiiintel.net
	Anonymous	HI	96814	slavinrobert@mac.com
Andrew	Chang	HI	96797	achang006@hawaii.rr.com
Mike	Hartley	HI	96815	mhartley03@msn.com
Sally	Waitt	HI	96749	keaaunani@gmail.com
Kelsey	Muraoka	HI	96744	kelskels13@hotmail.com
Evelyn	Fonseca	HI	96706	evelyncf64@yahoo.com
Desana	Dybdal	HI	96815	desanadybdal@ymail.com
Sonys	Reedy	HI	96814	sunihawaii@earthlink.net
Carol	Fukumoto	HI	96789	ouz09clf@yahoo.com
Shelby	Foster	HI	96816-2802	fosters005@hawaii.rr.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Madeleine	Noa	HI	96815	madeleinenoa299@gmail.com
Shelly	Bonoan	HI	96819	shellby310@gmail.com
Patricia	Dukes	HI	96734	pjdukesphd@aol.com
Gail	Ramiscal	HI	96818	gailcbo@hotmail.com
Deborah	JonesWilder	HI	96731	northshorebums@aol.com
Sandra	Hiramatsu	HI	96782	alohasun@hotmail.com
David	Kennedy	HI	96825	davidk7713@comcast.net
Marylyn	Rigney	HI	96792	marylynmr@yahoo.com
Sherry-Ann	Stowell	HI	96701	sherry.stowell@yahoo.com
katie	wingo	DC	20036-5504	kwingo@compassionandchoices.org
Lynn	Wilson	HI	96813	lbwilson@webfispacific.com
Joe	Herzog	HI	96734-3933	jherzogdvm@yahoo.com
Jerry	Lam			drjlam@aol.com
Robert	Nakasone	HI	96813-1014	bobnakasone@gmail.com
charlene	peters	HI		charlene_yhvh@hotmail.com
Susan	Mechler	HI	96744	suzimechler@hawaii.rr.com
Jaymi	Edwards	HI	96792-2248	jaymic.edwards@gmail.com
Richard	Diehl	HI	96825	rdiehl@diehlandweger.com
April	Siembieda	HI	96822	a.matsuura@hawaiiantel.net
Barbara	Service	HI	96816-5522	barbarajservice@gmail.com
Paula	MacCutcheon	HI	96807	paulamac808@gmail.com
Sylvia	Law	HI	96734	sylvialaw42@gmail.com
Joseph	Edwards	HI	96792	joe.edwards42@gmail.com
Paula	Luv			paulaluv@outlook.com
Barbara	Santos	HI	96712	barbnoa@aol.com
Nina	Weiser	HI	96818	nyna@barkclothhawaii.com
burt	sugiki	HI	96701	bonobs@juno.com
Carolyn	Wilson	HI	96734	tanaka.carolyn@gmail.com
Rev. George	Lee	HI	96816	georgelee2468@gmail.com
Kiley	Chun-Kawakami	HI	96825	hnl.kitty@gmail.com
Hilde	Baert	NH	03766-1723	hbaert@comcast.net
Rachel	Lynch			lynchr808@gmail.com
Richard	Caplett	HI	96818-1689	caplettr001@hawaii.rr.com
Jenny	Marion	HI	96816	littletig2@yahoo.com
Lacy	Dudoit	HI	96816	lacydanger@gmail.com
Christina	Townson			chris@ctownson.com
Marianne	Whiting	HI	96734	747mkw@gmail.com
Andrea	Jepson	HI	96734	jepsona001@hawaii.rr.com
Anita	Myers	HI	96721	ms.dewey@yahoo.com
Nancy	Dowling	HI	96734	twosandyfeet@me.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
	Anonymous	HI		96817 waikahalulu@yahoo.com
Douglas	Awana	HI		96701 doug00977@outlook.com
Christina	Noda	HI		96815 mrs.noda@gmail.com
Alison	Bhattacharyya	HI	96817-1105	alisonbailes@yahoo.com
Garrett	Ogawa	HI		96822 rhsgman@gmail.com
Kerry	Porter	HI		96744 lattekeko@gmail.com
Diana	Tizard	HI	96734-4415	dtizard8@hawaii.rr.com
Gerry	Brown	HI		96734 gstar.hi@gmail.com
George	Nardin	HI		96734 georgenardin@gmail.com
Susan	Oppie	HI		96814 pumpkinheadso@hotmail.com
Sandra	Takeda	HI		96789 stakeda@hotmail.com
Gilda	Lee	HI		96822 gilda.lee@aol.com
Margaret	Lopes	HI		96792 babylurchy@gmail.com
Deborah	Ball	HI		96817 deborahmball@yahoo.com
Leigh Anne	Wilson	HI		96825 leighanne.wilson@me.com
Margot	Schrire	HI		96825 mlschrire@yahoo.com
Charles	Miller	HI	96821-2535	millerc003@hawaii.rr.com
Leticia	Acido-Mercado	HI		96706 lracido.mercado@gmail.com
Jocelyn	Fujii	HI	96822-4633	jocekf@gmail.com
Edwin	Nakata	HI		96782 lcodien@hawaii.rr.com
Edwin	Nakata	HI	96782-1448	lkncodie@gmail.com
Bobbi	Bryant	HI		96755 bobbibryant@hotmail.com
Katie	Estorgio	HI		96797 kestorgio@gmail.com
Nancy	Aydell	HI		96813 cionancy@aol.com
Micki	Stash	HI		96822 mickibob@hawaiiatel.net
Pamela	Hearst	HI		96708 pamelacoleen@hotmail.com
Tamara	Moan	HI		96734 tamara.moan@yahoo.com
Doris	Segal Matsunaga	HI		96701 dsegalmatsu@gmail.com
Carol	Okimi	HI		96734 cokimi@hawaii.edu
Kathleen	Sills	HI		96744 sills0608@mac.com
Christine	Roach	HI		96720 christineroach12@gmail.com
Leimomi	Harris	HI	96745-2807	merway@hawaii.rr.com
gina	hart	HI		96795 gbmhart@gmail.com
Noelle	Hamilton-Cambeilh	HI		96746 zumanc@yahoo.com
Amoreena	Rabago	HI		96818 reenayoung@aol.com
Linda	Watkins	HI		96768 linwatkins@yahoo.com
Brian	Mark	HI		96816 brian.bhi@gmail.com
Sharyle	Lyndon	HI		96815 sharyle@telus.net
Steven	Canales	HI		96782 stevecanales@hotmail.com
Carol	Kleppin	HI		96730 cjkleppin1@gmail.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Diane	Endo	HI	96789-2610	dianeinhawaii@gmail.com
eve	furchgott	HI	96710	even@hawaii.rr.com
Kaliko	Amona	HI	96712	kalikoamona@gmail.com
Barb	Ivis	HI	96734	barb.ivis@yahoo.com
Holly	Huber	HI	96817	hollyjhuber@gmail.com
Steffanie	Humphrey	HI	96786	steffanieh666@gmail.com
Maria	Maxwell	HI	96815	crc857@gmail.com
Tristan	Holmes	HI	96822	tristanh314@gmail.com
Charlene	Aldinger	HI	96822	mscharlie@hawaii.rr.com
diane	nero	VA	23224	dianenero501@yahoo.com
Doug	Kendrick	HI	96753	douglaspkendrick@icloud.com
Elizabeth	Tajima	HI	96826	rehawaii@hawaiiantel.net
Beverly	Baysa	HI	96782	bbaysa@yahoo.com
Mari	Kae	HI	96720	divinedancen@yahoo.com
Nancy	Davlantes	HI	96744-1921	ndavlantes@aol.com
kerry	ach	HI	96734	kerryach1030@gmail.com
Don	May	HI	96744	earthcorps246@gmail.com
Joan	King	MD	20910-4889	joanhking40@gmail.com
Janet	Tran	HI	96822	janet.h.tran@gmail.com
Piia	Aarma	HI	96816	piia@pineappletweed.com
GREG	GODWIN	HI	96779	greggodwin@aol.com
Rev. Michele	Shields	HI	96744	michelershields@me.com
Carol	Egan	HI	96734	eganc001@hawaii.rr.com
Barbara	Pence	HI	96734	barbpence@yahoo.com
	Kehaulani			
Denise	Chillingworth	HI	96817-3704	denisechillingworth@yahoo.com
Mark	Bogart	HI	96822	bogartmh@yahoo.com
Ashley	de Coligny	HI	96744	ashleyut@hotmail.com
Kelly	Dowell	WA	98362	kdowell@olympen.com
Andrea	Wagner	HI	96821	rickandrea@gmail.com
Lissa	Hardbarger	HI	96826	lissahardbarger@gmail.com
Sandi	Rhodes	HI	96749	sandikmc@hotmail.com
Kimo	Keaulana	HI	96792	kaehukai@hotmail.com
Patricia	Crandall	HI	96770	crandallibra@hotmail.com
Sara	Ironhill	HI	96734	saraironhill@gmail.com
Madi	Silverman	HI	96734	jensend003@hawaii.rr.com
Lisa	McDaniel	HI	96791	lisamcdaniel@sbcglobal.net
Seena	Clowser	HI	96822	zertle13@gmail.com
Joseph	Savino	HI	96846	kauaiboy4200@aol.com
	Anonymous	HI	96816	manukolea1@gmail.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name	Last Name	State	Zip	Email
Thomas	Dickey	HI	96818-2508	tardend@yahoo.com
Darlani	Conley	HI	96786	darlani888@gmail.com
Debra	Adams	HI	96822-3045	radamshere2003@yahoo.com
Jane	Arnold	HI	96816-3628	staceyjanearnold@gmail.com
Mel	Bauer	HI	96819-5806	Bauermel06@gmail.com
Virginia	Bennett	HI	96822-3160	vbennett@hawaii.edu
Jonathan	Boyne	HI	96822-2158	boyne@hawaii.edu
Sherron	Bull	HI	96745-1294	politics@geckohale.com
Sandra	Corrigan	HI	96744-2619	Sandrac@got.net
Sheila	Cyboron	HI	96734-1939	sheilacyboron@hawaii.rr.com
Linda	Day	HI	96816-3336	blissful_lotus@yahoo.com
Pratibha	Eastwood	HI	96839-1537	epratibha@yahoo.com
Sally	Hartman	HI	96712-1520	sallyschorn@gmail.com
Jo	Jeffries	HI	96772-0715	jojeffries77@gmail.com
Kersten	Johnson	HI	96785-0980	tempk@hawaii.rr.com
Nalei	Kahakalau	HI	96727-1764	haloa@kalo.org
Cindy	Lance	HI	96822-1604	cindylouwho@hawaiiantel.net
Judith	Mick	HI	96734-1854	ppchawaii@yahoo.com
Susan	Morton	HI	96820-0544	contactdavesmom@aol.com
Linda	Musto	HI	96813-1011	ljgmusto@gmail.com
Fred	New	HI	96778-0616	f@hawaiiantel.net
Susan	Olson	HI	96740-4314	susankukana124@gmail.com
Tia	Pearson	HI	96786-8563	tia.pearson@gmail.com
Ann	Peters	HI	96817-2603	ann@hawaii.edu
Anne	Pierce	HI	96708	mauianne22@hawaii.rr.com
Angela	Posatiere	HI	96734-2156	angela@myartmail.com
Mitchel	Rosenfeld	HI	96825-1116	merosenfeld@earthlink.net
Susan	Rubin	HI	96754-0420	suerainbowskies@yahoo.com
MALCOLM	SLAKTER	HI	96822-2627	camphy@hawaii.rr.com
Jacqui	Skill	HI	96761-9300	jjinparadise@gmail.com
Thomas	Tizard	HI	96734	tizard8@hawaii.rr.com
Anita	Trubitt	HI	96734	ateubitt@hawaiiantel.net
Christine	Weger	HI	96825-2847	Cweger@hawaii.rr.com
M	Yano	HI	96812-4464	myabundance@live.ca
Nancy S.	Young	HI	96819-3069	salth2onancy@gmail.com

HAWAI'I VOTERS OVERWHELMINGLY SUPPORT MEDICAL AID IN DYING

We feel strongly that terminally ill, mentally capable adults should have the right to medication they can use to achieve a peaceful death.

First Name Last Name State Zip Email



HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Sandra Murphy
Address: 51 S Kuakini St. #1
City: Honolulu State: HI ZIP: 96813
E-mail: sandala714@yahoo.com
Phone: _____

Name: Nathan Obando
Address: 780 Iunalilo km Rd
City: Hale State: HI ZIP: 96825
E-mail: nateobando808@gmail.com
Phone: _____

Name: William Murphy
Address: 51 S Kuakini St #1
City: Honolulu State: HI ZIP: 96813
E-mail: billm@hawaii.com
Phone: 209-4199

Name: Alyson Rowland-Ciszek
Address: 524 Auwahi St
City: Paia State: HI ZIP: 96734
E-mail: _____
Phone: _____

Name: JHUNETTE LIWANAG
Address: 94-101 POLOAI WAY
City: WAIPAHU State: HI ZIP: 96797
E-mail: JJHUNELI1@GMAIL.COM
Phone: 8082287136

Name: Luanna Meyer
Address: 1279 Lunalilo Home Road
City: Honolulu State: HI ZIP: 96825
E-mail: luanna.meyer@vuw.ac.nz
Phone: 808-333-4643

Name: Renie Lindley
Address: PO Box 765
City: Haleiwa State: HI ZIP: 96712
E-mail: reniewang@yahoo.com
Phone: _____

Name: Andrea Nando-star
Address: 440 Lower St # 702
City: Hon. State: HI ZIP: 96815
E-mail: birdofparadisehawaii.com
Phone: _____

Name: Kelsey Coleman
Address: 777 Paani St. Apt. 504
City: Honolulu State: HI ZIP: 96826
E-mail: kelseycoleman07@gmail.com
Phone: _____

Name: Justin Salisbury
Address: 1617 Kapiolani Blvd #1402
City: Honolulu State: HI ZIP: 96814
E-mail: resident@ummi.ECU.edu
Phone: 808-797-8606



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Paula Gill
Address: 6750 Hawaii Kai Dr #601
City: Honolulu State: HI ZIP: 96825
E-mail: pdhg1@gmail.com
Phone: _____

Name: CRIS MILNE
Address: 1351 HUMVULA ST
City: KAILUA State: HI ZIP: 96734
E-mail: cmilne@hawaii.edu
Phone: 80

Name: Dana Constathe
Address: 1633 KAMAMAU AVE #H
City: Honolulu State: HI ZIP: 96813
E-mail: dconsta41@gmail.com
Phone: _____

Name: Melina C. Rodriguez
Address: 2386 Kapiolani Blvd.
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 955-71-68

Name: Lisa Lee
Address: 3601 Woodlawn Drive
City: Honolulu State: HI ZIP: 96822
E-mail: ~~lisalee@hawaii.com~~
Phone: lisalee.hawaii@gmail.com

Name: Rosalinda Rodriguez
Address: 2386 Kapiolani Blvd.
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: 955-71-68

Name: Beth Irikura
Address: 3049 Kalaniana'oli Hwy Apt A
City: Honolulu State: HI ZIP: 96815
E-mail: irikura@yahoo.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Kit Grant
Address: 1111 Wilder Ave 14B
City: Hon State: HI ZIP: 96822
E-mail: kit@lava.net
Phone: 808 232 9697

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options including Aid in Dying!

✓ Name: Tais Robles
Address: 3307 Winans Ave #2
City: Hono State: HI ZIP: 96814
E-mail: Taisvoice@yahoo.com
Phone: (808)383-0521

Name: L Marina
Address: PO BOX 37415
City: hnl State: HI ZIP: 96837
E-mail: lmarina55@yahoo.com
Phone: 808 218 1619

✓ Name: TANIA CHONG
Address: 100 RICHARDS ST #1808
City: HON State: HI ZIP: 96813
E-mail: MAKAMAE65@AOL.COM
Phone: (808)128-5905

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: Katy Hintzen
Address: 13742 Harding Ave
City: Honolulu State: HI ZIP: 96816
E-mail: hintzenk@gmail.com
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

✓ Name: Jennie Peterson
Address: 2424 Ferdinand Ave
City: Hon. State: HI ZIP: 96822
E-mail: KOLEKOLEA@gmail.com
Phone: 808-223-4685

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
E-mail: _____
Phone: _____



NOTIFY

HAWAII VOTERS OVERWHEMLINGLY SUPPORT MEDICAL AID IN DYING

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Let Hawaii legislators know you support end-of-life options by signing this petition today!

YES! I Support all End of Life Options, including Aid in Dying!

Name: Vem Martin
Address: 91-214 Naalea St.
City: Ewa Beach State: HI ZIP: 96704
E-mail: Vemshere@gmail.com
Phone: (808) 796-7993

Name: Christina Olah
Address: POB 3294
City: Honolulu State: HI ZIP: 96801
E-mail: tropicalhawaii@aol.com
Phone: _____

Name: S Bow
Address: POB 29323
City: Hon State: HI ZIP: 96817
E-mail: blackwidow083@gmail.com
Phone: 808 782-3293

Name: Len Ishikawa
Address: 801 San King St
City: Hon State: HI ZIP: 96813
E-mail: jjog4life@gmail.com
Phone: _____

Name: CHRISTOPHER MAYHEW
Address: 1236 ALA KAPUNA APT 214
City: Honolulu State: HI ZIP: 96819
E-mail: pmayhew@gmail.com
Phone: 810-550-1575

Name: James Fuqua
Address: 4189 Hanchane St
City: Kailua State: HI ZIP: 96734
E-mail: James.a.fuqua@usmc.mil
Phone: 760-585-5391

Name: Anc Mason
Address: 7018 Hany Lane
City: New Albany State: IN ZIP: 47150
E-mail: ancemason@yahoo.com
Phone: 502 432-6453

Name: MIKE MCFARLANE
Address: 158 Puae Pl
City: Honolulu State: HI ZIP: 96822
E-mail: MIKE@MCFARLANE.US
Phone: 808-382-2888

Name: ROXAN TAYLOR
Address: 3003 Ala Napua'a Pl #316
City: Honolulu State: HI ZIP: 96818
E-mail: roxan072000@yahoo.com
Phone: 808 351 854

Name: Jessica Spurrier
Address: 45-027A Lilipuna Pl
City: Kaneohe State: HI ZIP: 96744
E-mail: seaclifffitness@yahoo.com
Phone: 808-585-8281



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YES! I Support all End of Life Options, including Aid in Dying!

Name: Carolyn Pang
Address: 1717 Mott Smith Dr. 2902
City: HON State: HI ZIP: 96822
E-mail: _____
Phone: 808-533-1790

Name: Robin Lung
Address: 574 Paulele St
City: Kailua State: HI ZIP: 96734
E-mail: _____
Phone: _____

Name: Claire Nicely
Address: 715 RUI KULA DRIVE
City: PEARL CITY State: HI ZIP: 96782
E-mail: _____
Phone: 808-422-4039

Name: KATHERYN CUNNEY
Address: 1321 LULUUAHOMOE RD
City: HONOLULU State: HI ZIP: 96825
E-mail: _____
Phone: _____

Name: Mary Nestler
Address: 2500 KALAKAMA AVE #203
City: HNL State: HI ZIP: 96815
E-mail: maryins13@gmail.com
Phone: 808 924 0253

Name: Bev Futa
Address: 1720 OWAWA ST.
City: HONOLULU State: HI ZIP: 96814
E-mail: _____
Phone: _____

Name: Rebecca Horne
Address: 40C Kai One Pt
City: Kailua State: HI ZIP: 96734
E-mail: arthorne1@gmail.com
Phone: _____

Name: Kayla DuBois
Address: 94 870 Lumiaian
City: Waipahu State: HI ZIP: 96797
E-mail: dubois_kayla@gmail.com
Phone: 785-408-0333

Name: JoAnn Farnsworth
Address: 1565 Kalani Iki St
City: Honolulu State: HI ZIP: 96821
E-mail: jfarnsworth@hawaii.rr.com
Phone: _____

Name: Kimberleigh Villasevor
Address: 4348 Wai'ialae Ave #257
City: Honolulu State: HI ZIP: 96816
E-mail: pcful-1@mac.com
Phone: 808-630-7700



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YES! I Support all End of Life Options, including Aid in Dying!

✓ Name: Nicole Harrison
Address: 669 Old Makapu
City: Kailua State: HI ZIP: 96734
E-mail: nikinamaste @
Phone: hawaii.net

Name: Yvonne Jones
Address: 1296 Kipukani
City: Honolulu State: HI ZIP: 96814 ✓
E-mail: yjones_78@hotmail.com
Phone:

✓ Name: Susan O'Sullivan
Address: 739-A1 Judd St
City: Hon State: HI ZIP: 96817
E-mail: susan.osullivan@yahoo.com
Phone:

Name: Marle O'Neill
Address: 2039 Bachelor St
City: Honolulu State: HI ZIP: 96817
E-mail:
Phone:

Name: Judy Stevens
Address: 1626 Coral St
City: Hon State: HI ZIP: 96813
E-mail: antyjudy@gmail.com
Phone: 200-2011

Name: Ann Peters
Address: 55 S. Judd St #501
City: Honolulu State: HI ZIP: 96817 ✓
E-mail:
Phone:

✓ Name: Alyssa Stanwood
Address: 1172 WAINIA ST UNIT A
City: Hon State: HI ZIP: 96825
E-mail: Alyssa.stanwood@gmail.com
Phone:

Name: Treva Myamoto
Address: 1031 Kahaia Place
City: Kailua State: HI ZIP: 96734 ✓
E-mail: bxtm@kawaiiantel.com
Phone:

✓ Name: Kalena Miyashiro
Address: 621 Kukuia Loop
City: Hon State: HI ZIP: 96825
E-mail: kmine67@hotmail.com
Phone: (808) 636-8741

Name: Cateria Picardo
Address: 851A 15th Ave
City: Honolulu State: HI ZIP: 96816 ✓
E-mail: caterpicardo@gmail.com
Phone:



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✓ Name: Evelin C. Forker
Address: 2618 DKamurast
City: Honolulu State: HI ZIP: 96818
E-mail: Emaforker@yahoo.com
Phone: _____

Name: Joli Tokusato
Address: 1612 Anapuni St
City: Hon State: HI ZIP: 96822 ✓
E-mail: n/a
Phone: (808)393-1085

✓ Name: Jennifer QUAYE
Address: 2114 Coral St.
City: Honolulu State: HI ZIP: 96818
E-mail: jennquaye@hotmail.com
Phone: _____

Name: Loren Ballard
Address: 2608 Dak St #1 ✓
City: Honolulu State: HI ZIP: 96826
E-mail: rhayne99@hotmail.com
Phone: (808)436-5005

✓ Name: Fabienne MELETTOR
Address: 185 ULUPA ST
City: KAILUA State: HI ZIP: 96734
E-mail: FCMELETTOR@GMAIL
Phone: _____

Name: Alicia Fugua
Address: 4189 Kamehame St
City: Kailua State: HI ZIP: 96734 ✓
E-mail: canizales17@gmail
Phone: _____

✓ Name: ^{JEAN GOODHIND}Jean Goodhind
Address: 949 WAINIAA ST
City: HON State: HI ZIP: 96825
E-mail: JEAN4000@HOTMAIL.COM
Phone: (808) 381-5259

Name: Caroline Kunitake
Address: 1024 Spencer St.
City: Hon. State: HI ZIP: 96822 ✓
E-mail: _____
Phone: 808 782-2150

✓ Name: LORI AQUINO
Address: 713 Hurler Pl
City: Hon State: HI ZIP: 96821
E-mail: Lori.K.Aquino@gmail.com
Phone: ~~_____~~

Name: Patrick Chee
Address: 1024 Spencer St
City: Hon State: HI ZIP: 96822
E-mail: _____
Phone: 783-8068



PETITION

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Name: Natalie Nimmer
Address: 4115 Sierra Dr
City: Honolulu State: HI ZIP: 96816
E-mail: natalienimmer@gmail.com
Phone: (Harris Church)

Name: Melissa Hawkins
Address: 1997 Puowaiwa Dr
City: AVL State: CA ZIP: 96813
E-mail: melissahawkins1@gmail.com
Phone:

Name: Kaitlyn Washita
Address: 94-1122 Kapa Kapa St.
City: Waipahu State: HI ZIP: 96747
E-mail: kmiwashita@hawaii.edu
Phone: (808) 7535212

Name: Jeanne Washita
Address: 94-1122 Kapa Kapa St
City: Waipahu State: HI ZIP: 96747
E-mail: jeannewashita@gmail.com
Phone: 808-284-4167

Name: Maroa Weaver
Address: 335 Meridian St #1491
City: Hon State: HI ZIP: 96806
E-mail: mzmaroa@gmail.com
Phone: 808-272-4096

Name: EILEEN HERRING
Address: 1428 D DOMINIS ST
City: HONOLULU State: HI ZIP: 96822
E-mail: herring.eileen@gmail.com
Phone:

Name: Maryam Ayati
Address: 2241 Naimeo Road
City: Hon State: HI ZIP: 96816
E-mail: cyctimaryam@yahoo.com
Phone:

Name: Anthony Nelson
Address: 94-687 Kime St
City: WAIPAHU State: HI ZIP: 96747
E-mail: annelson@gmail.com
Phone:

Name: Grace Hutchinson
Address: 44-181 Malulani Pl
City: Kula State: HI ZIP: 96744
E-mail:
Phone:

Name: Adele Wilson
Address: 333 Adlon St #208
City: Kula State: HI ZIP: 96734
E-mail: jawilson@hawaii.rr.com
Phone:



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Name: Jolente Smith ✓
Address: P.O. Box 971226
City: Waipahu State: HI ZIP: 96797
E-mail: kalanihialo@yahoo.com
Phone: (808) 853-7606

Name: Tori Goto
Address: 42-273 Old Kalaanui Ave RD
City: Kaunakakai State: HI ZIP: 96734
E-mail: torijg@gmail.com
Phone: 808 224-8677

Name: Julie Williams Hoffman
Address: 30 OAKBROOK CLUB DRIVE
City: Oak Brook State: IL ZIP: 60523
E-mail: Julieforaerenglish@gmail.com
Phone: 630 217 5546

Name: Nancy Alejo ✓
Address: 91-105 Ewa Beach Rd
City: EB State: HI ZIP: 96706
E-mail: alejo4001@hawaii.rr.com
Phone: _____

Name: Barb Hudman ✓
Address: 2333 Kapiolani
City: Hono. State: HI ZIP: 96826
E-mail: _____
Phone: 949-5069

Name: Stephanie Silvia ✓
Address: 6220 Camino Ricardo
City: SAN DIEGO State: CA ZIP: 92120
E-mail: steticesilvia@gmail.com
Phone: 658-204-5155

Name: Giulio Nelken ✓
Address: 776 Tahumoa Place
City: Kaula State: HI ZIP: 96734
E-mail: jeorgeadore@mac.com
Phone: _____

Name: Bo Kahua
Address: 74-5146 Hahaione
City: K. Kona State: _____ ZIP: 96740
E-mail: _____
Phone: _____

Name: Yami ✓
Address: POB 2158
City: Vol State: HI ZIP: 96705
E-mail: _____
Phone: _____

Name: H. Felger ✓
Address: 411 Hebron Lane
City: Harduh State: HI ZIP: 96815
E-mail: _____
Phone: _____



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YES! I Support all End of Life Options, including Aid in Dying:

✓ Name: Kimberly Allen
Address: 2922 Dole St
City: Honolulu State: HI ZIP: 96816
E-mail: pumpkin7@yahoo.com
Phone: 808-398-8199

Name: J. Modzelewska
Address: 1015 Adair Pl Ap 245
City: Kaunoi State: HI ZIP: 96739
E-mail: _____
Phone: 808-704-518

✓ Name: Vickie Kam
Address: PO Box 63091
City: Ewa Beach State: HI ZIP: 96707
E-mail: VLKam@yahoo.com
Phone: _____

Name: Elizabeth McFarland ✓
Address: 3060 Huelani Dr.
City: Hon State: HI ZIP: 96812
E-mail: 61446124@gmail.com
Phone: _____

✓ Name: Sunwyn Ravenwood
Address: 930 B 21st Ave
City: Honolulu State: HI ZIP: 96816
E-mail: Sunwynravenwood@yahoo.com
Phone: 808-737-3206

Name: Joseph Koja
Address: 730 Malakoa Ave #203
City: Honolulu State: HI ZIP: 96816
E-mail: ratguppy@yahoo.com ✓
Phone: (808) 948-8182

✓ Name: Val Tava
Address: 912085 Kaimanalo
City: Ewa Beach State: HI ZIP: 96706
E-mail: valtava@yahoo.com
Phone: 256-1068

Name: Sherry Heiser ✓
Address: P.O. Box 207
City: Waianae State: HI ZIP: 96791
E-mail: keiakai92@gmail.com
Phone: _____

✓ Name: Hlin Muel
Address: 2480 Ulihi Pl
City: Hon State: HI ZIP: 96817
E-mail: hlmuel@yahoo.com ✓
Phone: _____

Name: Laurie Cruz ✓
Address: 94-394 Hokuahiahi St
City: Mililani State: HI ZIP: 96789
E-mail: lcruz@hawaiiantel.net
Phone: _____



520 W. One Street, Kahului, Maui, Hawaii 96732
(808) 877-3037

Joshua V. Schneider, Pastor David Hobus, Principal Penny Spangler, Preschool Director

Opposition to HB 2739

Aloha members of the Hawaii legislature,

I have just read the latest bill, HB 2739, “Our Care, Our Choice.” I have previously testified against the last iteration of the bill, SB 1129. While it is apparent that numerous “safeguards” have been added to the bill, to try to limit the unintended consequences of legalizing euthanasia—it is very telling that the bill is re-writing the definition of second degree murder and manslaughter. “Legalizing” an action does not move the moral or ethical boundaries of an act, and the underlying, central act and purpose of this law is to legalize the administration of death from a doctor to their patient. If this does not shock those who are considering this bill, then it is only because it has been disguised in so much clever language.

This fundamentally transforms the nature of health care at the end of life. Traditionally, the doctor’s Hippocratic oath to do no harm superseded a patient’s self-determination—especially over against their desire to harm themselves. How much more so to take their own life! This is a dangerous switch of ideas to put self-determination first. And no matter how many “safeguards” are in the present law against expanding the supposed “right to die” beyond the terminally ill, the fact remains that there are always going to be a much larger pool of people, who for various reasons also seek to die. If self-determination becomes the new defining principle, it will only be a matter of time before those safeguards and laws are weakened and the “right to die” is expanded. The grounds for resisting that will already have been significantly eroded by this law.

As variable as the types of suffering and death are, and causes for which a person may seek to end their own life, so variable will be the future challenges to the limits, safeguards, and controls you have designated for this law. There is no question but that if the law is passed, it will expand in scope. Also in some parts of Europe, where self-determination has been given priority over the good of the individual, laws have even expanded to allow voluntary suicide of individuals who have no illness.

Please do not give way to those who tell us that aiding someone’s death is a “compassionate act.” True compassion is learned and taught in the midst of suffering, and there are many worthy ways of caring for the dying that ennoble both the patient and the caregiver, while allowing life to reach its natural end. Thank you for listening. Please vote NO.

Pastor Joshua V. Schneider

HB-2739

Submitted on: 2/26/2018 10:05:13 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sue Skinner	A Place For Women in Waipio	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 9:15:51 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tracy Tobias	Concerned Women for America (CWA of Hawaii)	Oppose	No

Comments:

I stand with the many who oppose attempts to promote assisted suicide as an act of compassion and dignity. It is NOT compassion or dignified to commit suicide. Suicide is still suicide. At it's core it is an act of abandonment and deep in our hearts we know it. We need to use better solutions to care for our elderly, disabled, sick or dying. Instead we should be more mindful of ways to help ailing loved ones and the terminally ill make every moment matter. We need to continue in their comfort, support, love and care to the best of our ability. A person should never be abandoned to death and intentionally killed.

Read the facts presented in Hawaii's Partnership for Appropriate and Compassionate Care at www.hpacc.org.



Randy Perreira
President

HAWAII STATE AFL-CIO

345 Queen Street, Suite 500 • Honolulu, Hawaii 96813

Telephone: (808) 597-1441
Fax: (808) 593-2149

The Twenty-Ninth Legislature, State of Hawaii
Hawaii State House of Representatives
Committee on Health and Human Services
&
Committee on Judiciary

Testimony by
Hawaii State AFL-CIO

February 27, 2018

H.B. 2739 – RELATING TO HEALTH

The Hawaii State AFL-CIO supports H.B. 2739 which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life and imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

The Hawaii State AFL-CIO unanimously passed a resolution in support of medical aid in dying at our recent executive board meeting. We strongly encourage the passage of H.B. 2739.

Thank you for the opportunity to testify.

Respectfully submitted,

Randy Perreira
President



Testimony supporting House Bill 2739
Relating To Health; Our Care, Our Choice

HAWAII STATE HOUSE OF REPRESENTATIVES
COMMITTEE ON JUDICIARY
COMMITTEE ON HEALTH & HUMAN SERVICES

Tuesday, February 27, 2018
10:30 AM
Capitol Auditorium

Aloha Honorable Committee Chairs, Vice-Chairs and 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 within only three votes of passing a similar bill into law.

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 improve palliative (end of life) 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 House Bill 2739 (HB2739) 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. No one will qualify solely based on age or disability.

Similar laws are now in effect in Oregon, California, Colorado, Vermont, and Washington and today, over 20 other states are considering *medical aid in dying* legislation.

Please pass House Bill 2739 today and give all of Hawaii's citizens the freedom to choose a Death With Dignity.

Sincerely,

/s/

Scott Foster

808-590-5880

fosters005@hawaii.rr.com



Board of Directors:

**House Committee on Health & Human Services
House Committee on Judiciary**

Gary L. Hooser
President

Hawai'i Alliance for Progressive Action supports HB 2739

Andrea N. Brower
Ikaika M. Hussey
Co-Vice Presidents

Aloha Chair Mizuno, Chair Nishimoto and Members of the Committees,

Kim Coco Iwamoto
Treasurer

I am writing on behalf of the Hawaii Alliance for Progressive Action in support of HB 2739, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Bart E. Dame
Secretary

HAPA is a statewide environmental, social and economic justice organization. HAPA engages over 10,000 local residents annually through our work.

Paul Achitoff

Although this measure falls outside of HAPA's core issue areas we believe that this is fundamentally a civil rights issue, involving the rights of terminally ill individuals who are suffering. A person in this situation should have a fundamental right to determine how he/she spends the end of their life and how much suffering he/she is willing to endure.

Malia K. Chun

Laura Harrelson

Thank you for your consideration. I urge you to support HB 2739.

Katie McMillan

Walter Ritte Jr.

Respectfully,

Karen Shishido

Anne Frederick, Executive Director
Hawai'i Alliance for Progressive Action (H.A.P.A.)

Leslie Malu Shizue Miki

Kekaulike Prosper Tomich

Cade Watanabe



Progressive Democrats of Hawai'i

<http://pd-hawaii.com>

1418 Mokuna Pl, HON HI 96816

email: info@pd-hawaii.com

February 26, 2018

To: House Committee on Health and Human Services
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

House Committee on the Judiciary
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Re: HB 2739 – Medical Aid in Dying

Hearing: Tuesday, February 27, 2018, 10:30 a.m., Capitol Auditorium

Position: Strong Support

Progressive Democrats of Hawai'i strongly support this Medical Aid in Dying bill. If this bill passes, at long last, terminally ill local adult residents who have less than six months to live will be able to avoid unnecessary pain and suffering as they die, if they so choose.

This is essential. The terminally ill should not be kept in the virtual imprisonment of pain and suffering even as advanced medical technology can keep them alive but without hope of recovery.

This bill contains multiple safeguards to avoid abuse. Probably too many.

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

Alan B. Burdick, co-chair
Progressive Democrats of Hawai'i
Burdick808@gmail.com / 486-1018

HB-2739

Submitted on: 2/26/2018 5:23:49 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ka'imi Nicholson	Aloha Light Team	Support	No

Comments:

Testimony in Support of HB 2739, Hawai'i Our Care Our Choice Act

Before the Health and Human Services and Judiciary Committees of the
Hawai'i House of Representatives

February 27, 2018

I am the executive director of the Death with Dignity National Center, an organization dedicated to improving and expanding the medical options available to terminally ill patients. In addition, I am a social worker, an instructor at the Portland State University School of Social Work, and the surviving widow of a terminally ill individual who wanted desperately to control the timing and manner of his death. As an advocate and a family member profoundly impacted by an avoidable and horrible dying experience, I strongly commend the sponsors of this legislation for their leadership in bringing this important issue forward.

Advances in medical technology have led to improvements in the care of dying patients that were unimaginable even a generation ago. But these same breakthroughs have allowed some terminally ill patients to be kept "alive" far beyond any point of natural death, leading to extensive suffering and a diminished quality of life. To address this social problem, in 1997 Oregon enacted a carefully crafted Death with Dignity law that allows a terminally ill person to receive a prescription to hasten death safely and humanely, and requires that the medication be self-administered.

Death with Dignity: The Oregon Experience

Now in its 21st year of successful implementation, the Oregon Death with Dignity Act sets forth precisely delineated conditions under which a patient may qualify for the medication. The bill under consideration in Hawai'i draws upon this model and the comprehensive peer-reviewed medical literature examining Oregon's experience with it. These provisions act as safeguards to prevent abuse and medical mistakes, and they have worked exceedingly well. The requirements include a minimum age (18), maximum prognosis (6 months), waiting periods, repeated requests, second doctor's opinion, and a finding of mental capability, as well as mandatory discussion of hospice and all other feasible alternatives.

Annually, the State of Oregon issues a report on usage patterns related to Death with Dignity, and I would like to share some of findings from the most recent report. In the 20 years the law has been successfully implemented only 1,275 Oregonians have hastened their deaths under the auspices of the law.

The Death with Dignity Act in Oregon is rarely used; in 2017, 3.00 out of 1,000 deaths in the state were attributable to physician-prescribed aid in dying. In those same 20 years, 1,967 individuals have received prescriptions to hasten their death, meaning that over time, about 30 percent of individuals who went through all the steps to qualify chose not to hasten their deaths, but rather died from their underlying terminal illness. For them, the Death with Dignity Act provided peace of mind and a modicum of control during their final days.

The data tell us that most participants had cancer (77.9 percent) or ALS (7.8 percent), died at home (93.1 percent) and were receiving comprehensive end-of-life care through participation and enrollment with hospice (90.2 percent). Most, 52.67 percent, had private insurance, and 47.1 percent had a government-funded form of medical insurance like Medicaid or Medicare. Individuals who take advantage of Death with Dignity in Oregon are not individuals without other health care options. They are insured, they are cared for by hospice, and they tend to die at home surrounded by their loved ones.

Death with Dignity Provides Comfort to Patients and Families

Oregon has proven that the existence of the legal option of physician Death with Dignity, though it is sparingly used, is of enormous comfort to terminally ill patients and their families. Moreover, it has had a positive psychological effect upon countless others as they think about what kind of end-of-life care they would want if they were to experience terminal illness.

Despite the cataclysmic predictions of its opponents, the Oregon experience has also shown that such a legal alternative can be a catalyst for medical progress, prompting other improvements that enhance the overall medical care of terminally ill patients in the state. A robust process of public education and legislative debate can be expected to spawn new and creative proposals to advance end-of-life care in Hawai'i.

The process in which you are engaged is of the utmost importance to the people of Hawai'i who want and deserve the highest quality, most humane end-of-life care possible. I applaud your efforts, urge you to pass HB 2739, and offer my personal and professional assistance as you grapple with this profound subject.

Thank you,



Peg Sandeen, PhD, MSW
Executive Director
Death with Dignity National Center

TESTIMONY OF
DIANE COLEMAN, JD, PRESIDENT/CEO OF NOT DEAD YET
OPPOSING HAWAII HB 2739

Judiciary and Health and Human Services Committees

DATE: Tuesday, February 27, 2018
TIME: 10:30 a.m.

Submitted February 26, 2018

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.

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

Moreover, revisions to last year's bill in the 2018 bill do nothing to address the fundamental deficiencies identified below.

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

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 Prescriptions In Oregon

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

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 11 of the [2017 annual report](#).⁵ In 2017, at least one person lived 603 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. Recent published emails from the Oregon Public Health Department have confirmed that a person who becomes terminal because they do not receive treatment for any reason, including lack of insurance coverage, would qualify for assisted suicide under the Oregon law.⁶

The state reports that non-cancer conditions found eligible for assisted suicide has grown over the years, to include: neurological disease, respiratory disease, heart/circulatory disease, infectious disease, gastrointestinal disease, endocrine/metabolic disease and, in the category labeled "other", arthritis, arteritis, sclerosis, stenosis, kidney failure, and musculoskeletal systems disorders (pages 10-11).

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 over the years, the prescribing doctor is a doctor referred by assisted suicide proponent organizations. (See, M. Golden, [Why Assisted Suicide Must Not Be Legalized](#),⁷ section on “Doctor Shopping” and related citations). The Oregon state reports say that the median duration of the physician patient relationship was 10 weeks in 2017, and 13 weeks over all years (page 11). 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](#).⁸)

The witnesses on the [request form](#)⁹ 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 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.

Moreover, the addition of a form that is supposed to be signed by the patient, with no witness, within 48 hours of the administration of the lethal drugs does not add meaningful protection from involuntary administration by another person in the absence of an independent witness to the act. This form is just another bit of window dressing.

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" (91%), "less able to engage in activities" (90%), "loss of dignity" (76%), "losing control of bodily functions" (46%), and "burden on others" (44%) (page 10).

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 4.9% 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 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 20 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 bill.

Please vote NO on HB 2739.

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 <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

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

⁵ <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year20.pdf>

⁶ <https://www.washingtontimes.com/news/2018/jan/11/diabetics-eligible-physician-assisted-suicide-oreg/>

⁷ <https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/>

⁸ <http://www.nejm.org/doi/full/10.1056/NEJMra1404688>

⁹ <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/pt-req.pdf>

The Twenty-Ninth Legislature
Regular Session of 2018



HOUSE OF REPRESENTATIVES
Committee on Health and Human Services
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Committee on Judiciary
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

State Capitol Auditorium
Tuesday, February 27, 2018; 10:30 a.m.

**STATEMENT OF THE ILWU LOCAL 142 ON H.B. 2739
RELATING TO HEALTH**

The ILWU Local 142 **supports** H.B. 2739, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient’s life and imposes criminal sanctions for tampering with a patient’ request for a prescription or coercing a patient to request a prescription. The Act will be called “Our Care, Our Choice.”

H.B. 2739 allows a terminally ill person to have a **CHOICE**—to die with dignity on the person’s own timetable and of the person’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 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.

Any concerns about this legislation should be for the patient and the attending physician. No patient should feel coerced to request the lethal medication nor should any physician feel compelled to prescribe it. Toward that end, H.B. 2739 provides an abundance of safeguards that should provide 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.

While some have argued that allowing a patient to end his or her own life is too a drastic measure, that palliative care for terminally patients with severe pain should be sufficient. However, patients with intractable pain often must take more and more medication to alleviate the pain and end up sleeping more and losing the ability to interact with their loved ones. A once vibrant and alive human being can wither away into someone even those closest to them may no longer recognize. **If given the choice, most people prefer to have family and friends remember them as they lived, not as they died.** H.B. 2739 will offer terminally ill patients the opportunity to choose.

Religious arguments will be made against H.B. 2739, 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.

H.B. 2739 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. In truth, some patients who ask for and receive the medication may decide not to use it. Most, if not all, terminally ill patients want to live, but H.B. 2739 will allow a patient the **option** to decide if and when medication to end life will be taken.

The ILWU urges passage of H.B. 2739. Thank you for the opportunity to share our views and concerns on this important matter.

HB-2739

Submitted on: 2/26/2018 9:05:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
marcy katz	compassion and choices	Support	No

Comments:

My husband and I have supported the efforts of Compassion and Choices for years. Having taken care of both my ailing aged parents who suffered from copd and dementia respectively,, I saw the suffering they experienced from pain,bad (professional)care and the loss they felt of their dignity, along with the loss of their bodily functions and their independence. Manning the booth at a recent senior fair at the Blaisdell, we met folks who overwhelmingly supported this measure and wanted Hawaii residents to have these choices to end their lives with all due process and safeguards in place. We spoke with dozens and dozens of people who passionately supported medical aide in dying. Of those who were sceptical at first, when presented with the reasons and safeguards that Compassion and Choices put forth, we believed they walked away informed and in favor.

Other states have fought and won this right. Let's put Hawaii on the same page, and do the right thing. We know, from the senate's agreement last year, that the majority of Hawaii citizens really want and deserve their rights to a death with dignity.

HB-2739

Submitted on: 2/25/2018 8:53:45 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bradley Williams	MTaas.org	Oppose	No

Comments:

Hawaii 2018 H.B.NO. 2739

This bill leads and uses double speak through out. Countering the first statement it should say that over 20 states have rejected this in 2017-18.

Allowing an heir to be one of the witnesses in the sign up process eviscerates flaunted safeguards.

“These rigorous safeguards...” are unenforceable.

“Self administered” is mentioned 11 times and yet the provision to have an ordinary witness to the administration is intentionally missing. Want to stand out from the other states? Provide a witness. The purpose of using the bait and switch sales technique of proclaiming “self administered” and then not verify is to deflect ordinary scrutiny.

Specifically active euthanasia is allowed (page 30 line 16 and of 33 line 8&9) which makes this the most unsafe and subject to abuse of all the states, counter to the introduction claim.

Again like previous offerings this process can start and end in death in 16 days, all before the rest of the family learns. Immunity for predatory corporations, heirs, strangers, guardians, care givers.... is immediate and records are prohibited to be used in investigations.

Reject this hollow state sanctioned suicide and euthanasia bill.

Bradley Williams

President MTAas.org

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you. X

Signature

Date

X MICHAEL N. JEFFERSON 1091 HONOLULU LOOP AIEA, HI 96701

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you,

X 3320 Mooheau Ave. Honolulu HI 96816
Print Name, Address, and Zipcode

[Signature]
Signature

2/25/18
Date

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I urge you to vote **NO** on **HB2739**. Thank you.


Signature

2/25/18
Date

X FRANCIS LAU 95-1050 MAHAIKAI ST. 2ND, 96789 MILILANI, HI
Print Name, Address, and Zipcode

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Pauline M. Yamane

Signature

Date

1874 Aia Moe Pt., Hon, HI 96819

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X Ames Pato 91-1116 Pohnahawa STEWA Beach HI 96706 2-25-18
Signature Date

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I urge you to vote **NO** on **HB2739**. Thank you

Signature

Date

X DORIDA O'NEILL
Print Name, Address, and Zipcode

95-186 HOKWULA ST MILILANI HI 96789
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Signature

Date

X JACOB O'NEILL 95-1800 HOKUKA PI MILILANI HI 96789

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I urge you to vote **NO** on **HB2739**. Thank you.

X Tony P.
Signature

2/25/18
Date

X Tony Pato, 91-1116 Pohohawaii St. 96706

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Anthony Fataea 2-25-18
Signature Date

Anthony Fataea, 91-1116 Pohakawai St. Ewa Beach, HI 96706
Print Name, Address, and Zipcode

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Signature

Date

X WILMA YOUTZ, 2671 IPULEI PL, HONOLULU, HI 96816
Print Name, Address, and Zipcode

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Signature

Date

X Rae Byers 87-1021 Naakawelolu St Waianae 96792

Print Name, Address, and Zipcode

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Scott Byers 25 Feb 18
Signature Date

X *Scott Byers* 87-1021 Naakawelola St Waianae HI 96792
Print Name, Address, and Zipcode

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X

KEVEN WSLAN 91-1127 HANALOA ST, EUKA BEBEH, HI 96706
Print Name, Address, and Zipcode Signature Date

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Signature

Date

X Erin 981384 Hooihiki St 96782

Print Name, Address, and Zipcode

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Permelynn D. Andrea 2/25/17
Signature Date

Permelynn D. Andrea 98-1384 Hoohiki St. Pearl City HI 96782
Print Name, Address, and Zipcode

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House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you

Perlane L. Pelayo 2/25/18
Signature Date

Perlane L. Pelayo 91-1191 Keoneula Blvd. Apt 2B4 Ewa Beach HI
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

90706

TESTIMONY IN STRONG OPPOSITION TO HB2739

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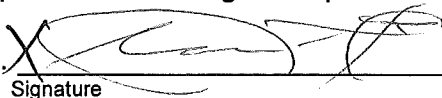
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I urge you to vote **NO** on **HB2739**. Thank you.


Signature

2/25/18
Date

X LSWPEACE RELNO 91-1171 REDTAKUP BWD. 2P4 ELDA 3-2008 AF 06704
Print Name, Address, and Zipcode

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Signature

Date

X SEAN MORINAKA, 1630 VIHOLIHU ST APT #1015 96822

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Stanley Mersbaugh 02/25/18

Stanley Mersbaugh

9505A Kamahele Pt, HI 96782

Signature

Date

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Arlette Macbough 98-576 A Kamahele Pt HI 96782

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X Mary Anne Goodson PO Box 1052 Hono Hl 96808
Signature Date

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X Barbara Jook Offo 94-440 Maui Koi Ko St #100 Waipahu HI 96799

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Signature

Date

X John Lafferty 98-1711 Kaahumanu St #30, Aiea, HI 96701

Print Name, Address, and Zipcode

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X Heather Heshiki 1015 Luena St. P.C. 96782
Signature Date 2/25/14

Print Name, Address, and Zipcode

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X Zendo Heshiki 1015 Luenua St. P.C. 96782
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X Stephanie Quiocho 5180 LIKINI ST 1104 HONOLULU HI 96818
Signature Date

Print Name, Address, and Zipcode

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Nelia B. Duwalo 2/25/18
Signature Date

Nelia B. Duwalo 5180 Likini St #1104 Honolulu HI 96818
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- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X. Janelle Quiocho 2/25/18
Signature Date

X Janelle Quiocho 5180 Likini Dr. Apt. 104 Honolulu, HI 96818
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

X Lisa-Rae Mamin

8455A Mikea Street

Signature

Waianae, HI 96792

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Christian Searte 84-559 Nuhea St, Waianae, HI 96792

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Richard Mann III

Signature

02/25/18

Date

84-554 Mikea St. Waianae HI 96792

Print Name, Address, and Zipcode

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TESTIMONY IN STRONG OPPOSITION TO HB2739

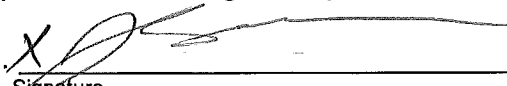
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I urge you to vote **NO** on **HB2739**. Thank you.  02/25/18
Signature Date

X 84-559 Nukea St. Waianalae HI 96792

Print Name, Address, and Zipcode

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↑
Joshua Searle

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you. X Mary J Searle 02/25/18
Signature Date

XMARY SEARLE, 81-559 NUKEA ST, WAIANAE, HI. 96792

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I urge you to vote **NO** on **HB2739**. Thank you.

Raylen Hoapili 2/25/18
Signature Date

X Raylen Hoapili 89-1019 Pihaiolona st.
Print Name, Address, and Zipcode

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Waianae HI. 96792

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Signature

Date

x Johnath Quoc Ho 5180 Liliuokalani St #1104 Honolulu HI 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you  25 Feb

Signature

Date

X Timothy R. Weaver 89-1019 Pihaiolene St Weighaie Hi 96792

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. *

Joey Marquez 2/25/18
Signature Date
X JOEY MARQUEZ 1099 Ala Napuaan St #103 Honolulu HI 96818
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Lani Oprescu
Signature

2/25/18
Date

X Lani Oprescu, 354 Opihikao Place, Honolulu, HI 96825
Print Name, Address, and Zipcode

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* Sidney Voss 1015 Hind Laka Dr. Honolulu HI 96821
Signature Date 2-25-18

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Sarah Gibboney 2/25/18
Signature Date

SARAH Gibboney 3009 Ala Moana Pl. #1412 Honolulu, HI 96818
Print Name, Address/and Zipcode

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Signature

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Daniel Vela 3009 Ala Makahala Pl. #1412 Hon. HI 96818

Print Name, Address, and Zipcode

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- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X Rebecca Malpass
Signature

2/25/2018
Date

X Rebecca Malpass 185 Piholea Ct. Honolulu, HI 96818
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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x Chris Malpass 185 Piloken Ct. Honolulu, HI 96818

Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Charla Weaver *2/25/18*
Signature Date
89-1019 Pihaiotena St - Waianae, HI 96792
Print Name, Address, and Zipcode

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Signature

2/25/18
Date

X Terran Woods 91-1066 Pakameli St Kapolei HI 96707

Print Name, Address, and Zipcode

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X Jacob Kana Kamaikai 85-345 Imipono Pl. Waianae HI 96792
Print Name, Address, and Zipcode Signature Date
X Kana Kamaikai 2-25-18

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Chacann Kanakamaikai
Signature

2/25/18
Date

Chacann Kanakamaikai 85-345 Imipono Pl.
Print Name, Address, and Zipcode

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Wai'anae, HI, 96792

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I urge you to vote **NO** on **HB2739**. Thank you

X Linda H. Windham 98-611 Holopuni St Aiea 96701
Signature Date

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X Franklin Cabael-Kua'lan, 800 Third St. #4318, P. City 96782

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Signature

Date

X DEREK ARCE 91-504 MOKAIA ST. EWA BEACH, HI 96704

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Gail M. Thomas 2377 Ahiki St. P.O. 496782
Signature Date
Print Name, Address, and Zipcode

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X WILLIAM D. PABLO

2567

Signature

Jasmine St Hon. Hb

Date

2/25/18

96816

Print Name, Address, and Zipcode

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X ALVIN SEGUIN 91-1001 Keawani Dr #430
Print Name, Address, and Zipcode Signature Date

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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96706

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Lillian Keever 2/25/18
Signature Date

X *Lillian Keever* 3139 Ala Ilima St. Hm HI 96818
Print Name, Address, and Zipcode

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

X JoAnn Maneafai ga 98-925 Noelani Street #A Pearl City HI 96782
Signature Date

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

X Wendy Pakis
Signature

2/2/2018
Date

X 2569 Jasmine St Honolulu HI 96816
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

x Gale K.Y. Fenna 337-B1 Kalama St Kailua 96734

Print Name, Address, and Zipcode

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X Dawn A. Clark 99-999 HANAILO ST. Aiea HI 96701
Signature Date

Print Name, Address, and Zipcode

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Signature

Date

X Pamela Marr - 95-307 Lanomea St. Mil. HI 96789

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I urge you to vote **NO** on **HB2739**. Thank you. X Terran W. 3/25/18
Signature Date

X Terran Woods Jr 91-1066 Pakawali St. 96707
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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X George McShane III 85323 Kohala Pl Waipahoehoe
Signature Date
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Print Name, Address, and Zipcode

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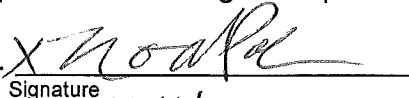
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 02/25/2018
Signature Date

X NOAH POE 101 12th ST Honolulu, HI 96818

Print Name, Address, and Zipcode

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 2-25-18
Signature Date

X Cheng-Yu Hsieh

Print Name, Address, and Zipcode 98-1073 Komo Mai Dr. #A
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Aiea, HI
96701

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Jaime Woods 2-25-18
Signature Date

Jaime Woods - 91-1066 Paowahi St 96707

Print Name, Address, and Zipcode

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X Connie Chung-Hsieh

98-1073

Signature

Komo Ma'i

De. Unit A. Area. HI. 96701

2.25.18

Date

Print Name, Address, and Zipcode

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.


Signature

02/25/2018
Date

X Mary Poe 101 12th St. Honolulu HI 96818

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learmont, Rep. Andria Tupola

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Dear Representatives:

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I urge you to vote **NO** on **HB2739**. Thank you.

X Gary Kawamura 2-25-18
Signature Date

X Gary Kawamura 98-1426A Koahalah St PC HI 96752
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Narcissa Seguin 91-1001 Keaunui Dr. #430 96706
Signature Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Ebelle Copeland 2-25-18
Signature Date

X Ebelle Copeland 91-1035 Waikai St. Ewa Beach HI 96706
Print Name, Address, and Zipcode

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- B97 • Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
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I urge you to vote **NO** on **HB2739**. Thank you.

Brenda J. Trice 2/25/18
Signature Date

X *Brenda J. Trice 94-418 Hokuhele Pl Mililani HI 96789*
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

x June Kawamura, 98-1420 A Koahae St, 96782
Signature Date 2-25-18

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Kelsey Erich
Signature

2/25/18
Date

X *Kelsey Erich 95-1035 Koolani Dr. #71 Mililani, HI 96789*
Print Name/Address, and Zipcode

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Signature

Date

X Robert D. Windham, 98-611 Holopuni St., 96701

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Philip D Park
Signature

FEB 25, 2018
Date

X 725 Kapiolani Blvd C-305 Honolulu, HI 96813
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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X K. Russell Ho 2/25/18
Signature Date

X K. RUSSELL Ho 2522 DATE ST, #1601 HONOLULU
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

96826

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote NO on HB2739. Thank you.

Signature

Date

X WAYNE GUZMAN P.O. BOX 63130 EWA BEACH, HI 96706

Print Name, Address, and Zipcode

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Melvin K. Matsushina 2/25/18
Signature Date

Melvin Matsushina 2442 Hooho'hoi St P.O. 96782
Print Name, Address, and Zipcode

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Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X TREVOR LIDGE 95-308 HAKU POKANOLOO MI ILANI HI

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

2/25/18
96789

TESTIMONY IN STRONG OPPOSITION TO HB2739

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you

Signature

Date

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.


Signature _____ Date 2-25-18

X JEFFREY ADAMS, 3163 POULAH PLACE, 96822
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you,

Signature

Date

X Houck, Robert L 4232A Makole St Lihue, HI 96766
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Cynthia Rabina-Houck

Signature

Date

2/25/18

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JOCELYN SHIZURU

3243 MOKIHANA ST HOLOLOA

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I urge you to vote **NO** on **HB2739**. Thank you.

BARON T. MIZUSAWA

98-1365

Signature

Hoshiki 89 Pearl City 96782

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. Kim K. Mawakea 2/25/18
Signature Date

Kim Mawakea 94-500 Molehu St. Mililani, HI 96789
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Phillip Murray 938 2nd St Pearl City HI 96782

Signature

Date

2/25/18

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I urge you to vote **NO** on **HB2739**. Thank you.

Tenelle Huffman 94-1009 Maiau St. A Waipahu, HI
Signature Date
Print Name, Address, and Zipcode

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TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

PATRICK CARMODY 98-453 HOOMAILANI ST. PEARL CITY, HI 96782

Print Name, Address, and Zipcode

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Harriet Carmody 2/25/18
Signature Date

HARRIET CARMODY 98-453 HOOMAILANI ST PEARL CITY, HI 96782
Print Name, Address, and Zipcode

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Anthony Pociello 2-25-18
Signature Date

Anthony Pociello 1212 Kinau St. #201 Honolulu, HI. 96814
Print Name, Address, and Zipcode

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James Dawsatt Jr. 91-1065 Pelelia St Ewa Beach 96706
Signature Date 2/25/18

Print Name, Address, and Zipcode

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Signature

Date

Claudia Lee 98-171 Puuuli St Aiea 96701

Print Name, Address, and Zipcode

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Dayna Matsumura 98-1807 Kachumana St. #740 Aiea, HI 96701

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Suzanne Watanabe 85-329 Imipono Pl. 96792
Signature Date

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I urge you to vote **NO** on **HB2739**. Thank you. Tarynn Baez 2/25/18
Signature Date

Tarynn Baez 98-720 Nohoaupuni Pl. 96701

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I urge you to vote **NO** on **HB2739**. Thank you.


Signature

2/5/18
Date

18-720 Nohoaupuni Pl- Aiea, 96701

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Diane Ferreira 91698 Kilinake St, Ewa Beach HI 96706

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Dennis F. Sakai 85-329 Imipono Place, Waianae, HI 96792
Signature Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Eric Nakasone 1495 O'ali Lp Hon #196816

Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Stacey Nakasone 1495 Oili Ln. 96816
Signature Date
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Joyce M. Sakai 85-329 Imipono Place 96792

Print Name, Address, and Zipcode

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Cassandra Rafanan 94-286 Apoalah St. Waipaho HI 96797
Signature Date
2/25/18

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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X Madeline Higa 98-470 Hoomailani Street, Pearl City, HI 96782
Signature Date

Print Name, Address, and Zipcode

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Signature

Date

Chris Lane 98-1139A Moanalua Rd Aiea HI 96701 25 Feb 2018

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Signature

Date

Cynthia M Lou 600 W. Nimitz Hwy 2001 Honolulu HI 96817

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I urge you to vote **NO** on **HB2739**. Thank you. Joan Land 2/25/18
Signature Date

JOAN LAND 98-1139A Moanalua Rd Aiea HI 96701
Print Name, Address, and Zipcode

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Gayle R Kuniu
Signature

2/25/11
Date

Gayle R Kuniu 98-1757 Hahaione street, Aiea HI 96701

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learnmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

Dear Representatives:

I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Clifton L. Burchfield, II 98-148 Hekaha St. Aiea HI 96701

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Stephan Karichkowsky 94-440 MAIKOIKO ST/WAIPAHU, HI 96797
Signature Date 2/25/18

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Rodney Maunakea
Print Name, Address, and Zipcode

94-500 Moleke St Mililani HI 96789
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I urge you to vote **NO** on **HB2739**. Thank you

Signature

2/25/18

Date

X Timothy Skizun 3243 Mokihana St. Honolulu, HI 96816

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

JOSEPH WILLS 98-1375B NOEA ST #9 PEARL CITY HI 96782

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Byron Chilton
Print Name, Address, and Zipcode

2703 Nako Oko O St.
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

96826

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

Stephen J. Nagy Sr. 2/25/2018
Signature Date

STEPHEN J. NAGY SR 1116 12TH AVE TOMS RIVER NJ 08757
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you,

Placidus Val Sarreola
Signature Date 12/25/18

X PLACIDUS VAL SARREOLA 94-1022 MAUNAHOA ST

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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WAIIPAHU HI 96797

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you. X Linda Warne 2/25/18
Signature Date

X Linda Warne 92-725 Kuhoho St., Kapolei, HI 96707
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2/25/18

Date

X JOSEPH WARNE, 92-725 KUHOHU ST, KAPOHELE, HI 96707

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you

Margaret Nagy 1116 12th Ave Tom's Place NJ 088757
Signature Date
Print Name, Address, and Zipcode

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Date

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I urge you to vote **NO** on **HB2739**. Thank you.

Alison Randall
Signature

02/25/18
Date

X Alison Randall 323 Estner Street, Honolulu, HI 96815

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

Date

Della Kahunahana 1140 Kalaniana'olaha Pl. PC 96722

Print Name, Address, and Zipcode

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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you

Linda Wills 98-1375 B NOLA ST. PEARL CITY HI 96782
Signature Date

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you.

Jane Yamada
Signature

2-25-18
Date

JANE YAMADA 2112 FERN ST #1 HON, HI 96826
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Melissa Barrientos 99-117 Kohomua St Apt 20E Aiea, HI 96701
Signature Date
Print Name, Address, and Zipcode

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Signature

2/25/18
Date

Sherri-Ann Barrett

2444 Date St #206

96826

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X Robyn M. Uehara - Tom _____
Signature Date

X Robyn Uehara - Tom, 1742 Hoohulu Street, Pearl City HI 96782
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2-25-18

Date

* Kendrick Tom 1742 Hooehulu St. Pearl City HI 96782

Print Name, Address, and Zipcode

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I urge you to vote NO on HB2739. Thank you.

Toni Rabe 2/25/18
Signature Date

Toni Rabe 95-1048 Kuau'i Street #172 Mililani, HI 96789
Print Name, Address, and Zipcode

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Lydia Miyashiro 2/25/18
Signature Date

Lydia Miyashiro, 918 Hala Dr. Honolulu, HI 96817

Print Name, Address, and Zipcode

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Signature

Date

Print Name, Address, and Zipcode

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Signature _____ Date 2/25/18

X Raymond
Print Name/Address, and Zipcode

980357 Kakaia Loop

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ALICE HAWAII

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DEBORAH VILLOPIA - 94-211 WAAHANA PLACE WAIPAHU HI 96797 2-25-18
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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TESTIMONY IN STRONG OPPOSITION TO HB2739

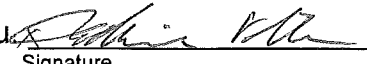
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Signature

Date

X MICHAEL VILLORIA 74-211 WAHAMANA PLACE, WAIKAPU H.I. 96797 2-25-18
Print Name, Address, and Zipcode

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X Henry D. Johnson JR

Print Name, Address, and Zipcode

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Signature

Date

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X Marisol Peña
205 Beard Ave Honolulu

Signature

Date

Print Name, Address, and Zipcode

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I submit this testimony in strong **OPPOSITION** to **HB2739** and any legalization of physician-assisted suicide (PAS) because it:

- Undermines the intent of SB2986 and HB2262 (to prevent suicide by requiring all teachers, principals, and school counselors to complete suicide prevention and education training) and HB2169 (to appropriate funds to support youth suicide intervention, prevention, and education initiatives in Maui County) by legalizing physician-assisted suicide (PAS). HB2739 is in conflict with suicide prevention bills and sends a contradictory message.
- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you. X

X JOHN J. MULLER

98-1532 / 100 MAUIE LP

Signature

P. O. Box 96782-2327

Date

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

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I urge you to vote **NO** on **HB2739**. Thank you. X

Larry M. Hansen

02/25/2018

Signature

Date

X LARRY M. HANSEN 1124 8TH AVE., No. 2 HONOLULU, HI 96816

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X [Signature] _____
Signature Date

X Stelani Teroniah 91-2056 Pahuhu place Ewa Beach 96706
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

25 FEB 2018

X DAVID GONDES 2160 MAUOA RD, HONOLULU 96813

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X KARA O'NEIL 2/25/18
Signature Date

X KARA O'NEIL, 941128 AKEI PL, WAIKOHU, HI 96797
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Bradley G. Clifton
Signature

Date

Bradley G. Clifton 2703 Na'ako'oko' D St. Honolulu, HI 96826
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. X

Signature

Date

X Pamela Usack 116 Julian Ave Honolulu, HI 96818

Print Name, Address, and Zipcode

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X Bryan Jeremiah 91-2056 Pahuhu place Ewa Beach HI 100
Print Name, Address, and Zipcode

Signature

Date

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X Cheryl Chua 2/25/18

X ANUILAGI AITAOTO 98-114 Lipoa Pl. #101, Aiea HI 96701

Print Name, Address, and Zipcode SIGNATURE Date

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Signature

Date

Print Name, Address, and Zipcode

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871 Papalalo Pl
Honolulu, HI 96825

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I urge you to vote **NO** on **HB2739**. Thank you.*

X Ed Marks 811 Pezento Place, Honolulu 96825
Signature Date
Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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Signature

Date

X Thomas Delgado, 5034 KIDD ST. HONOLULU, 96818

Print Name, Address, and Zipcode

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Walter Yamaguchi

91-1010 Kaimuki Street

Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you. Mary Scarborough 2/25/2018
Signature Date

Mary Scarborough 1015 Luehvs St 96782
Print Name, Address, and Zipcode

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- Would lead to an increase in non-assisted suicides and the overall suicide rate. Oregon has seen a 49.3% increase in non-assisted suicides since passing a PAS law in 1997.*
- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
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- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Monna Marie Triggs 3/25/11-8
Signature Date

MONNA MARIE TRIGGS 546 Kapaeha Street, 23B Honolulu
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

HI 96817

TESTIMONY IN STRONG OPPOSITION TO HB2739

House Committee on Health & Human Services: Rep. John Mizuno- Chair, Rep. Della Au Belatti- Vice Chair, Rep. Lei Learmont, Rep. Andria Tupola

House Committee on Judiciary: Rep. Scott Nishimoto- Chair, Rep. Joy San Buenaventura, Rep. Tom Brower, Rep. Chris Lee, Rep. Dee Morikawa, Rep. Bob McDermott, Rep. Gregg Takayama, Rep. Cynthia Thielen

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- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Jaleuo Saluka
Signature

Date

X Jaleuo Saluka 1701 Puowaina Dr 96813 25-02-018
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

AWIGHT JENARUSCH; 170 LA Pa'owaina Drive, Honolulu-96813

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Dolores C. Roa
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

X Ramona Loo 94-283 Aaahu St. Milani, HI 96789
Signature Date

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I urge you to vote **NO** on **HB2739**. Thank you,

Signature

Date

X CAMILO D. GALLARDO, JR. P.O. BOX 30461 HONOLULU, HI. 96820

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X Gabriel Vergara
Signature

25/FEB/18
Date

X GABRIEL VERGARA 724 KAKALA ST. UNIT 1405 KAPOLEI HI 96707
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2/25/18
Date

X TREVIS CAREY
Print Name, Address, and Zipcode

41539 MAKAKALO STREET WAIMANALO, HI 96795
SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

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Madison Carey 2/25/18
Signature Date

Madison Carey 41539 Makela St Waimanalo, HI 96795
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

2/25/18
Date

X Keyla Hernandez 724 Kakala St. Unit 1405 Kapolei HI 96707
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X FREDERIC D CHAND
Print Name, Address, and Zipcode

1214 Pua Pua St
Address

POMEROY
City

HI 96782
Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DALE RAOONOK, 475 A KINSON DR HONOLULU, HI 96814

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Stacey Gasper 1342 B Wilder ave Hon 96822
Signature Date
Print Name, Address, and Zipcode

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- Offers no protection against elder abuse by not requiring any witnesses at the time of suicide. Without a physician in attendance, patients may be coerced into ingesting the drug, or another person may administer the drug.
- Makes no provision for education on proper use or disposal of unused drugs. There are no safeguards to ensure the drugs stay out of the hands of children and at-risk/suicidal youth.
- Will not prevent insurance companies from denying coverage for expensive care prescribed by doctors in favor of the much cheaper "treatment" of assisted suicide.
- Is predicated on inexact science. Predicting death within six months is subjective and imprecise, with many patients outliving such predictions.

I urge you to vote **NO** on **HB2739**. Thank you.

Guy Tokunaga 2-25-18
Signature Date

X GUY TOKUNAGA 98-1038 Moanalua Rd 7.206
Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

*European Commission, Press Release, 12/20/2011 as quoted by Hawaii's Partnership for Appropriate and Compassionate Care

TESTIMONY IN STRONG OPPOSITION TO HB2739

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X Nelly Paekukui, 2949 Ala Ilima St., #203, Hon. HI 96818

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I urge you to vote **NO** on **HB2739**. Thank you.

X Cassanova Joy Kamataulooke
Signature

X Cassanova Joy Kamataulooke 940325 Akula Pl Milanitti
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X DARREN SEU, 3130 AKA KIMA ST #218, Honolulu 96818

Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Kyeonga Kang 02/25/18
Signature Date

X KYEONGA KANG P.O. Box #1402 Pearl City HI 96782
Print Name, Address, and Zipcode

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I urge you to vote **NO** on **HB2739**. Thank you.

Bernice L. Hu

X BERNICE L. HU

98-249 KANUKU ST. AIEA, HI

96101-5216

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

Signature

Date

X JESSE W. HALL II

91-1140 HUALLEWA ST EWA BEACH, HI 96706

Print Name, Address, and Zipcode SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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I urge you to vote **NO** on **HB2739**. Thank you.

X **RIZALINDA P. HALL**

91-1140

Signature

Rizalinda P. Hall 25 FEB 2018

Date

Hialewa St. Ewa Beach HI

Print Name, Address, and Zipcode

SUBMIT TO WWW.CAPITOL.HAWAII.GOV OR DIRECTLY TO COMMITTEE MEMBERS

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HB-2739

Submitted on: 2/24/2018 10:36:26 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
PANDY M CHING	Individual	Support	No

Comments:

We make personal choices all our lives. I would like the opportunity to choose when, where and how to end my life in the case of a terminal illness. Imminent death is not something to dread. With passage of HB 2739 I will feel hopeful, and relieved that with a clear mind I can begin the conversation, allay fears, make preparations and plans with family and friends. More than anything, I can die in Hawaii, my home surrounded by family and friends who have also prepared as we said our goodbyes.



Violet-crowned woodnymph, Costa Rica
© Steffen Wächter/ImageBROKER/agafostock.com



worldwildlife.org

WFUE41619



I'm appose to ;

House Bill 2739

Because giving a
lethal prescription
to an adult who is
terminally ill - is
murder, it also
makes the doctor
or nurse a
murderer -

sign - 2-26-2018
MARGARETTA Nelson
68-093 AKOLE ST -
Wai'alea - HI - 967-91
96791

637-1630

February 27, 2018

To: Chairs Mizuno and Nishimoto and Members of the Committees

Re: HB 2739 Relating to Health

My name is Tony Chun. I am in **strong support** of HB 2739.

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?

HB 2739 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 HB 2739.

TO: Rep. John M. Mizuno, Chair, HHS
Rep. Scott Y. Nishimoto, Chair, JUD

DATE: February 27, 2018

SUBJECT: HB 2739, Relating to Health

FROM: Fred C. Holschuh, M.D.

Chair Mizuno, Chair Nishimoto and Members

Thank you for allowing me to submit testimony as an individual on HB 2739. I am submitting a copy of testimony I had sent to the legislature since 2002 on numerous occasions expressing my concerns about this legislation. I have read through all 39 pages of HB 2739 and feel much work has been done over the years so I can feel comfortable supporting this legislation at this time. These include on lines 14-18, page 30, the provision of assistance by the attending provider, informing the patient of alternatives like comfort care, hospice and pain control on page 6, lines 17-19 and most importantly, the clear right of any patient to change his/her mind and decline to ingest the medication.

I am therefore able to support this legislation.

Thank you,

Fred C. Holschuh, M.D.

**P.O. Box 1004, Honokaa, Hawaii 96727, (808) 640-3181
May 19, 2002**

Concerning Death with Dignity Legislation

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

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

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

Let me summarize my concerns about this legislation:

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

Death with Dignity Legislation**-2-**

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

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

Fred C. Holschuh, M.D.

May 19, 2002

To the House Health and House Judiciary Committees

Hearing dated Tuesday February 27 at 10:30 in the auditorium

Regarding HB2739 assisted suicide bill so called "Our Care, Our Choice"

I am an experienced physician who VEHEMENTLY opposes this legislation.

My name is Don W Hill, M.D., F.A.C.P. email address is dhill@hhsc.org.

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.

As past 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 caused spiraled into a broad policy of genocide.

Sincerely,
Don W Hill, M.D., F.A.C.P

R.O. Banner, MD, MPH
Bannerhawaii@gmail.com
808-781-2023
Aina Haina, Hawaii

House Health and Judiciary joint hearing on Tuesday February 27, 2018 at 10:30

HB 2739 Strong Opposition by a physician

Honorable Committee Members,

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

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

As a practicing physician in Hawaii for more than 21 years, I know that true compassion for my patient at the end of life's journey is to care, to relieve pain and promote comfort, and to help my patient to take care of "last concerns." The moment I suggest that such an action as physician assisted suicide is an option, (and would not "Informed Consent" require that I do so?) I have begun to abandon my patient and replace our mutual trust with anxiety and doubt.

I am particularly concerned about safeguards. There is evidence of lapse of ethical standards. In Oregon, when the Medical Officer of a major HMO was unable to find one of the practicing physicians in the HMO network of physicians to certify that a requested suicide was appropriate under the rules of law, the HMO Medical Officer himself wrote the prescription for the lethal dose of drug. This is a clear conflict of interest and under Hawaii's law such an action is illegal as the insurance company physician does not have a relationship with the patient which would entitle the physician to treat the patient. This example I believe illustrates the deterioration of the ethical climate which follows such a deleterious change in public policy found in HB2729.

Thank you for your consideration of my testimony.

Hellreich Philip D MD**Address: 40 Aulike St #311, Kailua, HI 96734****Phone: (808) 261-6133****House Health Committee hearing on HB 2739 in the auditorium****Subject: assisted suicide****As a physician I oppose this bill.**

As said so well by Joni Tada – ‘It should not be the state’s responsibility to help despairing people to kill themselves. Rather, let’s channel more effort into improving—management therapies—into the hospice movement. Let’s lift people out of depression through compassionate support, family assistance and help... we must do all we can to protect, defend, and preserve every life.’

Personal autonomy should not in all cases trump public policy. This is one of those cases.

Physicians do not want to be involved. The doctor-patient trust relationship is important to protect and there is no need for assisted suicide especially disguised in your HB2729 words as ‘medical treatment’ or ‘our care, our choice’.

You take away too many peoples choices with this bill. Please remove those words from this bill- better yet- stop the bill in committee.

Thank you for the opportunity to express my concerns.

Philip D Hellreich, M.D.



HB2739 TUESDAY 2/27/18 HEARING AUDITORIUM
 JACKIE MISHLOE AA BSA PCW 808 561 8673
 HOUSE HEALTH/JUDICIARY HEARING

Position Statements

Euthanasia, Assisted Suicide, and Aid in Dying

Date: April 24, 2023
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).

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

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

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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).

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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 1% 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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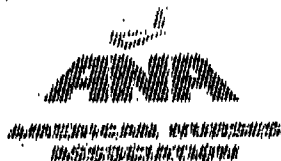
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ANA Position Statement (04/24/13)
Euthanasia, Assisted Suicide, and Aid in Dying

Page 12



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.

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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, 2006). 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 (Lechman, 2016). 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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ANA Position Statement (04/24/13)
Euthanasia, Assisted Suicide, and Aid in Dying

Page 12

Testimony of Benjamin B. Massenburg MD
Post Office Box 1565
Kahului, HI 96733

February 27, 2019 10:30 Auditorium
HB 2739

OPPOSITION by Physician

I am a physician and I oppose this bill.

It is not about choice as you hear the testifiers claiming. At least not choice in the regular sense that we use it—just like it isn't about medical treatment in the regular way we use it.

An individual's choice does not always trump public good. We have laws for reasons. From the time of the Mayflower compact groups of individuals wishing to survive in a challenging world had to put the public good over any private gain for the group to survive. Though we are not in those primitive times the same principle holds true—we must be careful that we make public policy that will not put innocent individuals at risk, as this bill does. The Supreme Court itself reminded the States of this when it ruled there is no 'right to die'.

Physicians do not want this and most would not do it. Suicide is not a treatment for anything and it should always be seen as a cry for help, assistance, love and inclusion in society, not an answer to the problems of life.

Thank you for considering my views.

**House Health and Judiciary Hearing Tuesday February 27, 2018 Auditorium
Physician OPPOSITION to HB2739**

**Benjamin T. Gamboa MD
Kahului Hawaii 96732
808 873-0297**

Assisted suicide is an idea as old as medicine itself. 2,500 years ago, the Oath was conceived to end patient distrust of doctors who both healed and killed. Let us not revert to what was a barbaric practice then. Hopefully we are more enlightened today.

Please consider those who would ultimately be harmed by this practice, not just those made dead, but the living who bear the burden of that death.

Safeguards have not been working and the proposed safeguards in this bill do not protect anyone except the doctor who doesn't want that responsibility or protection.

Thank you.

House Hearing Oahu in auditorium bill number 2739 on Tuesday

Health and Judiciary Committees

Hi

My name is Clayton Kanae, born and raised on Maui. I am a father, currently unsheltered and have a disabled child whom I love. Please do not allow assisted suicide in Hawaii. It is too risky and opens the doors to bad things—like some of my friends who may want to live but don't have enough money.

I know lots of VA friends who have had their benefits cut and are bummed. Some have PTSD and might think they should take the pills because life is just too difficult. We need more programs and support for those guys—they fought for us and now are having a hard time—don't even suggest a death pill because they might take it and they don't deserve to have that happen to them.

Clayton Kanae
471 Lipo Place
Wailuku, HI 96793

I get mail there. I would be happy to meet with you to discuss.

Gabriel Ma MD
1280 Lusitana Street Suite 214
Honolulu, Hawaii 96813
808 524-7333

To: House Health and Judiciary Joint Hearing on Tuesday 2/27/18 at 10:30

Honorable Committee Members,

As a physician, I oppose the bill. It is not only not necessary; the physician community does not want it. I do not want it.

Currently, patients have the choice to refuse prolongation of life by artificial means and to limit treatment. The profession of being a physician, as I was taught in Medical School, is to "cure sometimes, relieve often, and comfort always". These principles still guide our profession today. To this end medication and counseling, especially to relieve pain, are prescribed to provide relief.

Pain relief is not why most people take their own lives. In Oregon and Washington pain or fear of pain are not the main reasons given for their choice to take their own life. It is fear of being a burden on the family and friends or just being tired of living. Suicide is never the answer.

As I wrote in last year's Letter to the Editor... Please do not pass this bill.

I close with the thought that I have seen many patients live well beyond their initial six-month diagnosis and have seen many beautiful family experiences (even at great personal inconvenience and cost). I am also aware that sometimes the family does not have the best interest of the patient at heart. Our elders need our protection, not give a doctor and family an easy way to make them dead.

Thank you,

Dr. Gabriel Ma

**George Powell, MD
Neurology
2180 Main Street
Wailuku, Hi 96793
808 242 6464**

**Hearing on Tuesday February 27, 2018 in Capitol Auditorium
Strong Physician opposition to HB 2739**

I was in Washington DC and visited the National Holocaust Museum for the second time. What is most disturbing to me is that Germany at the time was supposedly one of the most civilized and modern regions of the world and look what happened so rapidly. And it began in the medical community with physician abuse of power.

Physicians have the duty to safeguard human life, especially life of the most vulnerable: the sick, elderly, disabled, poor, ethnic minorities, and those whom society may consider the most unproductive and burdensome. The law should help safeguard that responsibility; not give it protection from prosecution should some physicians abuse it. We need the line.

I am an HMA member and the HMA does not support assisted suicide or euthanasia and neither does the AMA who goes further than the HMA and opposes assisted suicide for physicians. HMA neutrality means nothing more than an appearance of approval where there is none.

**Thank you for your consideration of my views and the opportunity to testify.
George Powell, MD**

**Harriet H. Pien MD
1609 Laukahi Street
Honolulu, Hawaii 96821**

Physician opposition to HB2739-the bill before you.

Hearing date Tuesday 2/27 in the auditorium at the Capitol

Honorable Health and Judiciary Committee Members,

I am testifying against this proposition to expand medical treatment by doctors to include suicide. Suicide is not healthcare in any sense of the word and death is not a "treatment" to be offered to a patient.

It will sow doubt between a patient and a doctor and the community. This proposal devalues a patient's dignity. Legalization will open the door for cost conscious health care managers to push for its use because it is cheaper than good care.

We should extend care and aloha to all patients and not be assisting or encouraging them to commit suicide.

Respectfully yours,

Dr. Harriet Pien

**DR. JAMES MCKOY
RHEUMATOLOGY AND PAIN MEDICINE
94-326 PAUWALA PLACE
MILILANI, HAWAII 96789**

**OPPOSITION TO HB 2739 ASSISTED SUICIDE
HEARING ON TUESDAY 2/27/18**

HONORABLE COMMITTEE MEMBERS,

I TESTIFY AGAINST HB2739.

CARE AND COMPASSION OFFER THE ALTERNATIVE TO SUICIDE. AS A BOARD-CERTIFIED PAIN MANAGEMENT SPECIALIST, I KNOW THAT NO ONE WILL WANT TO DIE IF THEY ARE GETTING THE KIND OF CARE NECESSARY FOR THEIR PAIN AND PHYSICAL AND PSYCHOLOGICAL SUFFERING.

SOME PEOPLE FALSELY BELIEVE THAT ASSISTED SUICIDE MEANS REFUSING ARTIFICIAL LIFE SUPPORT. IN EXISTING LAW PATIENTS AND THEIR DESIGNATED DECISION MAKERS CAN REFUSE THE ARTIFICIALLY PROLONGING OF LIFE. NO ONE MUST LINGER ON INDEFINITELY WHEN NATURAL CAUSES WOULD JUST LEAD TO DEATH.

THIS BILL WOULD ACTIVELY CAUSE A PREMATURE DEATH. IT WOULD GIVE SOMEONE (A DOCTOR OR NURSE) THE LEGAL POWER TO HELP KILL ANOTHER PERSON. WHILE THE ACT OF ASSISTED SUICIDE SEEMS COMPASSIONATE ON THE SURFACE, IT IS OFTEN THE ABANDONMENT OF THE PATIENT IN THEIR MOST NEEDY TIME.

THIS IS A PROPOSAL FOR BAD PUBLIC POLICY. PLEASE DON'T PASS THIS BILL.

**SINCERELY,
JAMES MCKOY, MD**

Jeffrey Michael Drood MD
Clinical Cardiac Electrophysiology
1962 E Vineyard Street Wailuku HI 96793
(808) 244-3278

House Health and Judiciary Hearing on Bill Number 2739
Tuesday 2/27/18 10:30 Auditorium

Honorable Committee Members,

As a physician, I oppose this measure as do many, many of my colleagues.

In an era when medical care can and has been driven by cost concerns, this proposal is dangerous.

Suicide is not simply one more end of life choice.

It would change the nature of all choices and restrict good medical care.

No matter how cleverly you think you have crafted this legislation, better minds than ours have seriously studied this proposal and found it wanting. We see abuse in Oregon, Washington, California. We see a culture change.

Please hold this bill. We don't need or want it.

Respectfully submitted,

Jeffrey M Drood, Md

Jeffrey Michael Drood MD
Clinical Cardiac Electrophysiology
1962 E Vineyard Street Wailuku HI 96793
(808) 244-3278

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Please hold this bill. We don't need or want it.

Respectfully submitted,

Jeffrey M Drood, Md

**Joseph Tau Tet Hew Jr MD
1852 Loke Street
Wailuku, Hawaii 96793**

**For House Health and Judiciary Hearing on Tuesday 2/27/18 at 10:30 AM
HB2739
Physician opposition to HB 2739**

The recent Justice of the Supreme Court holds the same opinion I do and he says it well so I will quote him to you. I hope you will take his opinions (and mine) to your hearts.

Legalizing the practice, he said, could be a slippery slope. Doctors, insurance companies and the healthiest in society might wind up looking for ways to shorten the lives of the frail and the elderly to preserve resources for those with more promising futures. Doing so, he said, would have a disproportionate impact on the poor, the powerless and minorities who sometimes do not receive the same quality of medical care and pain-control management when they are ill.

"If a right to consensual homicide is eventually accepted into the law, we might ask what other ripple effects it could have on social and cultural norms. Why not, for example, allow individuals to sell their body parts or their lives?" he asked.

And he suggested that if killing became a professional duty under certain circumstances, medical care professionals may someday face "wrongful life" lawsuits from families upset their relatives suffered needlessly when a doctor or nurse failed to advocate for death.

Still, his book made clear that his views do not interfere with a right of individuals to choose through living wills to reject certain potentially life extending measures, such as the use of a ventilator.

Thank you for allowing me to comment as you consider this very important issue. Doctors do not want anything to do with this and most will not participate. However, you only need two to open up a death center in Hawaii.

John T. McDonnell, M.D., Ltd.

Allergy and Immunology

46-001 Kamehameha Hwy Suite #401 Kaneohe, HI 96744

Fax: (808) 235-8928

Telephone: (808) 247-6070

House Committees on Health and Judiciary

Re: HB2739 Hearing on Tuesday 2/27/18, Capitol Auditorium

Dear Chairs Mizuno and Nishimoto,

Thank you for the opportunity to express my opposition and testimony on this important matter.

"Physician Assisted Suicide" is not "Death with Dignity", "Medical Aid In Dying", it is an "Easy Way Out" for both patients and others, caregivers and families alike, who do not understand the dying process. Suicide, assisted or not, is a permanent solution to what is usually a temporary problem: either pain, depression or frustrations, each of which can be, and must be, dealt with appropriately. In the context of a terminal illness, all this is part of the process of coming to terms with one's own mortality, and imminent death.

The American Medical Association (AMA) strongly oppose any bill to legalize physician assisted suicide or death. The Hawaii Medical Association (HMA) does not support physician assisted suicide. Physician assisted suicide is fundamentally inconsistent with the physician's role as a healer.

The power to assist in intentionally taking the life of a patient is counter to the physician's central mission of healing. It is power that the physician's do not want and could not control if they had it.

We continue to support the concept that physicians preserve life as long as possible, while at the same time prevent suffering. If by giving a dose of a pain reliever adequate to relieve pain, a physician causes respiratory failure, then so be it. The patient's disease has been the essential reason for the death, not the physician's action. On the other hand, if a physician injects a lethal dose of Potassium chloride (KCL) or knowingly prescribes a lethal dose of barbiturate for a patient, then the physician is the primary cause of the death of the patient. It is the intention for our actions that determines their ethical nature. If the state wishes to provide a methodology so that people can voluntarily end their own life for whatever reason, please leave medicine out of it. If it is execution or elimination of a sick or elderly family member who is no longer productive, or who may be becoming burdensome, and costly, let's call it what it is, but we should remember that we have gone to great lengths in our State to create laws to protect against "Elder Abuse" and abuse of children and invalids. In Hawaii, we have chosen not to execute even the most heinous of criminals, believing, instead in the sanctity of human life.

In *Decisions Near the End of Life* it is proposed that instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients cannot be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

Due to multiple community efforts in Hawaii, significant progress is being made in educating physicians, other health care professionals and health care institutions about pain management, palliative care and end of life care, which provide meaningful alternatives to physician assisted suicide and are at risk with this legislative proposal. Simple solutions to complex problems are usually never the right answer; hard cases still make bad law.

Members of the House Committee on Health, please do not impose on our citizens, the well intentioned, but misguided idea of Physician Assisted Suicide.

Thank you, once again for your attention to this very important matter.

John T. McDonnell, M.D.
Past President
Hawaii Medical Association

Emma B. Avilla-Delaney MD
1728 Dillingham Blvd
Honolulu, Hawaii 96819

House Health and Judiciary Hearing on Tuesday 2/27/18 Capitol Auditorium at 10:30

Regarding HB 2739

I oppose.

Chairs Mizuno and Nishimoto,

I sincerely hope you haven't made up your minds about this dangerous bill.

Assisted suicide is ultimately a withdrawal from the harder path of compassion.

Modern medicine can relieve pain, treat depression, and provide hospice and palliative care so that your last days can have value.

All lives have value to us as physicians and fellow human beings. Our pledge is to help make sure life does not lose its dignity, even in the last moments. It is about life and hope.

Thank you for considering my concerns

Michael R Savona M.D.
Internal Medicine, Oncology

1721 Wili Pa Loop
Suite 101
Post Office Box 1977
Wailuku, Hawaii 96793
808 2425599
Fax 808242 2838

Regarding: HB2739 Hearing in Auditorium Tuesday 2/27/18 at 10:30

Position: Opposition

Honorable Chairs and members of health and judiciary committees,

My name is Michael Savona from Maui representing myself. I am a physician who practices in the specialties of Internal Medicine and Oncology, the latter specialty involving the diagnosis and treatment on cancer. I have been in practice here on the Island of Maui since my arrival in Hawaii in July of 1976 and prior to that at Columbia Presbyterian Medical Center in the City of New York from July of 1973 until July of 1976. I would like to first stat that the statements that we are hearing concerning the majority of Hawaii's patients favor assisted suicide---is in my experience not true. I believe that I can attest to this fact since I am involved in the care and treatment of many patients with the diagnosis of cancer which in the eyes of many is considered to be the most terminal illness. It exemplifies the confusion over the difference between providing comfort care and palliation of pain, and thereby improving the quality of life, and assisting loved ones to commit suicide.

It is also clear that physicians are not accurate in their predictions concerning length of life in patients with terminal illnesses. Quite frankly, if I were capable of predicting the future, I would be at the race track or in Las Vegas rather than working in my office. Grim prognoses are often wrong. I currently have several patients who have severe cardiac disease or cancer who were informed that they had 'month to live', and are still alive with good quality of life 10 years later. The life expectancy of countless individuals far exceeds their statistical probability life span.

In my opinion, HB2739 is an invitation for abuse. Safeguards protect no one. It will not and cannot ensure patient control, and physician competence in end of life matters.

Sincerely,
Michael R. Savona MD

Hearing Tuesday 2/27/18 in Auditorium at 10:30 House Health and
Judiciary Committees Jointly meeting

Noel Termulo MD
NCTERMULO@aol.com

I am a physician who opposes HB2739 before you today.

This bill is unnecessary and potentially harmful to our patients in Hawaii. Proponents of assisted suicide are misleading when they tell their old stories and claim pain is a significant reason for requesting. Even in Oregon where it is legal 92% of the reason given for its use are social concerns such as being a burden.

There has been no documented case of assisted suicide being used for untreated pain.

Why would we put our underserved patients at risk for such a few? This bill would radically change medical practice and aside from that we are in no way ready to assume this responsibility from a simple education level within the profession.

We are already understaffed especially in our rural areas; here in Maui it is difficult to recruit and retain physicians. So now you want nurses to be able to write the prescriptions?

And if you really read the bill you will see that it actually allows for euthanasia.

Please do not pass this out of committee-this bill is worse than last years version.

Peter J Barcia MD
Opposition to HB 2739
Hearing on February 28, 2018

House Health and Judiciary Chairs Mizuno and Nishimoto,
Members of the Health and Judiciary,

My wife and I have lived in Hawaii since 1965 where we have raised 10 children and 20 grandchildren, the majority of which still reside here. I retired as a general surgeon from Tripler Army Medical Center in 2016. I was on active duty until my military retirement in 1997.

While I believe that assisted suicide is morally repugnant, and will undermine the credibility of all physicians, I also believe it is unnecessary. I could tell you stories to prove my point but you have heard them from others. Clearly people can and do manage their pain with proper care.

Modern day end of life care is able to give patients control over their old nemesis, pain. This allows patients to be humanely and compassionately cared for at home by those that love them.

Instead of killing them with assisted suicide!

If we offer a cheap and simple solution to a complex but manageable problem we will stop wrestling with how we can keep improving care.

Peter J Barcia MD FACS
162 Mahealani Place
Kailua, Hawaii 96734
261 4787

Timothy Jahraus MDdrj@hilo.gastro.com

HB 2739 House Health and Judiciary Hearing 2/27/18 10:30

Venerable Chairs John Mizuno and Scott Nishimoto,

I want to indicate my strong opposition to the assisted suicide legislation making its way through the legislature-HB2739 especially- redefining medical treatment, allowing doctors to monitor their own performance, etc. Allowing euthanasia and nurses to write the prescriptions.

I personally am opposed to assisted suicide and believe that most of my colleagues are opposed as well. I see this as a terrible betrayal of our role as healers and promoting longer and better life.

Do you remember when Hawaii wanted to be known as the health state?

I hope that in your deliberations that you will strongly consider the physician community's voice in whether or not to enact this bill.

This certainly seems to be a hot button issue with lots of money and influence coming in from out of state. Let's make sure that the Hawaii physician voices and patient voices are the ones being heard and heeded.

Mahalo for your time and kokua.

Timothy Jahrus MD

To Chairs John Mizuno and Scott Nishihara-joint hearing Tuesday February 27, 2018
 Subject and Position: HB2739 and I oppose.
 From: Dr. Emese Somogyi-Zalud Kailua, Hawaii 96734
 Honorable Chair and Members of House Health and Judiciary:

I am a palliative medicine physician. I oppose this legislation.

The questions we should be asking today are the following:

What is the quality of health care provided to the seriously and terminally ill in Hawai'i, and what can the legislature do to improve it?

It is a misguided effort to create public policy that allows the terminally ill to commit physician assisted suicide. It does not serve the general public. The idea is tempting because of everybody's desire to avoid illness, suffering, and dependence at the end of life. The idea is tempting because of all these heartfelt testimonies you are hearing from the proponents. However, this is not about our own fears, experiences, or painful personal tragedies. Having the responsibility to create good public policy, you should be asking the following:

What is the best possible way to assist the growing number of people living with serious, chronic, and terminal diseases?

What are our options? One is to feel overwhelmed and declare that there is no good solution. Some of the supporters of legalizing PAS are probably coming from that position. Alternatively, we can build a system of health and social services that will not leave such people and their families in a state of suffering, pain, helplessness, and abandonment. There are many new and effective ways of making a difference in the lives of those with severe illness. However, not all possibilities are equally known, available, or understood by the general public.

Everybody knows what physician assisted suicide is.
 Not everybody knows what palliative medicine is.

It is a new medical specialty. It focuses on alleviating the suffering, and improving the quality of life of those living with serious, chronic, and fatal illness. It is combined with efforts to cure disease, as long as the disease is curable. Skilled palliative medicine practitioners are highly successful in relieving the physical and psychological suffering that illness can bring.

If given the choice for a legal PAS, what do people choose? We have some idea based on the Oregon experience. Approximately 0.1% will choose PAS. In Hawaii that would translate to 8 out of 8000 deaths every year. The other 99.9% of terminally ill people and their families will decide not to exercise that choice.

What are the choices we should offer to the 8000 people among us who die every year? Should they have the choice of getting decent medical and personal care up to their death? Isn't that the most important choice they should have?

Just think about it. When somebody close to us becomes ill, what do we do? Are we more likely to offer them quick death in a bottle, or are we more likely to stop short of ending somebody's life, and instead do the best we can in order to relieve their suffering? Doing our best in these situations is not easy. It takes commitment to relieve somebody's suffering, to put their needs above our own, and to advocate for them. It takes learning, creativity, and the wise use of material resources. Many of us do it. We do it as individuals for our parents, friends, children, and patients. However, there are limits to what we can do as individuals.

It is time to demonstrate a larger commitment.

We need to create effective, easily accessible systems of care for the seriously ill. In Hawai'i a solid foundation has been already established for the building of such systems. Many dedicated organizations and individuals have spent the past 10-20 years working on it. I know for a fact, that we have the potential to do an excellent job taking care of the seriously and terminally ill in Hawai'i, especially if strengthened by legislative support.

Compassion and Choices, a Mainland organization, the money and push behind this bill, has already publicly announced they are coming to Hawaii to provide us with good resources and support as we struggle with providing good end of life care. They want to make us the next State that allows assisted suicide for our own good. As they do in all States, they expect to be the lead organization to which people turn for advice about how to get it right-including the option of killing you if things get too bad.

We have no need for their organization around end of life care because we have an excellent resource here in Hawaii: Kokua Mau. Kokua Mau is the organization we trust in Hawaii to know our culture and values and to help us and guide us during the end of life process. Expansion of our own local solution to the challenges of end of life care should not include a Mainland organization and philosophy that openly admits to wanting to imprint a cookie-cutter solution for our patients in Hawaii.

Just like the doctors who don't truly know the patient prescribing the medicines.

My hope is that the legislature will refocus on creating policy that will support the development of improved systems of care for the seriously and terminally ill.

The legalization of PAS might serve a tiny minority, and for that reason it *should not* be our first priority. Our moral and legislative obligation is to do first what will serve the majority.

This is the reason why I say a compassionate NO to the legalization of physician assisted suicide.

Thank you, Dr. Somogyi-Zalud

Rhodora Segunda Rojas, MS, CRC
2308 Farm Bridge Ave, North Las Vegas, NV 89081
(702) 629-5353; (808)647-0141 rhodora@msc.net

March 23, 2017 Hearing House Health RE: SENATE BILL 1129 SENATE DRAFT 2 HOUSE HEALTH
COMMITTEE CHAIRMAN DELLA AUBELATTI

To Whom It May Concern,

I, Rhodora Rojas, a previous resident of Lihue Kauai would like to object the Senate Bill 1129 Senate draft 2 regarding the PASSAGE OF EUTHANASIA. On April 5, 1990, I met a vehicular accident, which caused me to incur traumatic brain injury and caused me to be in a comatose state for 3 months. Additionally, my circle of friends and family had to manually pump an ambo bag continuously for 7 days in order for me to breathe. Worst of all, all the surgeons who performed craniotomy on me told my entire family that I would either die or be a vegetable. I am very glad that my entire family did not give up on me and performed euthanasia. They still gave me an opportunity to live and to enjoy life. Currently, I am working as a Telephonic interpreter and has earned a Masters degree in Vocational Rehabilitation Counseling. I object this bill because of my personal experiences. I know that if my family had practiced euthanasia on me before, I would not be here in front of you testifying against this bill anymore. Additionally, if they cut my life that time, I would not be able to enjoy what life has to bring me. The most important thing is that if they practiced euthanasia on me on that time, I will not be able to provide services to my fellowmen. I object this bill for the State of Hawaii because I know the entire state is composed of closely related people, who belong to a cultural minority. Most of the residents might have some issues in communicating or relaying their death wishes, therefore by just ending their lives because they are unable to speak for themselves is very much immature and illegal. I personally think this is a form of immaturely killing a terminally ill individual. Therefore, I asked your office to disregard and prevent the Senate Bill 1129 Senate draft 2 from passing into the senate bill. This is for the sake of all and most of the Hawaiian people. Additionally, this is also to protect the sanctity of our island. I don't want to find our island in the future as a sanctuary of killing people immaturely. I believe the Hawaiian island is sacred and its citizens should be protected from all these immature killing due to terminal illness. I do believe that anybody should be given an opportunity to live and enjoy life as what I was given. Should you have any inquiries regarding this testimony, please don't hesitate to contact me at the above contact information.

Sincerely, Rhodora Rojas

Fernando Ona, MD, FACP, PACG
Retired from the VA
Board Certified-Internal Medicine and Liver Disease
fvonamd@yahoo.com

Testimony in OPPOSITION to HB 2739

Hearing scheduled in the auditorium Tuesday 2/27/18 10:30

Chair John Mizuno and Scott Nishimoto,
Health and Judiciary Committee Members,

Thank you so much for this opportunity to attend the hearing and speak about his important issue.

My name is Fernando Ona and I have been a physician for over 47 years and 18 years here in Hawaii. I am retired from the VA and spend my free time on medical missions and teaching medical students at the University of Hawaii.

My opposition is from a human rights perspective. It is founded on the fact that physician assisted suicide is killing and the best antidote to killing is compassionate care.

I am against the disposable culture for human persons. Killing is not caring.

I was a co-founder of the Mount Carmel House, dedicated to provide a Home for the Dying and the Poor, my experience highlights the role compassionate care can play in a patient's life. I am readily available to answer any questions you may have.

Thank you for this opportunity to testify.

Fernando Ona, MD, FACP, PACG
Retired from the VA
Board Certified-Internal Medicine and Liver Disease
fonamd@yahoo.com

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Thank you for this opportunity to testify.

Jason Kiaffas APRN
221 Mahalani Street
Wailuku Hawaii 96793
jkiaffas@hotmail.com
2/27/18

House Health and Judiciary joint hearing on HB 2739

I am in strong opposition to this bill and hope you do not pass it out of committee.

Turning to killing as a way of addressing one of life's' greatest and most difficult challenges betrays the power of the human spirit to overcome adversity and find hope and satisfaction.

Jason Kiaffas APRN
221 Mahalani Street
Wailuku Hawaii 96793
jkiaffas@hotmail.com
2/27/18

House Health and Judiciary joint hearing on HB 2739

Hearing scheduled 2/27/18 in auditorium.

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Jason Kiaffas APRN
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jkiaffas@hotmail.com
2/27/18

House Health and Judiciary joint hearing on HB 2739

Hearing scheduled 2/27/18 in auditorium.

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Turning to killing as a way of addressing one of life's' greatest and most difficult challenges betrays the power of the human spirit to overcome adversity and find hope and satisfaction.

**Kevin K. Kurohara, MD
Family Practice
75 Pu'uhonu Place Suite 205
Hilo, Hawaii 96720
Telephone 808 969-3814**

**To: Chairs Mizuno and Nishihara
Hearing: 2/27/18 HB 2739 Auditorium**

**Position: As a physician I oppose HB2739
From: Kevin K. Kurohara M.D.**

Honorable Committee,

Physician assisted suicide is unnecessary and physicians don't want it. This bill with damage the doctor patient relationship and the trust necessary for good care. We already see patients visiting physicians in Oregon and asking them "are you of those doctors that kill their patients or will you stay with me until the end?"

Please do not pass this bill which actually allows for euthanasia and not just assisted suicide.

HB-2739

Submitted on: 2/24/2018 10:38:04 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Heartfield PhD	Individual	Support	No

Comments:

Please support this bill. If these measures had been in place, it would have saved my precious friend who died a painful death from suffering the way she did. She was ready and wanted to end her suffering, but because this was not an option, she suffered. When someone is dying, and wants to end their suffering, please, pass this bill so they have a choice. This is the compassionate thing to do.

Sincerely,

Joan Heartfield, PhD

HB-2739

Submitted on: 2/25/2018 7:56:48 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mouna Ghoussoub	Individual	Support	No

Comments:

We put our animals to sleep because we dont want them to suffer, yet we allow our fellow humans te remain and suffer. Allow the individual to make their own decision and leave their final days and loved ones in peace and dignity.

thank you

mouna

HB-2739

Submitted on: 2/23/2018 4:09:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Javier Mendez-Alvarez	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 12:13:03 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rajive Zachariah	Individual	Oppose	No

Comments:

Dear Members of the Hawaii State Legislature

I am writing as a practicing internal medicine physician in Honolulu to strongly encourage you to oppose amendments to law that would legalize physician-assisted suicide. I sympathize with the well-intentioned meaning of the bill to address the tragic and frequent shortcomings of the medical profession in providing care for those that are terminally ill, especially those suffering from debilitating illness with profound emotional and physical pain. I recognize that as physicians, we are often late in offering alternative approaches that prioritize patient comfort, as opposed to prolonging life. However, when a patient requests a drug with the goal of ending their life, it often represents a distress call, signaling to the family and medical provider about an unfulfilled or under-recognized need. I concede again, as a member of the medical profession, that we are often poorly equipped to handle such needs given how impacted medical care remains in Hawaii, particularly in regards to mental health resources. However, while suicide may seem like a patient's only available course, this failure in care and communication should not be accepted as a reasonable alternative.

Certainly, there have been changing perceptions regarding physician-assisted suicide in the public, with several states establishing legal precedents. However, anecdotally, many of my colleagues remain uneasy about these changing precedents because they present a conflict in our common oath, to 'first, do no harm'. While several physicians organizations have recently taken neutral positions on the issue, endorsement of physician assisted-suicide remains outside of mainstream medical ethics. For example, the most recent professional guidelines from the American Medical Association in their 2016 Code of Ethics opinion 5.7, take a position of opposition:

"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life."

So again, I encourage the legislature to allow physicians to maintain their longstanding mandate to always provide care for patients, even when cure is not possible, but not to kill.

Rajive Zachariah, MD

HB-2739

Submitted on: 2/23/2018 3:35:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

As I entered the room, I saw an elderly Asian man awake in bed. I said "Hi, I am with the Chaplain's office and just want to see how you are doing". He said "Okay". I noticed that his left wrist was bandaged and asked, what happened? He said, "I tried to commit suicide". I asked, "Why?" and he proceeded to share his story. He was a Japanese man in his late 80's, living with younger sister and her family. He felt he was a burden to them because they were caring for him. As we neared the end of our conversation, I commented that I thought he was a samurai type person. He nodded, yes. I said that as a samurai, you must die well, with dignity. He said, "yes".

The 2nd story took place in a Hospice House with a man in his early 70's. I first met him at his house a couple months earlier but cancer had taken its toll. He was now in the Hospice House, 70 pounds of skin and bones except for his swollen feet. I asked if he was ready to die and he said "yes" and explained that his family did not have money and it was a burden for them financially for him to be in the Hospice House. He was ready to die but his body kept him alive for another 14 days.

In my opinion, this 2nd man was an ideal candidate for death with dignity while the 1st man was not.

I will end with a quote and a thought. Aristotle said, "The mark of an educated mind is the ability to entertain a thought without accepting it". Hopefully, Representatives, you will entertain the death with dignity concept, accept it, embrace it, and champion it until it becomes law and may your legacy reflect your compassion for the people of Hawaii.

HB-2739

Submitted on: 2/23/2018 3:57:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I am in strong support of HB2739 (Death with Dignity). I believe this bill has the proper mechanisms so as to prevent abuse.

HB-2739

Submitted on: 2/25/2018 12:14:45 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
cynthia Walsh	Individual	Support	No

Comments:

I support this bill.

HB-2739

Submitted on: 2/23/2018 4:09:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bob Grossmann	Individual	Support	No

Comments:

Please pass this measure and allow individuals and their families to make this meaningful decision.

HB-2739

Submitted on: 2/23/2018 4:37:17 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patricia Blair	Individual	Support	No

Comments:

Absolutely essential that this bill passes this year. People who are terminally ill must have a right to end their life peacefully at the time of their choosing. Thank you very much.

HB-2739

Submitted on: 2/23/2018 10:40:54 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Tiffany Peek	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/23/2018 10:43:29 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joseph O'Brien	Individual	Support	No

Comments:

Please support Measure 2739

I don't believe a person who is terminally ill and in great pain, should be required to suffer needlessly. This suffering, which can persist for days, perhaps weeks, perhaps months, should be endured at the option of the person who is dying. For some people, it may be that enduring this is the "right choice" for them. For those of us who do not choose to die that way, a better choice is to ease our transition to death by leaving the world with our dignity intact and having as peaceful a death as possible.

I ask that you please respect our wishes and let each person make the decision for himself. Under the proposed law (HB 2739), no one will be forced to take his life. It is strictly the patient's decision. Hopefully our state, will also become one of the states that will also be a compassion state.

Thank you,

Joseph O'Brien

114 N.Kuakini St. # 1604

Honolulu, Hawaii 96817

HB-2739

Submitted on: 2/24/2018 7:48:54 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patti Lynn	Individual	Support	No

Comments:

My name is Patti Lynn and I am a licensed marriage and family therapist in private practice. I work with family's with terminal illness and support this bill. I work with suicidal clients and know the difference between death with dignity and suicide. Thank you.

Patti Lynn LMFT

Therapy with Compassion LLC

HB-2739

Submitted on: 2/24/2018 10:19:22 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ronald Gouveia	Individual	Oppose	No

Comments:

I am against this bill. I think life is sacred and that we should not assist people to end their life but rather assist them to live with dignity and help them toward healing and with their suffering.

HB-2739

Submitted on: 2/24/2018 4:47:08 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alice K. Carter	Individual	Support	No

Comments:

I FULLY support HB 2739.

I am grateful to those legislators who drafted this legislation and to all who have brought it before the Hawaii House of Representatives.

I support this bill because I think of all the times in the past when my beloved dogs have been suffering at end-of-life, and we have "put them down." Quite simply, it was the humane thing to do. On each occasion, I thought to myself..."since my own death is inevitable, it would be humane for me to be able to end my own life and end my own suffering when the time comes." Each time I ended my pets' lives, I wished that humans could treat themselves with the same respect and dignity shown to our animals. Afterall, the root word for "humane" is "human!!!!"

I am not alone in wishing humans could treat themselves as well as they treat their pets. Many polls done in Hawaii show that the majority of Hawaiians support this law. Also, I am encouraged because there are "safeguards" built into HB 2739 which protect those at end of life. Let us stand together and pass this legislation. **It has kindness; it has heart; it has ALOHA.**

HB-2739

Submitted on: 2/24/2018 10:43:37 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Shook	Individual	Support	No

Comments:

I strongly support HB 2739 (Medical Aid in Dying) Act as do 80% of Hawaii residents. Having witnessed my sister suffer a tortuous and inhumane dying process at the age of 30---aid to ease her suffering would have helped her (it was her request but not available at that time) to die with dignity. Those facing medically confirmed terminal illness within six months should have the right to die with dignity. I would choose that right for myself. It does not impose this upon anyone who is morally or religiously opposed but gives the option to those who choose it.

Teresa Shook

Founder Women's March

HB-2739

Submitted on: 2/24/2018 1:54:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lois Crozer	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/23/2018 7:37:43 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melinda Wood	Individual	Support	No

Comments:

How an individual chooses to depart this world is rarely in a person's own hands, but this bill would allow those who have that opportunity to do so. The bill offers all the necessary safe guards to prevent anyone other than the patient from making any untoward decisions on behalf of the patient. Please support this compassionate measure that enables a sick person to have some control over how s/he ends her/his own life.

HB-2739

Submitted on: 2/25/2018 11:34:12 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane McCloughlin	Individual	Support	No

Comments:

HB2739 - Our Care, Our Choice Act

Thank you for allowing me to submit my testimony in writing. Dignity in Dying is like many issues facing our country is a heated one, yet it should not be. To be able to make a decision to end ones own suffering and despair should be everyone's right. Unless you have lived with someone suffering at the end of their life, or are suffering yourself then you truly have no idea what pain and despair are. We have to rely on your imagination and hopefully your empathy.

Since we (or most of us) try to live dignified, valuable lives, why then should our deaths not be the same? Death is just the last beat of life, and if the life has been valuable and good it should also lead to a dignified, gentle and good death.

Every human being should be allowed to die in the best possible way. It is wrong to be forced to live against your will, especially if that life is not a life at all. Palliative medicine can and does alleviate most suffering, but it cannot prevent it all, nor can living your last few months in a drug induced state be called a life. If any of us had a choice of how we wished our lives to end, wouldn't it be to slip peacefully away surrounded by family and friends? If this can be made possible who are you to prevent it? You must know that many patients continue to experience unbearable physical pain and psychological stress, suffering such as this is cruel and unnecessary.

Remember we give our pets more humane deaths!

This is not a new issue, the Medical aid in dying is currently authorized in six states (California, Colorado, Montana, Oregon, Vermont, Washington) and the District of Columbia. Most of these laws are based on the Oregon Death with Dignity Act that became effective in 1998. The reporting provided by the states shows that these laws have not been abused or misused instead they help both the patients and their families.

As someone diagnosed with and currently surviving Stage IV Inflammatory Breast Cancer, I have no intention of dying painfully or spending my last time here in a drug induced state. The person who loves living unconditionally does not fear dying.

I ask that you pass HB2739 "Our Care, Our Choice Act" for the sake of all those living in our islands. This is a well thought out and crafted bill, it clearly lays out expectations and requirements. Please remember that HB2739 is based on laws that not only already exist in other states, but laws that work! Those whose beliefs do not allow them to use will not use it, but it will still be available to those of us who choose to use it.

HB-2739

Submitted on: 2/23/2018 10:49:14 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
R. Spiegel	Individual	Support	No

Comments:

FROM: Richard Spiegel

HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY
& COMMITTEE ON HEALTH & HUMAN SERVICES

Testimony supporting House Bill 2739

[Tuesday, February 27, 2018](#)

[10:30 AM](#)

Capitol Auditorium

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Richard Spiegel

I am testifying in strong support of House Bill 2739.

Twenty Five years ago my wife died in severe pain from breast cancer

This choice to end her life was not available.

It was excruciating to watch her die in such extreme pain when she might have let go her body in peace

please pass this bill. No one is required to follow this path. At least give suffering patients this choice.

Thank you for the opportunity to show my support for HB2739.

Sincerely,

Richard Spiegel

HB-2739

Submitted on: 2/24/2018 11:34:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bhanu Vellanki	Individual	Support	No

Comments:

I will support this bill

HB-2739

Submitted on: 2/24/2018 10:53:54 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark White	Individual	Oppose	No

Comments:

Aloha House Joint Committee Chairs Mizzuno and Nishimoto, Vice Chairs, and Members,

As a Hawaii resident, now a 'senior citizen' having just turned 60 years old, I oppose HB 2739 "Assisted Suicide" legislation in all its forms, amended or otherwise. Here're my reasons why:

1) It is fraught with countless possibilities for denial of proper care, denial of insurance coverage, denial of treatment, and dismissal of possible recuperative therapies. This legislation and others similar to it will encourage the limitation and degradation of care for our kapuna by providing an easy alternative for care -- death -- that will quickly become the default option not just for the economically disadvantaged but for all who have elderly or infirmed in their care.

2) It is morally reprehensible. In spite of its seemingly beniegn stance on the ending human suffering, consensual or not, it remains this: the killing of a human being.

My story: My father lived to 79. At the end of his life he was plagued with recuring skin, prostate and rectal cancers, plus pnemonia, flu, and other ailments. While never terminally ill, he selfishly liked the idea of being able to chose his time of death through medical means as long as his family ageed. Thankfully in a sense, my father's death came peacefully of heart failure while asleep. To this day I continue to think of the horror my siblings and I would have faced if we were to be pressured to chose to kill our own parent through some form of legal murder. I would not have been able to live with myself or my Creator.

Assited suicide is wrong cultrually, its wrong morally, and its wrong economically. It is a reflection of a society that devalues human life by offering state sponsored easy options to give people the false premeise that we dont have to be personally accountable for what we do in life.

There is no Aloha in HB2739. Its murder.

HB-2739

Submitted on: 2/24/2018 4:15:56 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Padgett	Individual	Support	No

Comments:

SUPPORT OF HOUSE BILL 2739

Aloha. My name is James Padgett and I am testifying in strong support of House Bill 2739. I support this bill because I believe terminally ill patients should have the right to ask their physician's help by writing a prescription for medication that would end their life if taken. They might decide to use the medication, or they might not, but it has been shown that just knowing they have some control over the end of their lives, helps to ease the anxieties about their overwhelming future.

The right to medical aid in dying has been successfully implemented in Oregon and five other states; as a result, the quality of end-of-life care, pain management and the use of hospice have all greatly improved.”

A recent survey found that 80% of voters in Hawaii believe in the concept that terminally ill adult patients should have the legal option to request prescription medicine from their doctor to end their suffering during their final stages of dying.

Twenty years of transparent reporting and studies of the medical aid-in-dying practice in Oregon has not been dangerous to others because of the many safeguards set in place to prevent problems. The bill now before the Legislature also contain significant patient safeguards such as:

- The patient must be diagnosed within six months of death, the same standard used for hospice care.
- The patient must make repeated verbal and written requests, and if there is any indication that the patient is not of sound mind, they must be referred to a mental health professional for evaluation.
- No doctor or health care professional can be forced to participate. All medical professionals have full opt-out provisions and need to state no reason other than they are opposed.

I believe it is cruel to refuse a dying patient in excruciating pain and less than six months left to live medical aid in ending their life in a humane way. A terminal illness

leaves a patient worn out and drained. There are many times when ending it all is a welcome thought, only right now, it has to be just a thought and the suffering continues. There is no legal, humane way to let it go and pass away peacefully.

Sincerely, James Padgett

189 Makaena Place

Pukalani, HI 96768

Phone: (808) 268-1030

email: ajp@maui.net

HB-2739

Submitted on: 2/24/2018 4:27:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynn N	Individual	Oppose	No

Comments:

I was born in Honolulu, raised in Honolulu and Aiea, currently live in Waipahu. I have lived in Hawaii for all of my life. I saddens me to think our legislators are considering assisted suicide under the guise of care, choice, dignity, and aid in dying. Please come to your senses and "kill" this measure which will allow physicians to kill patients.

I vote in every election, but this is my first time to submit testimony. Thank you for listening to the voice of the common citizen instead of assisted suicide activists.

HB-2739

Submitted on: 2/24/2018 8:07:57 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
LOREN LASHER	Individual	Support	No

Comments:

This is important, please move it along

HB-2739

Submitted on: 2/24/2018 11:39:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauray Walsh	Individual	Support	No

Comments:

FROM: Lauray Walsh

HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY & COMMITTEE ON HEALTH & HUMAN SERVICES

Testimony supporting House Bill 2739

Tuesday, February 27, 2018

10:30 AM

Capitol Auditorium

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Lauray Walsh and my Zip Code is 96740.

I am testifying in strong support of House Bill 2739.

It is astonishing to me that we can pass controversial laws regarding Gay Marriage and Marijuana... that only benefit a small minority ... and not address Death with Dignity which affects us all.

Everyone is going to die ... and many of us will suffer unnecessarily.

It is archaic in this day and age to not use what is available to us... to allow our passing to be more peaceful. We are kinder to our animals.

I believe that suffering is not required... and that basic human rights and civil liberty be allowed to prevail in our dying.

I want my state to acknowledge this as our personal choice.

Thank you for the opportunity to show my support for HB2739.

Sincerely,
Lauray Walsh

HB-2739

Submitted on: 2/24/2018 11:17:39 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Loren Bullard	Individual	Support	No

Comments:

I am writing in support of death with dignity. Allowing a person who is dying of a terminal illness to end their life is a kindness.

HB-2739

Submitted on: 2/24/2018 11:59:12 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alison Harney	Individual	Oppose	No

Comments:

I oppose this bill because of several different reasons:

1. It can endanger the lives of our sick, elderly and vulnerable who may not be in the right frame of mind at the present time. Sometimes in our suffering, it seems like the only way to get rid of it is to just end our lives. But what if our bodies begin to heal? There have been so many cases of people who unexpectedly turned 'for the better' and was healed of their sickness. The doctors have made many incorrect prognosis and the patient ended up living for years to come. It would have been to late if they decided to end their lives at that moment.

2. It could lead to a family member/caretaker who wishes to just 'get rid of' someone because that person has become a burden or has an inheritance they want to claim. There are so many cases of family members murdering family members to inherit their fortunes. You can read about it happening just about anywhere. It just puts someone's life at risk who may not ordinarily have chosen to die while going through this suffering.

3. This drug can get into the hands of the wrong person. There could be instances where a child could get a hold of this person's drug and ingest it and die. It could also get into the hands of someone else who want to commit suicide. It could be stolen and given to someone who wants to murder another by having them slip this drug into their drink or food. It just opens the doors to possible criminal acts.

4. Death should come naturally. A person who is suffering should ask for drugs that can numb the pain (morphine, etc.) rather than killing them. This prescription is just too extreme. Life is precious...we should not allow it to be judged in the hands of the wrong people. There are just too many risks of the abuse of this drug.

HB-2739

Submitted on: 2/24/2018 12:13:25 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

My name is Lynne Matusow. I am a healthy senior. That may change at any time. I did not have any say in whether I wanted to be born. But I should, as now a sentient human being, have the right to decide to die if I am terminally ill. That should be my decision, my decision alone, not that of religious professionals and religious zealots who believe we should suffer, that they alone should rule our lives, etc. No one is forcing them to take their own lives. Just as no one should be telling us we cannot take our own lives if we are suffering and terminally ill. I do not want to be hooked up to machines, to suffer needlessly, to have friends and family grieve alone with me and feel my pain. I have signed health directives. I have a POLST. But they are not enough. I also want the right that this bill will finally give me, finally give me as a chosen finality to my life. No one, elected officials, judges, religious leaders, or anyone else should have a say in a personal decision, and you need to pass this bill so we can live with one less worry, a major worry.

Aid in dying has been successfully implemented in Oregon and five other states. Hawaii, which at one time had the reputation of taking the national lead on social issues and others, should get on board, and should start to reclaim its leadership role.

Medical aid in dying is a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness.

Lynne Matusow, 60 N. Bereatnia, #1804, Honolulu 96817

808 531-4260

HB-2739

Submitted on: 2/24/2018 9:27:47 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rene Umberger	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/24/2018 11:26:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sandra Fujita	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/24/2018 1:39:31 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Aloha Committee members! Thank you for taking the time to hear House Bill 2739. I am writing in support of HB 2739. I saw my wife, Jeri, die of cancer in a Hawaii hospice; I know she would have preferred more options at the end. She would have liked the insurance of a DwD option; it would have given her peace of mind.... At this point, there is not too much left to say about DwD: it works; there is ample evidence the safeguards work... Just look at the records of the states of Oregon, Washington, Vermont, Colorado, California, etc.. The issue has been talked about and debated to death. It's time to vote and do the right thing for the people of Hawaii. The polls show that an overwhelming majority of the people of Hawaii support House Bill 2739. Now, the legislators must find the courage to do the right thing and pass this bill. We will all die someday: we need this type of option--think of it as insurance in case everything else fails. Hospice is not enough.... Some people have intractable pain at the end...think about it. What happens in a hospice when a dying person cannot find their next gasp of air.. when they cannot breathe? If they are lucky, they get terminally sedated (i.e., euthanized). It's the roll of the dice: it depends on the whims of the doctor. House Bill 2739 allows the dying patient to decide.

HB-2739

Submitted on: 2/24/2018 12:38:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Arthur Martirosian	Individual	Support	No

Comments:

I'm a proponent of individual choice and I strongly support HB2739. Moreover one has to be very careful to not let religious views dictate State policy. There are people that are suffering with pain so immense that many of us can not comprehend, how fair is it to that individual to medicate their pain when there isn't much hope in recovery or survival. Additionally, one can only imagine what their families must go through if their wish is to end their pain and suffering and that one item pf control over their life choice eludes them.

HB-2739

Submitted on: 2/23/2018 4:22:37 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
cheryl	Individual	Support	No

Comments:

I SUPPORT the right of a person to make their own choices in this situation. What I believe that this law does is protects that person. I DO WONDER, if a person does take advantage of this law do their benefits and insurance continue for their family? What are the legal ramifications for the family or person who might sit with them as they pass?

HB-2739

Submitted on: 2/23/2018 4:22:49 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karin Nomura	Individual	Support	No

Comments:

I'm a believer of choice, and having the ability to govern my own life or death decisions. I also believe that any normal person would choose to live rather than die. That it's ingrained in us. It's why we have stories of chasing the fountain of youth, fighting for survival, the boom in the early years of cryogenic chambers, the search for cures/vaccines/appearances of at least youth/ways to prolong life and the quality of life, etc. It's because we want to live. So, when a person says they want to die, and is seriously contemplating death that we should be listening. When a patient is terminally ill, suffering, and wishing for death, to the point that they are willing and hoping to take their own lives, I would rather know that a peaceful, pain free method/option was available, that allowed for some dignity in death. That a professional could be there to ensure that it went smoothly. This bill allows it, so hope it will be passed.

HB-2739

Submitted on: 2/23/2018 4:25:07 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nancy Davlantes	Individual	Support	No

Comments:

Hallelujah! I thought this bill might end up on the dust heap of those that never got a hearing. It's about time that Hawaii gave its citizens the choice in life-ending decisions. I am so tired of hearing the "slippery slope" argument from those whose religion forbids this option. Fine. If you oppose it, don't use it, but for heaven's (pardon the pun) sake, don't decide what the rest of us my choose. None of us had any say about being brought into this world, but there are many of us who wish to have some say in how we leave it.

HB-2739

Submitted on: 2/23/2018 5:14:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wendy Arbeit	Individual	Support	No

Comments:

I strongly support this measure. It's proved successful and popular on the mainland where similar measures have been adopted. Polls indicate that a majority of our citizens support it. People -- not somebody else's church -- should have control over their own bodies .

Its passage is well overdue. Do not hold it again. Pass it already.

HB-2739

Submitted on: 2/23/2018 5:47:11 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
B.A. McClintock	Individual	Support	No

Comments:

Please support this important bill.

COMMITTEES ON HEALTH AND HUMAN SERVICES AND ON JUDICIARY
TUESDAY, FEBRUARY 27, 10:30 AM, CAPITOL AUDITORIUM
HB2739: RELATING TO HEALTH
TESTIMONY

Submitted by Bepie Shapiro, testifying as an individual

CHAIRS MIZUNO AND NISHIMOTO, VICE CHAIRS KOBAYASHI AND
SAN BUENAVENTURA, AND MEMBERS OF THE COMMITTEE:

I write in strong support for HB2739, which would under highly restricted circumstances allow an individual to obtain and use a prescription drug which would allow him or her a peaceful, pain-free death at a time and in circumstances of his/her choosing.

I have lived in the state of Oregon for much of the last 8 years, and have seen media accounts of the use of Oregon's similar "death with dignity" law. One interesting sidelight is that many more people request and receive such a prescription, but never use it. I don't know what their circumstances were - perhaps death took the more quickly and/or less painfully than they had anticipated, or perhaps the knowledge that if life became too difficult, they had control over its end, gave them a sense of peace and comfort that enabled them to live out their natural life.

I also had a close friend with colon cancer diagnosed at a late stage. She chose not to have conventional medical treatment. When her disease became too exhausting and painful to tolerate, she eventually availed herself of the "death with dignity" option and ended her life after a loving party for her best friends.

I would like to have this option available to me if the end of my life involves a choice between pain and virtual unconsciousness.

Please pass HB2739.

HB-2739

Submitted on: 2/23/2018 6:34:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gerald Streff	Individual	Oppose	No

Comments:

Death by self-determination is not a modern invention - the convenient, quick, on-my-own terms, dying alternative has dotted the historical landscape since the beginning of recorded time. The ancient Greeks and Roman practiced the art of active death - euthanasia (Greek word, Eu (good) and Thanatosis (death) meaning "Good Death, "Gentle and Easy Death.") through the use of common herb poisoning – hemlock for example – to speed up an individual’s dying process. Before the Hippocratic Oath became a widespread and formal practice (approx. 390 B.C.E), ancient doctors served a dual function – healing and killing. However, after institutionalization of the Hippocratic Oath – due no harm – the giving of death drugs was curtailed....., but sadly not eliminated. Even ancient societies considered it more ‘compassionate’ to give ‘death-drugs’ to the deformed, the disabled, the elderly...to prevent long and tortuous suffering or to accommodate cultural needs; the person’s contributions were of no value to society (Sparta). Although the majority (maybe all) doctors of antiquity took the Hippocratic Oath, ancient documents attest that many physicians disregarded the oath and provided the ‘good-death’ alternative to their patients....when requested of course.....! Of interest, Pythagoras (520 BC) and his pupils were completely against suicide due to their religious beliefs - the ‘gods’ placed man as the protector of the earthly life and he is not allowed to escape with his own will.

The writings of Voltaire and Hume fueled the euthanasia movement in the United States. Both argued “people should be free to commit suicide if they perceived their lives to be too burdensome.” This movement was temporarily squelched, but regained momentum through the relentless efforts of the Euthanasia Society of America (1974 renamed, Society for the Right to Dye).

Auspiciously, the world had powerful counter-writings from great philosophers – Kant and Wesley – that argued against the right to die battle cry. Learning from previous legislative defeats, assisted suicide proponents adjusted their marketing to ‘the relieving of unnecessary and dehumanizing suffering.’ This ‘compassionate’ theme expanded public acceptance through the activities of - Dr. Jack Kevorkian, Hemlock Society founder Derek Humphry, Australia’s “Dr. Death” Philip Nitschke, and many, many others.

As a right-to-life champion I am steadfast in my belief, teaching and practice that all life has dignity and purpose, because God is the creator of all

life. And the effort of the government must be to protect the sanctity of life, not eliminate it.

What self-inflicting death proponents fail to understand, to acknowledge or to publicly state is that there is more to life than the suffering and turmoil of the here and now. What their false compassion steals from the dying and their loved ones is.... their God-given right to live and die a dignified death. Their tunnel vision denies human life of its spiritual and eternal destiny. I fully recognize that "grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture" can diminish the responsibility of people committing suicide causing them to act unreasonably as "the fear of a prolonged or painful death and concerns about being a burden on loved ones tempts some to try to take control of death and bring it about before its time, "gently" ending one's own life or the life of others." Euthanasia is "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering." It is "a grave violation of the Law of Natural Law and the Law of God, since it is the deliberate and morally unacceptable killing of a human person."

Doesn't our national character instruct us protect and promote life?

"The first right presented is the right to life, from conception to its natural end, which is the condition for the exercise of all other rights and, in particular, implies the illicitness of every form of procured abortion and of euthanasia."

And further,

"The suffering of others is a call to us all, not to end life by offering a lethal 'medication,' but to care for them in love, even when it is most difficult to do so. It is the way of love and true compassion that will lead to eternal joy in the presence of the One who is Love!" Modern medicine has alternatives to ease pain and to allow the patient to die with dignity.

However despite all the evidence against assisted suicide, the Hawaiian legislature is following suit with five other states - Washington, Oregon, Vermont, Colorado, and California - to pass a statute on "Medical Aide in Dying – House Bill HB 2739". Again the Euthanasia mantra is broadcast - medical aide in dying is the 'compassionate' answer to deal with the sick, terminally ill and dying. A lie!

If passed.....once passed.....this self-inflicted death process will be in direct competition with prudent medical advice and with hospice programs currently serving Hawaiian residents. For the cost of just one pill, or just one ounce of medication.....all the pain and suffering just goes away....and with it family stress....and.....the expense..... What a deal! If history repeats itself, Hawaiians may suffer what the European Health system is now undergoing....death by state mandate...whether the medical condition warrants death or not. Here is an extract from a recent news article published in the New York Post on 27 February 2016, *Europe's 'cure' for autism is euthanasia*, by Charles Lane.

“According to an analysis of 66 of the 110 cases from 2011 to 2014, by psychiatrist Scott Kim of the National Institutes of Health and two colleagues, Dutch psychiatric patients were often euthanized despite disagreement among consulting physicians as to whether they met legal criteria [to be euthanized]. In 37 cases, patients refused possibly beneficial treatment, and doctors proceeded anyway.”

AND

“The Kim report, published February 2016 in the journal JAMA Psychiatry, undercuts the very notion of a “voluntary and well-considered” request for death from a patient who is, by definition, cognitively and/or emotionally troubled.”

It is very evident that all must take a stand against medical aide dying, death with dignity or....whatever compassionate theme of the day is used to disguise what is really happening....killing of a precious life before its natural time. Human life matters and it is important that every human being understands their right to die a natural death affects them in life eternal; we are more than just flesh and bone, we are made in the image of God and have the Spirit of God within us.

Caring – mentally, emotionally, physically and most importantly spiritually - for the aging population in Hawaii is of major concern. A recent statistics reported by the University of Hawaii estimates 25% of Hawaii’s population will be 60 years or older by 2020. With the passage of Hawaii’s HB2739, Euthanasia will become a normal, (even a formal mandated medical insurance practice) commonplace process to end suffering verses treating life with the respect and dignity God gives it at birth to natural death. Contrary to modern thought, we are not individuals, we live, work, play and pray in community; God made us to be social beings. As social beings we have a responsibility towards each other – we are our brother’s keeper; “None of us lives as our own master and none of us dies as our own master. While we live we are responsible to the Lord, and when we die we die as Christ’s servants. Both in life and in death we are the Lords.

Living in Belgium and in Europe, I’ve personally witnessed an erosion of the checks and balances of “dying with dignity” where it was cheaper to kill the person than to provide medical care to save their life.

As a concerned Hawaiian Citizen, I request that the legislature reject this ‘dying with dignity’ bill and concentrate on providing the best medical and hospice care to ease the suffering and assist a family through the dying process. An event every human being will face one day.

I solicit your support to oppose this bill. Thank You.

Gerald E Streff

91-1116 Lanakoi Street

Kapolei, HI 96707

808-597-0413

Vern R. Lentz
3161 Ala Ilima #2213
Honolulu, Hawaii 96818
(808) 203-4001

To: Hawaii State House of Representatives

Dear House members,

I am submitting testimony in support of HB2739. In 2012, my late husband, Dr. Micheal D. Breen, was diagnosed with a rare form of squamous cell carcinoma, surrounding his spinal cord in his C4 vertebra. He underwent 35 rounds of radiation treatments and 7 chemotherapy treatments over a 7-week period in March and April of 2013. A CAT scan and an MRI, in July of 2013, showed that the cancer had spread to his C5, C6, & C7 vertebrae. His team of doctors at Straub Medical Center, including his Primary Care Physician, his Chemotherapist, his Otolaryngologist, his Neurosurgeon, and his Radiologist (at St. Francis) all agreed that it was inoperable and terminal. They nevertheless consulted with the top Specialists in Los Angeles and San Francisco, who concurred with them.

He was told there was no hope and that he had only 2-4 months to live. He chose to have Home Hospice care for his remaining days. He was in agonizing pain. The pain medications did little to relieve his suffering. He was bedridden. The Home Hospice care Nurse from Islands Hospice, her assistants and I had to give him his pain medications and change his diapers, bed pads, and sheets. He cried out in pain even to be turned to one side and then the other for this.

He told the Nurse and me that the pain was so unbearable that he wished that he lived in a State with a "Death With Dignity" law. A couple of weeks before he passed away on September 3, 2013, he lost his ability to swallow food and his pain pills, and his intestines ceased to function, causing his legs and arms to swell up, due to water retention. We were only able to administer Morphine drops under his tongue, and he was able to sip a little water and let it run down his throat. He was still in constant insufferable agony from the constant pain, in spite of the Morphine.

Nobody should have to suffer like this, when all hope is lost. If your pet dog or cat is diagnosed with inoperable and incurable cancer and is unable to move or eat, and is crying out in pain with the slightest movement, would you not want your pet humanely euthanized, to end its terrible pain and suffering? Why should my late husband have been forced to suffer so horribly during his last weeks on this earth?

I sincerely hope that HB 2739 will be passed and signed into law. Thank you for reading my testimony.

Respectfully, Vern R. Lentz

HB-2739

Submitted on: 2/23/2018 7:57:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mai Lopez	Individual	Support	No

Comments:

I believe that it is a person's right to decide when his/her quality of life is too degraded to continue, and to choose to end it in a humane fashion. surely no one should be subjected to the torture of prolonged pain and the humiliation of helplessness.

HB-2739

Submitted on: 2/23/2018 7:59:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kat Culina	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/23/2018 8:22:40 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
L.M. Holmes	Individual	Support	No

Comments:

Medical aid in dying is so necessary to our quality and dignity of life. It should be available to everyone in time of need, and I hope you pass this bill so it will be there for me someday.

HB-2739

Submitted on: 2/23/2018 8:24:51 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Josephine	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/23/2018 8:59:16 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pearl Johnson	Individual	Support	No

Comments:

I support death with dignity. Those suffering a terminal illness should not be forced to endure pain and suffering if they have the capacity and clarity of mind to request medication to end their lives. HB 2739 contains ample safeguards against euthanasia for convenience.

HB-2739

Submitted on: 2/23/2018 8:59:31 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Terez Amato Lindsey	Individual	Support	No

Comments:

This is the humanitarian thing to do, please stand with me in strong support for this measure...

Mahalo,

Terez Amato Lindsey, Kihei, Maui

HB-2739

Submitted on: 2/23/2018 10:05:32 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jean SM Chan	Individual	Support	No

Comments:

I am 89 years old. This is the proper way I want to depart this earth.

HB-2739

Submitted on: 2/23/2018 10:02:13 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I have seen too much unnecessary suffering as I helped my father, aunt and several friends on their last days, weeks and months. Allowing people to die with dignity is the kindest and bravest thing of all.

HB-2739

Submitted on: 2/23/2018 10:18:34 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Strongly Support. No one should have to suffer. :(

HB-2739

Submitted on: 2/23/2018 10:31:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven P. Katz	Individual	Support	No

Comments:

Please pass this bill. I want the right to decide that if I have a terminal illness to terminate my life.

Thank you.

Steven P. Katz

152-F N. Kalaheo Ave

House F

Kailua, HI 96734

HB-2739

Submitted on: 2/24/2018 9:36:54 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Long	Individual	Support	No

Comments:

I, Carolyn Bennett, being a resident of the state of Hawaii, am against HB-2739. I do not believe a doctor should ever be placed in the position of, instead of caring for their patient, being used as an instrument of rendering suicide to their patient, which I believe actually amounts to murder. Life is precious, always precious. It is never our legal place as humans to determine when it should end.

This bill will be nothing more than an assault to the sanctity and dignity of life, and especially against our elderly, many of whom, being already in a weakened state, will be helpless victims against their wills, if this bill is passed. I also believe HB-2739 will open the door to the legalization of the even more blatant evil of euthanasia, outright murder. Therefore, I respectfully ask that you oppose this bill. Thank you for hearing my testimony.

HB-2739

Submitted on: 2/24/2018 12:53:19 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Chad Deal	Individual	Support	No

Comments:

[COMMITTEE ON JUDICIARY](#)

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Rep. Tom Brower Rep. Gregg Takayama
Rep. Chris Lee Rep. Bob McDermott
Rep. Dee Morikawa Rep. Cynthia Thielen

NOTICE OF HEARING

DATE: Tuesday, February 27, 2018

TIME: 10:30AM

Capitol Auditorium

State Capitol

PLACE:

415 South Beretania Street

Aloha Chair Nishimoto, Vice-Chair San Buenaventura, and Committee Members of the Judiciary,

I am Chad Deal offering Testimony in SUPPORT of HB2739 which offeres Death with Dignity to those people who are diagnosed with a terminal illness having less than 6 months to live and allows prescriptive medication to end life.

Mahalo for this opportunity to testify.

Chad Deal

RELATING TO HEALTH.

Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or [HB 2739](#) coercing a patient to request a prescription.

RE: HB2739- "Our Care, Our Choice Act"

Aloha Elected Representatives of the State of Hawaii,

I am writing asking you to **vote No** on this act in committee AND if necessary to vote No in latter occasions to address this bill.

I base my request on the following:

- *Ua mau ke ea o ka aina i ka pono* has been a motto of Hawaii for over 160 years. It is generally claimed that it became the motto of the Kingdom of Hawaii when King Kamehameha III spoke the words on July 31, 1843. This was the day that sovereignty was restored to Hawaii by proclamation of Queen Victoria following a five-month-long rogue British occupation.
- On May 1, 1959, *Ua mau ke ea o ka aina i ka pono* was adopted as the official motto of the State of Hawaii by Joint Resolution No. 4 of the 30th Territorial Legislature.
- The 1840 Hawaii Constitution, signed by King Kamehameha III, includes the following wise & pono statements:
 - "God hath made of one blood all nations of men to dwell on the earth," in unity and blessedness. God has also bestowed certain rights alike on all men and all chiefs, and all people of all lands.
 - These are some of the rights which He has given alike to every man and every chief of correct deportment; life, limb, liberty, freedom from oppression; the earnings of his hands and the productions of his mind, not however to those who act in violation of laws.
 - "That no law shall be enacted which is at variance with the word of the Lord Jehovah, or at variance with the general spirit of His word. All laws of the Islands shall be in consistency with the general spirit of God's law."
- In Exodus 20:13 we read "You shall not murder".

The Spirit of Aloha in Hawaii loves our Ohana, young and old alike. Our Kapuna wisely embraced the right to life for all men and women, all chiefs and commoners alike. This bill is at variance with the word of the Lord Jehovah and at variance with the general spirit of His word and Law.

The spirit of this proposed law is at variance with the spirit of our Kapuna and must be rejected. It is not Pono. It is not Righteous. It must fail.

Respectfully submitted,

David M. Ross, Jr.
services@rekona.com
House 05,
Kailua-Kona, Hawaii

HB-2739

Submitted on: 2/24/2018 2:01:09 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

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 murder in the first degree. Some legislators talk about "Death with Dignity" in the HB 2739 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 doing NO harm, by voting "NO!"

House Committee on Health & House Judiciary Committee
Capitol Auditorium
February 27, 2018; 10:30 AM

HB2739 – Related to Health; (Medical Aid in Dying)

Honorable Committee Chairs, Vice Chairs and Members:

VERY STRONG SUPPORT

Below is the text of Governor Jerry Brown's signing letter for California's medical aid in dying bill that took effect in 2016. This was not easy for him. A devout Catholic, prior to attending law school, he had spent three years as a resident in a Jesuit seminary intent on becoming a Catholic priest. 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 who are in extreme pain at the end of their lives the right to a peaceful death.

Respectfully Submitted,

Brian Baron (private citizen)
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,

A handwritten signature in black ink that reads "Edmund G. Brown Jr." with a long, vertical flourish extending downwards from the end of the signature.

Edmund G. Brown Jr.



HB-2739

Submitted on: 2/24/2018 2:45:36 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Masaki	Individual	Support	No

Comments:

Aloha,

My name is Karen Masaki; my residence zip code is 96785. I am submitting testimony in support of HB 2739.

The hearing for HB 2739 is scheduled for February 27 at 10:30 a.m. before the Hawaii House of Representatives Health and Human Services and Judiciary committees.

I support this bill because it will provide me with peace of mind in case I am faced with a painful and debilitating illness at the end of my life. Polls show that people of Hawaii want this law, especially with the built-in safeguards based on the experience of multiple states with similar laws.

Again, I support HB 2739

Thank you.

Karen Masaki

HB-2739

Submitted on: 2/24/2018 2:57:12 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Freeman	Individual	Support	No

Comments:

Aloha, my name is Paul Freeman, my ZIP code is 96785, and I am testifying about the hearing for HB 2739, February 27, 10:30 a.m., at the Hawai'i House of Representatives Health and Human Services and Judiciary Committees. I support HB 2739 because it could provide me with a choice at the end of my life if I should have a terminal illness. I also like HB 2739 because it contains a number of safeguards protecting patients. I have seen results of polls in the newspaper showing that residents of our state would like to see this law become enacted. I give my full support in favor of HB2739.

HB-2739

Submitted on: 2/24/2018 3:00:52 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bernard Lum	Individual	Support	No

Comments:

My name is Bernard Lum and I strongly support House Bill 2739. I have direct experience with this matter from the recent passing of my wife on November 1st, 2016, at the age of 67. She was diagnosed with ampullary cancer, a rare cancer, in May of 2014. She underwent major surgery and chemotherapy at the University of California San Francisco Medical Center. Unfortunately, the cancer metastasized in early 2016 and she underwent another round of chemotherapy. In September 2016, it was determined that the cancer had spread to a point that further treatment would not be helpful. There was nothing more they could do for her. She was given 3 to 6 months to live and referred to hospice.

She was under hospice care at home before dying. As her caregiver I know that much of the pain and suffering she endured was unnecessary, had she been able to choose medical aid in dying. During those final weeks she was pumped full of harsh drugs like Percocet, Dilaudid, Fentanyl, and Morphine to help with the pain, which was not always successful. She barely ate and lost a significant amount of weight. In total I was provided more than a dozen drugs at my disposal, including drugs like Diazepam and Haloperidol. She not only suffered, but I did too emotionally, seeing her in pain, withering away in those final weeks. I also would like to point out to those who say that death should be natural, that there is nothing natural about being pumped full of harsh and toxic drugs and chemicals.

Would my wife have selected medical assistance in dying? Without question, the answer is yes, because we had talked about it when she was first diagnosed with cancer in 2014. Her father died from cancer and she remarked to me that she didn't want to suffer the way he did. Quality of life was extremely important to her and she wanted to die with dignity and grace on her own terms. There was no grace or dignity in my wife's pain and suffering.

To those who are opposed to this bill, for whatever reason, I respect your position, but point out to you that the medical aid described in this Bill is a choice you need not select. Please don't impose on my right to choose how I die if I receive a terminal end-stage diagnosis. I strongly ask that you pass this Bill and provide the residents of the State of Hawaii this choice. Other states have successfully implemented this law, without instances of misuse. No one needs to suffer intolerable pain for weeks or months when their condition is end-stage and they desire medical assistance in dying. I

believe that there are adequate safeguards and penalties in this Bill to prevent any misuse. Passing this Bill is the humane, compassionate and right step to take for Hawaii's people.

Thank you for allowing me to provide testimony on HB2739.

Bernard Lum

February 27, 2018

Good Morning Chairs Mizuno & Nishimoto, Vice Chairs Kobayashi & San Buenaventura, and House Health & Human Services and Judiciary Committee Members,

"I was just doing my job" - I can't help but imagine that that's the excuse offered by souls as they face the judgment seat of God at the end of their earthly life.

Ten simple rules - that's all God asks us to follow in exchange for His gift of free will, for all the gifts we receive from Him on a daily basis. What gifts might those be? Do a quick self-assessment:

Did you wake up next to a husband or wife this morning? Did you wake up in good health? Did you have something to eat? Air to breathe? A purpose and place to go? Do you have a family to call or a home to return to tonight? Did you offer a "Thank you" to our Heavenly Father for any of it on your commute in this morning?

As legislators you've been particularly gifted to be community leaders, anointed by God as His servants to care for His people, especially those most vulnerable and those most at-risk. Because you have been entrusted with and given much, God expects much from you: *"From everyone who has been given much, much will be demanded; and from the one who has been entrusted with much, much more will be asked."* Luke 12:48

In case anyone's unfamiliar with God's will, He wrote it down and carved it into stone for us in the 10 Commandments. Commandment 6 states **"Thou shalt not kill"** (because God is the sole author of life and death, NOT man). That means NO abortion, NO assisted suicide, NO "right to die" - and we actually have a name for people who assist in advancing another person's death - they're called MURDERERS.

If people are going to kill themselves or others, for whatever reasons, they'll have to answer to God for that directly but as legislators you must not condone misguided passions lest you yourselves also become guilty of the crime and for that, each of you will have to answer before God someday. (Besides, doesn't that make a mockery of all the anti-suicide and suicide awareness legislation?)

"The servant who knows the master's will and does not get ready or does not do what the master wants will be beaten with many blows." Luke 12:47

You have been informed of what God's will is. You have been given much. Please don't risk your eternal life on the excuse of "I was just doing my job" because you might not like how that gamble turns out... May God guide you all and always in your discernment and decision-making.

Respectfully,

Dara Carlin, M.A.

Submission to House committee re HB2739

Honorable members of the House Committees on Health & Human Services and Judiciary

I am writing to support passage of HB2739. I am 72 years old and have lived in Hawaii since 2001. Among the many things that makes Hawaii so special and wonderful is the diversity of our population and our willingness to respect the preferences and needs of all Hawaiians. We are a population that values and supports personal freedom.

When my death approaches I want to have the freedom to decide how and when I will die, while maintaining my personal dignity and without imposing an unnecessary burden on my friends and family.

At my age, I have witnessed the long-term illness, decline and death of close friends. I have seen friends who had been strong and independent all their lives, reduced to pain and the humiliating loss of capacity, leading loss of dignity.

When I reach that point in my life, I will definitely want the freedom and options that HB2739 will provide. If that support is not there (and I am able to do so), I will find a way to terminate my life. That will be illegal, may be messy or painful, and will subject my loved ones to cruel and unnecessary pain.

In 1970, Hawaii became the first state in the nation to allow *Wahine* to obtain abortion on request. Now, almost 50 years later, do we still want to subject *Kupuna* to pain and humiliation, with only the option of "back street" suicide?

Mahalo,

Victor Levine

HB-2739

Submitted on: 2/24/2018 4:20:41 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pamela Small	Individual	Support	No

Comments:

Dear sir or Madam:

I write today to SUPPORT bill HB2739. Every citizen deserves the right to die with dignity when he has been diagnosed with a terminal illness. As a person who has a life threatening chronic illness myself, I would like to know that I have this option in the future if I ever need it.

Please do the right thing and allow the terminally ill people of Hawaii to end their lives safely, painlessly, and at the time of their choosing. Do not extend their suffering needlessly.

Mahalo,

Pamela Small

Kawaihae, Big Island

Honorable Legislators

I am submitting testimony in support of HB 2739.

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, pleasure, dignity, and involves horrific pain and suffering.

In addition to the enormous stress of her illness, she is also faced with the untenable situation that in order to have control over her 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, 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.

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 facing their dying process consciously. For an individual to approach death in this manner indicates maturity and a deep self-awareness. We should not infantilize the terminally ill person by making decisions about their dying process for them. Their courage and wisdom should be respected and honored, not thwarted.

I implore you to be as mature, aware and courageous. To stand up for a terminally ill individual's right to self-determination and a death with dignity, to listen to your constituents who overwhelmingly support physician assisted death, and pass legislation for medical aid in dying. We, in the State of Hawaii, cannot afford to wait. Now is the time to act.

Thank you.

Padmani Brown

1016 Holoholo St. Kailua, Hawaii, 96734 808.754.6488

HB-2739

Submitted on: 2/24/2018 4:36:36 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
anne marie jacintho	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/24/2018 4:49:47 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Daphine Kama-McShane	Individual	Oppose	No

Comments:

I strongly oppose this bill for a number of reasons. Topping my list is medical errors. Doctors are not perfect.

In a study Analyzing medical death rate data over an eight-year period, Johns Hopkins patient safety experts have calculated that more than 250,000 deaths per year are due to medical error in the U.S. Their figure, published May 3 in *The BMJ*, surpasses the U.S. Centers for Disease Control and Prevention's third leading cause of death—respiratory disease, which kills close to 150,000 people per year. In their study, the researchers examined four separate studies that analyzed medical death rate data from 2000 to 2008. Then, using hospital admission rates from 2013, they extrapolated that based on a total of 35,416,020 hospitalizations, 251,454 deaths stemmed from a medical error, which the researchers say now translates to 9.5 percent of all deaths each year in the U.S.

I cannot imagine the effects this bill would add to this already outrageous number.

Another concern is the affects on our health care insurance. Will this open a window allowing insurance providers to deny certain treatments to terminally ill patients? I'm sure you'll say no but I do believe they will find a loophole.

I believe most health care professionals go into the field to save lives. What level of responsibility would this add? A change in the law to allow physician-assisted suicide would have profound implications for the role and responsibilities of doctors and their relationships with patients. Acting with the primary intention to hasten a patient's death would be difficult to reconcile with the medical ethical principles.

My list could go on but in closing I would just like to say I believe this bill would open "Pandora's box". I don't feel any here on earth, should be given the right to "play God". In my opinion, it doesn't matter if you believe in God or not, its basic human decency. We should all live to help people. Inspire people. Be a light when things are dark. This bill will hurt society.

Thank you for taking the time to read my concerns.

HB-2739

Submitted on: 2/24/2018 5:21:24 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Harmony	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/24/2018 5:33:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Princess Haverly	Individual	Support	No

Comments:

Betts Cruz

Kaunakakai, HI 96748

betts@aloha.net

House Bill 2739 ~ February 27, 2018 10:30 a.m.



I support the House Bill 2739. 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. As a family we are thankful California has passed the law in our home state, our brother suffers from Parkinson's and we worry for his future. We hope to get it accomplished here in my home state of 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.

HB-2739

Submitted on: 2/24/2018 8:28:30 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Pat McManaman	Individual	Support	No

Comments:

TESTIMONY IN SUPPORT OF H.B. 2739 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 will assist some individuals, it’s reach does not extend far enough and will leave many individuals who suffer from debilitating neurological disorders such as Alzheimer’s Disease, Lewy Body Dementia, 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. “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 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.

Pat McManaman

HB-2739

Submitted on: 2/24/2018 8:33:46 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ross Kuge	Individual	Oppose	No

Comments:

I oppose HB2739 because I am a Christian and I believe life is precious. People should not be killing themselves for any reason. There are patients with painful illnesses who choose to fight for every last moment to spend with their family and friends. People who choose to kill themselves are sick in mind and spirit, not just in body. Liberal policies tend to kill. Conservative policies fight for life. Enough death. More life. I don't want The State of Hawaii to be a state of death. I want a state of life.

Self Administration: there is no follow-up, no monitoring, and no witnesses required providing an open door for abuse and misuse. An heir or caregiver can pick up and even administer the drug. Drug could be lost, stolen, or resold (Taken by minors).

Coercion: Nothing prevents, discovers, or defines coercion. No protection for elderly and disabled.

Record Falsification: Physicians would be required to list the terminal illness as cause of death even if they administer themselves and watched the person die.

Doctors Not Protected: Though doctors are not required to participate, there is no real protection for doctors who object to intentionally killing someone or assisting them in killing themselves.

Written Testimony on HB 2739, Relating to Health
before the
Joint Committees on Health and Human Services and Judiciary
Tuesday, February 27, 2018

Chairmen Mizuno and Nishimoto and Members of the Committees:

My name is Donna P. Van Osdol, and I am submitting my written testimony OPPOSING HB2739, Relating to Health, one of several assisted suicide bills.

The State of Hawaii should not be in the business of death management because this great state of ours has always been known as a culture that loves 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 cannot believe, as mentioned in the bill, that a patient will not get the quality of medical care to help ease his/her death. Furthermore, the medical technology we have now can make a person live very comfortably until his death. My brother who had lung cancer is proof of that. (He passed away five years ago.) I also have questions whether a terminally ill patient will continue to receive the care he desires if assisted suicide becomes law. I have read articles about terminally ill patients being denied medical coverage because their state has assisted suicide laws in effect, so basically the patients are being forced to kill themselves. Kill themselves. That is what this bill is about. People being forced to kill themselves.

I also find it hypocritical that there are bills trying to prevent suicide.

Most importantly, I believe this bill will lead to more dangerous "kill bills" that don't protect the innocent: the severely mentally ill and the elderly. Heaven forbid that we will become like Oregon who starves their mentally ill to death.

Each and every patient has the ability to draw up his own Living Will. I think the matter of death should be up to the patient and NOT the state.

I urge you to not pass this bill.

HB-2739

Submitted on: 2/24/2018 9:08:43 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jonathan Hanks	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/24/2018 10:21:58 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
marjorie erway	Individual	Support	No

Comments:

It's now time to pass this for Hawaii! NO one is forced to use it; it's just an option for those who are in so much long-standing pain with no cure in sight, that can be used.

Please support this completely. Mahalo for your consideraiton.

Jeny Bissell
South Maui Resident
mauikini@icloud.com
(808) 298 - 6539

Dear Honorable Representatives John Mizuno and Scott Nishimoto,

EXPRESSING STRONG OPPOSITION TO HB2739, PHYSICIAN ASSISTED SUICIDE

Physician-assisted suicide preys on the sick, the elderly and the disabled. The measure will create a perfect crime. Oregon, one of the six states that have enacted and allowed their Physicians and other licensed health care professionals to prescribed lethal dose of drugs to end their patient's life, reported that their suicide rate is 35% higher than the national average. Suicide has been increasing since 2000 just 3 years prior to their suicide assisted enactment. The rate of elder abuse is also on the rise which is a statistical correlation between these 2 events.

One of 2 persons who decide to die via lethal drug cited concern about being a "burden on family, friends/caregivers as a reason for the request." There will never be enough safeguards free of overt coercion, free from undue influence, free of subtle pressure or societal expectations on the persons.

Is prescribing a lethal dose of drug(s) to kill a person the right choice and the only choice when someone is told by a physician that they have 6 months to live? Are we prepared to replace or supplant existing policies, such as but not limited to Kupuna Care, Palliative Care, Hospice Care, Prevention of Suicide, and Caring for People with Disabilities? Physicians can be wrong about life expectancy, well documented medical misdiagnoses and mis-prognoses. Predicting life expectancy is not an exact science.

Does Physician Assisted Suicide qualify Care Act or Choice Act or is a promise of individual choice simply an illusion?

When I became a Registered Nurse, I took an oath in which I promised to help the sick and to abstain from all intentional wrongdoing and harm. To help intentionally take the life of a patient is morally abhorrent. HB2739 is the beginning of a slippery slope that devalues the sanctity of human life. It is based on a subjective set of qualifications lawyers and well funded lobbyists agree to. It is against the very oath that my fellow colleagues in the health fields swear to uphold. I encourage my colleagues to fight for these same beliefs, and to treat life as sacred.

Our elected State legislators have the responsibility to do no harm and protect the life of its people.

HB-2739

Submitted on: 2/25/2018 12:03:06 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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 of HB2739. 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. HB2739 includes numerous procedural safeguards to protect patients from the fear-fantasy scenarios offered by the opposition. Ultimately, I believe that all individuals who are dying of a terminal illness should have the right to pass with dignity; I support HB2739.

HB-2739

Submitted on: 2/24/2018 10:39:04 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joni Kamiya	Individual	Support	No

Comments:

Aloha Chair and Committee Members,

Back in 2006, I returned home after living away for many years. I returned home and became a caregiver to my grandmother for the last 8 years of her life. That experience forever changed me as a person.

Grandma Hee had been living alone for nearly 8 years and I found her home in a mess. I spent the next 4 months cleaning her home on top of working to bring it back to a sanitary environment. What I learned from that was she had started to show signs of dementia.

Dementia is something that isn't curable and the end is surely not comfortable. While she still was able, I tried to give her the best life possible knowing that one day, her mind would be robbed of its capacities.

At the age of 88, she had stopped eating and as a result, her health deteriorated very quickly. The once bright and mischievous twinkle in her eyes were gone. In a matter of months, she lost some 40 lbs and her ability to be herself was gone. I could no longer physically take care of her and had to place her in a facility. She spent several months withering away as her body shut down. Her last weeks of life was spent writhing and moaning in bed.

I wish I could've set her soul free before that had happened. She was no longer the Grandma Hee I knew. I also knew that she didn't want artificial nutrition to prolong her life. She had told me many times to make sure she went peacefully. Though I was reassured by many that she didn't suffer those last few weeks, I can't help but feel she did.

I am asking you, as legislators, to allow people the ability to pass peacefully with modern treatments. I wanted to see grandma go peacefully and wished the law didn't prevent her from choosing that way. She could've gone the way she wished but I couldn't fulfill that last wish.

HB-2739

Submitted on: 2/25/2018 12:24:25 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gail Tamanaha	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 12:42:58 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ben Robinson	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 3:17:59 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephen Omiya	Individual	Support	No

Comments:

My wife, Ann F. Omiya, was diagnosed with colon cancer(Stage 4) in April 2000. She was 49 years old. She passed away on June 1, 2001. Before she passed away, more than once, she pleaded with her physician to end her life because she was in so much pain(even with powerful pain medication like morphine,) but he said that he could not help her because of the law. Please pass legislation to allow physicians to assist their patients to end their life and end the unbearable pain they are enduring.

HB-2739

Submitted on: 2/25/2018 3:51:55 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann Egleston	Individual	Support	No

Comments:

Choices have always been a part of life.....now please allow me to have this choice for dying. When my quality of life has failed me please allow me to die at a time of my own choosing. I have been witness to too many folks lingering.....causing pain and suffering not only to themselves but to their love ones who witness the suffering.

Mahalo for listening to me now,

Ann

HB-2739

Submitted on: 2/25/2018 5:18:00 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
anna colby	Individual	Oppose	No

Comments:

I do not agree with HB 2739, or any form of assisted suicide. Taking a life is a federally, and state-recognized crime, and I believe this bill would create a way for people to take lives and murder under the guise of showing mercy. With all the mistakes that the hospitals and pharmacies make- mistakes that are reported daily- how could anyone trust them in this situation?

We are a deeply religious and values-driven people in Hawai'i, no matter our ethnic makeup. Nearly all religions value life and are against assisted suicide.

Our culture is based on Aloha- the breath of life. How then can you, in trying to represent the people, try to take away that breath of life for people? That is not our job. Our job is to find innovative and new medical practices so that people who are experiencing terminal illnesses can have hope that their illness may be cured.

Like so many laws that have been passed in Hawai'i, this one so suspiciously feels like something that political activists from the mainland have pushed into our state- knowing that our voter turnout is low. Please- do not pass a bill that speaks against everything we represent as a people and as a state.

Ua mau ke ea o ka aina i ka pono. The life of the land is perpetuated in righteousness- and I see no righteousness in this proposed bill.

HB-2739

Submitted on: 2/25/2018 6:45:36 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Twigg-Smith	Individual	Support	No

Comments:

I am writing to show support for the Death with Dignity bill. It's about time our legislators showed some spine and common sense and passed a bill that is overdue in providing some peace to all those in our community who have the misfortune of having a terminal illness, at the end of their journey.

This bill has passed in other states and it's not like Hawaii is having to re-invent the "wheel". Other states have proven that this bill is not abused, or misused by its constituency and provides reassurance to those in need. Polls have shown people are overwhelmingly in favor of its passing. Please do your duty and pass this bill this year.

Sharon Twigg-Smith

TESTIMONY IN STRONG **OPPOSITION** TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

Dear Committee Chairs and Members:

I submit this testimony in strong **OPPOSITION** to HB2739 and physician assisted 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

Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.



Sign name

Gary Rosolowich

Print name

511 Hahaione St #20, 96825

Print street address with zip code

SENT VIA:

_____ PAPER: 20 copies (including an original) to Room 403 in the State Capitol

_____ FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or

WEB: For testimony less than 20MB in size, transmit from <http://www.capitol.hawaii.gov/submittestimony.aspx>

HB-2739

Submitted on: 2/25/2018 7:28:24 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Garsva	Individual	Support	No

Comments:

If your religion restricts you from doing it, then don't do it but at least let those who wish to have the option be allowed to do so.

HB-2739

Submitted on: 2/25/2018 7:33:10 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

E ALOHA MAI,

My name is Roberta L. Helemano and I oppose Bill HB2739. I believe life is beautiful to the fullest. I also believe in Aloha, compassion and dignity for ALL people. I work with children who has life challenges and with disabilities and it only brought me closer to the Aloha and compassion that I can care for each child that comes my way. I learn so much just being around them. They are just as human as we are and they feel the same way as we do. They just want to be loved.

My father was in Hospice and I myself cared for him with the help of Hospice nurses until God had taken him home.(God's timing) My father wanted to LIVE. At least I know that my Father died and lived life to the fullest and he died when the time was right and it was his time to go on his own. My Father died peacefully with love, grace, honor and dignity I was by his side to the very end.

Assistant Suicide means what it says= Suicide/kill. May we not become the State of Hawaii our ALOHA STATE that judges ones life because you feel that there life should be terminated. There is No dignity and ALOHA in that.

To have ALOHA we must LIVE ALOHA to the fullest.

Mahalo nui loa for your time.

Mrs. Roberta L Helemano

HB-2739

Submitted on: 2/25/2018 8:55:19 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judy Taggerty-Onaga	Individual	Oppose	No

Comments:

Please do not make it easy for people to commit suicide. Doctors are suppose to Save lives, NOT take them. Mahalo

HB-2739

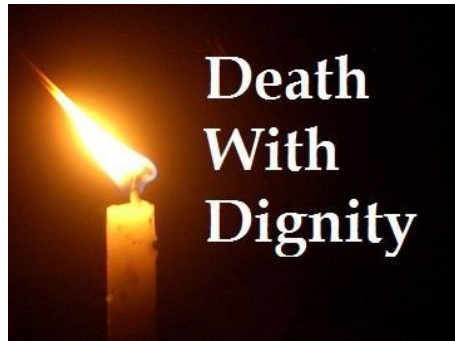
Submitted on: 2/25/2018 9:00:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jordan Moniuszko	Individual	Support	No

Comments:

I support this bill. People should have the right to end their life on their terms.



Strong Support for HB2739, Relating to Health

To: The Committees on Health & Human Services (HHS) and Judiciary (FIN)
From: Steve Lohse
Date: Tuesday, February 27, 2018
Time: 10:30 A.M.
Place: Capitol Auditorium, State Capitol, 415 South Beretania Street

Re: Strong Support for HB2739, Relating to Health.

Aloha e Chairs Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura, and Members of the Committees on Health & Human Services and Judiciary,

My name is Steve Lohse, I'm a resident of Chinatown and 67 years old. Thank you for this opportunity to dedicate this testimony **in Strong Support of HB2739** to Margaret Mann, who died last month without the support of a regulatory process such as this.

If you've ever known terminally ill family or a friend, suffering in pain, with a confirmed short time to live, and chances are that you have, then you know why HB2739 is so important to the overwhelming majority of us in Hawaii. **Please, support choice, not suffering.**

The Interfaith Alliance Hawaii (TIAH) says in its position statement on Assisted Dying, ". . . we respect the right of competent adults to make their own decisions concerning end of life choices according to their own beliefs and values. . . . 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. . . . we must support and accept such decisions, even if they do not represent the course that we ourselves might have chosen." See <http://www.interfaithalliancehawaii.org/position-statements/assisted-dying/>.

We trust in your leadership to do the right thing to support living with passion and dying with dignity. Please, support choice, not suffering. Please pass HB2739. Thank you!

Aloha no,
Steve Lohse
1031 Nuuanu Ave., #2104
Honolulu, HI 96817
lohse@hawaii.edu

HB-2739

Submitted on: 2/25/2018 9:44:43 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
william l.t. fong	Individual	Oppose	No

Comments:

Dear Representatives,

Thank you for this opportunity to offer testimony in **OPPOSITION** to HB2739 which would establish Physician Assisted Suicide (PAS).

Many arguments will be offered as to why allowing Physician Assisted Suicide is not in the best interests of the good people of Hawaii and I would echo those sentiments. But I would like to focus on one provision of the bill that states anyone with "less than six months to live may choose to obtain a prescription for medication to end the patient's life."

One of the most passionate voices in favor of Physician Assisted Suicide is well-known lobbyist John Radcliffe. Ironically, he previously admitted, "I should have died (of stage 4 colon and liver cancer) by July of 2016 and here it is February of 2017. So far, so good." In fact, it is now February 2018, almost **two years** beyond the time that medical opinion predicted he would survive. This is precisely the problem with PAS, that not even the experts can accurately predict someone's life expectancy, even in the case of terminal illness. So in retrospect, Mr. Radcliffe would **not** have been a candidate for PAS that he so strongly advocates because here he is, still alive and productive, long after the so-called "death within 6 months" safeguard. PAS for him would have certainly resulted in premature death and two years of lost productivity, meaningful relationships and enjoyment of life. Best wishes to him as he courageously continues this journey. He shouldn't give up and should keep believing, "so far, so good". Nor should we give up so easily on our kupuna, our fragile citizens and the vulnerable in our community who need to be protected from premature death.

Please vote to **OPPOSE** HB 2739.

Respectfully,

(signed)

William L.T. Fong, M.D.

1122 Clio St.

Honolulu, HI 96822 (Representative district 24)

wfongmdinc@yahoo.com

(808)375-7132

HB-2739

Submitted on: 2/25/2018 9:54:02 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lauren Cruz	Individual	Support	No

Comments:

I strongly support HB2739 and a terminally ill person's right to decide if they want to end their suffering on their own terms. As a society, we view it as compassionate to end a terminally ill animal's life. I believe we owe it to our fellow human beings to show compassion to each other and allow terminally ill people this same choice.

I watched my father suffer from terminal cancer when I was 24 years old. He was in the hospital for over a month, and the last week of his life he spent unconscious and maxed out on pain medication as we waited for his body to eventually give up. I will never forget the sounds of hearing him slowly drown as fluid filled his lungs. What is the purpose of forcing someone to slowly drown, when they could have said goodbye on their own terms?

This bill should be passed to allow people the right to choose their own ending, when the ending is already closely imminent.

Legislative Testimony Opposing HB2739

Death by self-determination is not a modern invention - the convenient, quick, on-my-own terms, dying alternative has dotted the historical landscape since the beginning of recorded time. The ancient Greeks and Roman practiced the art of active death - euthanasia (Greek word, Eu (good) and Thanatosis (death) meaning "Good Death, "Gentle and Easy Death.") through the use of common herb poisoning – hemlock for example – to speed up an individual’s dying process. Before the Hippocratic Oath became a widespread and formal practice (approx. 390 B.C.E), ancient doctors served a dual function – healing and killing. However, after institutionalization of the Hippocratic Oath – due no harm – the giving of death drugs was curtailed....., but sadly not eliminated. Even ancient societies considered it more ‘compassionate’ to give ‘death-drugs’ to the deformed, the disabled, the elderly...to prevent long and tortuous suffering or to accommodate cultural needs; the person’s contributions were of no value to society (Sparta). Although the majority (maybe all) doctors of antiquity took the Hippocratic Oath, ancient documents attest that many physicians disregarded the oath and provided the ‘good-death’ alternative to their patients....when requested of course.....! Of interest, Pythagoras (520 BC) and his pupils were completely against suicide due to their religious beliefs - the ‘gods’ placed man as the protector of the earthly life and he is not allowed to escape with his own will.

The writings of Voltaire and Hume fueled the euthanasia movement in the United States. Both argued “people should be free to commit suicide if they perceived their lives to be too burdensome.” This movement was temporarily

Legislative Testimony Opposing HB2739

squelched, but regained momentum through the relentless efforts of the Euthanasia Society of America (1974 renamed, Society for the Right to Die).

Auspiciously, the world had powerful counter-writings from great philosophers – Kant and Wesley – that argued against the right to die battle cry. Learning from previous legislative defeats, assisted suicide proponents adjusted their marketing to ‘the relieving of unnecessary and dehumanizing suffering.’ This ‘compassionate’ theme expanded public acceptance through the activities of - Dr. Jack Kevorkian, Hemlock Society founder Derek Humphry, Australia's “Dr. Death” Philip Nitschke, and many, many others.

As a right-to-life champion I am steadfast in my belief, teaching and practice that all life has dignity and purpose, because God is the creator of all life. And the effort of the government must be to protect the sanctity of life, not eliminate it.

What self-inflicting death proponents fail to understand, to acknowledge or to publicly state is that there is more to life than the suffering and turmoil of the here and now. What their false compassion steals from the dying and their loved ones is.... their God-given right to live and die a dignified death. Their tunnel vision denies human life of its spiritual and eternal destiny. I fully recognize that “grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture” can diminish the responsibility of people committing suicide causing them to act unreasonably as "the fear of a prolonged or painful death and concerns about being a burden on loved ones tempts some to try to take control of death and bring it about before its time, "gently" ending one's own life or the life of others."

Legislative Testimony Opposing HB2739

Euthanasia is "an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering." It is "a grave violation of the Law of Natural Law and the Law of God, since it is the deliberate and morally unacceptable killing of a human person."

Doesn't our national character instruct us protect and promote life?

"The first right presented is the right to life, from conception to its natural end, which is the condition for the exercise of all other rights and, in particular, implies the illicitness of every form of procured abortion and of euthanasia."

And further, "The suffering of others is a call to us all, not to end life by offering a lethal 'medication,' but to care for them in love, even when it is most difficult to do so. It is the way of love and true compassion that will lead to eternal joy in the presence of the One who is Love!" Modern medicine has alternatives to ease pain and to allow the patient to die with dignity.

However despite all the evidence against assisted suicide, the Hawaiian legislature is following suit with five other states - Washington, Oregon, Vermont, Colorado, and California - to pass a statute on "Medical Aide in Dying – House Bill HB 2739". Again the Euthanasia mantra is broadcast - medical aide in dying is the 'compassionate' answer to deal with the sick, terminally ill and dying. A lie!

If passed.....once passed.....this self-inflicted death process will be in direct competition with prudent medical advice and with hospice programs currently serving Hawaiian residents. For the cost of just one pill, or just one ounce of medication.....all the pain and suffering just goes away....and with it family stress....and.....the expense..... What a deal! If history repeats itself, Hawaiians may suffer what the European Health system is now undergoing....death by state mandate...whether the medical condition warrants death or not. Here is an extract from a recent news article published in the New York Post on 27 February 2016, *Europe's 'cure' for autism is euthanasia*, by Charles Lane.

Legislative Testimony Opposing HB2739

“According to an analysis of 66 of the 110 cases from 2011 to 2014, by psychiatrist Scott Kim of the National Institutes of Health and two colleagues, Dutch psychiatric patients were often euthanized despite disagreement among consulting physicians as to whether they met legal criteria [to be euthanized]. In 37 cases, patients refused possibly beneficial treatment, and doctors proceeded anyway.”

AND

“The Kim report, published Feb. 10 in the journal JAMA Psychiatry, undercuts the very notion of a “voluntary and well-considered” request for death from a patient who is, by definition, cognitively and/or emotionally troubled.” (12)

It is very evident that all must take a stand against medical aide dying, death with dignity or....whatever compassionate theme of the day is used to disguise what is really happening....killing of a precious life before its natural time. Human life matters and it is important that every human being understands their right to die a natural death affects them in life eternal; we are more than just flesh and bone, we are made in the image of God and have the Spirit of God within us.

Caring – mentally, emotionally, physically and most importantly spiritually - for the aging population in Hawaii is of major concern. A recent statistics reported by the University of Hawaii estimates 25% of Hawaii’s population will be 60 years or older by 2020. With the passage of Hawaii’s HB2739, Euthanasia will become a normal, (even a formal mandated medical insurance practice) commonplace process to end suffering verses treating life with the respect and dignity God gives it at birth to natural death. Contrary to modern thought, we are not individuals, we live, work, play and pray in community; God made us to be social beings. As social beings we have a responsibility towards each other – we are our brother’s keeper; “None of us lives as our own master and none of us dies as our own master. While

Legislative Testimony Opposing HB2739

we live we are responsible to the Lord, and when we die we die as Christ's servants. Both in life and in death we are the Lords.

As a concerned Citizen of the state of Hawaii, I solicit that the legislature reject this 'dying with dignity' bill and concentrate on providing the best medical and hospice care to ease the suffering and assist a family through the dying process. An event every human being will face one day.

I solicit your support to oppose this bill. Thank You.

Raul A. Perez
91-1012 Hoesa Street
Kapolei, HI 96707
808-674-1853

HB-2739

Submitted on: 2/25/2018 10:24:41 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Peter J Long III	Individual	Oppose	No

Comments:

Ladies and gentlemen, I strongly OPPOSE this measure and am disgusted that we have slipped so far down the slope of respecting human life that we are now proposing killing patients who have terminal diseases. I find it reprehensible that doctors, who have sworn to uphold and preserve or health and well-being will now be told they have the power to end it. I'm mortified, and think it's a disgraceful that we are now going to be telling people that we've given up on their health, their being, THEIR LIVES and tell them ok, lets just end this and be done with it!

While a person's life need not be unnaturally prolonged by any means possible, a person should never be abandoned to death and intentionally killed.

HB-2739

Submitted on: 2/25/2018 10:42:15 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Rob Anderson and I am testifying in strong support of House Bill 2739.

In 2002 and in 2015 respectively, I lost my mother and younger brother to cancer. I was their caregiver and could do little for them as they suffered before succumbing to their disease.

Once you get past the religious politics inherent in the opposition to bills like this one a reasonable person will conclude that offering an option – not a directive – to those in the end stages of a fatal disease is the ultimate expression of pure compassion.

And, ironically, embodies the heart of what the lay members of religious groups try to do every day: relieve the suffering of others.

– In late January of 2018, the Hawai'i State AFL-CIO passed a resolution “calling for lawmakers to enact legislation authorizing medical aid in dying. Medical aid in dying gives mentally capable, terminally ill adults with a prognosis of six months or fewer to live the option to request, obtain and self-ingest medication to die peacefully in their sleep if their suffering becomes unbearable. Prior to this vote, the AFL-CIO had a neutral stance on medical aid in dying.”

– “Among the reasons to support medical aid in dying cited in AFL-CIO’s resolution are:

Aid in dying has been successfully implemented in Oregon and five other states; as a result, the quality of end-of-life care, pain management and the use of hospice have all greatly improved.”

– Patients find great comfort and peace of mind in having the prescription drug, even if they choose to not use it. Just knowing it's there if they need it greatly relieves their anxiety.

– A November 2016 public opinion poll by Hawaii's respected [Anthology Marketing Group](#) found 80% of Hawai'i voters agree with the statement:
“When a mentally capable adult is dying of a terminal disease that cannot be cured, do you think that this adult 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?”

– “Twenty years of transparent reporting and study of aid-in-dying medical practice in Oregon demonstrates the safety of the option in upholding a patient's right to self-determination.”

– “Well-respected health and medical organizations recognize medical aid in dying as a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness, including The American Public Health Association, The American Medical Women's Association, The American Medical Student Association and The American Academy of Legal Medicine.”

– Once strongly opposed, in 2017 the Hawaii Medical Association took a neutral position and did not testify.

– Other large state-wide Hawaii organizations that support Medical Aid in Dying include the Democratic Party of Hawaii, the Kokua Council of Seniors, Americans For Democratic Action and The American Civil Liberties Union.

– Since Oregon first passed Death With Dignity in 1994, the state has seen flawless implementation of the law. Washington and Vermont have seen similar results.

But it is not only the end of life option that helps people. It is the recognition that their pain and suffering must be treated appropriately. Across the country, we have seen significant advances in pain control and hospice care to provide those at the end of life with comfort. But sometimes even the best of care and pain management is not enough. In states that do not offer Death With Dignity, terminally ill patients do not have the choice to die on their own terms in a peaceful and dignified way.

– The various bills now before the Legislature contain significant patient safeguards:

The patient must be diagnosed within six months of death, the same standard used for hospice care.

– The patient must make repeated verbal and written requests, and if there is any indication that the patient is not of sound mind, they must be referred to a mental health professional for evaluation.

– The patient must take the medication themselves. Whether surrounded by family, friends or others, the patient must still self-administer the medication.

– No doctor or health care professional can be forced to participate. All medical professionals have full opt-out provisions and need to state no reason other than they are opposed.

– While opponents often argue that patients can be coerced or forced into this decision, or that certain people such as the disabled will be targeted to use this law, the truth is in 20 years of implementation in Oregon, and in the other states that have passed the law more recently, there is no evidence of any undue influence or coercion.

Instead, their fear-based campaign seeks to impose their own stringent religious beliefs on all the rest of us.

Thank you for the opportunity to show my support for HB2739.

Mahalo,

Rob Anderson

HB-2739

Submitted on: 2/25/2018 11:10:13 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Volker Hildebrandt	Individual	Support	No

Comments:

The hell with the legislators who oppose this bill. It is cruelty to people to prevent long suffering people to get medical assistance to end their life. The hell with religions to tell people what to do.

February 25, 2018

Dear Committee Members:

I am offering this written testimony in support of HB 2739, as an individual constituent in the state of Hawai‘i. I believe that those with terminal illness should have the ability to die with dignity, in a compassionate manner, and on their own terms.

Twelve years ago, my step-father was diagnosed with a form of Stage IV bone cancer, just after his 50th birthday. While we knew a Stage IV diagnosis was serious, we were told that he could potentially prolong his life with an aggressive combination of chemotherapy and radiation treatment. We watched as he suffered through the terrible side effects of those treatments, which ultimately did nothing to stop the cancer from spreading to his organs and brain. I am not sure if any of you know first-hand what it’s like to witness the bitter and horrifying end of a cancer patient’s life, but I can tell you that it’s devastating. In a short time, my step-father went from having six months to just a week left to live and in his final days, as he writhed in constant pain, he knew he wanted to die. He was ready and he was miserable, but all we could do was ask for more pain management and wait.

More recently, on December 24, 2017, I lost my beloved grandmother to a brain lymphoma. The mass sat on the part of her brain that controlled her ability to speak, so in a matter of weeks, she went from the feisty, sharp-witted woman who helped raised me to a frustrated and silent cancer patient, struggling to recover from neurosurgery. Always the fighter, my grandmother opted to undergo a round of chemo, which was simply too much for her frail, battered body. We again helplessly watched as a loved one suffered through the final days - sputtering for breath, listless, and wanting nothing more than to be released from the misery.

Following these experiences, I simply cannot understand why we would stand in the way of a person’s decision to die. If someone has the capacity and ability to make this choice, why not let them go in peace, comfort, and with compassion? Needlessly prolonging someone’s life due to bureaucratic concerns is cruel and carelessly ignores the pain of those who are dying and those who love someone that is dying. Please pass HB 2739.

Thank you for your time and consideration of my testimony.

Sincerely,

Nicole Edwards-Masuda, Esq.

HB-2739

Submitted on: 2/25/2018 11:19:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kip and Leslie Dunbar	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 11:32:25 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Weger	Individual	Support	No

Comments:

An overwhelming percent of your constituents support his important bill. It is, after all, only an option that some dying patients may want. It extends personal freedom rather than otherwise.

Please do not burden the law with additional criteria for patient eligibility or further burdensome procedural requirements. Current legal review demonstrates that the safeguards contained within existing laws are adequate, sometimes more than adequate, to protect the patient.

Doctors, particularly oncologists, tell us that medical aid in dying has existed in practice for many years. The only serious question here is whether the decision should be left to a doctor who may not have a clear idea of the patient's wishes (and also to the opinions of family members at the bedside). Instead, the decision needs to be in the hands of the individual to the greatest extent possible.

I ask you to continue the long tradition of Hawaii as a progressive, forward-looking state. This legislation is long overdue.

Christine Weger

Diehl & Weger Attorneys at Law

733 Bishop Street, Suite 1410

Honolulu, HI 96813

HB-2739

Submitted on: 2/25/2018 11:33:35 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MALCOLM SLAKTER	Individual	Support	No

Comments:

A. I WOULD LIKE TO SUBMIT THIS TESTIMONY WITH RESPECT TO BILL HB2739,

B. MY NAME IS MALCOLM SLAKTER. I AM A RETIRED PROFESSOR LIVING WITH MY WIFE, NANCY, IN MAKIKI FOR THE PAST 27 YEARS. I AM 88 YEARS OLD WITH A HISTORY OF TOO FREQUENTLY BEING IN AND OUT OF HOSPITALS AND ER'S FOR THE PAST 19 YEARS. ONLY THE UNPLEASANT MEMORIES KEEP ME FROM GOING INTO DETAILS.

C. HOWEVER, AT SEVERAL TIMES IN A HOSPITAL I HAVE BEEN SUFFICIENTLY MISERABLE WITH PAIN AND DISCOMFORT IT WAS ONLY THE BELIEF THAT I WOULD GET BETTER, AND OF COURSE MY WIFE'S SUPPORT, THAT CARRIED ME THROUGH. BUT I CAME TO REALIZE THAT IN CIRCUMSTANCES WHERE THERE WOULD BE NO HOPE OF GETTING BETTER, DEATH WOULD BE A FRIEND!

D. IN SEPTEMBER 2013, I WAS DIAGNOSED WITH, TERMINAL, STAGE 4, LUNG CANCER. SINCE I HAD NEVER SMOKED, IT TURNED OUT THAT THE MUTATION GIVING ME THE CANCER HAD A TARGETED DRUG TARCEVA. UNFORTUNATELY, ABOUT 18 MONTHS AGO MY PROSTATE CANCER, DISCOVERED AND TREATED IN 2003, METASTASIZED TO MY SPINE. SOMEWHAT LATER A CT SCAN SUGGESTED THAT MY CANCER HAD PRODUCED A NEW MUTATION. THEN A BLOOD BIOPSY CONFIRMED A NEW MUTATION AND I WAS PUT ON A DIFFERENT TARGETED DRUG, WHICH UNFORTUNATELY STOPPED WORKING RECENTLY. MY LAST CT SCAN SHOWED THAT MY MAJOR CANCER AFTER STAYING STABLE FOR YEARS HAD MORE THAN DOUBLED IN THREE MONTHS WHICH HAS LED MY ONCOLOGIST TO SUSPECT THAT THE CANCER HAS CHANGED TO A MORE AGGRESSIVE FORM. SO ON FEBRUARY 28, I WILL SPEND ALMOST A FULL DAY IN QUEEN'S HOSPITAL GETTING A CT GUIDED NEEDLE CHEST BIOPSY ON MY RIGHT LUNG. WE ARE HOPING THAT THE

CANCER HAS NOT CHANGED FROM NON SMALL CELL TO THE MUCH MORE AGGRESSIVE SMALL CELL LUNG CANCER. BUT IN LIFE, UNLIKE IN POKER, ONE MUST PLAY THE HAND THAT IS DEALT.

E. MY WIFE AND I HAVE BEEN MEETING MONTHLY WITH A PAIN/PALLIATIVE CARE PHYSICIAN FOR OVER 4 YEARS, AND HAVE WORKED WITH HIM TO FILL OUT ALL THE APPROPRIATE DOCUMENTS AT THE COMPASSION AND CHOICE WEBSITE. IN ADDITION, MY WIFE AND I HAVE MADE INITIAL CONTACT WITH A HOSPICE AGENCY.

F. IN SUMMATION, I AM HOPING I WILL NEVER HAVE NEED OF THE PASSAGE OF A DEATH WITH DIGNITY BILL BUT IT WOULD BE A HUGE COMFORT TO HAVE IT, JUST IN CASE. LIKE ALL OTHERS IN MY POSITION, **WE HAVE NO INTEREST IN IMPOSING THIS OPTION ON OTHER PEOPLE. WE ONLY ASK THAT OTHER PEOPLE NOT IMPOSE THEIR BELIEFS ON US,**

G, LAST YEAR, AFTER PASSAGE IN THE SENATE, THE BILL WAS KILLED IN THE HOUSE BY PEOPLE WHO PACKED THE SESSION AND INTIMIDATED THE CHAIR.

THAT PROMPTED ME TO WRITE THE FOLLOWING LETTER TO THE EDITOR PUBLISHED IN THE STARADVERTISER ON MARCH 28, 2017:

IN AN EMOTIONAL AND HEATED SESSION, THE HOUSE HEALTH COMMITTEE DEFERRED THE 'DEATH WITH DIGNITY' BILL (STARADVERTISER, 3/24/17) BECAUSE 'THERE WERE TOO MANY KINKS TO BE WORKED OUT BEFORE THE LEGISLATIVE SESSION ENDS IN MAY.'

NONSENSE, THE SESSION WAS PACKED WITH TOO MANY PEOPLE WEARING SHIRTS THAT READ 'THERE IS NO ALOHA IN SUICIDE,' AND THE COMMITTEE WAS LED TO BELIEVE THAT THE COMMUNITY IS SPLIT ON THIS MATTER. WE ARE NOT SPLIT; A NOVEMBER 2016 POLL SHOWED 80% IN FAVOR OF MEDICAL AID IN DYING.

IN FACT, THE LAW IS FINE AS IT IS WRITTEN, AND THE SHIRTS SHOULD READ 'THERE IS NO ALOHA IN DENYING A TERMINALLY ILL PATIENT A DEATH WITH DIGNITY.' AND TO PARAPHRASE HARRY TRUMAN, IF YOU CAN NOT STAND THE HEAT, GET OUT OF THE HOUSE OF REPRESENTATIVES.

MALCOLM SLAKTER

MAKIKI

H. FINALLY, I WISH I COULD ATTEND YOUR SESSION AND ADD SOME DESCRIPTION OF THE PAIN AND SUFFERING THAT I HAVE ENDURED IN SEVERAL OF MY MANY HOSPITAL VISITS. BUT MY CURRENT HEALTH DOES NOT ALLOW ME TO DO THAT. INDEED, I SUSPECT THAT MANY, IF NOT MOST, OF THE PEOPLE OPPOSING THIS BILL HAVE NO IDEA WHAT REAL PAIN AND SUFFERING IS LIKE. NO SANE AND DECENT PERSON WHO HAS GONE THROUGH WHAT I HAVE WOULD STOP DEATH FROM COMING AS A FRIEND TO A SUFFERING TERMINALLY ILL FELLOW HUMAN BEING.

SINCERELY,

MALCOLM J. SLAKTER,PHD

PROFESSOR EMERITUS

UNIVERSITY AT BUFALO

HB-2739

Submitted on: 2/25/2018 11:36:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

It is time for Hawaii to take the compassionate step forward to allow people who are facing certain death from disease to end their lives peacefully. This should not be a religious or political issue, it is a moral and humane issue. Let us show that we care about others right to die with dignity.

Mahalo, Judy Mick, Kailua

Michael H Plumer, MD, MBA, HMDC
 Hospice Medical Director
 Kauai
mplumer44@gmail.com

This testimony opposes HB 2739, the “Our Care, Our Choice Act.”

FOUR UNTRUTHS ABOUT ASSISTED SUICIDE IN HAWAII AND ASSOCIATED QUESTIONS

Myth # 1. HB 2739 protects patient choice at the end of life.

Not true. This marketing myth is based on a truth -- everybody wants to protect patient choice. But this bill is NOT about patient choice. Classic marketing sleight of hand offers a bill that seems to be about choice, but is actually about POWER – the POWER for doctors to actively engage in ending patients’ lives with neither investigation nor followup.

Patients already have the power to choose their end-of-life courses. Palliative care and specialized hospice care are more widely available than ever to relieve pain and suffering. Why would we even consider giving doctors the ability to end the lives of people who are suffering, rather than improving our palliative services even further? A physician’s 2000 year old commitment to heal the sick and to provide comfort to the dying is inevitably undermined by the possibility of state-sanctioned death at the physician’s hands. A patient who wants to end his or her own life has the power to do so. Suicide is completely legal in Hawaii and every other US state. A death-dealing doctor has no place in this scenario.

Derek Humphry, founder of the Hemlock Society, tells patients how to arrange their own death in his book “Final Exit,” still available on Amazon. No doctor is needed, and in fact the doctor’s lethal barbiturates are among the less-effective approaches to ending it all. Humphry favors inert gas (helium, argon, or nitrogen – available over the counter everywhere) as the most effective and painless approach. He sees problems with the medical prescription approach.

This bill is virtually the same bill that has been introduced over and over across the United States by Compassion and Choices, a well-funded lobbying group that has been working for 20 years in every US state to sell a bill that empowers doctors to engage in ending patients’ lives. The bill is always cloaked in terms that suggest choice or dignity, rather than power for doctors.

In summary, HB 2739 empowers doctors to decide who will die, then give a patient a Lethal Weapon in the form of a massive overdose of prescription medication, then cover up any details of the death that may seem unsavory, and finally to report as little as they choose to the state. Moreover, the versions of this bill actually adopted in other states require that doctors cover up the suicide on the official death certificate, even though death certificates become the basis for national medical planning and disease surveillance.

Myth #2. There’s “a pill” that a doctor can prescribe for painless death.

Not true. No prescription medication produces death with a single pill, or even a few pills. No such medication would ever be allowed by the FDA because of its risks. Death from prescription medications requires a massive overdose, up to 100 times the FDA-recommended therapeutic dose. At this point, the substance is no longer a medication but a Lethal Weapon.

There is no “best” Lethal Weapon drug. Manufacturers actively remove or restrict medications used for killing, whether by legal lethal injection, or in a perversion of prescription use to commit suicide. Pentothal, for example, is no longer available anywhere because manufacturers did not want to support lethal injection. Darvon (propoxyphene) is no longer available as a pain medication because it was being used for suicide. Pentobarbital, once the recommended medication for C&C, has become unavailable because it is also used in lethal injection. Secobarbital is the only remaining sleep medication/barbiturate recommended by C&C. Death requires at least a 100-fold overdose (100 bitter capsules emptied into a bowl and mixed to become a slurry, taken quickly so the person intending to die does not fall asleep before a lethal dose is taken in.)

Barbiturates sometimes produce nausea or vomiting, raising the risk of breathing stomach contents into the windpipe and choking to death, or losing medication in the vomit so that death no longer occurs.

Death from barbiturates overdose is not always swift. Patients in Oregon have lived as long as 4 days before dying; six patients have failed to die at all.

Doctors in Washington, and now in Colorado, are experimenting with other drugs. None have been used to produce death previously in this way, so every use is an experiment. Some patients have died very badly, some screaming in pain with burning throats or other misery. There is no FDA-approved Lethal Weapon dose of any medication. All use is untested, completely up to the prescribing doctors. The most frequent prescribers, those who work with C&C, do not publicly report their results.

Myth #3. Oregon has had an assisted suicide law for 20 years with neither fraud nor abuse. This proves it's OK.

According to Neil Gorsuch, Oregon's law was deliberately crafted in 1993 to appear to have safeguards and reporting requirements. C&C has done a skillful job of convincing people that safeguards and reporting are effective, and they have skillfully resisted any attempt to change or improve this law in the face of criticism. This applies to every state. C&C brings the law, sells it to legislators, appoints themselves guardians of the law, and finds that most of the patients seeking death come to physicians affiliated with the group, who are not required to share their information.

Episodes of difficulty with the Oregon law have surfaced, but the lack of valid information at the state level prevents followup or effective statistical statements. Most deaths are unattended, so the events are unreported. Did the patient take the drug? Voluntarily? Did somebody else "help out" by giving extra drug IV or rectally, or even by using a pillow or a plastic bag? Oregon has no such information, and does not conduct an anonymous survey as in Holland, depending entirely on individuals to report their own problems and face scrutiny.

Patients in Oregon have no further protection after the prescription is issued. No scrutiny or reports are required. HB 2739 requires that the physician report death within 30 days, with no first-hand information about what has occurred.

Lethal doses that are unused because the patient changes his or her mind, or dies too soon to use the medication, remain in the community, with no enforceable requirement for disposal or return.

Death certificates are falsified in all states so far (HB 2739 being an exception in first draft), with no way to track patients who have died of barbiturate overdose. Falsification of death certificates robs the CDC of accurate information about actual causes of death in the US, and prevents effective response to problems.

False death certificates had previously been used only by totalitarian regimes conducting actions that were hidden from scrutiny. All "euthanasia" patients killed in Germany between 1939 and 1941 had false death certificates listing a plausible cause of death. All "final solution" victims who were killed during the holocaust also had false death certificates indicating plausible causes of death.

Myth #4. Hawaiians overwhelming want physician-assisted suicide. C&C's surveys prove that as many as 80% support it.

It is true that Hawaiians overwhelmingly indicate an interest in retaining control at the end of life, in freedom from suffering, and in dying with dignity. It is not true that Hawaiians want physician assisted suicide – this is another classical misdirection by C&C.

No survey has ever shown that Hawaiians want their physicians to be agents of death in order to provide control, freedom from suffering, and dignity. There is no evidence that people answering these surveys have any idea at all what is actually involved in giving doctors the freedom to decide who will die.

C&C does not disclose that its national agenda is to have doctors be agents of death in every state, and that it is prepared to move directly from "more palatable" assisted suicide to "more resisted" euthanasia. Of note, two of three bills introduced in the House in the 2018 legislative session included provisions for euthanasia (allowing the physician to assist with administration of medication.) C&C equally does not disclose that it opposes *any* scrutiny of prescription requests or suicide deaths, and has attached the ineffective safeguards and reporting requirements in order to reduce resistance to initial passage of a bill.

QUESTIONS FOR THE HOUSE HEALTH AND JUDICIARY COMMITTEES
Based on the four falsehoods above

1. We do a better job now than ever in history at relieving pain and suffering. Why choose this time to give doctors the ability to end lives of people who are suffering, rather than improve our palliative services even further?
2. For 2000 years doctors have been dedicated to healing and relief of suffering. Why destroy that tradition by allowing doctors to decide when patients should die? Worse, why take away most supervision and accountability, making it seem that doctors can do whatever they want with no consequences?
3. False death certificates have previously been used only in totalitarian regimes with something to hide. Why consider having doctors falsify death certificates?
4. Does this phrase sound like a reasonable introduction to HB 2739? "This bill will enlarge the authority of certain physicians ... in such a manner that persons who, according to human judgment, are incurable can, upon a most careful diagnosis of their condition of sickness, be accorded a merciful death." Sound familiar? That's Hitler's brief letter authorizing his euthanasia program in 1939.
5. Why would we not track doctor-mediated death as assiduously as any other health problem? Where in this law is the Hawaii health department funding to follow up each and every death to ensure that the vulnerable were protected?
6. Where is our requirement that deaths be attended by medical witnesses to ensure that euthanasia did not occur?
7. Are we prepared to have Compassion and Choices "own" this law, as in Oregon? Is it OK that "their" doctors will do most of the prescribing without reporting their data? What medications will they use? Will they be free to experiment?
8. Can we accept that in time Compassion and Choices will expect us to move on to the next step by allowing doctors to actively kill patients in Hawaii?
9. Are we prepared to have a non-accountable out-of-state lobbying organization responsible for killing our citizens, while hiding the data?
10. Given that Nurse Practitioners are not expected to be able to prognosticate remaining life and are not experienced in prescribing lethal medication, why enable them to decide when patients should die? They do not have this responsibility in any other state in the United States?
11. Where is our requirement for a confidential inquiry for all physicians, as in Holland, so we know what's REALLY happening in contrast to the statistics?

HB-2739

Submitted on: 2/25/2018 12:23:16 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Duffy	Individual	Support	No

Comments:

Dear Members of the Committee,

Aloha,

I have cancer but fortunately it has been in remission since an operation and radiation treatment 13 years ago. I have no plans much less desire to take advantage of this bill. However, I can see, if the cancer returns and we can't beat it back once again, how the need to exercise this option might come to pass after a careful consideration of my life, the illness, and its effect on my family.

I would make the decision and it should be my decision. I hope you will empower myself and others to do so in a dignified and peaceful way.

Please do pass this measure,

Mahalo,

David Duffy

TO: Rep. John M. Mizuno, Chair, HHS
Rep. Scott Y. Nishimoto, Chair, JUD

DATE: February 27, 2018

SUBJECT: HB 2739, Relating to Health

FROM: Fred C. Holschuh, M.D.
Triplef80@gmail.com

Chair Mizuno, Chair Nishimoto and Members

Thank you for allowing me to submit testimony as an individual on HB 2739. I am submitting a copy of testimony I had sent to the legislature since 2002 on numerous occasions expressing my concerns about this legislation. I have read through all 39 pages of HB 2739 and feel much work has been done over the years so I can feel comfortable supporting this legislation at this time. These include on lines 14-18, page 30, the provision of assistance by the attending provider, informing the patient of alternatives like comfort care, hospice and pain control on page 6, lines 17-19 and most importantly, the clear right of any patient to change his/her mind and decline to ingest the medication.

I am therefore able to support this legislation.

Thank you,

Fred C. Holschuh, M.D.

HB-2739

Submitted on: 2/25/2018 12:47:55 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Please support HB2739. While we intend to live our lives out here in Hawaii, we consider this a requirement for our staying here forever. Thank you for your support on this key legislation.

HB 2739, Relating to Health

Hearing on Tuesday, February 27, 2018 at 10:30 am

Before the Committees on Health and Human Services and Judiciary.

My name is Jennifer Shishido, and I am in support of this measure. As a senior who may one day be facing my imminent death as well as a caregiver of family members who have been diagnosed with terminal illness, I am in strong support of allowing capable persons the ability to determine how and when death comes to take them.

The bill addresses potential coercion issues adequately, however, the overall premise of being able to competently make a decision regarding one's death is so important. I believe it will also spur family conversations about this important topic. Death with dignity is very important to the way I've led my life and I believe important to many others in Hawaii.

HB-2739

Submitted on: 2/25/2018 1:03:32 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth Jim	Individual	Support	No

Comments:

I support legislation that allows those who are terminally ill the right to end their life through medically approved means. Prolonged pain and suffering to the individual and family should be reduced if this bill were passed. In addition to the pain and suffering, the financial drain on the family should also be considered. I would not want my, or my family's, life savings be wasted on me if I am terminally ill. Thank you for your consideration and acceptance of my online testimony.

Kenneth I. Jim, Honolulu, HI

HB-2739

Submitted on: 2/25/2018 1:04:58 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
valrie griffith	Individual	Support	No

Comments:

I am strongly in favor of HB2739. It is important that people be given the opportunity to choose. Other states have programs and they work. My mother suffered from incurable cancer for 5 years and would have participated in the Medical Aid in Dying Program if it had been available. I request you support this bill on my behalf. Mahalo Valrie Griffith, Honolulu Hi

HB-2739

Submitted on: 2/25/2018 1:05:23 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Beverly Gotelli	Individual	Support	No

Comments:

Chairs Mizuno, Nishimoto, Vice Chairs Kobayashi, San Buenaventura:

I'm Beverly Gotelli, Chair of HSTA-Retird, Retirement Issues Committee supporting HB 2739. The Committee has taken a position to support this legislation as it will give the individual the choice on how to spend their final days.

We believe that there are safeguards that have been included in the legislation so there will be no abuse of the law. We also respect the religious viewpoint but feel this is not a religious issue but one of choice for the individual.

Thank you for the opportunity to testify in support of HB 2739.

Sincerely,

Beverly Gotelli

HSTA- Retired Chair

Retirement Issues Committee

February 25, 2018

Hawaii State Legislature

RE: HB2739

I am opposed to House Bill 1129. Hawaii does not need this legislation. I am a nurse practitioner. Assisting someone to take their own life is not within the purview of health care. Assisted suicide is a proposal based on fear, when the real solution for those with terminal illness is good palliative care. Palliative care has made significant gains in symptom control over the last several years.

The people of Hawaii are rightfully concerned about the current problem of suicide. Physician-assisted suicide leads to an increase in all suicides. This has happened in Oregon. Here is an unedited abstract from the Southern Medical Journal (<http://www.medscape.com/viewarticle/852658>):

How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?

Authors- David Albert Jones, DPhil; David Paton, PhD

South Med J. 2015;108(10):599-604.

Objectives: Several US states have legalized or decriminalized physician-assisted suicide (PAS) while others are considering permitting PAS. Although it has been suggested that legalization could lead to a reduction in total suicides and to a delay in those suicides that do occur, to date no research has tested whether these effects can be identified in practice. The aim of this study was to fill this gap by examining the association between the legalization of PAS and state-level suicide rates in the United States between 1990 and 2013.

Methods: We used regression analysis to test the change in rates of nonassisted suicides and total suicides (including assisted suicides) before and after the legalization of PAS.

Results: Controlling for various socioeconomic factors, unobservable state and year effects, and state-specific linear trends, we found that legalizing PAS was associated with a 6.3% (95% confidence interval 2.70%–9.9%) increase in total suicides (including assisted suicides). This effect was larger in the individuals older than 65 years (14.5%, CI 6.4%–22.7%). Introduction of PAS was neither associated with a reduction in nonassisted suicide rates nor with an increase in the mean age of nonassisted suicide.

Conclusions: Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides. This suggests either that PAS does not inhibit (nor acts as an alternative to) nonassisted suicide, or that it acts in this way in some individuals but is associated with an increased inclination to suicide in other individuals.

As many physicians will disclose, it is not possible to accurately determine the length of time that an individual with a terminal diagnosis will live. Many patients given a 6 month prognosis outlive that time frame. I have worked as a nurse in hospice and have seen firsthand that an individual's time on this earth is unpredictable. Supporting suicide based on a highly fallible estimate of time span left to live can deny the patient many wonderful life experiences to come.

In addition to these rational reasons for not legalizing assisted suicide, there is of course the morality of the issue. Suicide, no matter the reason or method, is part of the culture of death that this country suffers. I believe that sometime in the future society will reflect on this trend and realize that this type of legislation has been a grave error.

Gayle Early PhD, APRN, FNP-BC
30 Kewai Pl
Pukalani, HI 96768

2243 Stonewood Ct
San Pedro, CA 90732

(808) 344-7021
gayleearly@yahoo.com

HB-2739

Submitted on: 2/25/2018 1:14:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Dye	Individual	Support	No

Comments:

Aloha Chairs Mizuno and Nishimoto and members of the House Committees on Health and Human Services and Judiciary. My name is Thomas Dye. I am a small business owner and educator. I am testifying in strong support of HB2739 concerning medical aid in dying.

My strong support for HB2739 stems from my personal experience. Two years ago my mother died with dignity in Seattle after years of suffering from emphysema. She was a strong, independent-minded woman who hated the thought of spending the last months of life in intensive care. Washington's medical aid in dying law gave her solace in the years leading up to her death as the disease slowly robbed her of the activities that gave meaning to her life. When the end drew near, the decision to die with dignity gave her peace and comfort.

I understand that death with dignity is not for everyone. For my mother it was the only end of life scenario that made any sense. She many times told me how lucky she was to live in Washington state, which allowed death with dignity.

I urge the committees to vote in favor of HB2739 so that people facing end of life situations like the one my mother faced can have the choice to die with dignity.

HB-2739

Submitted on: 2/25/2018 1:17:07 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cherie Tsukamoto	Individual	Oppose	No

Comments:

To: Representative John Mizuno, Chair, House Health and Human Services Committee, Vice Chair Kobayashi, Members of the Committee

Re: **HB 2739** Relating to Health

Hearing: HHS 2/27/18, 10:30 am, Capitol Auditorium

Position: OPPOSED, Please vote **“NO”**

I am a medical doctor and psychiatrist who has specialized in treating medical and surgical patients and has worked on a cancer ward for a whole year. I oppose physician-assisted death for many reasons, including the 6 reasons below. We can treat pain, depression and loneliness (“fear of being alone”) and the vast majority of patient with pre-terminal illness do not ask for aid in dying. Hospice workers are generally against this policy.

Ethics - Our job as physicians is to take care of people, especially at the end of life, not to help them end their lives.

Eligibility – Doctors can’t predict who has 6 months to live. In Belgium, the decision is made by a judgment call of multiple physicians who often don’t agree.

Slippery Slope - The slippery slope is inevitable and has already occurred in countries where terminal illness is not required (Canada) and there is active euthanasia (Belgium 2002). A doctor in Belgium had the family of an elderly woman hold her down while she objected and struggled against her euthanasia. Under Belgian law the doctor was cleared of any charges. Patients are euthanized for psychological/psychiatric suffering, (eg “tired of living” “loneliness”), as well as for physical suffering. This included a 14-year-old boy.

Elder abuse - Elder abuse is a risk and we have no good system to document or prevent it.

Depression - There is a strong association between depression, which is treatable, and request for physician assisted death.

Diversion - Almost 40% of prescriptions in Oregon to help people end their lives are not used and likely end up in medicine cabinets where impulsive youth and others can find them and use them to make a suicide attempt or commit suicide.

Training – All prescribers can prescribe but there is no training for physicians-assisted suicide.

Leslie Hartley Gise MD
Clinical Professor, Department of Psychiatry, JABSOM, UH
Staff Physician, Staff Member, Maui Hospital System

HB-2739

Submitted on: 2/25/2018 1:32:32 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Aloha and greetings to all,

I am in strong opposition against this bill being approved. While my heart goes out to those who stricken by illness and their loved ones, our life is not ours to take. I oppose this also because people who are deciding this are not in the right frame of mind and can so easily be manipulated by others. How many times have doctors misdiagnosed a symptom or operated when there was no need or removed the wrong part of the body. How many doctors do not live by the oath they took? I serve the community and see every day the misuse of drugs that have been haphazardly prescribed to good and honest people that has negatively impacted their life and now the powers to be want to give doctors the ability to take life? I thought doctors were to save life as much as possible and not assist with taking a life. I do not know a lot but I do know this. If this bill passes and this drug is implemented it will destroy lives and it will not do what people think or had it intended to do. Case in point, our nation's opioid crisis. How do you think it became a crisis? Doctor's haphazardly prescribing them. Thank you for your time.

I strongly oppose the passage of HB2739, approving physician assisted suicide. This is treated as a positive movement in favor of freedom of choice but is it that? How much choice will terminally ill patients really have. And is it truly in keeping with human dignity and freedom to “assist” people to take their own life.

Many things argue against this as a positive measure either for individuals or for our society.

Terminal prognoses, on the basis of which this “choice” would be made, are often wrong. Many individuals outlive the diagnosis by months and even years. Assisted suicide legislation encourages people to give up on treatment and life.

This legislation opens up the door to abuse of the elderly and infirm. The “choice” would often not be their own but that of relatives and caregivers who are feeling burdened by their care and thus lean on the elderly or sick person to relieve the burden.

Assisted suicide cheapens life. Suicide becomes just another form of treatment. Health care workers, who have such a noble profession become agents not of life but of death. Their profession is just one of the many casualties.

Assisted suicide is a threat to the most vulnerable. As we know from Holland and Belgium, where physician assisted suicide has been legal for some years, it is no longer a question of people in extreme pain and suffering choosing to take their lives, but the pressure is on those with emotional sickness and even children to end their lives. Physician assisted suicide, cloaked in the language of caring and mercy, is anything but that.

Patients suffering the emotional burden of prolonged illness and experiencing depression as a result, would experience increased depression and increased possibility of their taking their own life under that burden. Again, this is not freedom nor is it caring and mercy.

Assisted suicide is another assault on the dignity of human life. It is a violent solution to a very real situation which many of us live with sooner or later. Violence is not the answer. There are truly caring and merciful ways to help people face the end of life.

HB-2739

Submitted on: 2/25/2018 1:34:02 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Thomas Mayo	Individual	Oppose	No

Comments:

This bill is part of a slippery slope that could lead to euthenazia of people who do not want to be terminated. It is a very bad idea. Once this becomes law, it will be a downhill slide similar to what we see in a number of Scandinavian countries.....people dying because its not convenient for the doctors or the hospital to keep them around. Please stop this now.

HB-2739

Submitted on: 2/25/2018 1:39:58 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

HB 2739 is a bill I do not support. I am a person that chooses life over death. Where do we draw the line? Who will get to chose? I hope, we as a community are always optimistic in all matters. I hope this bill gets voted down because I do not like where this is heading.

Please vote this deadly bill down.

HB-2739

Submitted on: 2/25/2018 1:43:52 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Anita Trubitt	Individual	Support	No

Comments:

The bill before you is one whose time is long overdue! Other states no more progressive than Hawaii have passed it. I have friends who have moved to Oregon because they wanted to be sure that when they could no longer sustain a viable life, they could choose when and how they would die. I am 86 years old, in good health and a resident of Hawaii for 54 years. I want to remain in Hawaii to the end of my days. I want the option of death with dignity when my life is no longer sustainable. I believe this is a wish supported by most thinking adults who accept the inevitability of their death. It is such a humane option and will not cost the state any money. A careful reading of the bill shows that there are appropriate and ample safeguards built into it. I ask that the legislature support this bill and will be looking at how my representatives vote on this very important issue when I cast my ballot in the next election. Thank you!

Anita Trubitt, LCSW, 520 Papalani St., Kailua 96734

HB-2739

Submitted on: 2/25/2018 1:51:05 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Fukuzawa	Individual	Oppose	No

Comments:

Dear Honorable Members of the Legislature,

I am opposed to this bill again. I am never in favor of helping someone kill themselves, but more than that, some people who have mental disorders or dementia will see this as a way of being able to die. Unfortunately, many people who have severe dementia or mental illness may have difficulty understanding this only holds true if you have six months or less to live. I see this as something that will create arguments in some families, while in some it may bring relief. And what happens to the family if medical industry finds a cure for whatever was ailing the person who died with the physicians aid. Would that family feel guilty later. There is no perfect answer here.

David Fukuzawa

HB-2739

Submitted on: 2/25/2018 2:11:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Angela Posatiere	Individual	Support	No

Comments:

The time has come for Hawaii to step up and enact legislation in 2018 that offers legal options for those who are terminally ill to reduce suffering.

Compassion & Choices Hawaii reveals 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.

Six other states California, Oregon, Washington, Montana, Vermont and Colorado. have paved the way, let's get on board.

Angela Posatiere

HB-2739

Submitted on: 2/25/2018 2:12:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alexandra Avery	Individual	Support	No

Comments:

Aloha Honorable decision makers,

It is time enact this policy measure. It has been respectfully discussed and revised, and encouragingly supported by the community. This policy holds great promise for those few individuals in the last six months of life, who may be able to decide with their doctor how they will die.

My mother, a WWII medaled Air Force officer and Flight Nurse, took a Compassion and Choices training with me. She would have liked to have had a clear option for medical aid, as she was mentally astute though definitely and painfully terminal. She died at age 96.

Watching my mother suffer through the end of her life was very traumatic for me. I was grateful to Compassion and Choices for their support during this time: they helped me to better understand the dying process. I urge you to pass this bill.

Mahalo,

Alexandra Avery

HB-2739

Submitted on: 2/25/2018 2:14:08 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

My beloved father died last year. Married for nearly 68 years, Dad and Mom had a rich and full life. Since Dad's death, my sister and I take turns taking care of our beloved Mother. We each have husband's, who we leave each week for a few days to be with Mom. This sacrifice is the least we can do for the person who nurtured us, cared for us, and brought us up. Now we will nurture Mom, care for her and love her till our good Lord calls her home. No one has the right to kill our moms and dads. I strongly oppose assisted suicide. No one has the right to play God.

HB-2739

Submitted on: 2/25/2018 2:26:42 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jean Tessmer	Individual	Oppose	No

Comments:

Jean Tessmer

East Maui Resident

02/25/2018

Dear Honorable Representatives John Mizuno and Scott Nishimoto,

EXPRESSING STRONG OPPOSITION TO HB2739, PHYSICIAN ASSISTED SUICIDE

There are only **six states** that have enacted and allowed their Physicians and other licensed health care professionals to prescribed lethal dose of drugs to end their patient's life, reported that their suicide rate is 35% higher than the national average.

Your measure includes criminally persecuting anyone who tries to interfere with the prescriptions. I cannot think of any way to control sending whole families to jail since they will all most likely try to dissuade the victim from taking their life. Because it is someone they love.

Suicide has been increasing since 2000 just 3 years prior to their suicide assisted enactment.

Teen suicides are up in Hawaii. What will be giving someone a suicide options be saying to those teenagers. Life is not worth it?

The rate of elder abuse is also on the rise which is a statistical correlation between these 2

events.

One of 2 persons who decide to die via lethal drug cited concern about being a "burden on

family, friends/caregivers as a reason for the request." There will never be enough safeguards

free of overt coercion, free from undue influence, free of subtle pressure or societal expectations on the persons.

Is prescribing a lethal dose of drug(s) to kill a person the right choice and the only choice when

someone is told by a physician that they have 6 months to live? Physicians can be wrong

about life expectancy, well documented medical misdiagnoses and mis-prognoses. Predicting

life expectancy is not an exact science.

Are we prepared to replace or supplant existing policies, such as but not limited to Kupuna Care, Palliative Care, Hospice Care, Prevention of Suicide, and Caring for People with Disabilities?

HB2739 is the beginning of a slippery slope that devalues human life as throw away. It is based on a subjective set of qualifications lawyers, any qualified attendant, or consultant who will give the right and not wrong answer to kill the victim and well-funded lobbyists.

Our elected State legislators have the responsibility to do no harm and protect the life of its

people.

Physician-assisted suicide preys on the sick, the elderly and the disabled. The measure will

create a perfect crime.

HB-2739

Submitted on: 2/25/2018 2:27:00 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Melanie Shinyama	Individual	Support	No

Comments:

We are in favor of having a thoughtful and deliberate CHOICE if we are diagnosed with a terminal illness. Thank you for hearing this bill and we hope for its passage.

Neal and Melanie Shinyama

HB-2739

Submitted on: 2/25/2018 2:32:26 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lawrence Denis III	Individual	Oppose	No

Comments:

To the House Committee on Health & Human Services, and the House Judiciary Committee

This is in regards to the hearing on Tuesday (02/27/18) that will be the auditorium. I am sending this to you so you understand I am strongly opposed to HB 2739.

I was born and raised in the lovely town of Hilo, and was told that ohana means caring for each other. This bill does not do that.

In the 2017 session, cautious legislators deferred the bill on physician-assisted suicide because there were no safeguards in place to protect patients. HB 2739 fails to address these concerns.

There may be added "safeguards" borrowed from California's End of Life Option Act that requires a patient to make an initial verbal request for lethal drugs and a subsequent verbal request 15 days later. There may now be a requirement for a written request, and a sign off by an attending physician and a second opinion. In addition, the bill requires two witnesses, a family member and a stranger, to also sign off on the request. When patients sign a final attestation form, they must also wait at least 48 hours before ingesting the lethal drugs.

While all of the provisions are supposed to offer reassurance that there will be no abuse, it provides no peace of mind. The bill is fatally flawed. Once patients receive the lethal drugs, they waive their rights from protection of any abuse. Doctors would be granted civil and criminal immunity just by documenting their actions were in accordance with the law and they put forth a good faith effort to comply with all of the law's requirements.

There are no safeguards to ensure patients are taking the lethal drugs on their own free will. The variety of scenarios for abuse are limited only by the imagination of perpetrators.

HB 2739 needs a complete overhaul to address the concerns raised by Hawaii's people.

Please do what is morally right and prevent this bill from going any further in Hawaii.

Mahalo,

Lawrence Denis III
Waikoloa, Hawaii

HB 2739 Testimony

As a recent widow of a terminally ill person, I would like to share my very strong views and opinions regarding assisted death as outlined in **HB 2739**.

Other states' decisions. The citing in HB 2739 of 30 other states that have enacted laws to allow some sort of death assistance should not sway or influence the decisions that the State of Hawaii makes for its own residents. Just because others are doing something, does not make it right for us. That is why we have you, our own legislature. Please consider this decision based on the voice of the people of Hawaii, not on other outside voices.

Terminal illness. My husband was diagnosed with lung cancer in October 2015. At the time the doctors told us it was terminal, but could not say what his life expectancy was. Six months? Maybe; Three months? Maybe; 5 years? Maybe. There are so many variables involved: current health, response to treatments, unforeseen complications. My point being that it is very difficult to estimate how long a person will survive a terminal illness as it is very subjective. My husband lived nearly two years after his diagnosis of terminal lung cancer. During that time he witnessed the weddings of three of his sons, and the births of a grandson and great-grandson. Imagine all that he would have missed if he chose to participate in assisted death, believing he only had six months to live. Most people with terminal illness live with hope that they will beat the odds and live longer, and many do! To offer assisted death may prematurely cause them to give up hope and worse cause a premature death.

Life Insurance. A provision is made HB 2739 regarding life insurance stating, "A qualified patient's act of ingesting medication to end the qualified patient's life pursuant to this chapter shall have no effect upon a life, health, or accident insurance or annuity policy." But why what authority can you state this? How can the State of Hawaii dictate to other states or even the insurance industry nationally how they will consider this type of death? Often, there are time requirements involved. The assisted death person's policy may unknowingly be voided and cause the beneficiaries to battle for their much needed benefits.

Choices. HB 2739 has been amiss in stating, "The legislature further finds that Hawaii patients who are terminally ill and mentally capable currently have limited options to end their suffering if the dying process becomes unbearable." But we do have options!

A living will declaration gives the person a choice:

- 1) Not to prolong life if he has a terminal condition
- 2) Have artificial nutrition and hydration withheld or withdrawn according to that choice
- 3) To direct treatment to alleviate pain or discomfort even if it hastens death.

Further, a person can always refuse treatments. My husband, after receiving a round of chemotherapy and radiation treatments later refused secondary

treatments due to risks of complications and threat to quality of life. Thus I believe he avoided a long protracted painful and losing battle. So the terminally ill patient always has a choice whether to start, continue or stop treatments. Those choices will affect their quality and length of life. Hospice care will let the patient make the choices.

Pain. It seems the thrust of HB 2739 is to limit the pain and discomfort experienced by terminally ill patients. I believe this can be effectively managed with hospice care.

When my husband was hospitalized and reached a point where there were no curative options, we brought him home. He always said he didn't want to die in the hospital with tubes and machines all hooked up to him. St. Francis Hospice provided excellent care and support during the end of his life. We managed his pain with medications and did not provide him any artificial sustenance or hydration, as was his wish. He passed peacefully and with dignity in our home among his loved ones.

I realize not everyone will have the opportunity or means to bring their loved one home, but hospice facility care is available. I believe rather than medically hastening one's death we should be caringly supporting their transition through hospice care.

Ethics. Within the Hippocratic oath it states, " I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrongdoing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course. " Assisting with death is contrary to this oath. What about the physician who takes this oath to heart? What about the nurses and pharmacists as well? What if they have strong religious or personal convictions about death assistance? Will they be forced to choose between refusing care (assisted death) to someone they may have developed a personal caring relationship with or violating their own deep convictions?

What about the Catholic Hospices? Will they be asked to comply with laws that strongly oppose their God given mission or transfer such patient to a compliant facility?

HB 2739 addresses a person's right hasten their death, but what about the rights of people who might need to assist them?

Conclusion. Aside from these practical arguments, I personally feel we will all die at some time. However, it is not our decision when or how we die, it is God's decision. I believe in letting God be God in my life. I believe that suicide and those that assist in this act violate the most basic of religious tenets, "Thou shalt not kill." The blood is on their hands. And yours also by allowing and facilitating this atrocity.

Death is a very personal and private matter. Choices of death should not be legislated by government. Even the process proposed in HB 2739 is so long and drawn out and complicated that it is far from death with dignity. And why should we further bog our court systems with laws, enforcements and prosecutions

regarding this issue? Why would we want to make criminals out of our physicians and caregivers or tempt any wrongdoing by anyone who may abuse the system?

This bill will surely reduce medical expenses and benefit the Medical Insurance Industry, however so will hospice care. Instead of this passing bill to assist in the death of a person, we should have a bill to better fund and support death with dignity through hospice care. I thank you for this opportunity to express my views.

Sincerely,

Robin L. Gusich-Batara

RE: HB 2739, Our Care, Our Choice act

PLEASE PASS this extremely important bill.

As with many other things, this matter must be left up to individuals and their families. This is not something that should be influenced by any religious or political group or argument. Of course there will be those that say that medically assisted death, even under legal circumstances as proposed, is wrong and should not be allowed. Those people can do whatever they want with their lives, but they have absolutely no right to tell me how my life should end when that time comes.

I have watched far too many family (including my parents) and friends linger and die horribly painfully. I absolutely do not want that to happen to me. It must be my decision, and my decision alone.

Again, please, with clear, objective, unemotional thinking and reasoning, PASS HB 2739. Not doing so, in the face of a majority of public support, will only serve to confirm your cowardice and complete lack of will. You are better than that.

Bobby Camara
Volcano HI

From: [Joan Hiel](#)
To: [hhstestimony](#)
Subject: Diabetics can choose death?
Date: Saturday, February 24, 2018 10:20:05 AM

Dear Committee HHS,

PLEASE ROUTE THE THE HMS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation of having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Sincerely,

Joan Hiel
46-313 HAIKU PLANTATIONS DR
Kaneohe, HI 96744
rickandjoan313@yahoo.com

The author opposes HB2739

February 24, 2018

Honorable Chairs Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura, and esteemed House Committees on Health & Human Services and Judiciary Members:

As a palliative medicine specialist, 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 concerns that a well-intended effort to provide a mechanism to relieve suffering for a few, may expose many to harm.

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. 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. **HB2739 would push Hawaii further down that slippery slope than any other state by adding Advance Practice Registered Nurses to those empowered to prescribe lethal drugs and permitting the attending provider to “assist in administration” of the lethal drugs, in other words, euthanasia.**
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 reports. Furthermore, multiple studies show that non-psychiatrists miss more depression than they detect. 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? **Any bill that attempts to balance patient rights with public safety must ensure a meaningfully competent evaluation for depression by a trained expert.**

3. In the states where assisted suicide is legal, the 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. **Again, any bill that properly balances patient rights with the public safety must ensure that these incredibly sensitive and complex conversations are conducted by trained providers who can be confirmed to possess the requisite skills.**

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.

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

HB-2739

Submitted on: 2/25/2018 2:46:20 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Alice Ogawa	Individual	Oppose	No

Comments:

Please do not pass HB2739

From: [Angela Woods](#)
To: [hhstestimony](#)
Subject: Death Certificate
Date: Saturday, February 24, 2018 10:30:05 AM

Dear Committee HHS,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

Despite protests from physicians that they find this offensive to the practice of medicine, legislators have ignored them. The proposed bill requires that the underlying cause of death be listed on a death certificate - not the real cause of death by suicide by lethal drugs.

There will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Angela Woods
RR 3 Box 1216
Pahoa, HI 96778
N2_Dance@yahoo.com

HB-2739

Submitted on: 2/25/2018 3:09:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
kathryn kane	Individual	Oppose	No

Comments:

I oppose this bill. Doctors do not become doctors to take a life. On the contrary. A doctor is still practicing, he is noperfect. They are human and don't know everything. God created life. The life of a sick or elderly person has value. There is value for a family in being together during the natural course of dying. NO ONE GETS OUT ALIVE. We will ALL die.

our Local Japanese families may feel that it is their "duty" to kill themselves in order to relieve their families of a perceived burden of caring for them. Medical care is expensive. We have insurance for that reason.

Hispice care for for those truly

For someone with a life life threatening illness, there is HOSPICE CARE with caring individuals to assist in the process. Counseling, love, painkilling drugs, etc. Doctors are not God. There are many times they give a "death sentence guesstimate" only to have the patient heal or live much longer. It would be a travesty to give them drugs to kill them when they may have outlived the prognosis.

my 92 yr old father was a valued treasure for my husband and children who grew up in the same home as I did. My son especially was Grandpas buddy. Much time cuddling next to him while watching sports on TV, playing with him, and just generally being with him. I NEVER considered him a burden, nor was he made to feel that he was. His knowledge of life and in particular life in old Hawaii was imparted to them. My daughter also had special moments with him. Children learn that it is part of the cycle of life in growing old. Your are born, you live a long life, and then you die when God calls you Home.

suicide: those considering suicide will do it one way or another IF they really want to. Most times it is a CALL for HELP. Help is available. Love and compassion goes a very long way towards healing.

For those with truly end of life issues, there is Hospice with loving, compassionate people to help the family as well as the patient. My brother was in Hospice care for Cancer. Those caring people were wonderful.

i am having huge issues trying to type this! It jumps around when I wish to backspace!

Because OF this typing issue I continue to have, let me say, do not push this bill through. Use your MORAL COMPASS TO DO WHAT IS RIGHT. YOU ARE NOT TO ALLOW it TO BECOME legal to KILL PEOPLE.

DO NOT BE PUSHED BY THE PROGRESSIVE movement which seems to permeate society so heavily in Hawaii.

HB-2739

Submitted on: 2/25/2018 3:24:27 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Erick Peter Ehrhorn	Individual	Support	No

Comments:

I support less government when it comes to people running their own lives. We don't need big brother telling us that we are too stupid to make these decisions or to just take it like a man. If a person wishes to end his life because he has a terminal illness and will soon be in pain, I think a person should be able to exercise this option. I know, we already have this option thanks to the second amendment. But not everyone can afford a gun or if they can will soon forget where they hid the bullets. So people should be able to get a drug from their neighborhood doctor and end their own life when they deem appropriate. How can anyone be against this?

I know some people like Tom Oshiro feels that this law will be abused and that people will feel pressured into ending their lives because they are too much of a burden. Does Tom have any real evidence that this law is abused in states where it is legal? Any evidence at all? I didn't think so. It is all about feelings. Well this is pain we are dealing with and people should be able to end it when they desire.

I, Cynthia A Dorflinger, am submitting written testimony in strong opposition to HB2739 on the following grounds:

1. This bill proposes self-administration of lethal medication without monitoring of the one ingesting it. What happens to the patient if he/she is unable to finish the medication? Unused medication is left available for others who are not terminally ill (such as youth) and leaves the real possibility for increased suicide in our state.
2. In the absence of monitoring, the potential of abuse and coercion is present for doctors, care providers, and family members.
3. Even though a doctor may guess that a patient may have only six months to live, there are countless examples of people with such prognoses living much longer and for cures to become available in the meantime. This bill precludes such options.
4. Since Greek times, the general ethical principles of medicine have been to help and not to harm the patient. The intent of this bill is to harm the patient.

HB-2739

Submitted on: 2/25/2018 3:40:36 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Gillette-Wenner	Individual	Support	No

Comments:

With a large majority of Hawaii's residents in favor of a bill that gives them the right to chose their own passing, under very regulated circumstances, it is time for this bill to pass and become law in our State. Where this law is alread in effect, it has always been followed correctly, and under proper control, wiith the patient's own wishes. To allow a person who is terminally ill, and especially in great pain and suffering, to be able to make the decision they are ready to move on, is a right all persons should be able to control themselves. Hawaii should have this law.

HB-2739

Submitted on: 2/25/2018 4:04:42 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Caroline Kunitake	Individual	Support	No

Comments:

My name is Caroline Kunitake. I strongly support HB 2739. I believe that people have the right to live and die by their own choice. Doctors need to be supported and protected legally to provide this right to terminally ill people.

HB-2739

Submitted on: 2/25/2018 4:06:01 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Kawamoto	Individual	Support	No

Comments:

People should be offered options at the end of their lives. This bill creates another option. It's not for everyone. In fact, very few people would choose it. However, anyone who faces constant, intractable pain during their short remaining life should be able to make that choice.

HB-2739

Submitted on: 2/25/2018 4:18:16 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cynthia Fritts	Individual	Support	No

Comments:

Terminally ill patients should have the right to die a dignified less painful death. We don't let our pets suffer like that, let's give humans the same right.

HB-2739

Submitted on: 2/25/2018 4:19:58 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I support HB 2739, the Our Care, Our Choice Act. All people in the state of Hawaii should have this option available. Each person has the right to make this choice about his/her own body.

Thank you,

Anne Wheelock

HB-2739

Submitted on: 2/25/2018 4:20:02 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Selene Mersereau	Individual	Support	No

Comments:

I support and hope for this option for myself and others. Key philosophy/attitude is option. None us really know what we would decide when faced with certain death. For me it would be a relief to know I had the option to ask for help in dying, to help address a terrible fear of choking from lack of air, or excruciating pain. Few deaths are without pain. Let people have the choice to move into the next realm with a degree of peace. Kindness, compassion, choice, aid. "Judge not and thou shalt not be judged".

HB-2739

Submitted on: 2/25/2018 4:20:38 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael McGuire	Individual	Support	No

Comments:

I am formerly from the state of Oregon which first passed Death With Dignity in 1994. During that time, Oregon has been successful in implementation of the law. Washington and Vermont have had similar results.

Twenty years of reporting and study of aid-in-dying medical practice in Oregon demonstrates the safety of the option in upholding a patient's right to self-determination.

Several health and medical organizations recognize medical aid in dying as a legitimate, necessary end-of-life option for eligible adults facing an imminent death from a terminal illness, including The American Public Health Association, The American Medical Women's Association, The American Medical Student Association and The American Academy of Legal Medicine.

I feel that when a mentally capable adult is dying of a terminal disease that cannot be cured, we should have the right and the legal option to request prescription medicine from their doctor, and use that medication to end their suffering in their final stages of dying.

Our country has seen advances in pain control and hospice care to provide those at the end of life with some comfort. I have witnessed that even the best of care and pain management is not enough. In states that do not offer Death With Dignity, terminally ill patients do not have the choice to die on their own terms in a peaceful and dignified way.

Death With Dignity contains patient safeguards:

The patient must be diagnosed within six months of death, the same standard used for hospice care.

The patient must take the medication themselves. Whether surrounded by family, friends or others, the patient must still self-administer the medication.

No doctor or health care professional can be forced to participate. All medical professionals have full opt-out provisions and need to state no reason other than they are opposed.

A 2016 poll showed that 80% of people want Death With Dignity in Hawaii.

Opponents argue that patients can be coerced or forced into this decision, or that certain people such as the disabled will be targeted to use this law. During the 20 years this has been in effect in my former state of Oregon, (and in the other states), no cases of undue influence or coercion have occurred.

It seems that religious groups and opponents just want to impose their religious beliefs on all the rest of us.

Please allow us the choice to end our suffering by passing Death With Dignity.

HB-2739

Submitted on: 2/25/2018 4:26:55 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Mateo	Individual	Support	No

Comments:

I am submitting testimony in strong support of HB2739 relating to medical aid in dying

I believe that every adult has a constitutional right to make decisions regarding both health care and end of life decisions. A human being should not be required to live on with pain and suffering for the sake of staying alive in the wake of terminal illness.

I believe that this bill includes all of the appropriate protections and guidelines to establish a successful process.

Here are some arguments in favor of giving patients the right to die and protecting healthcare providers who carry out those wishes.

- A patient's death brings him or her the end of pain and suffering.
- Patients have an opportunity to die with dignity, without fear that they will lose their physical or mental capacities.
- The overall healthcare financial burden on the family is reduced.
- Patients can arrange for final goodbyes with loved ones.
- If planned for in advance, [organs can be harvested and donated](#).
- With physician assistance, patients have a better chance of experiencing a painless and less traumatic death (death with dignity).
- Patients can end pain and suffering when there is no hope for relief.
- Some say assisted death with dignity is against the Hippocratic Oath, however, the statement "first do no harm" can also apply to helping a patient find the ultimate relief from pain through death.
- Medical advances have enabled life beyond what nature might have allowed, but that is not always in the best interest of the suffering patient with no hope of recovery.
- A living will, considered a guiding document for a patient's healthcare wishes, can provide clear evidence of a patient's decisions regarding end-of-life care.

I urge you to support HB2739 and ask you to vote yes

Mahalo nui loa

James Mateo

HB-2739

Submitted on: 2/25/2018 4:40:46 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kaoi	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 4:43:10 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Judy McCluskey	Individual	Support	No

Comments:

From my own personal experience, I fully believe that it is compassionate for a terminally ill individual to have a choice of whether to suffer an excruciating end or die peacefully. I fully support HB 2739. This bill is about having control over your own life right up to the end. It's about the comfort for all people to know the end of suffering is possible when their "time" comes.

My father was dying and in hospice at the age of 91 suffering from spinal stenosis, which resulted in nerve damage that gradually inhibited his ability to control life functions and caused excruciating pain. It broke my heart when he desperately begged me to help him end his suffering. I had to explain that I could go to prison for murder. He said many times, "I just want to go--we treat our animals better than we treat humans." This was very traumatic for me and will always linger in my memories of my father's last days. He asked me to promise to do everything I could to make it possible for others to have a compassionate death with dignity law in their favor so they wouldn't have to suffer horrible pain and mental anguish as well as physical torment as the body stopped functioning properly.

Subsequently, my Dad discussed the situation with his hospice social worker who advised him to stop eating--that being the only option to bring about death quickly. So my Dad bravely starved himself to death. This situation was a nightmare for Dad and his family. We all die sometime--it would be a comfort that when my time comes I would have a choice to die at peace at a time of my choosing with as little trauma to myself and my family as possible. It is the humane thing to do. Provide a choice. If medical science has created the possibility for people to live longer and longer into infirmity, then it should be allowed to provide a way out of that infirmity if a person so choose. Please support HB2739.

Judy McCluskey

HB-2739

Submitted on: 2/25/2018 4:49:45 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Doris Segal Matsunaga	Individual	Support	No

Comments:

Aloha Representatives,

We strongly support **HB 2739** which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

My mother passed away one month ago from natural causes at the age of 96, and we were fortunate that hers was a peaceful death. However, we may not all be so fortunate when our time comes. For those of us who are of sound mind and fit the strict criteria above, I can see no reason why the state should be in the business of preventing us from exercising our own free will.

Mahalo for your careful consideration.

Sincerely,

Doris Segal Matsunaga and Peter Matsunaga

‘Aiea, Hawaii

HB-2739

Submitted on: 2/25/2018 4:57:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brandi A. Yamamoto	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 4:59:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Monk	Individual	Support	No

Comments:

I support House Bill 2739, Medical Aid in Dying (Death with Dignity), and urge the Committees on Health and Human Services and Judiciary to vote in favor. Those who object to this bill on religious or moral grounds will not be required to participate in any way in its provisions. Their objections should not deprive terminally ill patients of the option to choose a humane end to their suffering under the ample safeguards that this bill establishes.

2.25, 2018

To whom it may concern,

I am writing to support HB 2739. Please listen to those who are terminally ill and allow them the freedom to end their lives as they see fit. I watched my father suffer through his final days in severe pain because those attending feared giving him too many pain killers. Why? Were they afraid he might become addicted? Or overdose? He was dying and suffering. Please listen to those in pain.

Thank you,

Lou Zitnik

Brandi A. Yamamoto, Master of Social Work Candidate

Email: brandiay@hawaii.edu

Phone: (808) 651-5464

February 25, 2018

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Committee on Health and Human Services

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair
Committee on Judiciary

RE: HB 2739, Health; Our Care, Our Choice

Hearing Date: Tuesday, February 27, 2018 at 10:30am

Hearing Place: House Capitol Auditorium

Dear Representatives Mizuno, Kobayashi, Nishimoto, San Buenaventura, and Committee Members,

I am testifying in support of House Bill 2739.

As a student majoring in social work, I have learned about various social issues that I will encounter as a social worker. I also believe that as a social worker, my duty is to support the decision of my client, provided they are deemed capable of making these decisions.

There are many different ways of learning what goes on in our world. Social Media and the internet are among the most popular ways that today's society receives the news. It was through these mediums that I first learned of the issue that lies before you today. The girl was in her early 20s and had a terminal illness. Although her parents were against the obtainment of this drug which would ultimately end her life, she explained that it would help her to end the pain and suffering which she had endured for so long.

After reading the above scenario, I started to look at the situation from both the patient's perspective and the family's perspective. While it is heartbreaking for the family to watch a loved one choose to end their own life, I feel that it would be more heartbreaking for the family to watch the patient prolonged suffering until their eventual mortality.

By passing House Bill 2739, we will be one step closer to ensuring that our citizens have a choice in their own healthcare.

Thank you very much for your time and consideration.

Respectfully Submitted,
Brandi Yamamoto
brandiay@hawaii.edu
(808) 651-5464

HB-2739

Submitted on: 2/25/2018 5:03:44 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Godbey Carson	Individual	Support	No

Comments:

Please vote in favor of HB2739. We all deserve to be able to have medication to alleviate pain and hasten death when we are terminally ill and experiencing pain. This should be a basic right to dignity in Hawaii. This bill has adequate protections for patients and the public. For those with religious opposition to such measures, they are not required to use the medication and they shouldn't be allowed to impose their religious beliefs on others.

HB-2739

Submitted on: 2/25/2018 5:05:23 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane E Arnold	Individual	Support	No

Comments:

I strongly support HB2739 - Relating to Health, which would allow a terminally ill, mentally capable adult who has six months or less to live to request a prescription for medication to shorten the dying process.

Medical advances prolong life artificially, which is good overall, but the downside can be a long, painful, and undignified dying process.

I am a Physical Therapist who works in Home Care, where I see many very sick and elderly people with a poor quality of life, including terminally ill people. Many of these people are very ready to go and join loved ones on "the other side". Many are in pain, and many are suffering from a loss of autonomy and dignity. Yes, their pain can be controlled by pain medication, but they often refuse to take adequate pain medication to control their pain for a variety of reasons. Some do not want to be dependent on medication. Often family members who are caring for the ill person discourage pain medication. And pain medication has side effects, including "grogginess", nausea, and constipation, which many want to avoid. Sometimes medication adequate to control severe pain causes lethargy (perhaps even loss of consciousness), which in turn results in loss of autonomy and loss of dignity (e.g. inability to control bowel and bladder).

A survey of registered voters in Hawaii, conducted in November 2016, indicates that 80% of us favor having the option to die peacefully by being prescribed appropriate medicine in order to avoid prolonging the dying process.

Oregon has had such an option for 19 years, and there has been no documented abuse of it.

Please support HB2739 - Relating to Health.

Jane E Arnold

938 14th Ave

Honolulu HI 96816

HB-2739

Submitted on: 2/25/2018 5:08:29 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Russell F. Jones	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 5:11:27 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Leanne Gillespie	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 5:29:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sherron Bull	Individual	Support	No

Comments:

I strongly support HB 2739 and urge you to pass this legislation.

Patients should have the right to determine their own medical treatment when they have a terminal illness. No one should be forced to endure pain & suffering at end of life by unnecessarily prolonging the death process.

Patients should have the right to determine when life becomes unbearable. I have gone through this type of agony with my loving mother, who wanted only to end her suffering and die peacefully. No one has the right to make innocent people suffer under these conditions.

Similar measures in other states, such as Washington State, have proven to be both compassionate & protective of patients and have worked well. This measure has more than enough safeguards to prevent any potential abuse.

Please pass this measure and give patients the respect and control they deserve at end of life. Don't force anyone to suffer because you failed to act.

Mahalo,
Sherron Bull

HB-2739

Submitted on: 2/25/2018 5:42:54 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

As a kupuna and Treasurer of the Kupuna Caucus of the DPH, I urge a yes vote on HB2739.

No one should be required to suffer un-necessarily when terminally ill, and therefore deserve the right to die with dignity at a time of their choosing.

Stuart Feinberg

HB-2739

Submitted on: 2/25/2018 6:13:34 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

1. Thank you for the opportunity to testify. I live in Ewa Beach, HD 41 and strongly oppose HB 2739.
2. When it comes to the very serious of issues of life and death, the state would do well to remember that science is not absolute. Senator Ted Kennedy of Massachusetts was diagnosed with aggressive brain cancer in 2008 and given only two to four months to live. He actually survived for another year and a quarter. His medical prognosis was wrong. Three years later the Senator's widow, Victoria, wrote an opinion piece in the *Cape Cod Times* opposing a 2012 Massachusetts ballot question to legalize assisted suicide in her state. She wrote that such an action would turn her husband's "vision of health care on its head by asking us to endorse patient suicide not patient care as our public policy for those dealing with pain and the financial burdens of care at the end of life." She concluded, "We're better than that."
3. Every day patients demonstrate faith in the medical profession by taking medications and agreeing to treatment on the advice of their physicians. Let's not endanger this trust relationship by making doctors actors in a patient's death. Surely we are better than that.
4. Please do not pass HB 2739.

House Committee on Health & House Judiciary Committee
Capitol Auditorium
February 27, 2018; 10:30 AM

HB2739 – Related to Health; (Medical Aid in Dying)

Honorable Committee Chairs, Vice Chairs and Members:

VERY STRONG SUPPORT

My friend, a sixty-four year old paraplegic, was diagnosed with an incurable terminal disease. She refused treatment and planned her final days to lessen the burden of her care on her family. When her pain began to be server, she wrote these words of goodbye to her friends and family.

It is my fervent hope that her words be used as her testimony in strong support of HB2739:

My dear friends,

If you are reading this I have now departed this life, happily and just the way I wanted. Imagine this...me leaping out of my wheelchair, dancing around, bounding into the air and floating up out of sight. Be happy that I am no longer in pain, no longer have cancer, no longer disabled and no longer poor. It has been a rough 20 years and I am so glad to give it up. What I don't like is leaving you...I have been so well loved, and loved so well. Everyone should have this experience, everyone should hear from everyone they care about how much they are loved.

Thank you for being a part of my life. I am saving you a seat on the bus....

Respectfully Submitted,

Allyn Bromley (private citizen)
808-946-7663
2207 Mohala Way
Honolulu, Hawaii 96822

HB-2739

Submitted on: 2/25/2018 6:32:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Younghi Overly	Individual	Support	No

Comments:

Dear Chair Mizuno, Chair Nishimoto and the Members of House Committee on Health & Human Services and the Members of House Committee on Judiciary,

Thank you for introducing this thoughtful measure and this opportunity to testify in support of H.B. 2739.

My mom was bedridden with illness for five years, last three of five years with a terminal lung cancer. She passed seven years ago. Toward the end of her life, the pain has reached a point where she begged for help to die; she at times refused food and water in hope that starvation will kill her; she was depressed and often sobbed. Not only was this period difficult for my mom, it was difficult for my dad who wanted to help but couldn't; who found himself force-feeding my mom but wished he could just let her go. My dad was glad that he was able to take care of my mom daily last five years of her life but still regrets not being able to do anything for her when she just wanted to die in peace. I too regret not being able to help my mom.

I support the H.B. 2739 because I believe we should give a terminally ill person an option to end their pain and suffering when the time comes. This option would give peace of mind to the families which my family never had. I realize that my story is one of similar stories of thousands of citizens of Hawaii. So thank you for taking time to read my testimony.

HB-2739

Submitted on: 2/25/2018 6:36:55 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

"Attending providers" could prescribe a lethal overdose of drugs to patients who could live for many years. As a Licensed Mental Health Counselor (LMHC) this is a travesty to the relationship of physician and patient.. People can make rash decisions due to a serious diagnosis or subsequent depression from said diagnosis; whereby they relinquish their own life, without benefit of psychaitric or psychological help. & this "law" allows unscrupulus physicans to take advantage of individuals at a difficult and vulernable time in their lives.

& from the Patient's Council analysis of the bill:

"There is documentation that, under Oregon's assisted-suicide law, patients who could have lived for years, even decades, have died using legally prescribed lethal drugs. In official Oregon reports, diabetes is noted as the underlying terminal condition that made the patient eligible for a lethal prescription.⁶ If insulin-dependent diabetics do not take insulin, they will die within six months. So, they meet the requirements for the definition of "terminal." If they do take insulin, they can live for many years."

If the legislators approve this deceptive bill, they are drastically undermining the relationship between physicians and their patients. Who could possibly trust a physician that provides a lethal dose of medicine?

Marcia A. Berkowitz, CRC, LMHC

HB-2739

Submitted on: 2/25/2018 6:54:02 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I am 63 years old and have had 2 heart attacks. I am currently healthy and active, but my future health is of the greatest concern to me. I nursed my mother through pancreatic cancer and my father through dementia. I would like to have the assurance that I will not have to suffer needlessly. Unfortunately, when you begin to go, you are often unable to buy a gun or even get the the upper floor lanai (and it would be so messy that way and unfair to others). Please pass this bill and give me the option of a death with dignity without creating a mess for others to clean up.

Mahalo!

Robert

Committee on Health and Human Services
Rep. John M. Mizuno, Chair; Rep. Bertrand Kobayashi, Vice Chair
Committee Members

Committee on Judiciary
Rep. Scott Y. Nishimoto, Chair; Rep. Joy A. San Buenaventura, Vice Chair
Committee Members

Date: Tuesday, February 27, 2018
Time: 10:30am
Place: State Capitol Auditorium

From: Marti Tom

RE: HB 2739 Relating to Health

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 remaining according to her doctor.

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 may come in the form of subtle threats such as, "Hey Popo, you're getting old, we may not be able to take care of you any longer in your condition". How can any doctor or social worker be privy to this? Elder abuse takes many forms and this bill has 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 seismic shift will be towards ending one's life rather than walking through the valleys with them. I shudder to think that a family member died alone since there is no requirement of notification. Wouldn't you be devastated to come home and find your beloved in the throes of death, a painful journey to death that could last for hours?

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 way? There is no dignity in taking at least three hours to die. Any witness is prevented from intervening and has to watch the slow agonizing death. Where is the humanity? Where is the dignity?

5) This legislation changes the role of doctors and undermines the confidence that we can trust them to do what is best. Will we soon be turning out a new generation of future doctors who are taught just the opposite of what doctors are truly meant to be? Will there be a course on "How to Choose the Best Medication to End Your Patient's Life"?

I am deeply moved by a story about a little boy who could have lost his mother to physician assisted suicide when he was only eight years old if this bill had passed 15 years ago. She was diagnosed with late-stage ovarian cancer and was informed by her doctors that she had only a few months to live. Her two children rallied around her when they were only five and eight years old, massaging her feet and rubbing her hair. Today, eleven years later, she has recovered and her children are now teenagers. Her son was named the 2017 Hero of Hope by the American Cancer Society (Star-Advertiser 3.19.17). HOPE gives us reason to live, under any circumstance.

I strongly 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 will lead this state to slipping into depths it has not imagined. Can euthanasia be far behind? What ever happened to "Do No Harm"?

Thank you for your consideration.

HB-2739

Submitted on: 2/25/2018 7:13:27 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Laura DeVilbiss	Individual	Oppose	No

Comments:

Laura DeVilbiss MD MPH

2230 Kaola Way #7

Honolulu, HI 96813

devilbissjl@aol.com

(808) 595-7011

February 25, 2018

RE: HB 2739 to be heard on Tuesday February 27, 2018 at 10:30 AM

Dear Hawaii House of Representatives Health and Human Services Committee and Judiciary Committee,

I am a Family Physician and have been practicing medicine in Honolulu for the last 20 years. I strongly oppose HB2739. 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 HB2739 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 there 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.

- I have spent the last 20 years taking care of poor immigrants, many with language barriers and medical literacy issues. My patients often get confused when health care providers explain things in English, even when they use an interpreter. Patients with poor medical literacy have difficulty fully understanding medical decision making and it is very difficult to get true informed consent. I fear for my patients if HB2739 were to pass that they may not fully understand the ramifications of decisions that may be forced upon them. There are also no provisions in the current bill for use of an interpreter when a person who does not speak English signs the consent. If the bill were to pass despite my concerns, at least this need for interpretation/translation of consents should be addressed.
- 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 HB2739.

Thank you for giving me the chance to share my testimony. I am unable to be there in person to testify so I ask you to consider my written testimony.

Sincerely,

Laura DeVilbiss MD MPH

Laura DeVilbiss MD MPH

Family Physician

Honolulu, Hawaii

TESTIMONY OF

Ken H. Takayama
5567 Pia Street
Honolulu, HI 96821

ON H.B. NO. 2739 **RELATING TO HEALTH**

BEFORE THE HOUSE COMMITTEES ON **HEALTH AND HUMAN SERVICES AND** **JUDICIARY**

DATE: Tuesday, February 27, 2018, at 10:30 a.m.
Capitol Auditorium, State Capitol

Chairs Mizuno and Nishimoto and Members of the House Committees Health and Human Services and Judiciary:

Thank you very much for this opportunity to testify in strong support of H.B. 2739 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, combined with certain safeguards and other features of the California statute.

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.

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 aptly described by actor Michael J. Fox as "the gift that keeps on taking". In the seven 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—the Legislative Reference Bureau, 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 the option is available.

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 being pressured to do so.

For physicians who are concerned about violating their Hippocratic Oath, my own perspective is that I personally do not see how prescribing medications 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. And **that** causes harm.

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 hope you will do the right thing.

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.

HB-2739

Submitted on: 2/25/2018 7:27:42 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Monk	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 7:28:20 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
david georges	Individual	Oppose	No

Comments:

There were a myriad of reasons for HB2739 not getting passed but most notable was the previous strong testimony in opposition from numerous palliative care doctors who argued that the bill was clearly not drafted by the expert physicians. One of the conditions of the bill requires that a person with a terminal illness who had "6 months of less to live," could qualify. However, the palliative care doctors made clear that a diagnosis of "6 months" is rarely accurate and that in fact, most patients live beyond that time period. Moreover, there are many diseases that would cause a person to die within six months, yet with proper medication, a person could live well beyond that time frame. An example is diabetes. A diabetic could easily die within six months if not given his or her insulin, yet the bill did not address these types of situations.

I have heard there are well financed proponents (like "Compassion & Choices") that are spending a lot of money in Hawaii to push this issue again. Let's keep these mainland influences back on the mainland where they belong.

There were a plethora of other issues that existed with the bill including, but not limited to, (1) no guidelines or parameters with respect to the actual "self-administration," of the deadly drugs; (2) no requirement of "informed consent;" for the terminal patient; (3) the mandate requiring a doctor to list the terminal illness and not the suicide as the cause of death; (4) no safeguards with respect to the deadly drugs if the patient decided not to use it; and (5) blanket immunity for civil or criminal liability for anyone "assisting" with the suicide (including an unscrupulous family member).

One of the most compelling reasons for my opposition, in addition to those listed above, was the phenomenon called "suicide contagion." Essentially, when a famous person commits suicide, studies have shown a spike in the number of suicides. This problem is so real that the journalism and media community actually have guidelines as to how to report suicides as to avoid "glamorizing" it. In Hawaii, we have the unfortunate distinction of having the second highest rate of suicide deaths in the

country. If we were to now pass physician assisted suicide, we are in fact "normalizing" suicide and sending a message to our teenagers that suicide is okay. That is not a message I will ever send to our keiki.

Finally, this bill targets the most vulnerable in our society - the elderly and the disabled. The bill has no safeguard with respect to protecting our kupuna from being victimized by this law. Elder abuse is a major problem in the State of Hawaii, so much so that the UH William S. Richardson School of Law has an elder law clinic which was created specifically to deal with elder abuse and to protect our kupuna. Elder abuse is especially insidious because it is often committed by family members, which makes it difficult to track and not-often reported. In giving these lethal drugs to be administered at home to an elderly person, without any type of medical oversight, we are endangering the life of our kupuna who might change their minds at the last moment.

So it is for the myriad of reasons discussed above, that I remain in steadfast opposition to physician assisted suicide.

HB-2739

Submitted on: 2/25/2018 7:30:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sue Alden-Rudin	Individual	Oppose	No

Comments:

I am a Registered Nurse in the State of Hawaii since 1992. I am opposed to the Bill HB2739. Please do not pass this bill. It is wrong to assist persons to die.

HB-2739

Submitted on: 2/25/2018 7:40:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gary Fuchikami	Individual	Oppose	No

Comments:

I'm opposed to this bill because it cheapens the value of human life. While it may seem to be empathetic to those who are deemed as "terminal" and desiring to lessen their pain, these things can be controlled by medication, etc. to make their last days & hours more comfortable. "Medical practice" has been called that because it's NOT an exact science. There are many examples of doctors saying that someone has X number of days to live, etc. only to be proven wrong when these people don't die. They've also told parents-to-be that their unborn child has Down's, etc. and it would be more fair to the unborn child to not bring them into this world with such "handicaps"; only to find out later that the child is born perfectly normal. These kinds of mistakes by physicians only prove that they don't know everything about human life. For practical purposes, they can't even define what life is, as they don't know why one person lives and another with the exact same physical/medical problems die.

Finally, allowing physicians to kill a patient who wants to die is a violation of their oath that they take when they become a doctor; to do no harm. Any doctor participating in such actions should be held accountable for violating their oath. It's no different than our elected politicians who swear an oath to uphold the U.S. Constitution, and yet they violate them with impunity by NOT upholding the Constitution. (An example is how liberal politicians attack the President's "temporary travel ban" when not only is he empowered by the Constitution to do so, but their opposition to it clearly shows that they do NOT uphold the Constitution; or are ignorant of what the Constitutional powers of the President is, either case which is unacceptable. Even our last President Obama clearly violated his oath when he signed an executive order for DACA which is clearly unconstitutional, and he even admitted it before signing it.)

Lawmakers need to draft laws that are sound and legal. By law, suicide is illegal as the definition of murder is the taking of human life, even if it's your own. If you pass this bill, where do you draw the line? If killing myself is legal (or a doctor does it for you, which makes him/her a murderer) then wouldn't my killing of someone else be legal as well? We treat animals and protect them better than we do human beings, and this is so wrong. Please do NOT approve this bill.

HB-2739

Submitted on: 2/25/2018 7:46:31 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

The opponents of Death With Dignity don't care if you Die an Agonizing Death. They are religious extremists who want to impose their beliefs on the rest of us. You must not let them!

I recently had a 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. Thank you, Matt Binder, Waimea

Testimony for HB2739 – Relating to Health

I am very much in favor of HB2739, having watched my sister die from ovarian cancer. After fighting that dreadful disease bravely for two years, she begged her doctor to help her die as she knew the end was coming. He was only able to increase her morphine dosage and she lingered for several more weeks fading away and vomiting until she took her last breath. No one should have to end their life in this way. She had had a great life, if only she had been able to die peacefully as she wished. I still have nightmares about her death.

None of us would wish to suffer as she did. Please vote to pass this bill.

Marian Turney

2356 Aha Maka Way

Honolulu, HI 96821

HB-2739

Submitted on: 2/25/2018 8:08:11 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brian Goodyear	Individual	Support	No

Comments:

Aloha Representatives,

I am writing to respectfully request that you support the passage of HB 2739.

I am a clinical psychologist in private practice and a 47 year resident of the State of Hawaii. I would like to express my support for HB2739 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 you to cast your votes in favor of the passage of this bill.

I would also like to respond to some of the views that have been expressed by certain opponents of this legislation. First, although palliative care is very valuable in end of life care, extreme pain and suffering cannot always be relieved by traditional palliative care methods, as some opponents of medical aid in dying would have us believe. Second, the idea that mentally competent adults will be unduly pressured into making the decision to end their lives is, I believe, a red herring. A basic principle of our legal system is that mentally competent adults are ultimately free to make choices for themselves regarding their own lives and are responsible for those choices. Again, please allow us to have that choice and responsibility over our own lives.

Mahalo for your consideration of this important issue.

Brian Goodyear, Ph.D.

2924 Alphonse Place

Honolulu, HI 96816

(808) 285-9393

HB-2739

Submitted on: 2/25/2018 8:11:27 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Analyn Quintal	Individual	Oppose	No

Comments:

I am testifying in opposition of physician assisted suicide. No matter which way it's being "spun" -suicide is suicide; wrong is wrong. If this passes into law, the lines of morality will be blurred and will make suicide a societal norm. This will INCREASE the suicide rate that suicide prevention efforts have worked so hard to decrease in our beloved state over the years.

On Compassionate Aid in Dying

I know what it's like to come close to death, both myself and through the loss of loved ones. And I support the right to choose to die in the face of prolonged suffering.

My good friend Steve hanged himself right before Christmas. And in 1996 a head-on collision took the life of my fiancée beside me, and caused me serious injury. The road to healing was long and painful, and there were many times I did not want to live. I have had to consider very deeply what it means to be alive, and why to be alive, and how to live.

I feel I can say with some authority that being able to make the choice to live or to die is a very important one. At present I am 60 years old. Although it could be decades before I must face death again, I want to go on record as supporting the Right to Die movement in Hawaii and elsewhere.

No one should be forced to endure long months of unnecessary suffering. If I must face a painful terminal illness in the future, just knowing that it might be possible to cut short the suffering would make it easier to endure it.

I want to *choose* life, not just cope with it while waiting to die. Please grant me that option by supporting HB 2739.

HB-2739

Submitted on: 2/25/2018 8:20:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Camille Adams	Individual	Oppose	No

Comments:

This article by Matt Hadro summarizes the evil of Assisted Suicide. Hawaii is a state of Aloha. There is ZERO (0) Aloha in purposefully ending a precious life. Please kill this suicide bill and protect Hawaii from being the No-Aloha – Come-to-Kill-Yourself-State. Hawaii is an ohana state. Families will take care of our own. All the more reason to create and support bills to sustain and help families grow – not decrease it by killing our family members off! We have more Aloha to share than sorrow and pure evil!

Following article by [Matt Hadro](#)

<http://www.catholicnewsagency.com/news/how-assisted-suicide-discriminates-against-the-poor-and-disabled-57444/>

Washington D.C., Feb 28, 2017 / 02:01 pm ([CNA/EWTN News](#)).- While physician-assisted suicide is promoted as empowering terminally-ill patients, it could result in the poor being coerced to take their lives, experts warned at an event this week.

“When you deal with the issue of poverty, this immediately rises up – care is expensive, assisted suicide is not,” Sen. James Lankford (R-Okla.) said at a Monday panel on physician-assisted suicide at the Heritage Foundation in Washington, D.C.

The elderly sick may also be taken advantage of, the senator added. They may be told by their families that they are a “burden” on others, or they may simply feel that way. Then “this becomes a guilt issue” as they consider requesting a lethal prescription, he said.

Physician-assisted suicide is currently legal in the District of Columbia and in six states – Washington, Oregon, California, Vermont, and Colorado via state laws, and in Montana through a state supreme court ruling.

Some 24 states are considering legalizing it, according to the group Death with Dignity that promotes these laws around the country. These so-called “Death with Dignity laws” allow patients diagnosed with a terminal illness with six months or less to live to request a lethal prescription from a doctor.

These laws have “otherwise been rejected by the people,” noted Ryan Anderson, the William E. Simon senior research fellow in American principles and public policy at the Heritage Foundation. The “vast majority of the states have considered” the laws already and rejected them, he added.

Critics have also warned about loopholes in the laws that provide room for dangerous abuses to take place.

Patients may “doctor-shop” until they find a physician who approves their request for a lethal prescription, even though the doctor may barely know their medical history. Or one witness for the patient’s decision to request a prescription may be a financial beneficiary of their death.

However, groups like Compassion and Choices and Death with Dignity are pushing for these laws to be introduced in state legislatures. And if legalized, physician-assisted suicide could prove especially dangerous to vulnerable populations like the poor, the elderly, and the disabled whose health care costs are seen by some as burdensome.

“Already because so many coverage decisions are based on financial considerations, people with disabilities have difficulty accessing the care we need,” Lindsay Baran, a policy analyst at The National Council on Independent Living, said in a written statement read at Monday’s panel.

In Oregon, she said, “we have several stories from people who have had doctor-recommended treatments denied only to be offered the assisted suicide drug as one of their covered alternatives” by insurance providers.

Physician-assisted suicide can indeed be “promoted” as a “cost-effective treatment,” Dr. G. Kevin Donovan, M.D. M.A., professor at Georgetown University Medical Center, warned at the panel.

Modern palliative care is capable of limiting the physical pain of terminally-ill patients, he added, answering one of the chief arguments of assisted suicide proponents about patients suffering pain for months on end as they prepare to die.

Palliative care is still “underrepresented in the practice of medicine right now,” Donovan said, yet “with additional funding” it could become more commonplace.

“Will palliative care be made more accessible when physician-assisted suicide is a legal option? Those who provide funding for health care know that death is always cost-effective,” he cautioned.

In California, Catholic opponents of assisted suicide were “told repeatedly by legislators” that “this will never be a publicly-funded benefit,” said Kathleen Buckley Domingo, associate director of life ministry for the Archdiocese of Los Angeles.

Yet \$2 million was set aside for these drugs by the state of California while 13 million people on the state's Medicare fund are not covered for palliative care, she noted.

"Especially in our immigrant communities...especially in our poor inner city communities, there's a huge disparity in the kind of health care that people are receiving," she said. "They're on MediCal, and this is now the cheapest and easiest option."

The drugs are cheap and also easily available, she said, noting that they can be shipped directly to people's homes.

One woman, Stephanie Packer in Orange, Calif., reported being denied chemotherapy treatment by her insurer while being offered cheap coverage for a lethal prescription, in a documentary produced by the Center for Bioethics and Culture Network.

The elderly sick are also vulnerable to such laws because they may be told by their families that they are a "burden" on others or they may simply feel that way.

In fact, in 2014 the State of Washington reported that of those who died in the state's Death With Dignity program, almost 60 percent said they were concerned about being a "burden on family, friends/caregivers."

"We have privileged assisted suicide over good medical care," Donovan said, so much so that in California, by law if a hospitalized psychiatric patient has a terminal medical diagnosis, they "have to be released" if they request a lethal prescription.

"This is somebody who isn't entitled to make decisions for themselves. That's why they're in a psychiatric hospital," Donovan said.

Ultimately, assisted suicide laws are not about empowerment but rather about special interests, the panel said.

Legalizing it "doesn't really give patients any new rights or protections," Donovan insisted, as suicide is currently "legal in all 50 states," but "it's just not legal to help someone or promote it." Rather, "it's a physician-protection law," he said.

The laws are supported by "very few people" who tend to be more well-educated and wealthier, but "those who are put at risk" are many, especially the elderly and those in lower-income brackets.

"I think those are usually called special interest bills," he said.

The bills are also based on a "false reasoning" of autonomy, he added.

“If these bills wanted to honor choice, free choice,” he continued, “then how do we justify restricting this to people who are going to be dead in 6 months?” Why not those with nine or 12 month diagnoses, he asked, or the chronically ill or emotionally ill.

Even though proponents of assisted suicide argue that it saves patients from enduring months of painful suffering at the end of their lives, Donovan explained that many physicians may offer incomplete or even incorrect terminal diagnoses.

Two acts physicians do not perform well, he argued, are to “prognosticate the end of someone’s life” and “overdose our patients, lethally.”

HB-2739

Submitted on: 2/25/2018 8:35:21 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Kurtz	Individual	Support	No

Comments:

As a Critical Care Registered Nurse I have worked with many patients who were at the end of their life. I believe that it is your right as a human being to choose to end your life in the face of terminal illness. Brittney Mayard was a 29 year old woman who became the face of physician assisted suicide. She was diagnosed with a stage 4 malignant brain tumor. Towards the end of her life she became an advocate for the movement to show people the importance of dying with dignity. Towards the end the tumor caused her to have frequent seizures, head and neck pain, and stroke like symptoms. On her last day she stated, "Goodbye to all my dear friends and family that I love. Today is the day I have chosen to pass away with dignity in the face of my terminal illness, this terrible brain cancer that has taken so much from me ... but would have taken so much more."

Healthcare providers can help those who are passing to ease their pain and provide as much comfort as possible, but those measures only go so far. Quality of life is more important to some than quantity, and we should have the choice to decide what we want in our final days. I know I would want that choice, and I do see it as providing basic human dignity and respect. I will attach the link to an article about Brittany, but remember: She is just one of many, many others past present and future.

https://www.washingtonpost.com/news/morning-mix/wp/2014/11/02/brittany-maynard-as-promised-ends-her-life-at-29/?utm_term=.656891f29c03

HB-2739

Submitted on: 2/25/2018 8:47:11 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amy Shiroma	Individual	Oppose	No

Comments:

Aloha Representatives for the Committee on Health & Human Services:

My name is Amy Shiroma, a resident of House District 36. I am writing to oppose HB 2739 as written and to request further investigation and research into safeguards against the misuse of this bill's intent by providers of insurance or medical care.

There have been cases in other states where assisted suicide has been legalized where insurance companies have denied claims for medical treatment for terminally ill patients because these states have measures in place to allow for assisted suicide medication. In these cases patients were denied access to medical treatment because of costs and directed toward assisted suicide medication as an alternative.

I realize there has been much discussion and research put forth to ensure that the patient's rights are protected, but how do we safeguard against the misuse of this measure by treatment providers and insurance companies.

Our loved ones should not have to bear the risk of being denied treatment for terminal illnesses because assisted suicide is legalized in Hawaii. It is fearful to think that any insurance company or treatment provider would deny someone's need for care simply because its less expensive to treat with assisted suicide medication. Sadly, there have been cases in the US where this is true. What safeguards do we have for these cases? We can think that something like that would never occur in Hawaii, but that would be naive to do so.

We cannot allow such legislation to pass without consideration of how to safeguard our people from the misuse of this measure.

I humbly ask for your consideration in opposing HB 2739 to protect the future of our loved ones from the potentially fearful misuse of its intent.

Sincerely,

Amy Shiroma

95-1055 Kaapeha Street, #150, Mililani, HI, 96789

TESTIMONY IN STRONG SUPPORT OF HB 2739
House Committee on Health and Human Services
House Committee on Judiciary
February 27, 2018, 10:30 am
Hawai'i State Legislature
Hawai'i State Capitol, Capitol Auditorium

To: Chair John Mizuno, House Committee on Health and Human Services
Chair Scott Nishimoto, House Committee on Judiciary
Committee Members on Health and Human Services and Committee on
Judiciary

From: Agnes Malate, MEd
armalate@yahoo.com

I support the " Our Care, Our Choice" proposed legislation to allow qualified patients in this State with a medically confirmed terminal illness with less than six months to live and complete mental capacity to determine their own medical care at the end of their lives. I believe that together with their 'ohana 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.

I was raised as a Catholic and grew up in a close-knit community where our church was the center of our community life. My grandmothers, Apolonia and Celestina, were blessed with longevity and lived to be 110 and 97, respectively. 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 and hit her head on the floor as she went to use the bathroom by herself. She was taken to the ER and while waiting for news about her, 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. Mamang Celestina was younger but suffered more aches and pains due to osteoarthritis. She also was inclined to periodically proclaim that she was dying. 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. 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" when she could no longer speak the words. 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 but also hung on at the end for her family until we were ready to say goodbye. I could not bear to let her go even as I saw that every move was excruciatingly painful. However, I support "Our Care, Our Choice" because as difficult as it might be to lose someone, it's important that individuals be able 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.

HB-2739

Submitted on: 2/25/2018 8:50:40 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Karen Haddock	Individual	Oppose	No

Comments:

I am in opposition! NO one should decide when SOMEONE should die. Helping and loving our Kupuna and terminally ill patients finish their life journey with dignity and quality care is our responsibility. This responsibility does not mean that we should allow family, physicians or even the patients move forward with euthanasia and/or suicide. An end of life with dignity mean to comfort and care for these patients with the outmost respect, kindness and aloha. Reminding them that he end of the road may be a long distance away.

My aunt Adriana was diagnosed with Lou Gehrig's disease. Her doctors told her that her illness would take her life promptly. My aunt fought with all her might. There were moments were her bravery was overshadowed by depression. Other times her depression ws aliviated by joy. Two remissions and 15 years of life extended. She loved, she traveled, she was cared for in a hospital, she was present when I walked down the isle to say YES to the man I loved. She was a warrioir and she found strength in the people that rallied beside her bed in the most difficult times she experienced. A bill like this would have robed us of the joy we experienced when she was with us. It was costly, gritty and difficult, at times even even heartbraking, BUT God took her when HE chose for her.

SAY NO TO HB2739

HB-2739

Submitted on: 2/25/2018 8:56:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrew Kayes, M.D.	Individual	Oppose	No

Comments:

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.

Hospice care should be available and people who are critically ill 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. <https://plato.stanford.edu/entries/double-effect/>

We can already do this as physicians.

However, ***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.*** Sometimes right is right and wrong is wrong. This is one of those cases.

Please do not give in on this one.

We wonder why children shoot up schools. They do because they do not respect life. When our elected officials show they do not respect life either of our sickest citizens and neighbors who need compassion and comfort, when will things ever get better? We are better than this in Hawaii.

Please do feel welcome and free to call me for any further discussion. Please call me if you wish to talk to a doctor who opposes this and why. I had a grandmother die in hospice care, and I have had patients I have known go to hospice. I can talk to you about those circumstances if it would help you better understand why I support hospice and oppose physician assisted suicide.

Sincerely,

Andrew Kayes, M.D.

Medical Director

Maui Diagnostic Imaging.

HB-2739

Submitted on: 2/25/2018 8:59:43 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kevin J. Cole	Individual	Oppose	No

Comments:

Aloha,

I oppose the Assisted Suicide Bill HB2739. I have friends in Europe who have informed me that assisted suicide in their countries has turned into a de facto physician/bureaucrat decision on terminating peoples' lives for the convenience and benefit of the state, not them and not their family.

I have lost family to cancer. There is difference between mercy dying and mercy killing. Do not let anyone push killing in guise of kindness.

Kevin J. Cole Col USAF Ret. Mililiani

HB-2739

Submitted on: 2/25/2018 9:03:34 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
william metzger	Individual	Support	No

Comments:

My wife Melodee Metzger and I srongly support HB2739.....Medical Aid for the Dying.

Thank you for your service.

aloha,

Bill Metzger

HB-2739

Submitted on: 2/25/2018 9:11:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steve Canales	Individual	Support	No

Comments:

In Strong Support

Steven Canales

HB-2739

Submitted on: 2/25/2018 9:15:41 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Colin Lau	Individual	Oppose	No

Comments:

Aloha Chairs Mizuno and Nishimoto

On Tuesday, your committees on Health and Human Services and Judiciary can make a difference to uphold the sanctity of life by voting to oppose House Bill HB2739. The decision on allowing prescriptive medication to allow a person to die by non natural means is a difficult one but I hope you find it in your heart to vote against this bill.

Colin Lau

HB-2739

Submitted on: 2/25/2018 9:37:01 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Tamulonis	Individual	Oppose	No

Comments:

I strongly oppose HB2739, the killing of patients.

HB-2739

Submitted on: 2/25/2018 9:46:05 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nate Hix	Individual	Support	No

Comments:

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

Humans deserve agency to decide what's best for them when it doesn't hurt others. This bill achieves that goal.

After consulting with medical professionals, if you were in a position where you found it best to move on from this world peacefully, I can assume you wouldn't want the state to bar you from being able to. Please give others the same rights that you would want for yourself and pass HB2739.

Thank you,

Nate Hix

HB-2739

Submitted on: 2/25/2018 9:47:05 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Aida Wen	Individual	Oppose	No

Comments:

Testimony from: Aida Wen, MD

Board Certified in Geriatric Medicine and Hospice and Palliative Medicine

Hearing:

- - Date: Thursday, February 27, 2018
 - Time: 10:30 am

HB 2739 RELATING TO HEALTH.

- Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

To the members of the House Committee on Health:

As an Internal Medicine Physician, Board certified in Geriatric Medicine, Hospice and Palliative Medicine practicing in Hawaii, I would like to submit testimony expressing my concerns regarding the Medical Aid in Dying bill.

I have been in practice for 25 years, and I have seen firsthand the issues that my patients and families encounter as they face serious illness. Not unexpectedly, many have chronic illnesses-- such as end-stage cardiac disease, end-stage kidney disease, end-stage lung disease, etc. In addition, at least half of my patients also have dementia at some stage. For these and many other diseases, trying to determine life expectancy, is oftentimes inaccurate.

I have walked many patients and families through the journey of dying. Along the way, I have met patients and families who have asked me to help them die. As I listen to their

fears and concerns, I find that I am able to meet these needs, one way or another. I promise to walk with them “all the way”. When we go “all out” and work with the entire interdisciplinary team, and pull in the family and friends, I see a miraculous transformation. Not only is the patient at peace, the patient experiences times of joy and laughter, and the family feels supported and empowered, and the family is able to have rich interactions that they never would have dreamed of. With such support, patients may even outlive their estimated time to death. A “good death” can be planned for and achieved—and it does NOT have to include ending a person’s life. I have seen this scenario played out time and time again, and that is what I would wish for all of my patients. From what I have seen in my 25 years of practice, I believe that “Physician Aid in Dying” is not necessary.

In my line of work, I find that the people who find this the hardest are the families and caregivers. Oftentimes, families struggle with making decisions for their loved ones, oftentimes “transferring” their own desires to be the desires of their loved ones (ex: “I wouldn’t want to go through that”, “I wouldn’t want to be a burden”. Caregiver stress and burnout is very common and costly, and many providers in our current healthcare system, as well as our financial and social systems do not know how to provide the support that these caregivers need. So, wouldn’t it be “easier” to “end the misery”, and “save some money”? I am also very concerned for our > 26,000 people with dementia in Hawaii. Dementia is a common risk factor for elder abuse by caregivers. All too often, I have seen these elders as a target for their money, whatever the strategy. Unfortunately, I have seen so-called “caregivers” convince a dementia patient to sign documents allowing them to become their surrogates. Indeed, if they can convince them to trust them, they could certainly get meds for them and be in a position to convince them to take them. This population is particularly vulnerable. Not to even mention that medication diversion for these medications may be even more dangerous than that of the opioids.

If Hawaii is not adequately supporting their caregivers, who don’t know where to turn, how can we pass legislature like this knowing that patients and caregivers feel that they have few options for greater support? While our kupuna may not be directly “coerced” into this, this may very easily, and subconsciously turn into an “obligation” to not become a burden on “society”, and more importantly, on their children. If anyone here has aging parents, this should be easily apparent to them. Indeed, I am seeing it first hand right now. My father saw my sister in law take her own father into her home willingly to care for him in his final days of cancer. In recent months, my father has become much weaker with myelodysplastic syndrome. My father watched and saw how difficult it was, and talked about wanting to die so as not to become a burden. Even paying for a caregiver would be a financial burden. Does he really want to die? I don’t know, but that path seems “easier”. He certainly looks forward to when the family and

the kids visit. If this can happen in a loving family, imagine the dynamics in a broken family.

While Physician Aid in Dying may satisfy the few interested in “self-determination”, this may make it easier, and possibly “obligate” seniors to take this path. In addition, this also places patients with dementia in Hawaii at risk for coercion. Even if coercion is made illegal, it may be too late by the time it is discovered, and it could be very difficult to determine the truth. By definition, people with dementia are unreliable historians.

I applaud you for passing the “Kupuna Care” legislation to help pay family caregivers and reduce caregiver stress. That is a step in the right direction. Our kupuna and caregivers also need more healthcare providers with the time, patience, and skill to draw out concerns from the patient and family and provide effective palliative care. We need greater numbers of affordable case managers and public health nurses who can show families how to access community resources for the intensive support needed.

In summary, we should spend our time and resources to empower our families to better care for our Kupuna in Hawaii. The Physician Aid in Dying is bill does not help meet the real needs of patients with serious illness in need of more support. The Physician Aid in Dying is bill runs counter to the culture in Hawaii. There is a thin line between “coercion” and “obligation”. Dementia patients are particularly vulnerable. If a person has a terminal illness (certified to be <6 months), that life will come to a close, naturally. Writing for lethal prescriptions is not necessary, and it is certainly not worth the risks and repercussions in Hawaii.

Sincerely,

Aida Wen, MD

aidawen@hawaiiantel.net

808-295-0650

HB-2739

Submitted on: 2/25/2018 9:48:10 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I support this bill because dying with dignity is a human right. We all will journey to "po" (death) when it is our time. If an individual is known to be terminally ill, then it is totally acceptable to allow them to choose to take that journey peacefully and not prolong the pain.

HB-2739

Submitted on: 2/25/2018 9:48:25 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

HB-2739

Submitted on: 2/25/2018 9:56:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mary Arakaki	Individual	Oppose	No

Comments:

I submit this testimony in strong opposition to HB2739 and physician assisted suicide under and description for the following reasons:

We see many suicides in our business and legalizing physician assisted suicide sends the wrong message to our troubled, vets, teens, and elderly that suicide is an acceptable way to solve problems.

There are many wonderful programs in Hawaii. I volunteer for Hospice. We take care of our terminally ill Kupuna. We don't abandon them to suicide. I have met many patients who improved and lived beyond the few months they were told they had to live.

Proper medical care means treating the disease "DO NO HARM", NOT killing the patient.

I urge you to vote no and not pass HB2739 at the hearing on Tuesday, February 27, 2018.

Mary and Bill Arakaki

Bio-Recovery of HI, Inc.

P. O. Box 1465

Aiea, HI 96701

HB-2739

Submitted on: 2/25/2018 9:56:31 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Shelley Steele	Individual	Support	No

Comments:

I wanted to write a quick note to show my support for the death with dignity bill. I choose quality of life over quantity and believe it is inhumane to not allow someone of sound mind to choose to alleviate the pain, suffering and expense of terminal illness for themselves and their family in a safe and controlled way.

If I ever find myself in a terminally ill situation, I would want to have that choice and would do whatever I had to so that my family would not suffer emotionally and go bankrupt trying to care for me. Especially as access to and cost of health care are out of control, we need this.

In government these days it feels more than ever like we the people are alone, no one cares, and all the government and politicians do are just take, take, take. Unless you all can figure out how to give us access to affordable and quality health care please at least give us the choice to die with dignity when we get sick if we so choose.

Thank you sincerely

HB-2739

Submitted on: 2/25/2018 10:03:11 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jessica Taylor Spurrier	Individual	Support	No

Comments:

I watched my own mother die in excruciating pain from her second bout of breast cancer. She was 51 years old. During lucid moments she asked for help to end the pain and there was nothing I could do. I was very much traumatized by the pain of her final months and, more so, by my own inability to help her to ease her suffering. The choice for medical aid in dying should be up to the individual who is dying. Why are pets "put of of their misery" but our most beloved family members made to continue to suffer long beyond when they would like it to end? We need to support those who are dying to find peace, autonomy, respect, and love in whatever form they request it. Please consider allowing this option for the few who would value it more than anything in their final days.

Thank you.

HB-2739

Submitted on: 2/25/2018 10:06:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathleen Elliott	Individual	Support	No

Comments:

I have lived in Honolulu for over 40 years, and have been a health care provider here for over 20 years. I SUPPORT this bill and hope that you will pass it. This is legal in many other states and they have not seen abuses of this option. I urge you to pass this bill.

aloha, Kathleen Elliott, PA-C, Honolulu

HB-2739

Submitted on: 2/25/2018 10:08:04 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Addie Elliott	Individual	Oppose	No

Comments:

Please vote against physician assisted suicide. Life is a precious gift.

HB-2739

Submitted on: 2/25/2018 10:08:14 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Dear Committee Chairs and Members:

I submit this testimony in strong OPPOSITION to HB2739 and physician assisted suicide under any description for the following reasons:

My name is Vanessa Fujiki and I am a registered nurse in the state of Hawaii. I work in palliative/Hospice care. I understand the intention behind this bill, but there are many reasons why I do not believe that Physician assisted suicide should be our solution to treating patients. This method of treatment will lead to increased abuse of vulnerable populations, prescription medication abuse, economical abuse, and a decreased respect for the life of those who have been given a prognosis of 6 months or less.

- 1. Abuse by vulnerable population: For example many patients at the end of their life feel as if they have become a burden to their families and might consider taking their lives for others more than for themselves. This bill would allow a way for patients to fall prey to undue influence from doctors or family members, resulting in lack of true informed consent.**
- 2. Increase community abuse: The passing of this bill would contribute to the already existing opioid crisis in America because of these following reasons: there is no formal drug take back plan that would hold patients and potential abusers accountable, there is no education on proper use or disposal, there is no witness required at death. According to the National Institute of Drug Abuse, "Every day, more than 115 Americans die after overdosing on opioids. The misuse of and addiction to opioids—including [prescription pain relievers](#), [heroin](#), and synthetic opioids such as**

fenatanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement." Increased Rx for drugs like Secobarbital would only add to this problem.

3. In HB2739 Page 19 Line 19 stated "A person who has custody or control of any unused medication dispensed under this chapter after the death of a qualified patient shall personally deliver the unused medication for disposal to the nearest qualified facility that properly disposes of controlled substance or if none is available, shall dispose of it by lawful means." The safe disposal of these kinds of medications are extremely necessary and should not be left for an unwitnessed disposal, maybe even no disposal at all. 3. 3. 3.
4. Economical abuse: If this bill is passed, then it tax money will be wasted. California's medicaid program has budgeted \$2.3 million taxpayer dollars for the first fiscal year, PAS is legal. President Clinton prohibited using federal funds to subsidize PAS, leaving states to pay the bill. There is also a risk that these medications will be pushed on patients in order to save money. "Assuming that (1) 2.7 percent of patients who die each year (62,000 Americans) would choose physician-assisted suicide, (2) these patients would forgo an average of four weeks of life, and (3) the medical costs in the last month of life for each patient who die are \$10,118, we estimate that legalizing physician-assisted suicide and euthanasia would save approximately \$627 million"(Ezekiel J. Emanuel, M.D., Ph.D., and Margaret P. Battin, Ph.D.)These \$627 million dollars is a small percentage of the total US health care expenses but it is a conservative estimate, and with misconceptions these "savings" could lead to a calloused culture where we no longer value treating our hospice patients and patients in the last year of life.
5. Hope: The medical community owes it to our patients to continue to increase research for better pain management and all around better holistic approaches to care for patients at the end of their lives.

Suicide is a very permanent solution to what at times can be a temporary problem. Managing our patients health should be treated carefully and with the utmost respect. I have had many patients live longer than 6 months, despite their diagnosis. We owe it to the patients to come up with better laws and treatments. Simply taking away their hope and their lives is not the answer.

In conclusion, I, Vanessa Fujiki oppose this bill. For many reasons including its implications on the opioid crisis in the U.S, potential for copious amounts of abuse, and negative impact on the culture of medicine.

HB-2739

Submitted on: 2/25/2018 10:10:28 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Zwiebel	Individual	Support	No

Comments:

Life or Death is a very difficult decision. Who has the right to determine when one's life should end if not the one who owns that life? Isn't it hypocrisy that the state claims the right to execute those who do not wish to die yet keep alive those who do? How strange that America can use drones to assassinate anyone, anywhere, anytime yet insistst that those who no longer want to remain alive must.

While I encourage further debate on this question, I insist that if freedom means anything, it must allow the individual the choice to die.

HB-2739

Submitted on: 2/25/2018 10:14:05 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Julia Allen	Individual	Oppose	No

Comments:

I oppose HB2739, "Our Care, Our Choice Act", for several reasons.

First, it is premised on the assumption that it is possible to accurately predict when a person will die in less than 6 months. How many people are alive today who were expected to die more than 6 months ago?

Second is the assumption that death can and should be pain free, peaceful and dignified. It is a fact of life that birth and death are often painful and undignified.

Third, prescribing medication to end life is not health care.

Lasl, the fact that 30 other states may have enacted or considered such legislation has no bearing on what the people of Hawaii choose to do. We are a sovereign state and a sovereign people.

HB-2739

Submitted on: 2/25/2018 10:18:18 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
J Tyler	Individual	Support	No

Comments:

Please support the death with dignity bill. It's just what it says, allowing people to choose dignity if they have a terminal illness, and to be humanely euthanized.

Jenn Tyler

Kaua'i

HB-2739

Submitted on: 2/25/2018 10:24:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
amy y. kimura	Individual	Support	No

Comments:

When my elderly aunt died peacefully in her sleep at home, all her siblings and friends said, That's how they wanted to go. I am a senior. If this bill becomes law, it would be comforting to know in our twilight years we won't have to needlessly suffer when we are terminal and in much pain; that we can choose to go peacefully like my aunt. Prolonging death can be cruel.

HB-2739

Submitted on: 2/25/2018 10:31:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Please pass HB2739! Terminally ill patients should have the choice to seek medical aid in dying. Choice is key!

February 25, 2018

To Whom It May Concern:

This is testimony in support of House Bill 2739 – Relating to Health. I am in favor of passage of this measure for the following reasons:

1. I have witnessed the ordeal of two family members and a friend, all diagnosed with terminal cancer, as they bravely endured the pain and dread associated with their illness and the approach of death. Aware that the end of their life was inevitable, I wished for them the legal right and means to end the suffering if and when they chose to do so.
2. In the event I am faced with a terminal illness, I hope for the legal right and medical means to choose to end my life when suffering and pain become unbearable. I believe the provisions as described in this legislation should be made available for anyone who is faced with the challenges of dealing with terminal illness and who is capable of making an independent decision.
3. The provisions and restrictions described in the legislation above are clearly defined, with protections for the patient, health providers, and others involved in the decision and process in carrying out the patient's request for medical aid in dying, while at the same time, allowing for refusal to participate.

For these reasons I support the passage of House Bill 2739 – Relating to Health.

Respectfully submitted,

Jenny R. Howard

Ph #808 396-3530

jhoward@hawaiiantel.net

HB-2739

Submitted on: 2/25/2018 10:50:58 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lindy Bigornia	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/25/2018 10:53:53 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Emmanuel Zibakalam	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/25/2018 10:55:43 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cate Bellafiore	Individual	Support	No

Comments:

My mother was admitted to hospice a few years ago. She did not want a long painful death, but the only options at that time for medically assisted dying were to move to Oregon for six months, go to Switzerland, in which case I was told that if I went with her, I might not be allowed to return to the United States, or other illegal avenues that again jeopardized me. She chose to stay in Hawaii, but it would have been more humane for her to have had the option to choose a faster death to release her from her suffering. My understanding is that it is a great comfort to people who are dying to know that they could choose to go at any time, but that most people do not actually choose to die that way. More options to keep the dying out of hospitals would be a great boon for those people and their families.

HB-2739

Submitted on: 2/25/2018 10:59:42 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Gustafson	Individual	Support	No

Comments:

I support this Bill as written. I believe we should have the right to have medical support in dying.

HB-2739

Submitted on: 2/25/2018 11:04:08 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janet Graham	Individual	Support	No

Comments:

Thank you for reading my testimony.

I support this bill because terminally ill patients have the right to die with dignity and this bill protects patients from abuse of this right by caretakers and family members.

Having lost my mother to cancer, I know how important palliative care was to her which is care that reduces suffering rather than trying to cure the patient. Frequently, patients end up receiving doses of morphine that may be fatal, so it is not a stretch to institute physician assisted suicide. It would help clarify the end of life.

Though my mother's illness was mercifully brief, if she had to make the decision to end her life, it would be empowering to give her, and all terminally ill patients, the option of deciding when it is time to end their lives.

Thank you for listening to my testimony.

Aloha

HB-2739

Submitted on: 2/25/2018 11:11:02 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Heather H. Giugni	Individual	Support	No

Comments:

Chairs Mizuno and Nishimoto –

I am writing IN SUPPORT of HB 2739.

I understand that this measure will implement “death with dignity” practice that will both protect against potential abuses while establishing a regulatory process under which an adult resident of the State of Hawai’i with a medically confirmed terminal illness and less than six months to live may choose to obtain a prescription for medication to end the patient’s life.

I have personally experienced the passing of family and friends and have in some cases watched their long-suffering, painful end. This is a humane and loving choice if a person so chooses death with dignity.

I hope you agree.

Heather Giugni

HB-2739

Submitted on: 2/25/2018 11:12:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amanda Rieux	Individual	Support	No

Comments:

I am writing today to ask you to support HB 2739.

This bill will allow for death with dignity in our state. It is the Pono thing to do to allow people to make this choice for themselves.

It will grant dignity and mercy to people who are in pain and suffering. As a civilized society, we should be allowed legal access to the expertise of our medical system to help those of us who are chronically ill to end our suffering if we choose to.

This bill will impact all of us who live and die in Hawaii. I strongly urge you to support it.

Thank you for taking the time to read my testimony,

Amanda

HB-2739

Submitted on: 2/25/2018 11:13:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Swanson	Individual	Support	No

Comments:

I strongly support House Bill 2739. The time is long overdue to allow adult terminally ill Hawaii residents to choose to die with dignity. The passing of this bill will end suffering for many who prefer not to endure the pain and misery of their final months of their lives and the lives of their families and loved ones. I strongly object to those who oppose this bill on the basis of religion or personal beliefs these opponents are willfully imposing on the terminally ill whom I believe should be granted the right to make their own decisions regarding their lives and their deaths.

February 25, 2018

TESTIMONY TO THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES AND JUDICIARY COMMITTEE

For Hearing on Friday, February 27, 2018
10:30am , Capital Auditorium

Re: HB 2739 Relating to Health

Dear CHAIRPERSON JOHN MIZUNO, VICE CHAIR BERTRAND KOBAYASHI AND MEMBERS OF THE COMMITTEE ON HEALTH AND HUMAN SERVICES AND CHAIRPERSON, SCOTT NISHIMOTO, VICE CHAIR, JOY SAN BUENAVENTURA AND MEMBER OF THE JUDICIARY COMMITTEE:

I write in STRONG OPPOSITION to HB 2739.

First off, I do not understand the need for this bill. If someone wants to end their life, there is nothing stopping them now. All this legislation does is bring others into the process and allow them to assist in killing human life.

It also opens up more possible abuse of those who need caregivers. In a recent report, it was shown that elder abuse on Oahu had increased 300%, (<http://khon2.com/2017/10/26/joint-campaign-raises-awareness-about-kupuna-neglect-financial-abuse/>).

From the article, "Spallina says between 2008 to 2014, his office saw a 300-percent increase in elder abuse cases on Oahu and adds that they receive an average of 45 calls a month from the public."

"In 2016, the Hawaii's Adult Protective and Community Services Branch investigated 1,048 abuse allegations. Of those involving a victim 60 years and older, about 33 percent of them involved caregiver neglect, 21 percent financial exploitation, 25 percent self-neglect, 12 percent psychological abuse, 8 percent physical abuse and 1 percent sexual abuse."

33% of the reported abuse in the article are from CAREGIVER neglect. These are the very people by definition that society assumes will be caring for the elderly not abusing them in any way. Placing lethal drugs into the hands of abusers generates an additional risk to our elderly.

The definition of "terminal illness" in the bill is an issue. From the bill, "terminal disease means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months." There are many diseases that can be managed but not cured past 6 months with a good quality of life. Doctors really do not know how long someone has left to live. They are giving an educated guess but that guess is

often wrong. My father-in-law lived beyond the doctors expectations when given a terminal diagnosis. He had many happy experiences with family and friends in that time. Years that we are glad we had with him and I know he would not have traded for anything - even with the discomfort he lived with.

I think there are some issues with the reporting requirements as well. Knowing that abuse is a concern, why would the law not allow the information "disclosed, discoverable, or compelled to be produced in any civil, criminal, administrative, or other proceeding." This only helps abusers to take advantage of this law and kill off someone for their personal benefit and have the State of Hawaii assist in covering up evidence against them. There would be no way for the public or loved ones to know if there was abuse under the law if records cannot be called up.

Disposal of unused medication is also a big issue. There is no real oversight here. There is no guarantee that the medication will not enter the black market or the hands/mouth of a child.

There are more compassionate medical alternatives than death. It is my strong belief that all human life is sacred and created by God in His image. Human life is of immeasurable worth in all its forms, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. HB 2739 takes away the value of human life.

These types of laws are a slippery slope. Any time the government allows the killing of innocent human life at any stage, the definitions over time get looser. It gets easier and easier to move the bar as to when it is OK to kill human life. The governments job is to protect its citizens, not figure out ways to end their lives.

Thank you for your time and I urge you to OPPOSE HB2739.

Sincerely,

Stacey Jimenez

HB-2739

Submitted on: 2/25/2018 11:19:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Janice Davis	Individual	Support	No

Comments:

If I cannot consent to my own death, whose body is this? Who owns my life?

HB-2739

Submitted on: 2/25/2018 11:25:15 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeffrey Mermel	Individual	Support	No

Comments:

Testimony IN SUPPORT of HB 2739 (to be heard on Feb. 27, 2018 @ 10:30am).....Testimony from Jeffrey Mermel, from Volcano Village, Hawaii Island, Zip 96785:

> HB 2739 contains a number of safeguards protecting patients.

> HB 2739 gives people the personal choice at the end of life.

> Numerous polls show that the people of Hawai'i want this law !

I am IN SUPPORT of HB 2739. THANK YOU for your consideration.

HB-2739

Submitted on: 2/25/2018 11:41:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bobbie Pang	Individual	Oppose	No

Comments:

HB 2739

Testimony in support of

HB 2739, February 27, Hawai'i House of Representatives Health and Human Services and Judiciary Committees.

From Janet Moelzer, 97405 (nearly 50-year Hawaii resident, currently visiting friends for two weeks, and just learned of this opportunity to support the Dwd effort)

My husband, Willi Moelzer, was a former teacher at Roosevelt HS. After nearly 50 years in Hawaii we retired to Oregon. This move gave him the opportunity, three years later, to use their Death with Dignity law. He developed a rare neurological disorder that took away his physiological independence. Seeing that the loss of his mental competency would come next, he realized that his quality of life would soon be greatly diminished. That quality had always meant more to him than quantity, so with death on the horizon, we followed Oregon's prescribed steps to obtain their life-ending medicine. We held a heartwarming celebration of his life, with friends and neighbors in attendance, and were supported by glowing testimonies from former students of his impact on their lives. Finally we retired to the bedroom, he drank his medicine, went to sleep within 10 minutes, and was pronounced dead 45 minutes later.

Willi's passing was the most peaceful experience I've ever had, and was soon followed by a sense of release and joy from his spirit. I felt grateful that I could support him to such a peaceful end.

This experience set me on a new path, where I now am a volunteer for a great organization that educates and guides terminally ill Oregonians in their quest for a dignified end. Families and friends are usually surprised at how peacefully their loved one dies – especially after seeing the suffering that the illness had caused. On the other side, it is very sad to see clients who wanted to use the DWD option, but were directed to it too near the end of their debilitating illness and couldn't make it through the qualifying process before their death. Educating the public about the DWD option, once the law is passed, is equal in importance to the passing of the law.

Oregon's 20 years of experience with a DWD law has shown that the right to a personal choice at the end of life and peace of mind when dying of a terminal illness are very important to people – the right was supported on two ballot measures in Oregon, and receives a majority support in current public polls in Hawaii and across the nation. Plus, the safeguards in place have shown NO misuse of the law in Oregon (each individual use is tracked in detail by the Oregon Health Authority) or elsewhere.

Again, I highly support Hawaii's passage of HB 2739 and hope this illustration from Oregon shows the worth of enacting this law.

HB-2739

Submitted on: 2/25/2018 11:59:47 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Annette Oda	Individual	Oppose	No

Comments:

2/25/18

I Stand in Strong OPPOSITION TO HB2739 Relating to Health, firstly the title " Health " is MISLEADING. This bill is Not about Health but about Assisted Suicide. Suicide is Not Illegal so Why do we need a law?

This is More about Desensitizing the Public View of Life Under the GUISE OF COMPASSION. Not Nice to Deceive the PUBLIC , That's US , Your Employers. Remember , You're Our Servants and NOT the Other way around. How Dare you undermine Our Freedom and Rights.

Are you GOD?

Why do you Discount a Child's Life while in the Mother's Womb; You Won't even Pass a law to Protect that Precious Life , Should the Child be born Alive. Why? Our Lives don't matter? How can you sleep at night? Are You GOD?

Isn't it Ironic that 2 Bills are moving through the House looking to reducing Suicide Rates in Hawaii and You have This HB 2739 Bill that Promotes it. Why ? Are you GOD?

Whenever you , the Legislators(law making Body), "Play with Our Life and Death" = MURDER (Clearly NO other explanation. Are you GOD?

I Can Clearly see that this HB 2739 Bill Will certainly Lead to More NEFARIOUS Things; Only Our LORD Knows what the Opening of Pandora' s Box Will Bring.

Are You GOD?

This Bill is a CLEAR CASE OF MURDER MADE LEGAL . Call this Exactly What it Clearly is = MURDER MADE LEGAL.

Since you're Definitely Not GOD , Do yourself a Favor and VOTE NO , No No to this wasted piece of MURDER Bill HB 2739 . DOCTORS WERE BOUND with The

HIPPOCRATIC OATH To Save People's Lives So Do you Really think that All of You can get away with Evil Bill HB 2739? GOD Is OMNISCENT. So HE KNOWS ALL.

There's NO WAY YOU Can Help them Hide Because OUR LORD Knows your Every Thoughts even before you think it. Amazing? ABSOLUTELY! You'll Each see HIM on Judgement Day. Don't worry, HE WONT FORGET.

Respectfully,

Mr. & Mrs. Michael Oda

HB-2739

Submitted on: 2/26/2018 12:00:36 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Nakamura	Individual	Oppose	No

Comments:

Dear Committee Chairs and Members:

I submit this testimony in strong OPPOSITION to HB2739 and physician assisted suicide under any description for the following reasons:

- Lack of accountability creates a window for abuse:
 - An heir or caregiver can administer the drug to an elderly or disabled person (no witness required at death).
 - Physician assisted suicide has the potential of saving insurance companies money and the state healthcare costs for the elderly and severely disabled, including terminal or severely disabled children in Foster Care.
- Legalizing physician assisted suicide sends the message to people who feel they are a burden and those struggling with depression that suicide is a solution;
- If a person diagnosed with a terminal illness wishes to end treatment for his/her illness, palliative care is already an option (such as hospice care).

I urge you to vote no regarding HB2739 at the hearing on Tuesday, February 27, 2018.

Thank you for your time,

Stephanie Nakamura

HB-2739

Submitted on: 2/26/2018 12:20:41 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Teresa Gochenouer	Individual	Oppose	No

Comments:

Dear Hearing Committee,

"End of life issues" is one of the hardest to navigate and a most feared topic in a person's life. Death is not something the average person deals with often, and when death is approaching it is therefore a time full of anxiety and uncertainty as only God knows the day, the hour, and the circumstances of each person's impending death. As it is a time of uncertainty and fear, we as a compassionate and caring society cannot fail our family and friends by allowing this option of physician assisted suicide in our great state of Hawaii. This is murder. When a person is seeking the ending of his or her life, it is a sign of desperation, as it is with any other suicide. It is not a time to give in to the temptation to take one's own life, but a time and a sign that they need more love and support. More resources need to be spent on comfort care and hospice and less resources on giving our elderly and sick what seems to be an easy way out through physician assisted suicide. I oppose HB 2739 and I ask you to do the same. Vote no on HB 2739. Thank you.

Sincerely,

Teresa Gochenouer

Alewa Heights

We all agree that human life should be protected, however, the principle of the Sanctity of Life is often put above the lives of individual, real people. We, as society that emphasizes freedom and compassion, must ask ourselves, is it the right of living to fetter the dying to their suffering? This issue is not about the sanctity of life, it is about granting us autonomy over our own fate.

This Bill properly addresses this issue. It ensures that terminally ill adults of sound mind can end their suffering, by requiring extensive counseling, psychiatric evaluation, and proper diagnosis. By prohibiting the practice of euthanasia and active suicide assistance, it ensures that the patient has full control over the administration of the prescription and the ability to rescind their decision. It ensures that no family member can coerce the patient into or out of the process, by requiring a third-party witness, with no familial or financial ties to the patient, be present at the signing of the consent form. It allows the patient to fully consider their decision by requiring a 15 day wait period before the prescription can be filled.

This Bill is well thought out, and fully addresses all concerns over this issue. When voting on this Bill, I urge you to focus on suffering and autonomy of your fellow human, not of the abstract concept of the Sanctity of Life.

HB-2739

Submitted on: 2/26/2018 12:58:19 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Georgina Failautusi	Individual	Oppose	No

Comments:

I strongly oppose this bill!

HB-2739

Submitted on: 2/26/2018 1:15:58 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jasmine Fujiwara	Individual	Support	No

Comments:

I support this bill because I watched over my mother for 6 months while she was dying of terminal cancer. While I don't know if she would have chosen this option at least she would have had a choice.

HB-2739

Submitted on: 2/26/2018 1:39:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Gannon	Individual	Support	No

Comments:

To: HHS and JUD Committees

Re: HB 2739 to be heard on 2/27/18 10:30am in the Auditorium I support this bill because I believe we should be able to choose as far as possible a calm and peaceful death. When faced with pain and a certain death a person should be able to choose to end their life before the pain is too much and there can be on peace in passing out of this plain old existence. Please pass this bill. Thank you for your consideration.

Joan Gannon nurse and human being

HB-2739

Submitted on: 2/26/2018 2:55:45 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa King	Individual	Support	No

Comments:

Committee: Health & Human Services/Judiciary
Hearing Date/Time: Tuesday, February 27, 2018, 10:30 a.m.
Place: Capitol Auditorium
Re: HB 2739 Relating to Health

Support HB 2739

Dear Chair John Mizuno, Chair Scott Nishimoto and members of the committees:

My name is Karen Ginoza and I am testifying as an individual in support of HB 2739

My father was an immigrant from Okinawa and worked on the sugar plantation. He worked to send five of his six children to college or community college. At my graduation from UH, my father asked to come home and take care of him since he was just diagnosed with terminal cancer. I had just graduated from college and was ready to start teaching. This was my opportunity to give my father the care he needed so I went back to Maui to begin teaching. We lived in the same plantation house that I grew up in.

Life was difficult because my brother and I had to care for three people, my father, my mother, and my sister. My mother was the primary caregiver but fell and injured herself. 50 years ago, the medical profession did not allow the family to tell the patient that he had cancer. My father was suffering and finally decided to take an overdose of his pain pills. I watched him as he took the pills. He told me to go away so I went to sleep but woke up early to check on him. We called for an ambulance that took him to the hospital and he survived.

At that point, we knew we could not care for him at home. He was placed in a long-term care facility where he was not happy. In the end, he took his own life by jumping from the fourth floor of the hospital. This happened over 50 years ago but the memories are still fresh in my mind.

My father knew what he was doing. Before going to the long-term care facility, he gave us instructions on how to prepare for his funeral and how to care for my mother. If we had this law in place, my father could have chosen a much more humane way to die and I would not have these lingering memories. Every year, on my birthday, I think of my father.

I urge you to pass HB 2739.

Thank you for this opportunity to testify.

Sincerely,

Karen Ginoza

HB-2739

Submitted on: 2/26/2018 4:16:02 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Deborah Ward	Individual	Support	No

Comments:

Aloha, Committee Chair and members,

My name is Deborah Ward, and I am nearly 70 years old.

I am surrounded by my elder friends and family, and we are, like you, all headed toward a transition from life as we know it. I work with my paraplegic partner, my 98 year old mother, and many others who require my help. We have discussions nearly daily about the illness and infirmity that may eventually take us from this plane. Virtually everyone I talk with hopes to have a quick and painless transition, but few of us expect that. In fact, the dread of a painful, budersome lingering, when quality of life is a distant memory, is palpable.

I support HB2739, because I strongly desire the freedom to choose the course of my illness when it is clear that I have no reasonable expectation that my health is anything but terminal. I am not alone in this. My friends and I have plans, stashed pills, and other metods in mind, but it would be far better to have legal and deliberate choices with the aid of professionals to assist us.

Please support this meausre. Thank you. Deborah Ward.

HB-2739

Submitted on: 2/26/2018 4:28:37 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Danny Melton	Individual	Oppose	No

Comments:

Aloha Chairman Mizuno and Chairman Nishimoto:

I oppose HB2739--this bill has great potential for taking advantage of the elderly, and those who are bedridden, weak, and possibly mentally ill. We need to create in Hawaii a culture of life and hope, not death. As long as there is hope. There is a woman from my church who was placed in hospice because she was diagnosed as having less than six months to live. She outlived her hospice care and is a live today. Also Since Christmas my Mom has been in hospice care at her home. When doctors determined that Mom needed hospice, the first hospice nurse on her own volition put my Mom on morphine before she left the hospital--when we realized what the nurse had done, we asked for another nurse -- my Mom has COPD and her lungs will not get better outside of a miracle healing, but she is not in pain and does not need morphine--she only needs anxiety meds to help he relax when she has trouble breathing. Certainly her physical condition is deteriorating but she is alert, engaging, and coherent -- talks about Jesus and her peace has touched the heart of my backslidden younger brother. When she found out she was in hospice care she she said she is ready to be with Jesus, but not yet ready to stop loving and hugging her family. The point is many elderly and bedridden people are being taken advantage of--if we had been gullible and accepted what the first hospice nurse was doing Mom would already be gone--that said I plan to help my Mom celebrate her 84th Birthday in two weeks.

I respectfully request that you kill this bill.

Danny Melton, Colonel USMC (retired) Waipahu, Hawaii 96797

HB-2739

Submitted on: 2/26/2018 4:33:17 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Denise Ritchey	Individual	Oppose	No

Comments:

I totally oppose this bill and any form of assisted suicide.

February 26, 2018

RE: House Bill 2739 - Relating to Health

To whom it may concern:

Please support this bill to give persons with 6 months or less to live the ability to end their life in a humane and dignified manner.

I have witnessed several dear friends go with terminal cancer ending their last months wasting away thankfully sedated with morphine. I know these people well and they wanted to be able to end their life when they were still functioning. To be able to enjoy a fond farewell without burdening their families and friends watching them hopefully waste away quickly.

This bill would provide the terminally ill the option to have control over their final days. It saves medical costs to the family and government for less time on Hospice and care-giving. It is Humane!!! Many Many people want to have the ability to end their life with dignity.

Please Pass this Bill!!!

Sincerely,

Cynthia Marie Sidore
4856 Pepelani Loop
Princeville, HI 96722
808-639-9368

HB-2739

Submitted on: 2/26/2018 4:44:10 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jeremy Storm	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 4:56:46 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Yong Melton	Individual	Oppose	No

Comments:

Chairman Mizuno and Chairman Nishimoto

i oppose this bill. It takes advantage of the elderly, the mentally ill, and bedridden. Creating a culture of death is not Hawaii's culture. We need to ensure that all have excellent palliative health care. Where there is life there is hope. We have too many from all ages committing suicide, ending their lives prematurely. Physicians are to save lives and relieve suffering, not take lives.

Please stop this bill.

Sincerely

Yong Melton Waipahu, Hawaii

HB-2739

Submitted on: 2/26/2018 5:37:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I support Medical Aide in Dying. I've been a Big Island resident for 32 years. We deserve Choice! We deserve compassion. It is our right as free people to choose our death if suffering from an incurable disease. Our kupuna deserve it. Mahalo. Please vote yes. It's not the only choice. It's just one more choice!

HB-2739

Submitted on: 2/26/2018 6:08:29 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Naomi S Ferreira	Individual	Oppose	No

Comments:

100% OPPOSED to HB 2739

Let's keep LIFE in ALOHA. Do NOT let HB 2739 pass. Let's help those in pain! Let's comfort the dying!! Let's NOT assist them or anyone else commit suicide!

If folks are so anxious to kill, let'em KILL THE BILL!!!

Naomi S. Ferreira

HB-2739

Submitted on: 2/26/2018 6:21:00 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Terry Jasper Jr	Individual	Support	No

Comments:

February 26, 2018

To: House's Committees on Health & Human Services and Judiciary

Rep. John M. Mizuno, Chair, Rep. Bertrand Kobayashi, Vice Chair,

Rep. Scott Y. Nishimoto, Chair, Rep. Joy A. San Buenaventura, Vice Chair

Re: HB 2739 – RELATING TO HEALTH.

Hearing: Friday, February 27, 2018, 10:30pm, Auditorium

Position: SUPPORT

HB 2739, Establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life. Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription.

Hawaii residency deserves the dignity of making their own choices with regards to their own life. While it may be hard to cast aside religious, and even emotional decisions of others who care for and about the persons in question, the primary purpose of this Act

is to empower the rights of those who are in pain and suffering from a terminal illness. The right to end one's life in peace on one's terms is the core of a humane death. This bill enhances the ability to protect our citizens' rights to live a pain-free life for as long as they wish to have their life. To not offer the choice in itself is inhumane. To force someone to live in pain for the sake of others is a violation of the person's last rights.

I support this bill, with its early effective date and think that the state should pass medical aid in dying (Death with Dignity) in the Aloha State. Thank you for providing the opportunity to testify and for your consideration.

Terry Jasper Jr, Co-Chair

Energy and Climate Change

Environmental Caucus

Democratic Party of Hawai'i

Tj2ndcgh@gmail.com/ 808.489.3007

HB-2739

Submitted on: 2/26/2018 6:33:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dave A Heilemann	Individual	Support	No

Comments:

When we are young, we think we will live forever. As life progresses, we realize that there is a final end to our days on earth. I am now in my mid-seventies, and do not fear dying.... but I do fear a slow and painful death. When it is my time, I want to be able to end things without pain and suffering. Pass this bill!

As an attorney, admitted to practice in California, the District of Columbia and the US Supreme Court, I am submitting this testimony as an individual. For years I have studied and provided education regarding laws and proposed laws in various states, including Hawaii. I hope that the following documented analysis will be helpful to those considering HB 2739.

Patterned on Oregon's doctor-prescribed suicide law, this HB 2739 would transform Hawaii's crime of assisted suicide¹ into a medical treatment. The bill, if passed would permit a health care provider to prescribe "medication" to end a qualified patient's life.² Many people assume that the "medication" would be "a pill" the patient could take and then "slip peacefully away." This is false.

In states where doctor-prescribed suicide is legal, the vast majority of prescriptions are for 100 times the normal dose of drugs used for medicinal purposes. When the prescription is taken, the individual dies of a massive drug overdose.

If the bill becomes law:

Non-physicians could diagnose a patient and prescribe drugs to cause that patient's death.

The bill permits an "attending provider,"³ which includes not only a physician but also an advanced practice registered nurse, to diagnose a patient's terminal disease. It also authorizes an attending provider to prescribe the lethal drugs for assisted suicide.

"Attending providers" could prescribe a lethal overdose of drugs to patients who could live for many years.

Proponents of doctor-prescribed suicide invariably point to the requirement that a person must be terminally ill to obtain the prescription. They point out that the person must have been diagnosed with a six-month or less life expectancy. They call this a safeguard.

But they leave out the fact that, in the proposed Hawaii law – as well as in all the assisted-suicide laws that have passed in the various states – the definition of "terminal" allows doctors to prescribe lethal drugs to individuals who could live for many years.⁴

This is because the Hawaii measure defines a "terminal disease" as an incurable or irreversible disease that will "produce death within 6 months."⁵ But it does not specify that death will occur *with or without appropriate treatment*.

There is documentation that, under Oregon's assisted-suicide law, patients who could have lived for years, even decades, have died using legally prescribed lethal drugs. In official Oregon reports, diabetes is noted as the underlying terminal condition that made the patient eligible for a lethal prescription.⁶ If insulin-dependent diabetics do not take insulin, they will die within six months. So, they meet the requirements for the definition of "terminal." If they do take insulin, they can live for many years.

Another such case was described by Dr. Charles Blanke, an oncologist and professor of medicine at Oregon Health and Science University who acknowledges that he has written dozens of prescriptions for assisted suicide.⁷ He explained that a young woman with a serious illness had a 90 percent chance of living for decades with recommended treatment. The woman, however, refused the treatment. "That was a very challenging situation," he said. "You have to ask yourself, 'Why doesn't that patient want to take a relatively non-toxic treatment and live for another seven decades?'" Blanke ended up prescribing the deadly overdose for the woman anyway.⁸

Should doctors be able to prescribe assisted suicide for patients who could live for many years?

Government bureaucrats and profit-driven health insurance programs could cut costs by denying payment for treatment that patients need and want, while approving payment for less costly assisted suicide deaths.

There is documented information about terminally ill patients in Oregon and California who were denied coverage for treatment by insurance providers and, instead, were told that assisted suicide would be covered.⁹

Referring to payment for assisted suicide, the Oregon Department of Human Services explains, "Individual insurers determine whether the procedure is covered under their policies, just as they do any other medical procedure."¹⁰

If the Hawaii bill is approved, will insurance programs do the right thing – or the cheap thing?

The written request for prescribed suicide could be witnessed by someone who would gain financially from the patient's death.

The written request must be witnessed by two individuals, only one of whom may not be someone who would be entitled to any portion of the patient's estate.¹¹ Thus, one witness may be a potential heir who is pressuring the patient to sign the request. The second witness could be the "best friend" of the potential heir.

This places victims of elder abuse and domestic abuse in great danger since they are unlikely to share their fears with outsiders or to reveal that they are being pressured by family members to "choose" assisted suicide.

The bill permits a person who would benefit financially from the person's death to pick up and deliver the lethal prescription.

The drugs can be dispensed to "an expressly identified agent of the qualified patient."¹² A potential heir could encourage the patient to authorize him or her to pick up the drugs for delivery to the patient's residence.

Severely depressed or mentally ill patients could receive a prescription for suicide, without having any form of counseling.

Counseling is only required "as necessary."¹³

Even if the patient is severely depressed or has a mental illness, an attending provider does not need to refer the patient for counseling unless the attending provider believes the patient has "impaired judgment," that prevents the patient from making an informed decision.¹⁴ If the depressed or mentally ill patient understands and acknowledges the relevant facts related to the request for prescribed suicide, he or she is considered able to make an informed decision and would not be referred for counseling.

A patient could be led to request assisted suicide based on fear of being a burden to others.

Many families are under tremendous strain. It would be foolhardy to ignore the role that finances could play when making life and death decisions.

Would some patients feel that they should request prescribed suicide so that they wouldn't be a financial or emotional burden on their family?

Even in families where there would be emotional and practical support for a patient diagnosed with a terminal illness, patients could feel that they are being selfish for not sparing others from caring for them. This has been documented in Oregon as a reason for requesting the prescription for death.

According to Oregon's latest official report, 48.9 percent of patients who died using that state's assisted suicide law did so to avoid being a burden on their family, friends or caregivers. (That number far exceeded those who cited pain or concern about pain as their reason.)¹⁵

While we would all like to believe that family means warmth, love and protection, we need to face the reality that dysfunctional families are not rare and elder abuse – much of it at the hands of a family member – is a fact of life.

Patients would have no protection once the prescription is filled.

The patient's attending provider is not required to be present when the patient takes the lethal drugs. Providers, however, are urged to tell patients that it is important to have another person present when the deadly overdose is taken.¹⁶ But there is no way to know who, if anyone is present or what actually takes place leading up to the patient's death. The patient could be tricked or forced into taking the overdose. And no one would ever know.

Why aren't there any protections at the most important part of the process?

A health care facility could not prevent deaths from prescribed suicide on its premises. Furthermore, a facility willing to permit assisted-suicide deaths could require some nurses, pharmacists and certain other individuals to facilitate such deaths.

The bill states that "a health care provider may prohibit another health care provider from *participating* in actions covered by this chapter on the premises" if certain notification is provided.¹⁷

It also states that "no health care provider may be under any duty, whether by contract, by statute or by any other legal requirement, to *participate* in the provision to a qualified patient of a prescription or of medication to end the qualified patient's life."¹⁸

However, the phrase "*participate in actions covered by this chapter*" is very narrowly defined in the bill.¹⁹ It refers only to performing the duties of the attending provider, the consulting provider or one who carries out the counseling, if performed. It does not include certain nurses, pharmacists and other individuals.

Therefore, facilities permitting prescribed suicide could require pharmacists to dispense the lethal drugs and non-attending providers to bring the drugs to a patient since such activities would not constitute "participation" as defined in the proposal.

Likewise, facilities would not be able to ban others from bringing a lethal drug prescription to a patient or resident to self-administer on the premises. Facilities would not be able to prevent the witnessing of the written requests for prescribed suicide; would not be able to prohibit a pharmacy on the premises from dispensing the drugs; and would not be able to prevent nurses or others from bringing them to a patient or resident.

¹ Haw. Rev. Stat., § 707-702 (1) (b).

² HB 2739, § - 1, definition of "prescription."

³ HB 2739, § - 1, definition of "attending provider."

⁴ See "Comparison of State Laws Permitting Doctor-Prescribed Suicide: Laws as of September 2017," Available at: <http://www.patientsrightscouncil.org/site/comparison-of-state-laws-permitting-doctor-prescribed-suicide>. (Last accessed 12/14/17.)

⁵ HB 2739, § - 1, definition of "terminal disease."

⁶ Official report for 2016 deaths under Oregon's Death with Dignity Act, Oregon Public Health Division, "Oregon's Death with Dignity Act – 2016," pg. 11, fn. 2. Available at: <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf> (Last accessed 12/12/17.)

⁷ Lynne Terry, "Oregon's Death with Dignity: Barriers remain 20 years later," *Oregon Live: The Oregonian*, October 27, 2017.

⁸ Tara Bannow, "Rural Oregonians Still Face Death with Dignity Barriers," *Bend Bulletin*, August 14, 2017.

⁹ See, for example: Bradford Richardson, "Assisted-suicide law prompts insurance company to deny coverage to terminally ill California woman," *Washington Times*, October 20, 2016. Available at: <http://www.washingtontimes.com/news/2016/oct/20/assisted-suicide-law-prompts-insurance-company-den>. (Last accessed 2/1/18.)

Also see: Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," *ABC News*, August 6, 2008. Available at: <http://abcnews.go.com/Health/story?id=5517492&page=1>. (Last accessed 2/1/18.)

¹⁰ Oregon Dept. of Human Services, "FAQs about the Death with Dignity Act." Available at: <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/faqs.pdf>. (Last accessed 2/1/18.)

¹¹ HB 2739, § - 3 (b) (2).

¹² HB 2739, § - 4 (a) (12) (B) (ii).

¹³ HB 2739, § - 1. (Definition of "counseling.")

¹⁴ HB 2739, § - 4 (a) (5); HB 2739 § - 6; and HB 2739, § - 12 (5).

¹⁵ Official report for 2016 deaths under Oregon's Death with Dignity Act, p. 10. Released in February 2017.

Available at:

<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year19.pdf>. (Last accessed 1/14/18.)

¹⁶ HB 2739, § -4 (a) (7).

¹⁷ HB 2739, § - 19 (b). (Emphasis added.)

¹⁸ HB 2739, § - 19 (a) (4).

¹⁹ HB 2739, § - 18 (e), definition of " participate in actions covered by this chapter."

HB-2739

Submitted on: 2/26/2018 6:42:21 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I have witnessed the deaths of my parents, my brother and my nephew through hospice care and value the choice to die with dignity. I am also a cancer survivor and nurse and i support a regulatory process that allows a for a multidisciplinary team to be available for one who chooses to die.

HB-2739

Submitted on: 2/26/2018 6:42:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
David Atkin	Individual	Support	No

Comments:

David Atkin

Private Citizen

Honolulu, Hawaii

I strongly support HB 2739, Medical Aid in Dying, and encourage you to move it forward for a full vote. In the mid-nineties, Hawaii residents took a national lead by formally advocating for a medical aid in dying option beginning . 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. In over 30 years of national experience implementing the legislation, there has not been a single incidence of abuse or coercion.

We do not need government intrusion to criminalize a basic right. That right is the freedom to choose to avoid senseless and needless suffering once certain protections are satisfied. The manner of one's death is a deeply personal matter between a patient, their family, and their doctor. Hawaii's people need a range of legally available options at the end of life so they can choose what works best in their case. Those with differing views have the same freedom of choice for themselves, but must not be allowed to limit the choices of others.

The knowledge that a terminal patient need not subject themselves and others to unnecessary suffering and hardship is tremendously comforting. Please move this bill forward with a recommendation for full approval.

Hawaii should affirm that competent, terminally ill people can rely on their doctors to help them as they confront death. House Bill 2739 respects the liberty and good sense of dying people and the professionals who care for them.

Sylvia A. Law

Kailua

Elizabeth K. Dollard Professor Emeritus of Law, Medicine and Psychiatry, NYU Law School

HB-2739

Submitted on: 2/26/2018 7:24:43 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
ANSON REGO	Individual	Oppose	No

Comments:

I am against this bill legalizing PHYSICIAN ASSISTED SUICIDE which this bill clearly is.

As a practicing attorney with a subspecialty in estate planning and elder law as well as probate administration for over 40 years, I can assure the legislature that the citizens of Hawaii have many options to determine their own longevity with the minimum of pain. We utilize POLST and Advance Health Care Directives and assist obtaining Hospice and many other services.

To allow someone to take his own life by having a physician administer a drug to kill him without proper safeguards and without holding an unscrupulous physician responsible in any manner is unthinkable. To state in the preamble that physicians do not always offer the options of how to handle their terminal illness is presumptive and without any factual basis. To say it is therefore absolutely necessary to give the patient then the option to choose their own medical care and commit suicide is illogical.

There are many other reason not to pass this Bill out of Committee, but I understand there is a strong lobbying effort each year, mostly from Out of State national organizations, just like in the area of support for gambling in Hawaii. Deny this lobbying and keep Hawaii and Life in our community special and inviolable.

I wholly oppose this bill.

Anson Rego,

Waianae Attorney

HB-2739

Submitted on: 2/26/2018 7:25:03 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Reiley	Individual	Oppose	No

Comments:

I **strongly oppose** this measure. I recognize that it is intended to provide protections against abuse, but it is a slippery slope. Please do not take this first step of literally a death spiral.

The Hypocratic Oath is based on the precept of do no harm. A doctor should not take positive action to accelerate death, even of a terminally ill patient.

Dr. Kevorkian epitomized the depths of wrong that this path can take. I urge the legislature to not go down this path.

HB-2739

Submitted on: 2/26/2018 7:32:42 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dr. Guy Yatsushiro	Individual	Oppose	No

Comments:

STRONG Opposition!

Testimony to House Health and Human Services Committee and the House Judiciary

Regarding: HB2739 Relating to Health

Date: February 27, 2018

Time: 10:30 a.m.

Submitted in Opposition by: Ruth Prinzivalli, 48 year resident of Kaneohe, HI 96744

Chairs: Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura and Committee Members

HB2739 if enacted into law will not be advantageous for the people of Hawaii.

Reasons why: It will further erode respect and dignity for human life. It will lead to a callous attitude toward the decision to help a person prolong their life, while at the same time alleviating their mental or physical pain, in lieu of a drug that will end their life. This undermines the value of that person. Even If it is their decision, we would be sending the message that they are no longer of value or importance.

Such a law puts pressure on a person, who may feel they have become a burden to their family and loved ones, and so decide it is their duty to end their life prematurely.

It allows for the possibility for family members or caretakers to coerce a person to opt for this lethal drug. As Elder abuse is already a problem in Hawaii, this is just another tool to use. Even though the law forbids such behavior, it will be extremely difficult to monitor this type of activity.

Insurance Companies can take the liberty to deny more expensive treatment due to the option of eliminating pain with a lethal drug. This has already been the case in other states and countries.

Hawaii already has one of the highest suicide rates for youth. This law would give permission to these troubled youth because they will see that our state believes that suicide is an acceptable way to end their feelings of anguish or hopelessness. Instead we need to be working on ways to reach these people, to let them know their lives are valuable.

Death certificates will no longer be credible because they would not state the real cause of death. Doctors will have to lie.

People who want to end their life already can find ways to do that. They do not need the state promoting this.

Hawaii residents do not profit from a law that tells them that suicide is a good thing.

Please vote no on HB2739

Respectfully, Ruth Prinzivalli

HB-2739

Submitted on: 2/26/2018 7:44:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cody Moniz	Individual	Support	No

Comments:

I currently have an incurable illness, and while I'm not in a lot of pain yet, I sure would like to be able to die peacefully when it gets to be too painful.

HB-2739

Submitted on: 2/26/2018 7:46:24 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lissa Montgomery	Individual	Support	No

Comments:

As a Registered Nurse with over 20 years of experience, I STRONGLY SUPPORT this bill.

DATE: February 26, 2018

COMMITTEE ON HEALTH & HUMAN SERVICES

Representative John M. Mizuno, Chair

Representative Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Representative Scott Y. Nishimoto, Chair

Representative Joy A. San Buenaventura, Vice Chair

RE: House Bill 2739

Position: Oppose

Dear Chairs Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura, and Committee Members:

I am very disappointed that this bill has received a hearing or that this bill has even been introduced at all. I acknowledge that it has good intentions and seeks to give the terminally ill a dignified death but I attest that it does the opposite. I strongly oppose House Bill 2739 because it devalues life, promotes a sense of hopelessness to individuals in their most vulnerable time and opens the door for unknown abuse despite the supposed safeguards set in place.

A report issued by the federal Institute of Medicine (IOM) in 2015 said that most people will receive **at least one** wrong or delayed diagnosis in their lifetimes that could result in missed treatments or even death. It is disheartening to think that this could be a possibility in our own communities and thereby rob people of the life they were meant to live should they choose to end their life sooner. I, myself have also seen individuals diagnosed as terminally ill and yet miraculously defying all odds are cured and still living today.

This law assumes that all parties involved will always be acting in good faith. Not all doctors are trained to screen for mental health in patients and may miss the signs of possible psychological disorders. There are no evaluations to ensure that a patient is not receiving pressure from an uncaring caregiver or family member to quickly end their life. No witness required at the time of suicide opens the door for abuse and possible coercing from others to ingest the drug. It does not protect people with disabilities, especially those with developmental or intellectual disabilities, and may cause them to fall prey to the unwarranted influence of doctors or caregivers. Insurance companies could deny a patient the coverage of expensive care and endorse physician assisted suicide as a cheap form of treatment. There is no mandated procedure for the return of unused drugs or safeguards set in place to ensure it doesn't fall into the hands of children, drug dealers or drug abusers. Failure to dispose of these drugs properly could send unknown amounts of it into our drinking water supply or be

circulated in areas where drugs are a prevalent problem. It's scary to think that a drug that can kill will legally be within our community.

Legalizing a lethal drug sends a counterproductive message to the already troubled, highly suicidal people in our society. The rate of suicide among Oregonians has been increasing since 2000 following its Death with Dignity Act of 1997. The Suicides in Oregon: Trends and Associated Factors 2003-2012 report shows that the age-adjusted suicide rate among Oregonians was 17.7 per 100,000, 42% higher than the national average. In 2017, the American Foundation for Suicide Prevention ranked Oregon 13th in the country for suicide, with suicide being the 2nd leading cause of death in people ages 15-34, and the 3rd leading cause in children ages 10-14 and adults ages 35-44, making it the 8th leading cause of death overall in the state of Oregon. We have to ask ourselves, why? Could it be that legalizing suicide for the terminally ill makes suicide a societal norm and thereby causes an increase in suicide rates? Is this the kind of example we want to set for our youth: when life gets tough, take the quickest way out? Is this a chance we would actually be willing to take? This is not the kind of Hawaii that I want my family to live in. Our goal should be to lower suicide rates, not legally increase it!

This law could rob families from a chance to demonstrate acts of service and love. If the patient chooses not to notify their family of their choice to end their life, it could cause an extensive amount of pain on those who love them. I have seen the prolonged decline of health in my own grandparents and while difficult to witness, I treasure the last moments I had with them. The opportunities I had to take care of them, the memorable conversations, the moments of silence and the contentment to be sitting with them are experiences I wouldn't trade for the world. Nature was allowed to take its course and we released them when it was time to go. Everyone, no matter what stage of life they are in, has something to offer the world.

Finally, when diagnosed with an illness, it is one thing to refuse medical services to end your life. It's another thing to be legally aided with a drug. With this kind of medical option, a terminally ill person may feel it's their duty to end their life sooner in order to reduce costs or relieve the burden from family members. No one, when faced with a life altering situation, should be tasked with this daunting decision. We want to be the kind of community that values life and encourages each member to live it to the fullest. Ending it quickly isn't the answer. Offering ways to relieve their suffering while providing love, support and allowing them to go through natural means is a much better way. It's the aloha way.

I urge you to **please oppose** House Bill 2739. Thank you for the chance to give testimony.

Respectfully,
Anuheia Maeda

HB-2739

Submitted on: 2/26/2018 7:48:45 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kirk Johnson	Individual	Support	No

Comments:

I support this measure. In fact in polls 80% of Hawaii's population supports death with dignity. It has always amazed me that when we have animals that get sick and suffer that we say the humane thing to do is to put them down when they have no choice in the matter, but then with human beings who have rational minds we don't give them the option to die with dignity. I think that our lives are something we truly own and that the choice should be here for these people. In a terminal situation people should be able to have options. I hope you vote for this and see that it is a show of compassion to give people options.

HB-2739

Submitted on: 2/26/2018 7:58:24 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ray Oda	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 8:03:18 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
mary oâ€™shea	Individual	Support	No

Comments:

I support HB2739. Similar legislation has been passed in Washington State, where I previously resided. There is data to show that unlike predictions made by those opposing that bill, the actual number of residents who actually used this right was less than predicted. There has been no abuse of the law. In Hawaii, there is no acceptable reason I should not be allowed legal access to advice and the correct drugs from a doctor to shorten my time of suffering from a terminal disease should I decide to do so. Prior to the passage of the Washington State bill, I witnessed first hand the terrible suffering of friends and family in Washington State who expressed their frustration at not being able to have a legal, medically assisted release from their suffering. As a society we do not condone the suffering of our pets, yet we mandate the suffering of the terminally ill who are mentally able to decide for themselves to end their suffering. Please pass HB2739. Thank you. Mary O'Shea, Kailua Kona.

HB-2739

Submitted on: 2/26/2018 8:03:51 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Aloha Chair Nishimoto, Chair Mizuno and Joint Committee Members,

I am in strong support of a Medical Aid in Dying option for Hawaii's terminally ill adults.
Mahalo for hearing this bill.

HB-2739

Submitted on: 2/26/2018 8:05:38 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael Kirk-Kuwaye	Individual	Support	No

Comments:

Aloha,

I strongly support this “death with dignity” bill. We need to balance out the strides in medical science in prolonging life with moral and biological necessity of not prolonging suffering.

Thank you for considering my view.

HB-2739

Submitted on: 2/26/2018 8:07:15 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Myra Nishimoto	Individual	Oppose	No

Comments:

I believe that God is our creator and has planned our lives accordingly and abundantly while on earth. He should be the only one to take our lives when we leave this world. Assisting someone with suicide would be a terrible injustice....totally wrong.....an unfortunate sin.

I'm strongly in support of the Death with Dignity Bill. It's long overdue. We need to have compassion and respect for those unfortunate individuals with a terminal disease who have few options near the end of their lives. Other states already provide this option and the fears of those opposed to this bill are unfounded. Show some empathy and support HB 2739.

HB-2739

Submitted on: 2/26/2018 8:12:06 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Nathan Malinoski	Individual	Support	No

Comments:

As a 29-year-old life long resident of Hawaii, Medical Aid-In-Dying hopefully won't be something I need to consider for myself for a long time. But when the time comes, I believe that having this option provides citizens with dignity and peace when faced with painful and final illness.

With the increasing cost and space needed for our aging population, allowing people the option to peacefully die when the appropriate criteria are met, also makes sense for our island community. While medical technology now allows us to prolong life in ways that couldn't be done before, we must also allow people the respect of making the choice when that prolonged existence is no longer beneficial for themselves.

HB-2739

Submitted on: 2/26/2018 8:17:27 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bradford Davis	Individual	Oppose	No

Comments:

Dear Committee,

I would like to formally express my opposition to HB2739.

Thank you,

Mr. Bradford Davis

HB-2739

Submitted on: 2/26/2018 8:23:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sunny Savage-Luskin	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 8:26:52 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gina Lobaco	Individual	Support	No

Comments:

I strongly urge the House Committee on Health of the Hawai'i Legislature to support HB 2739, the death with dignity bill. Mentally competent adults with a terminal disease, who wish to end their suffering should be allowed to do so in a medically supervised way with no penalty to the attending physician. Death with dignity laws have been enacted elsewhere in the United States and Europe with no adverse social impact and it is time for Hawai'i to show aloha to those who are terminally ill and in pain to make end-of-life decisions for themselves.

HB-2739

Submitted on: 2/26/2018 8:28:11 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
john hinkle	Individual	Support	No

Comments:

I submit this testimony in **STRONG SUPPORT** for HB 2739.

The individuals who seek and receive prescriptions under medical aid-in-dying statutes do not want to die. Their death is inevitable. They want a choice – so as to not spend their final days in pain and agony. Alternative options for some terminally ill individuals, such as palliative sedation, may not be viable or desired options for others. The reasons terminally ill patients turn to medical aid-in-dying are personal to them. Whether the decision is made because of unique medical circumstances (such as morphine-intolerance), concerns about the loss of quality of life, or a desire to maintain autonomy over the circumstances surrounding their deaths, the choice is their own. Medical aid-in-dying is not an act of suicide; it is one of personal autonomy.

Preventing medical aid-in-dying will not save a terminal patient. Rather, it is a denial of personal autonomy, a limitation of the control one has over his or her life in its final moments. And it is a nonsensical one at that. The right to refuse medical treatment is constitutionally secured - the right to stop nutrition and hydration, and the right to receive palliative sedation to the point of unconsciousness. The exercise of any of these rights has the potential to hasten one's death, the last of which requires an affirmative act by a doctor. Yet, these rights are constitutionally guaranteed. So why draw the line at medical aid-in-dying?

The arguments seeking to limit end-of-life options do not hold up. Despite the opposition's characterization of the laws, medical aid-in-dying strives only to extend the right to self-determination in both sickness and in health. The decisions people make define them throughout their lives; this authority should not be denied as they near death. A right as fundamental as personal autonomy should not be left up to geography—all terminally ill individuals should have the same options as those living in Oregon, Washington, Vermont, Montana, and California.

Some facts about Medical Aid in Dying:

MEDICAL AID IN DYING IS OPTIONAL - Optional for patients and optional for doctors. No person is required to use it. No doctor is mandated to provide it. It is illegal to force someone to use it.

MEDICAL AID IN DYING INCLUDES STRICT ELIGIBILITY REQUIREMENTS. A patient must be an adult, have six months or less to live, be able to make an informed health care decision and be able to take the medication themselves.

MEDICAL AID IN DYING GIVES PATIENTS AUTONOMY. The patient is in charge. They request the medication. They take it. And they can change their mind at any time.

MEDICAL AID IN DYING HAS BEEN SAFELY PRACTICED IN SIX STATES FOR A COMBINED 40 YEARS. And within those six — Oregon (1994), Washington (2008), Montana (2009), Vermont (2013), California (2015) and Colorado (2016) — *not a single case of abuse or coercion nor any criminal or disciplinary charges have been filed. Not one.*

HB-2739

Submitted on: 2/26/2018 8:29:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I support this bill strongly and am proud to know that the Hawaii state legislature has brought it forward. When an adult resident of the State with a medically confirmed terminal disease and less than six months, I believe that he or she should have the right to choose to to end his or her life. This is respectful and fair. I hope that you will pass this bill.

HB-2739

Submitted on: 2/26/2018 8:36:45 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Theodore Aughe	Individual	Oppose	No

Comments:

Strongly Opposed

HB-2739

Submitted on: 2/26/2018 8:44:30 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I respect the moral and religious objections of many opponents of this bill. But they have an easy solution: they can choose not to seek medical aid in dying when their time comes.

Precious few of us know what our last days will be like. It is cruel not to allow a person who needs and wants the relief allowed by this bill to have it.

Please pass this bill.

HB-2739

Submitted on: 2/26/2018 8:44:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Ameen	Individual	Oppose	No

Comments:

I oppose Bill 2739 because suicide is self-murder. We cannot cross the line of allowing death to be a choice. Life is sacred. How many times are doctors wrong in their diagnosis of how long a patient will live? This opens the door for legal murder. This is not "death with dignity" but tampering with the sacredness of life.

HB-2739

Submitted on: 2/26/2018 8:46:35 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cyndi Apana	Individual	Support	No

Comments:

I support totally. Do not make a criminal of person seeking relief from pain, misery and indignity with the end of his/her life in view.

Allow the choice to be made by the person with safeguards.

Cyndi Apana

HB-2739

Submitted on: 2/26/2018 8:46:52 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Evan K. Fujimoto	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 8:47:39 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Kitsu	Individual	Support	No

Comments:

Aloha, my mother died of spinal cancer when I was nine years old. That was in 1962, and in those days a diagnosis of cancer meant a death sentence. She lived for about another four to five months after that diagnosis and I watched her waste away and when the cancer reached her brain she was like someone with advanced Alzheimer. Then in her last month or so, she could not get out of bed and my father would hold the bed pan under her so she could pee and poop. She was so weak and didn't even recognize her children and husband anymore. She went into the hospital around the last week or so and my father took me to see her only one time before she died. He said that he didn't want my younger sister and I to remember their mother that way, but when I saw her she looked like a mummy.

I was told she was in so much pain even with the drugs they gave her to ease the pain. I was only nine then but I can still remember asking my father why they couldn't just ease her pain or let her die. My father was kind of surprised to hear me say that but he had been telling me for a few months that she was going to die and be with God pretty soon.

Our family was already Christian before my mother found out that she was had cancer, but she became super religious after that and the priest from my Catholic school would come to our house to talk with her. I really don't believe that our priest would have condemned my mother or father for letting her die on her own terms, especially if he saw her in the hospital, because I don't know if he went there.

I know if this law isn't passed and anyone in my family starts to go through what I saw my mother go through, we will move to Washington state and become residents for a few months to allow us to use their Death With Dignity law. I already know of a family that used this option for their terminally ill father.

For the ones that are totally against this bill and claim that it is not God's will or it is not morally right, then I know that you have not seen a father, mother, son, daughter, brother, or sister waste away to nothing and cry in pain every day and beg for an end to their suffering.

To our lawmakers, please do the right thing for the ones who will suffer in the future and the ones who are suffering now. Let them go in peace and on their own terms and let

their families have a chance to be with them in the end while they still can remember who they are

Thank you very much for letting me comment,

Steven Kitsu

HB-2739

Submitted on: 2/26/2018 8:47:57 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I, Judith Ann Armstrong, am in strong support of HB2739, Medical Aid in Dying, which will establish a regulatory process under which an adult resident of the State of Hawaii with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

A person and their loved ones should not have to be subjected to prolonged pain and suffering leading to inevitable death when there are more humane and dignified alternatives the patient or their health proxy might choose.

Thank you for this opportunity to testify in support of this important measure.

Sincerely,

Judith Ann Armstrong

February 25, 2018

TO: Honorable Chair Belatti and Members of House Committee on Health

RE: House Bill 2739 (HB2739) relating to Health
Support for hearing on February 27, 2018

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 HB2739 to authorize medical aid in dying 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 right to death with dignity it would 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
1279 Lunalilo Home Road
Honolulu, HI 96825

THE HOUSE OF REPRESENTATIVES
THE 29TH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON HEALTH & HUMAN SERVICES
REPRESENTATIVE JOHN H. MIZUNO, CHAIR
REPRESENTATIVE BERTRAND KOBAYASHI, VICE-CHAIR

COMMITTEE ON THE JUDICIARY
REPRESENTATIVE SCOTT NISHIMOTO, CHAIR
REPRESENTATIVE JOY A. SAN BUENAVENTURA, VICE-CHAIR

RE: HB 2739 – IN OPPOSITION

I am a registered nurse. I strongly oppose HB 2739. 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 considered 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 between 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 professional, 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

Opposing Organizations Continued:

United State Conference of Catholic Bishops

World Association of Persons with Disabilities

In addition to my opposition to HB 2739 for the reasons stated above, I have additional concerns associated with specific wording in the proposed legislation.

1. Related to the definition of both the “attending provider” and the “consulting provider” found in the proposed bill. Both of these definitions include the “advanced practice registered nurse” (APRN) as a healthcare provider; the “consulting provider” definition includes the words “...prognosis regarding the patient’s disease.” In doing a review of the current Hawai`i Nurse Practice Act I was unable to find evidence that determining a patient’s prognosis is within the APRN’s scope of practice.
2. Related to method of documenting the patient’s cause of death. It appears, from the wording in the proposed bill that the underlying terminal illness would be used as the patient’s cause of death. Why would the immediate cause of death not be included? Providing complete information would facilitate the review of records of individuals who die as a result of “physician assisted suicide”. Not including this information on the death certificate makes it impossible to assure patients, families and the public at large that safeguards written into the proposed legislation have, in fact, maintained.
3. Access to medical records of patients electing to use “patient assisted suicide” also seems to be restricted to the Department of Health for an “annual review of a sample of records maintained...” This will make quality assurance and research on physician assisted suicide by independent groups difficult if not impossible.
4. Based on my understanding of how this process would be carried out, a lethal dose of a controlled substance would be prescribed by the attending physician. Nothing in the proposed bill addresses the safe and secure disposal of the prescribed medication by either by the family, should the patient die prior to using the medication or the patient, should he/she decide not to use the medication provided.

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

HB-2739

Submitted on: 2/26/2018 8:51:24 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Brittany Ross	Individual	Support	No

Comments:

In strong support of giving individuals the right to a peaceful end of life option if they wish. Studies and past experiences in other parts of the world and other states have shown that the safeguards against abuse are effective. Please grant those needing this option the ability to make this difficult decision if that is their choice. Please do not allow the loud minority opposed for religious reasons to make this choice for everyone.

HB-2739

Submitted on: 2/26/2018 8:51:28 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jennifer Martin	Individual	Support	No

Comments:

Hello, Please allow people with terminal illnesses in Hawaii to die with dignity, at the time of their choosing. I strongly support this bill.

Thanks, Jennifer

HB-2739

Submitted on: 2/26/2018 9:02:52 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Cecilia M Shikuma	Individual	Oppose	No

Comments:

I am submitting testimony as a private citizen. I am an Infectious Disease physician specializing in HIV/AIDS and have the honor to be Clinical Professor of Medicine, John A. Burns School of Medicine and Director of the Hawaii Center for AIDS, the University of Hawaii Board of Regents' approved Center of Excellence for HIV research, training and medical care. I have 20+ years of experience providing care for HIV infected individuals. I oppose the passing of this bill. I believe that life is sacred and as well intended as this bill is, it serves to cheapen the value of life. I also believe that there is high potential for abuse if such a bill is enacted as a decision is requested at a time in one's life when one's thoughts and feelings are volatile and extremely susceptible to the opinions and urgings of family members or friends. None of us can predict the future and what value the remaining days, weeks, and months of life bring to this individual is hard to predict even if the patient believes there is no value. Finally, in HIV/AIDS care I have seen 'terminally-ill' AIDS patients not only live but again become productive members of society and as slim as the chances may be for each individual case, perhaps this should also be kept in mind for some patients.

HB-2739

Submitted on: 2/26/2018 9:11:13 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maria Guerriero	Individual	Support	No

Comments:

Hello

I am an RN, Advanced Practice Nurse Practitioner and nurse educator and am in strong support for House Bill 2739. When responsibly regulated, giving someone with a medically confirmed terminal disease and less than six months to live a choice to obtain a prescription for medication to end his or her life gives them a true chance to die with autonomy and dignity.

Having access to medications may also ease them and their family members of many months of pain. There is much anguish watching loved ones die that puts a strain on both patients and loved ones. Also, much of the cost put into the medical system comes from patients in the last phases of their life. This may also create burden for the family.

Many times patients lose their independence, and feel like they have no choices as they proceed towards death from a medical illness. There may be much pain on both the physical as well as emotional levels. Sometimes patients try to overdose on their own. These attempts are not always successful and they have more suffering. Also this can be hard for family members who may find them and know that they died alone.

Overall this measure gives people a chance to plan and say goodbye and pass through their final days in ease and grace.

Much Thanks for your Consideration.

HB-2739

Submitted on: 2/26/2018 9:14:22 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan Oppie	Individual	Support	No

Comments:

I have been a registered nurse for almost twenty years. During this time I have witnessed the last days, hours, minutes and seconds of hundreds of individuals. Many of them had sufficient symptom management and were comfortable but many were not. Uncontrollable pain, unmanaged nausea and vomiting, unstoppable hiccoughs, breathing difficulties, and unpleasant hallucinations were just some of the issues causing their discomfort. I witnessed the stress this caused families who could only helplessly look on as their dying loved ones struggled to relax. It is not that medications and other treatments weren't tried, they often were; it's that we still have not mastered complete symptom management. And that is often what the terminally ill are most concerned about; the possibility of unmanageable symptoms as they approach death. We have come a long way in end-of-life and palliative care but clearly still have a long way to go. Since its inception in 1997, Oregon's Death With Dignity has provided hundreds of terminally ill individuals not simply with the option to end their lives when they themselves choose to do so but also with peace of mind. I worked as a hospice RN in Oregon for four years. The majority of people I visited, who requested the DWD medications never used them. However, just knowing the medications were available offered these individuals such great relief. In a country in which Big Pharma thrives on "disease management" instead of the eradication of disease; in which the majority of pharmaceuticals come with long lists of serious side effects; and, in which our healthcare system's primary focus continues to be prolonging patients' lives no matter the quality of their lives, our terminally ill friends and family members here in Hawaii deserve better. The right to request medical aid in dying is not a religious issue. Laws are not created to help us in the afterlife. This is a humanity issue. There are many things worse than death and if this Medical Aid in Dying bill is passed our dying loved ones are one step closer to being assured their final days will not be something to fear. Please support HB 2739. Thank you.

HB-2739

Submitted on: 2/26/2018 9:17:47 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Valerie Weiss	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 9:44:22 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
George M Clifford	Individual	Support	No

Comments:

I am a former professor of public policy and ethics, and also an Episcopal priest. Allowing individuals to die with their dignity intact is an essential aspect of both honoring the sacredness of life and respecting the dignity and worth of each human being.

Although science has made great strides in curing disease, prolonging the ability of persons to live with previously life-ending medical conditions, and extending human lifespans, death still remains inevitable. Indeed, death is even more unavoidable than taxes.

One unintended consequence of medical advances is that death, which two centuries ago used to come almost instantaneously, now often comes over a matter of months or years. Life is artificially “propped up” by mechanical and pharmaceutical means, e.g., ventilators, feeding tubes, etc. In many cases, the patient’s quality of life is abysmal: no or little cognition, constant pain relievable only through a lethal dosage of pain medicine, being constrained to a bed with no independent capacity for movement, etc. Choosing to die instead of face that future is a valid moral decision. In states that have right to die laws, few people utilize that option but many find comfort in having the law on the books.

From an ethical perspective, recognizing the right of individuals to choose death within six months of their dying from a terminal illness also saves scarce healthcare dollars that would otherwise be spent on the treatment and care of a person during their final months. These savings can then be spent on the treatment and care of persons most likely to benefit, perhaps greatly, from additional treatment and care.

Both as an ethicist and a priest, I believe that the time has come for Hawai’i to enact HB2739.

HB-2739

Submitted on: 2/26/2018 9:46:04 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Suicide should not be legislated at the request of a powerful lobbyist. While legal suicide has been discussed for decades why does it take a sick, possibly terminal lobbyist to actually get the legislature to take meaningful action? If CA and CO are states we are looking to as leaders on this subject, let's make medical cannabis edibles available as a treatment option as those states have, before allowing people to kill themselves. Seems slightly out of whack to legislate the ability of the sick to commit suicide, prior to making prescriptions known to improve end of life conditions for the terminally ill legally available. Please do not pass this bill.

HB-2739

Submitted on: 2/26/2018 9:19:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
alex sirois	Individual	Support	No

Comments:

I think the State of Hawai'i should pass this bill. I believe that no patient should be forced to suffer a painful death. I believe that it is their life and it is also their death and they should be able to make their own decision as to how and when their life ends.

HB-2739

Submitted on: 2/26/2018 9:20:30 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ellen Watson	Individual	Support	No

Comments:

I support HB2739 I believe that a person with a terminal illness should be able to choose to end their life in a humane manner with the proper safeguards that this bill provides. Those who oppose this bill, if faced with an end-of-life decision, could simply choose not to utilize the end of life process this bill allows. Those who oppose this bill should not be making end of life decisions for all people. With the safe guard language stated in this bill, elder abuse is not a rational argument for opposing the measure.

HB-2739

Submitted on: 2/26/2018 9:47:28 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lana Brodziak	Individual	Support	No

Comments:

I strongly support HB2739. To me, it just comes down to Freedom of Religion. I would not choose to die this way, but my religious beliefs should not hinder other Americans personal rights.

HB-2739

Submitted on: 2/26/2018 9:52:38 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Debra Adams	Individual	Support	No

Comments:

Strongly Support.

HB-2739

Submitted on: 2/26/2018 9:22:55 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Shimata	Individual	Support	No

Comments:

I strongly support HB2739, which would allow me to avoid needless suffering, should I want to, at the end of my life. I have seen the painful effects of prolonged illness on not only the patient but his/her family & friends. I have seen money wasted when recovery was not possible. Please allow us to choose Death with Dignity when the end of life is inevitable.

To: Members of HHS/JUD
From: John-Anderson L. Meyer
1001 Bishop Street, 18th Floor
Honolulu HI 96813
Re: HB 2739
Hearing: February 27, 2018
10:30 a.m.
Auditorium, State Capitol, 415 Beretania St.



Thank you for the opportunity to present testimony in support of HB2739, the proposed “Our Care, Our Choice” 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 Radcliffe, 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 (KKH)) 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 ultimately prevail in his lawsuit, which is currently before the Intermediate Court of Appeals, the proposed legislation under discussion here (HB2739) 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 HB2739 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 artificial nutrition and hydration 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 "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>. HB2739 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 HB2739 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. There have not been any reported findings of abuse in Oregon with regard to that state's statute that has been in effect since 1997, or in the other jurisdictions in which similar statutes have been enacted. Because HB2739 includes more rigorous safeguards than any comparable statute in other jurisdictions, the safeguards, reporting requirements, and penalties delineated in HB2739 are sufficient to protect patients and their loved ones from any potential abuse.

For the foregoing reasons, I support HB2739, and urge this Committee to support its passage.

HB-2739

Submitted on: 2/26/2018 10:03:16 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Malia	Individual	Support	No

Comments:

I am in **STRONG** support for this bill. Why do we feel like it is our right to decide the happiness and well-being of another person, especially in their time of greatest need? The individual should be able to choose for him or herself. Mahalo.

HB-2739

Submitted on: 2/26/2018 10:14:18 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kimberly Towler	Individual	Support	No

Comments:

FROM: KIMBERLY TOWLER

HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY

&

COMMITTEE ON HEALTH & HUMAN SERVICES

Testimony supporting House Bill 2739

Tuesday, February 27, 2018

10:30 a.m.

Capitol Auditorium

Committee Chairs, Vice-Chairs and Committee Members:

My name is Kimberly Towler. I am an attorney on Oahu, where I have lived for the last 33 years.

This is my testimony in strong support of House Bill 2739.

My father passed away a year ago on February 22, 2017 from Parkinson's. He was 95.

My father was a strongly religious man who attended Sunday School and Church every week of his life, even when he became confined to a wheelchair, except when physically unable to do so.

My father was a very brave man, who struggled powerfully to overcome the symptoms of Parkinson's to stay as active and socially and emotionally connected as he could. Over the last few years of his life, my father became less and less able to communicate verbally. That was very frustrating and difficult for him. It was frustrating for me, as well, since my primary communication with him was by phone, as he lived on the mainland.

I don't know if my father would have wanted the kind of relief House Bill 2739 provides.

What I can tell you is at his funeral, one of his old friends told me when they visited over the Christmas holidays, my father confided in him that he didn't want to live this way.

At the end, my father faced the fear of choking to death because the muscles in his throat became weaker. He was in pain. He couldn't bathe or bathroom himself. My father was a very dignified man, but he faced these indignities calmly and with his usual personal grace. He could barely speak, although he was able to make his preferences known.

My sisters and brother and I and my nieces and nephews also suffered, worrying about him being afraid of what was happening to him. I was afraid for him, as choking to death is a terrible way to die.

Blessedly, my father went to sleep February 21, 2017 and didn't wake up. His struggle was over.

I support this bill because I strongly believe people here in my ohana should have the right to choose how they leave this world in circumstances House Bill 2839 addresses. I want that ability, too.

If my father had chosen this route, he could have chosen his moment when we were all able to be with him. As it was, I arrived only a couple of hours after he passed. My brother and his wife couldn't get there until later that day.

Thank you for the opportunity to provide my support for House Bill 2839.

Very truly yours,

Kimberly Towler

HB-2739

Submitted on: 2/26/2018 9:25:11 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joan Lander	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 9:26:47 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Adrian Bontje	Individual	Support	No

Comments:

I fully support Death with Dignity in Dying HB2739. I have lived in the Netherlands, the States of Washington and Oregon, all strong supporters of Human Rights. And I am so happy that the State of Hawaii is infusing Aloha in this realm as well. Thank you for allowing my support to be included. Adrian Bontje

HB-2739

Submitted on: 2/26/2018 10:14:28 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
dennis boyd miller	Individual	Support	No

Comments:

HHS/JUD Auditorium 2/27/2018 10:30 am

Hearing on HB2739

Relating to Death with Dignity

Personal Tesimony of Dennis B Miller

Dear Chair and members of the committee:

Please pass this bill.

The misgivings about this bill are personal.

Personal misgivings of one person should not be imposed on another person.

Religious views must not be imposed on the public.

People must be allowed the freedom to evaluate for themselves what beliefs they hold dear.

If a person becomes so disabled with incurable pain that they cannot bear to continue living, then allowing that person to make a personal decision to end their life in a dignified way is the moral thing to do.

Please pass this bill.

Thank you,

Dennis B Miller

226 Lewers Street Ste L209

Honolulu HI 96815

singlepayerhawaii@gmail.com

I, Bonnie-Gae Valmoja-Kaleikini, stand in STRONG SUPPORT for House Bill 2739 – Relating to Health.

I believe that if a person chooses to end their life with assistance from a licensed medical professional, due to a medically confirmed terminal disease, then they have a right to his/her medical aid in dying.

HB-2739

Submitted on: 2/26/2018 9:28:06 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
joe dicostanzo	Individual	Oppose	No

Comments:

Physician-assisted suicide is an issue that intimately involves the medical community in addition to affecting the general public.

Legalization of physician-assisted suicide irrevocably transforms the role of the physician-healer from one who preserves life to one who takes life. This will inevitably lead to a rapid deterioration of the physician-patient relationship and adversely affect the entire healthcare delivery system.

We know from observation of locations such as Oregon and the Netherlands that physician-assisted suicide leaves society's most vulnerable—the poor, sick, elderly, and disabled populations—subject to abuse and coercion, regardless of the proposed safeguards.

Once the door to doctor-facilitated death is opened, there will be an expectation by some that certain segments of the population have a "duty to die" because they may be seen as "less useful" or "over-users of resources".

This is the kind of thinking that leads to genocide, eugenics, and abuses of the worst kind. Please do not be party to ushering it into our state.

Testimony for
House Committee on Health & Human Services
Representative John M. Mizuno, Chair
Representative Bertrand Kobayashi, Vice Chair

House Committee on Judiciary
Representative Scott Nishimoto, Chair
Representative Joy A. San Buenaventura, Vice Chair

Tuesday, February 27, 2018, 10:30 a.m. Room Capitol Auditorium

HB 2739 Relating to Health

Dear Chairs Mizuno and Nishimoto, and Members of the Committee:

This testimony is in **STRONG SUPPORT** of HB 2739 which establishes a regulatory process under which an adult resident of the state, under certain conditions, may choose to obtain a medication to end their life.

I am Lynn McCrory, and want this option for both myself and available for other community members that do not want to continue with the course that their disease will inflict upon their body. We love Hawai'i and do not want to move to another state in order for this option to be available to us.

We humbly ask that you APPROVE HB 2739. Mahalo!

Me ke aloha pumehana
With warm aloha,

Lynn P. McCrory
60 N. Beretania Street, Apt. 3203
Honolulu, HI 96718

HB-2739

Submitted on: 2/26/2018 10:16:42 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Joe Clarkson	Individual	Support	No

Comments:

The choice to peacefully end one's own life should be made available (at a minimum) to those who are certain to die in the near future and are mentally competent to make such a choice. It is shameful that Hawaii is among the last states to give its residents this essential freedom.

HB-2739

Submitted on: 2/26/2018 10:21:22 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Danielle Tamala	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 9:34:10 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
jane jamison	Individual	Support	No

Comments:

I believe a terminal individual with less than 6 months to live has the right to die with dignity and in peace through approved medical means. Having an individual suffer until death finally comes without intervention is cruel.

HB-2739

Submitted on: 2/26/2018 9:34:38 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
stephanie marshall	Individual	Support	No

Comments:

As an oncology nurse for over 40 years I have helped to care for thousands of patients during their end of life. Many were not able to maintain a satisfactory quality of life as their disease progressed and asked me for help in dying. I always felt so helpless and frustrated because medical aid in dying was not available in our state. I am writing this to strongly urge you to pass legislation (HB 2739) so that patients who, as they approach death, feel that their quality of life is so diminished it is no longer worth living. Medical Aid in Dying (MAID) should be an integral part of end of life care along with palliative care and hospice. In other states where MAID is approved, the use and quality of both palliative care and hospice have dramatically increase. Terminally ill patients in Hawaii deserve a choice to die on their own terms in a peaceful and dignified way. For over 20 years, in Oregon and 7 other states, MAID has worked well with no evidence of abuse, coercion or any other irregularities. The current bill, HB 2739, contains many strong safeguards to prevent abuse of this law. Over 80% of Hawaii voters support MAID. This huge majority should be a mandate for our elected officials to approve this long awaited legislation. The people of Hawaii have spoken - you should pass this bill now without hesitation.

HB-2739

Submitted on: 2/26/2018 10:23:34 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Irish Barber	Individual	Support	No

Comments:

Health & Human Services and Judiciary Committees

Tuesday, February 27, 2018 at 10:30 a.m.in the Auditorium of Hawaii State Capitol

Aloha, Chairs Mizuno and Nishimoto, Vice-Chairs Kobayashi and San Buenaventura and all of the Committee Members:

I am in SUPPORT of HB2739 as it provides those with terminal illness to end their lives on their own terms in a dignified manner. Please pass HB2739.

Mahalo!

HB-2739

Submitted on: 2/26/2018 10:25:06 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christina Lefua	Individual	Oppose	No

Comments:

I oppose HB 2739 because I believe that every human person should live according to what nature intends. Each person with a terminal illness is usually given how long they'll live, but it is a medical opinion and not a final end for a person's life. Each person lives as long as what is given to them, it is not for the person or anyone else to decide, but for God to decide. Let life pass naturally, not dictated by human choice.

HB-2739

Submitted on: 2/26/2018 9:36:23 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I strongly support HB 2739 - Medical Aid in Dying. I watched my father die from leukemia at age 90. He starved himself in order to hasten his death. He should have been able to get more help from his doctor. I strongly believe that everyone has the right to make that decision for themselves. In addition, this bill has enough safeguards included to prevent abuse.

HB-2739

Submitted on: 2/26/2018 9:38:31 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I am submitting this testimony in **STRONG OPPOSITION** to this proposed legislation. In most cases, if someone were contemplating suicide, they would be given counseling against taking their life, because at ALL stages of life, life is precious, that person is valuable, and even if that person is unable to speak or move, they have a lot to offer to their family. I know this, because as I am writing this, my grandfather is in the hospital and the doctors say he can go anytime now. Last night I took my kids to the hospital one more time to say goodbye to their Papa. My four year old daughter went dressed in her Cinderella costume. Of course she brought a smile to everyone's face that we passed in the hallways, but she wanted to wear her pretty dress because she wanted to "look beautiful for Papa before he goes to see Jesus." Even though he is on heavy pain medication that is helping him to rest peacefully and he wasn't able to speak with her, she was able to love on her papa - which in turn gave her a beautiful, lasting gift. Life is valuable - people are precious - and that does not change just because they received a diagnosis.

I'm also concerned about the message we are sending to our youth. We all know the saying, "Do as I say, not as I do" isn't worth anything. Kids/youth are watching what the generation before them are doing. If this proposed bill passes, are we teaching them suicide is an option if life isn't working out the way that they would choose? Are we teaching them that some life is valuable, but not others? In about 40 states it is a crime to "coerce or encourage suicide." Why are we trying to make it legal? Patients **ALREADY** have a right to refuse treatment, they have the right and opportunity to seek palliative care, and they can choose a DNR in advance. All of these things aid in maintaining their dignity... sending a message that they are not of worth is absolutely not dignifiable.

HB-2739

Submitted on: 2/26/2018 10:27:45 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Wilma Youtz	Individual	Oppose	No

Comments:

Compassion for those suffering from a terminal disease is to be commended. My heart goes out to all Committee Members as they grapple with this divisive and emotionally-charged issue. I respectfully ask, however, that your vote NO on HB2739 for the following logical reasons and facts:

1) There have been major advances in palliative care, making medically-assisted suicide a dangerous "solution" to end a terminally-ill patient's suffering. A study of terminally ill hospice patients found only those diagnosed with **depression**, not physical pain, considered suicide or wished death would come early. Patients who were not depressed did not want to die. Depression can and should be treated. The message to our young people and our community at large should never promote suicide as a solution.

2) HB2739 will indeed promote and legitimize suicide. Oregon's statistics since passing physician-assisted suicide in 1997 prove this unintended consequence, as non-assisted suicides have increased by 49.3% since passing such a law. Oregon leads the nation in suicides in the general population by more than 40%. **Why would Hawaii want to follow suit and vie for such a terrible distinction?**

3) You will be sending **contradictory and stark mixed-signals to Hawaii's youth** by supporting suicide among the aged and ill while supporting suicide prevention through bills such as **HB2169**, Relating to Youth Suicide Prevention, which was passed without amendments by the House Committee on Finance on 2-23-18. While our culture does not value the elderly as much as some other cultures do, every life has inherent worth -- young and old, healthy or sick. There are other **suicide prevention bills, SB2986 and HB2262**, that have been referred to committee this legislative session. Please do not send the wrong message to our youth that suicide is acceptable under any circumstances and that the aged and dying are less valuable than they are.

4) Suicide rates are high among Hawaii teenagers. HB2739 makes no provision for the safe disposal of unused lethal drugs. Hawaii can expect teenage suicide rates to increase with the passage of a bill that provides for **no education on proper use or disposal of lethal drugs**.

5) HB2739 "Imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription." As with any criminal sanction, the criminal needs to be caught and prosecuted. Terminally-ill patients are at the mercy of their caregivers and cannot mount-up a defense when their well-being is dependent upon others. **This bill will not ensure the safety of those most vulnerable and weak due to age, illness, or depression.**

For these reasons and many more, please do not promote suicide in any form, under any circumstances. **Suicide of any kind is not what Hawaii should be known for.** Please **vote "NO" on HB2739.** Thank you for your thoughtful consideration.

Respectfully,
Wilma Youtz

I am in support HB 2739. My name is Rae Seitz and I am a physician licensed to practice in the state of Hawaii. I have been a palliative medicine physician since 2001, trained at Harvard Medical School Department of Palliative Medicine. I have led the development and implementation of home-based palliative care services for Kaiser Permanente Hawaii and HMSA. I have taught palliative medicine in Hawaii, Guam, Palau, and India. I have published in the field. I am a founding board member of Kokua Mau, Hawaii's hospice and palliative care organization. The following are my personal comments and recommendations.

I support HB 2739 and suggest the following issues in the current draft of the bill be considered before passage.

1. Notices and waiting period. I believe that the waiting period and the written and oral requests to the attending provider should be revised. To simplify the process, and avoid unnecessary complexity and errors, I would suggest that there be three requests – two oral and one written (as in the current draft) – and that the waiting period be measured from the first request to the third request.

2. Cause of death. I believe that a notation on the death certificate that the patient's choice to exercise his/her rights under the new law is not appropriate and potentially creates an undesirable stigma. I believe that listing the terminal illness as cause of death is legal, appropriate, and honors privacy.

3. Behavioral health referral only when appropriate. The current form of the bill has the attending or consulting provider referring the patient to counseling "if there are indications of a psychiatric or psychological disorder." I believe this criteria could be harmful, stigmatizing those who choose to elect physician aid in dying. Instead, a referral to an appropriate counselor should be required if it is believed that the person is or may be suffering from a condition which could interfere with their capability of making informed medical decisions. This goes to the core issue: does the person have capacity to make an informed and sound decision about their end of life choices. The current criteria is not well targeted, and is both overinclusive and underinclusive. I would add that there needs to be training for providers in how to appropriately screen for depression, anxiety, and other behavioral health issues which might be impacting a person's decision-making capacity as physicians are known to be notoriously bad at recognizing depression or cognitive impairment.

In addition, I propose that licensed clinical social workers, as well as psychiatrists and psychologists, be authorized to provide behavioral health assessment for a person seeking to end his or her life under the new law. In my experience, LCSWs have the basic requisite skills and expertise to do this.

4. Recission of requests. After each of the three requests to the attending to end the patient's life, the attending should apprise the patient of the right to rescind. An additional duty to tell the patient of his/her right to rescind at the time the prescription is written is redundant and burdensome and adds no value.

5. Final attestation. I think the final attestation found in section -24 is unnecessary and simply creates a barrier to completion of the process. Since it repeats the written notice provided in section -23, it adds nothing to further show the patient's consent.

6. Role of palliative medicine specialists. I strongly believe that palliative medicine specialists have – and can teach -- the requisite skills to other health care providers to properly and compassionately implement the law. I think that a definition of “attending providers” include the following:

- a. a physician licensed pursuant to chapter 453 or
- b. an advanced practice registered nurse licensed pursuant to chapter 457 who has responsibility for the care of the patient and treatment of the patient's terminal disease,
- c. Provided that the attending provider shall be
 - (1) a physician specializing in palliative medicine, or
 - (2) a physician or advanced practice registered nurse who has been trained to act under this chapter by one or more physicians specializing in palliative medicine.

7. Effective date. I strongly believe, based on the problems faced by and the advice of our colleagues in California, that there be a six-month period before the law takes effect to allow the Department of Health to:

- a. Organize and communicate process to train health care providers who will be involved in the choice,
- b. Develop, organize, and lead the practical implementation of the law, and
- c. Ensure that accurate and precise information is available to providers, patients, families, and facilities, and
- d. Develop the data set (minimal and expanded) to be reported, collected, analyzed and reported.

Those who have had to operationalize similar laws strongly recommend better planning and organization to avoid the chaos and confusion they and their constituents experienced.

I would further suggest that the Department of Health form an advisory group (California did this with great success) which would include someone from DOH to organize and lead, a project manager to ensure good organization and driving to specific goals to move the process efficiently and as quickly as possible, palliative medicine specialists, and members of the community. This

group would be tasked with developing forms and checklists, informational materials, lists of appropriate participating providers, referral lists, methods for training and tracking of who has been trained, developing a minimal and extended data sets to track Hawaii's experience as well as to identify opportunities to improve safety and access. I would very strongly advise engaging the expertise and experience of colleagues from Washington, Oregon, and/or California as they can help us implement well the Our Choices Our Care Act.

Thank you for considering this testimony.

Rae S. Seitz, MD

HB-2739

Submitted on: 2/26/2018 10:29:14 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Salome Sato	Individual	Support	No

Comments:

Salome S. Sato

1200 Mira Mar Ave. #730

Medford, OR 97504

February 25, 2018

RE: HB 2734 - MEDICAL AID IN DYING TESTIMONY

ATTN: HOUSE OF REPRESENTATIVES; MEMBERS OF THE
HEALTH & HUMAN SERVICES AND JUDICIARY COMMITTEES

Honorable Legislators:

I moved to Medford, Oregon in December, 2015 because I wanted to live in a state that offered residents the opportunity to take advantage of their Medical Aid in Dying, otherwise known as "Death With Dignity".

I was at the State Capitol in 1998, when this subject was introduced. It has been almost two decades and Hawaii is still grappling with this issue! The time is NOW to pass HB 2734.

The reason I believe in dying with dignity is that we put our pets and other animals with serious health issues to sleep to relieve their suffering. This is being HUMANE! Why can't we, as a civilized society, do the same for our loved ones? Why should they continue to suffer because of some religious beliefs... social mores.... or our own selfish needs? Why can't we honor a dying person's fervent wish? To be at peace...to end suffering when there is NO hope of recovering to a full, and meaningful life. It should be our CHOICE....as we have made choices in living our lives...so should dying be OUR choice.

Please pass HB 2734 - it is way overdue and there has been ample discussion on the pros and cons. The time is NOW!

Thank you for hearing/listening to my testimony.

Sincerely,

Salome S. Sato

Former Honolulu Resident

& Current Property Owner & Tax Payer

February 26, 2018

Aloha,

RE: House Bill 2739

I strongly support House Bill #2739. A close family member suffered 3 years of ongoing life support, pain and decreased brain health prior to his passing. It was an excruciating experience for him and for our family. If he had had the opportunity to go gracefully, he would have chosen to go that way.

Thank You,
Anneke

HB-2739

Submitted on: 2/26/2018 10:31:05 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Turgeon	Individual	Support	No

Comments:

Aloha, State Representatives Belatti, Hashem, Lowen, Luke, Morikawa, Nishimoto, Saiki, Takayama, and Todd,

My name is Sarah Turgeon and I am writing to you in strong support of HB2739. I have seen first-hand many people with terminal illness in their last days of life. While some seem to be content with allowing life to take its course and pass naturally, there are many patients I have seen who suffer greatly. Their last days, weeks, and even months include days of pain, despair, and loss of dignity. If they are lucky, they are mostly housebound; if they are not, they are often resigned to spending their days in a single room or even just a bed. Many are out of their normal state of mind due to being on very strong pain medications. Worse yet, they sit in a vegetative state, while machines keep them alive - and if they do not have an advanced directive, their family members are tasked with the heart-wrenching, difficult decision of determining whether or not to keep the machines going or not.

Aside from seeing others in their last days, I am a daughter and a grandchild. I love my parents and my grandparents dearly. In 2013, I watched my mom's father, my Papa, slowly deteriorate due to complications of congestive heart failure. Fortunately, he did not seem to suffer much when he passed away, and he died in our home, with myself, my sister, and my parents by his side. My Papa was lucky to have died the way he wanted to - peacefully at home with his loved ones. I cannot imagine how comforting it was for him to be able to die in the comfort of his lifelong home with his family by his side, instead of in a cold, sterile, unfamiliar hospital room.

In my opinion, one of the most vocal arguments against this bill comes from those who believe in letting God's will be done and to let nature take its course. I don't think there is anything wrong with having that personal belief, however, I feel it is unfair to impose that belief onto others. To those who argue that it is better to let people die naturally, I would say that they are more than welcome to make that decision for themselves, but it is unfair and self-righteous to impose a deeply personal belief onto those who would choose another path.

In conclusion, I want to reiterate my strong support of SB2739. Mahalo for your consideration.

Respectfully,

Sarah Turgeon

HB-2739

Submitted on: 2/26/2018 10:31:26 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel Wickes	Individual	Oppose	No

Comments:

My name is Rachel Wickes and I oppose HB2739.

This bill exudes false confidence. The entire premise of the bill is based on the idea that doctors are 100% accurate when determining how much time a terminally ill patient has left to live. It is a fact that patients have outlived their doctors' estimation of time left to live, sometimes by a few days, sometimes by many years.

Passing this bill means accepting the responsibility for lost life that may not have actually been lost in the supposed 'acceptable time frame. That we even can come up with an acceptable time frame for allowing someone to choose death over life instead of helping treat any depression or soul issues that they may be struggling with is a sad statement on our society and what we value.

HB-2739

Submitted on: 2/26/2018 10:37:36 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Margot Schrire	Individual	Support	No

Comments:

I believe that terminally ill people should have the option to make their own end of life decisions. This is a humane way of empowering people who are at the very end of their lives - die with dignity. After seeing family members suffer when no cure was in sight, I believe even more in the importance of being able to make this final decision to have a comfortable transition than ever! We give our sick pets the dignity of a graceful and painless exit, we should do the same for the people who too want to die with dignity when they are in that place of no healthy return.

Thank you.

HB-2739

Submitted on: 2/26/2018 10:45:01 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Adam Carlson	Individual	Support	No

Comments:

I am in STRONG SUPPORT for HB2739. I believe that our inalienable right to life with dignity is just as important as our right to death with dignity. Studies actually show that terminally ill patients live longer by just having the access and ability to end their misery when they cannot take the agony any longer. This Bill gives the terminally ill members of our society comfort and a peace of mind that when their illness become too much to handle, they can end their pain and suffering on their terms. Whether, this is when the pain is overwhelming, or surrounded by their loving family members.

My name is Carmelita Andia. I'm 51 years old, married and a mother of 2 boys. I grew up in Christian teaching that "the human body shares in the dignity of the image of God." That dignity leads us to foster in every person the belief and awareness that as a person of God, they are deserving of love and respect. Because dignity is a gift given by God at birth, abuse of all kind is harmful to that dignity. The old and the sick and the elderly being among the most vulnerable requires us to protect that dignity.

I strongly oppose this bill. The predictability of life is not an exact science. Predicting that a person only has six months to live is impossible. This bill wrongly assumes that physicians are the ideal moral agents. It takes no great skill and little time to write a lethal prescription but it takes a consummate skill and lots of effort to provide a quality end of life care. This bill allows the physician to be the judge, jury and executioner. Currently, judges don't have that kind of power even in mass murder cases.

There is always an easy solution to a problem. Physician assisted suicide is easy. It costs a lot less money to write a prescription for a handful of lethal drugs to end life. It is costly to treat symptoms to give the patient a quality end of life care. If suffering is the main criteria, then where do you draw the line? Does a baby born with life long disabilities be given the lethal drug because they will suffer most of their lives? What about the chronically ill patient who suffers for 5 years instead of 6 months? This is very very dangerous. We don't have to kill the patient to kill the suffering.

I urge the lawmakers to put themselves in the position of that vulnerability of having been told you have 2 years to live. "Our healthcare can't provide you the means to live the rest of your life in dignity but here's 5 pills to end your life today?" How can you make that kind of decision for all of the citizens of Hawaii?

Sincerely yours,
Carmelita Andia
7113 Pilaa Place
Honolulu HI 96825
808-284-6122
candiahawaii@gmail.com

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti Rep. Andria P.L. Tupola
Rep. Lei R. Learnmont

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Rep. Tom Brower Rep. Gregg Takayama
Rep. Chris Lee Rep. Bob McDermott
Rep. Dee Morikawa Rep. Cynthia Thielen

NOTICE OF HEARING

DATE: Tuesday, February 27, 2018
TIME: 10:30AM
PLACE: Capitol Auditorium

TESTIMONY OF JAMES E. COON IN OPPOSITION TO HB 2739

Chairs Mizuno and Nishimoto, Vice Chairs Kobayashi and San Buenaventura;
Members of the HHS/JUD Committees:

My name is James Coon and I am speaking as a Citizen and Hawaii Resident in
Opposition to HB 2739.

I hold a word view that values the sanctity of all human life regardless of health
status or age. I appreciate the dilemma this places on our elected officials in the
Legislature and know this may not have been an easy decision to advance this
legislation. Nevertheless, I ask you to not advance this legislation further. It is a
conversation that may need to happen, but should be one that is decided by the
voters as a referendum at the ballot box. If the majority of the voters of our
Great State vote for this measure, then it must be made law. Otherwise it is still
subject to individual interpretation and personal bias of the Legislators and may
or may not represent the true will of the people.

Once we, as a State, go down this path it will only be a matter of time until other
right to life issues are also discarded.

I humbly request that you not pass HB 2739 and put it up to the Voting Residents
of Hawaii to make this call.

Aloha, James Coon; PO Box 847, Kula, HI 96790

HB-2739

Submitted on: 2/26/2018 11:09:54 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Vivian Aiona	Individual	Oppose	No

Comments:

Since when did the legislature become God - and insert itself into the sacredness of death.

The legislature who cannot solve homelessness, who cannot enforce equal education at all schools, who cannot create ideas and solutions in keeping citizens safe and alive, will allow death to become their great achievement.

So the legislature will apply this hideous piece of legislation to a 6 year old? A 20 year old? Or, is this just for gray haired seniors who are in the way of someone else's life?

Who will ensure that this is done correctly? What if the magic pills are dropped and the toddler ingests the concoction?

Of all the eligible voters, how many are registered? And how many actually voted? And how many actually voted for you? Do you represent everyone's view or the few who punched a whole by your name on a ballot.

The sacredness of life was respected and evident through Christians such as Queen Liliuokalani, Princess Bernice Pauahi Bishop, Father Damian, and Reverend Akaka.

However, this legislature has the audacity to consider and act as God. I am sickened by the thought.

Push delete, trash it. The mind set of the 21st century.

Vivian

We love, because He first loved us....1 John 4:19

From: Audrey Kubota
1600 Ala Moana Blvd., apt. 1212
Honolulu, Hawaii 96815

Re: Support of HB2739

To: Whom It May Concern

I would like to add my strong support of HB2739. Medical science has given us enormous opportunities to cure and/or make living with previously untenable conditions not only tolerable but enjoyable. It has also at times led to prolonging life when the patient can no longer tolerate the physical consequences of that prolonged existence.

HB2739 will give patients an opportunity to choose how and when they can end their suffering.

I'd like to point out that not all Hawaii residents are believers in any particular religion that has strict rules against taking one's own life. To use religion as a reason to not give patients the opportunity to end personal suffering goes against the strict division of state and religion as set out in our country's constitution.

I implore lawmakers to consider this bill seriously. Too many have suffered needlessly because this state has not allowed patients to receive medical help in ending their suffering. I believe HB2739 has excellent safeguards against the misuse of this option.

Most sincerely,
Audrey Kubota

HB-2739

Submitted on: 2/26/2018 11:40:58 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I stongly support bill HB2739, suthorizing medical support in dying. I've had many friends live in anguish in the final stages of life. The suffering could have been alleviated so easily with medical intervention to help them die in peace. It was hard for me to be in their presence with support. Please pass this bill to make this miraculous passage of death not only toleraable, but peaceful.

HB-2739

Submitted on: 2/26/2018 11:42:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Charijean Watanabe	Individual	Support	No

Comments:

Aloha. Please do not allow the religious beliefs of others to guide my journey towards Nirvana. I saw the misery of my mother and continue to resent interference of the care and welfare of my beloved family. Mahalo.

HB-2739

Submitted on: 2/26/2018 11:47:28 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Priscilla Wong	Individual	Oppose	No

Comments:

All lives are valuable and precious, and there are no second chances. Even though there are a few times for the patients to verify their decisions, I think it is still not right to assist them to end their lives. No one should take anybody's lives. Doctors are here to save people's lives, not to assist people to end their lives. I understand that some patients are in great pain or depressed during illness, but I think the solution is not to help them to end their lives, but to help them to feel better physically and emotionally.

To: Committee on Health and Human Services
Rep. John Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Committee on Judiciary
Rep. Scott Nishimoto, Chair
Rep. Joy San Buenaventura, Vice Chair

From: Jina Rabago

Re: Relating to Health, in *Strong Support* of HB 2739

Dear Committee Members on Health and Human Services and Committee Members on Judiciary,

Thank you for allowing me to submit testimony in ***strong support of HB 2739***. This bill is close to my heart. Please allow me to give you a little background. My grandfather was a great and proud man. He retired as the Vice President of one of the largest paving companies in Hawai'i. After his retirement, he started a small business, offering CDL training courses. He was an adventurous man and so full of life. He owned a small helicopter, two classic cars, but his favorite was his motorcycles.

In December of 2014, he was diagnosed with melanoma of the lungs. The oncologist explained that he had a great chance of recovery if he went through chemotherapy and radiation treatments. He completed his treatments, but he deteriorated quickly. In May, on his 75th birthday, he was not the same man. He was frail and lethargic. In June, he started to get worse. By July, he could not walk to the bathroom, he was extremely lethargic, and he was in pain. He went to the hospital, where we found out that the cancer was also in his stomach and his brain. The doctor stated that he had two weeks to live.

I sat hospice with my grandfather for those two weeks. He went from being the strongest, proudest man to lying in bed, unable to take care of his basic needs. This was extremely difficult for him. What made it more difficult was his discomfort. *I do not know if my grandfather would have chosen to end his life if the medication was available to him, but he should have had the option to do so.*

To focus back on the bill, Hawai'i is an extremely diverse state—the most diverse state in our Country. With that, there are different beliefs, religions, and values surrounding this topic. With that said, Hawai'i should offer the option to those who are terminally ill to end their life with dignity if they so choose so.

Thank you for reading my testimony,

Jina Rabago

**TESTIMONY BY Donald H. Wilson
Trustee**

HOUSE COMMITTEE on HEALTH & HUMAN SERVICES

Tuesday, February 27, 2018
(9 copies required; one for each member)

RE: HB 2739 – The “OUR CARE, OUR CHOICE ACT”

Representatives Belatti, Hashem, Lowen, Luke, Morikawa, Nishimoto, Saiki, Takayama, and Todd:

I support this bill, with some concerns, based on nearly seven year’s (and still counting) responsibility as a pro bono trustee for a now deceased couple who not only would have endorsed this proposal, but repeatedly expressed a desire to die because their quality of life was non-existent, and today’s medical capability can prolong life well-beyond what was previously determined to be the threshold. This bill affords a humane answer to what is most assuredly a personal decision, truly beyond any State’s kulia to intervene. Indeed, get beyond the well-intentioned nature of this bill, and ask a fundamental question: why is it up to any government entity (or any other person) to say whether or not someone has the “right” to determine the manner and time of his or her death?

In context, I am a former federal law enforcement agent, and worked closely with each of Hawaii’s four county police departments. In addition, since 1975, I do pro bono work for Honolulu’s Medical Examiner. In both capacities, I have witnessed the results of numerous suicides and can attest to the fact some involved clearly hazardous acts to others, because the decedent was indifferent to whether his or her act would adversely impact innocents. This bill would ostensibly preclude such acts of desperation, thereby protecting others. No more jumping from high-rises, regardless of who may be below. No more driving a vehicle into a solid object, regardless of the laws of physics, and collateral damage to others.

I am greatly troubled by the bureaucratic process and restrictions imposed by a legislative body that seeks to come between the individual and his or her medical providers. Why the specificity of age “18 years old or older?” Does a 17 year old terminal patient deserve less consideration? Why the language specifying the last six months of life, and who knows that anyway? There are any number of instances where medical professionals have pronounced someone has “less than six months to live,” only to determine – years later – they were wrong. And the bill focuses on “pain and suffering” as if confined to physical maladies only. I can assure you, based on my personal experience as a trustee, that pain and suffering entails loss of cognitive skills as well, and the patient is clearly aware of his or her declining capacity to do anything about it. There is little to no dignity to having to wear adult diapers; to being feed by someone else; to being “exercised” by outside forces in order to “stimulate,” “preserve,” “assist,” someone who is clearly on the decline, is aware of it, and definitely wants to die. What I am describing is the manifestation of dementia, which is a generic term for loss of cognitive ability. It is a progressive decease, and not only impacts the patient, but loved ones around him or him. Based on personal experience, I liken the mental decline to someone who is falling down a

dark well, and try as we might, those on the “surface” reach out to save the individual, who is gradually receding into the dark, just out of reach. Eventually, the individual disappears, although the body remains on the surface. No voice, no previously recognized image registers with the patient. He or she has gone somewhere none of us recognize, and yet we continue to sustain what’s left behind until the body itself gives up due to respiratory or heart failure. The death certificate attests to the cause and manner of death, but mentions nothing about the quality of life well before then. Respectfully, I assure you there is NO quality of life at that stage, and yet this proposed bill suggests an arbitrary six month declaration of some terminal event is sufficient to “allow” a patient to invoke a bureaucratic process to end his or her life with what little dignity is left. How dare others tell a patient when and how he or she might die?

I applaud your individual and collective efforts to address this issue, but respectfully suggest your arbitrarily imposed restrictions are just that – they presume what medical science cannot definitely articulate, and they assign an age restriction with the same conviction as if determining voting, drinking, or smoking authorization. No state authorization was mandated at birth, so why much later in life, does the state feel compelled to impose restrictions?

As a trustee, both individuals involved freely executed Advance Health Care Directives well before they were beset with physical and mental debilities associated with aging and dementia. Had they been “granted” such an authorization by the state, each would have exercised that option well before they actually died. The money saved would have bolstered their contribution to a non-profit that provides an invaluable service to the community. The nursing home where confined could have worked with other patients who actually recovered from their maladies. And most importantly, this husband-wife pair, married more than 50 years, could have taken their last journey together, not separated by many months later.

If retaining the restrictions cited enhances this bill’s chances for passing and eventual inclusion in Hawaii Revised Statutes, then I fully endorse it, and applaud you for your efforts; this is long overdue.

Thank you for the opportunity to provide comment.

HB-2739

Submitted on: 2/26/2018 12:02:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I was an RN for many years in oncology. I also watched my own daughter die a long and difficult death from glioblastoma.. It would have been a gift to be able give these people a choice. Please think of your own family members in this position.

HB-2739

Submitted on: 2/26/2018 12:11:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eric Kaneshiro	Individual	Support	No

Comments:

February 26, 2018

The Honorable Rep. John M. Mizuno, Chair
The Honorable Rep. Bertrand Kobayashi, Vice Chair
House Committee on Health and Human Services
Capitol Auditorium
Hawai'i State Capitol
Honolulu, HI 96813

RE: Testimony on House Bill 2739, Relating to Health

Chair Mizuno, Vice Chair Kobayashi, and Members of the Committee:

I am Colleen Hanabusa, U.S. Congresswoman representing Hawai'i's First Congressional District and the former President of the Hawai'i State Senate. I write to you as a private citizen to express my support for House Bill 2739, Relating to Health, which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end their life.

Five states and the District of Columbia currently have death with dignity statutes and Hawaii is one of 24 states currently considering similar legislation.

We have debated whether terminally ill patients should be allowed the option to end their life for more than two decades. In 1998 Governor Ben Cayetano convened a blue-ribbon panel that made multiple proposals on how to better care for the terminally ill, including permitting them to decide their fate, under certain defined circumstances.

In 2002, after a House bill permitting the choice advanced, I voted to pull companion legislation out of a Senate committee where the Chair refused to hear it and then voted in favor of the measure. The Hawaii State Senate debated it on the floor before it ultimately failed.

In 2004 I introduced and supported SB 391, the first of three measures addressing the issue. I tried again with my colleagues and proposed SB 1308 in 2005.

In 2007, I introduced and advocated for Senate Bill 1995, also referred to as "Death with Dignity," which sought to make it legal for a physician to prescribe lethal medication to a patient diagnosed as terminally ill with six months or less to live. At the time, SB 1995 was the fifth attempt to reach consensus on the issue. It did not pass.

As one would expect, the history of advocacy on both sides of the issue has been informed and passionate.

I believe HB 2739 represents the consensus of all relevant stakeholders, and most importantly, it respects the final wishes of those confronting terminal illness. In a November 2017 poll conducted by Honolulu Civil Beat, 66 percent of respondents, a clear majority, indicated they would support "medical aid in dying" legislation.

While the State Legislature has advanced measures to improve living wills and create more effective pain management, measures directly addressing death-with-dignity have not moved forward. In some cases, they have not received so much as a hearing.

I applaud the members of the committee for hearing HB 2739 and allowing this important discussion to take place. The debate you fostered helped establish the right to choose and includes language protecting the patient from coercion and tampering.

This measure is the right thing to do and the time to act is now. There is clear public support for allowing patients suffering from terminal illness to decide how they want to spend the remainder of their life. That decision belongs to them and we should ensure that the regulations and procedures we approve respect their wishes and protect their rights.

I humbly urge the committee to allow the bill to move forward.

Thank you for the opportunity to offer testimony in support of HB 2739.

HB-2739

Submitted on: 2/26/2018 12:26:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Bernard A Balsis Jr Jr	Individual	Oppose	No

Comments:

I oppose this bill. This is not the Hawaii we love. We want our people to die **naturally** and in a dignified way. We want our doctors and other health care professionals to help their patients **die** a dignified death **from natural causes**.

HB-2739

Submitted on: 2/26/2018 12:42:27 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacob Bilmes	Individual	Support	No

Comments:

Testimony in support of House Bill 2739

I support any bill (and specifically this one) that provides for medical aid in dying. However, there is a criterion in this bill that I don't understand. It is stipulated that the patient have less than six months to live. Does that mean less than six months in the absence of medication? What if the patient's life can be prolonged beyond six months, but only with the use of painful or debilitating treatment? Does this require clarification?

To: Rep. John Mizuno, Chair, Committee on Health and Human Services

Rep. Scott Nishimoto, Chair, Committee on Judiciary

Testimony of: Dr. Lawrence L Heintz, PhD., Emeritus Professor of Philosophy, UHH

Consulting Medical Ethicist 1983 – present

Date: 2-27-2018

Regarding: HR 2739

HR2739 tries to address the plight of a group of terminally ill competent patients whose last months of life is filled with anxiety, pain and suffering. This is not a new topic in Hawaii. I have been a consulting medical ethicist in Hawaii since 1983. That experience has included over 500 individual case consultations, the vast majority dealing with conflicts between patients, families, and physicians over the use of life sustaining treatments. The central theme that runs through most cases is how do we, as health care providers, show respect for our patients. Since the 1960's our society has recognized the patient's right to refuse life prolonging care (life sustaining treatments). We have developed advanced directives to facilitate respect for patient choice at the end of life. Advanced directives have helped address end of life choices of patients, but they only apply to patients who are no longer competent to make health care choices. What about mentally alert, competent, patients who are terminally ill and suffering intractable and unbearable illness that cannot be cured or successfully palliated?

In 1996 Governor Cayetano appointed a panel which after 18 months of deliberation supported comparable but even more comprehensive legislation. PAS was legalized in Oregon five years before. In 1991 Dr Timothy Quill had published his heart rendering account of his patient *Diane* in the NEJM. Diane, who had been Quill's patient for 8 years, was facing a protracted death from leukemia. Finding the dying process unbearable she asked for and received a prescription for a large dose of barbiturates and four months later used them to end her life. In 2001 Quill published, Caring For Patients At The End of Life, still I believe the best treatment of this topic.

It is nearly 30 years since Oregon's lead in "physician aid in dying". What is notable about Oregon is that they have produced empirical studies of the implementation of their legislation. In 1992 while serving as a Visiting Professor at Southern Oregon State University I engaged in research of the Oregon Law & practice. What Quill reports in his 2001 book and what the Des Moines Register Article in 2017 reports is that the empirical record is clear: the fears, claims of slippery slopes, and an inability to create safeguards against abuse are all unwarranted claims not substantiated by 30 years of data in Oregon. The inflammatory claims that the incidence of PAS would spiral out of control once the practices became legalized – were then, and are still today, nothing but fear mongering. Quill in 2001 notes that the utilization of Oregon's "death with dignity" legislation after 10 years remains at about 1.5% of Oregon deaths. The latest reports in 2017 are the same. There is no rush to *use or abuse* this practice. Rather what happened in Oregon after the passage of their legislation was an improvement in pain

control and palliative care, an increase in the use of hospice, and overall improvement of end of life care in Hospitals.

Hawaii needs this legislation because there always remains that 1-3% of patients whose plight remains tragic. There is a population of terminally ill patients who are competent decision makers whose pain and suffering are not adequately addressed by their caregivers who want to have the ability to relieve themselves of the burden of an agonizing death. By passing HR2739 we provide an option to those individuals, who remain competent and suffering through intractable pain at the end of life.

Respectfully submitted Lawrence L. Heintz, PhD.

HB-2739

Submitted on: 2/26/2018 12:51:37 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Raymund Liongson	University of Hawaii-Leeward	Support	No

Comments:

The purpose of life is for it to be lived freely and productively, with honor and dignity, and with the least suffering and agony. Life is to bring light and happiness to others, not gloom and despair. It is a gift that was received, but it must also be a privilege that must be humbly and courageously surrendered. And as the protection and preservation of it is a basic human right, the decision to cogently terminate one's own sooner when it is clear that it is coming to an inescapably painful and wearing end should also be honored and respected.

Death with dignity is surrendering life with courage and resolve. It is not only a way of cutting short one's unbearable physical and psychological pain. It is a selfless decision to ease the anguish of family members and friends who also have to bear the pain while waiting for the inevitable.

We must, however, ensure that we have sufficient safeguards to prevent it (death with dignity) from getting abused. The right of the patient to competent and verified medical assessment, to informed and free decision-making, and to rescind an earlier decision any time should he change his mind must not be compromised and ignored.

Terms like mercy killing (euthanasia) and physician-assisted suicide leave an unpalatable taste because of the words "killing" and "suicide", which our culture and our time are not ready to accept. This is, however, hypocritical especially in societies that turn their heads away from cases of mass murder, state-sponsored killings, wars, and deaths as a result of exploitation and poverty.

Death with dignity is the reasonable choice of "death with self-worth" over a life of agony and progressive deterioration. It is a prudent exercise of free will and judgment that God has given to His human creation.

Thank you for the opportunity to SUPPORT this bill.

Telephone:
(808) 536-1197

ROBERT R. TAYLOR
ATTORNEY AT LAW

E-Mail:
robert@roberttaylorlaw.com

Cell:
(808) 392-8520

Administrative Office
3543 Nuuanu Pali Drive
Honolulu, Hawaii 96817

Web address:
roberttaylorlaw.com

February 25, 2018

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TO: JOINT SOH HOUSE COMMITTEES (JUDICIARY & HHS)
FAX: 586-6311

FROM: ROBERT R. TAYLOR, ATTORNEY AT LAW

RE: Testimony: HB NO. 2739) "EUTHANASIA BILL"

REMARKS: ALOHA: THANKS VERY MUCH . ROBERT R. TAYLOR



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Telephone:
(808) 536-1197

ROBERT R. TAYLOR
ATTORNEY AT LAW

E-Mail:
robert@roberttaylorlaw.com

Cell:
(808) 392-8520

Administrative Office
3543 Nuuanu Pali Drive
Honolulu, Hawaii 96817

Web address:
roberttaylorlaw.com

February 25, 2018

VIA FAX: 586-6311

JOINT SOH HOUSE COMMITTEES (JUDICIARY & HHS)

Re: Testimony: HB NO. 2739) "EUTHANASIA BILL"

Dear Committee Members:

HB 2739 is a bad bill for reasons which include but are not limited to:

1) The patient is not protected. Falsely, Oregon is represented as a state where there is such a law and no problems. Fact: there is uncertainty in Oregon whether the patient has died in a peaceful, humane and dignified manner because of all of privacy and anonymity provisions such as are in this bill including lack of competent and neutral witness; a witness could include a total stranger.

2) There is no provision for enforcement for many of the so-called protective provisions for the patient.

3) The so called informed consent for the patient is terribly deficient.

4) There is no mandatory referral to counseling despite fact that many patients go in and out of depression.

5) Such a law affects overall suicide rates (Oregon has seen a 49.3 % rise in non-assisted suicide since it enacted a law much like the bill before you).

Thank you for the opportunity to comment on this bill.

Sincerely yours,



ROBERT R. TAYLOR

From: Antya Miller [<mailto:millera012@hawaii.rr.com>]
Sent: Monday, February 26, 2018 11:21 AM
To: Rep. Bertrand Kobayashi <repkobayashi@capitol.hawaii.gov>
Subject: HB 2739 - opposed

Dear Representative Kobayashi:

My testimony was not accepted by the server, repeatedly, between 9 and 10 AM, so I send to you directly.

“The profession of medicine stands on the rock of 'do no harm.' Without its ethic, medicine is no profession.

Every human being has, and will always have, regardless of your lawmaking, the power to commit suicide: famous Romans, the exemplary Socrates, all civilized people who wished to do so, just did it. Don't enlist the state, the insurance companies, our doctors, hospitals and hospices, to that end.

Modern medical care has already been dealing with this and needs no further legislation. Step back from the brink of playing God and leave mortality to the private realm of the doctor-patient relationship.

Keep all “third parties” out of this very private decision and the patient-doctor relationship sacred and private.”

Sincerely,

Boyd Ready

59-661 Alapio Road

Haleiwa HI 96712

boydready@hawaii.rr.com

Sent from [Mail](#) for Windows 10

TESTIMONY to: House Committees on Health and Human Services
and Judiciary

Regarding: HB 2739 Relating to Health

Tuesday, February 27, 2018

10:30 AM -- State Capitol Auditorium

Submitted In **STRONG OPPOSITION** by

Mary Smart, Mililani, HI

Chairs Mizuno & Nishimoto, Vice Chairs Kobayashi & San Buenaventura and
Committee Members:

1. As an individual, VP Pearson Foundation of Hawaii, Inc. pregnancy counseling non-profit, and an officer of The Hawaii Federation of Republican Women, a conservative auxilliary of the Republican Party, we most strongly oppose HB 2739 and request you Vote NO at this committee hearing.
2. Contrary to Section 18 (page 21) of the proposed Statute, the procedures of this bill meet the definition of mercy killing and active euthanasia. Denying it doesn't make it true. If you truly object to mercy killing and euthanasia – do not pass this bill. This bill essentially creates “a license to kill”.
3. HB2739 is unnecessary, introduces new dangers into the community, and targets the vulnerable to include the sick, elderly, depressed, panic-stricken, and individuals with disabilities. Not only does it open the door to abuse, which is already a problem in Hawaii, it creates new felony and misdemeanor crimes listed in Sub-Section 20. Those crimes are delineated because you are well aware that these abuses are likely to occur. It is very difficult to determine if the “patient” is being coerced, by family, heirs, or even medical insurance providers (private and government operated). There are documented cases where patients were denied life-extending medicines and offered the life-ending perscription as their only option. That IS coercion.
4. The bill acknowledges that other acceptable options exist for those with terminal illnesses. Not only does page 1 of the bill list those options, (i.e. palliative care, VSED (voluntarily stopping eating and drinking), and stopping artificial ventilation or other life sustaining therapy to advance the dying Process”, but on page 35, Section 4, it references Section 327H-2, noting licensed physicians already have the option to “prescribe, dispense, or administer medical treatment for the purpose of treating severe acute pain or severe chronic pain, even if the medical treatment is not also furnished for the purpose of causing, or the purpose of assisting in the causing, death for any reason...”

5. This bill achieves objective of the Compassion and Choices (formerly the Hemlock Society/Final Exit and other ideologies that want to rid the world of “useless eaters”. This group works at the opposite of the age spectrum of Margaret Sanger’s desire to rid the world of “human weeds”, through abortion and Planned Parenthood. One organization works on killing the already born and the other on terminating the life of the pre-born. It may seem practical to some, but to others only a barbaric and inhumane culture would approve of a bill of this nature.

6. Hawaii residents suffer from diabetes and kidney disease at a rate higher than other states. This bill targets them as well as people with other ailments including dementia, and Parkinson’s disease. My father had Parkinson’s disease. He lived many productive years with the disease before moving to Hawaii to live in my home for twelve years. His presence was a blessing. Many people think they couldn’t care for someone with a debilitating disease, but it is a wonderful time to bond with one another. If assisted suicide becomes a legal “final solution” in Hawaii, in all likelihood, fewer people will have a similar uplifting experience. Most of us who have taken on this responsibility report it to have been a positive endeavor.

7. There are several objectionable criteria in the bill besides the false premise that it could be legal to directly cause of death of another human being. Changes to consider include:

a. Minimum age must be raised to at least 26 years old. Youth are dependents of their parents until that age for health insurances purposes. Therefore 26 years old should be a minimum age for making a life and death decision. Smoking and drinking alcohol are already set at 21 and those don’t cause death immediately.

b. The waiting period should be at least 3 months, not 15 days. Many people need time to reflect on their options when they get a horrifying prognosis. Also, many people choose suicide when they are depressed. Soon after a terminal diagnosis is not the time to make life and death decisions. Doctors make errors. Every patient should be evaluated by a mental health professional before making a final decision.

c. Only doctors who sign-up to participate in this life-ending procedure should be allowed to write these deadly prescriptions. Those doctors/medical practitioners should attend specific training and receive a specific license that allows them to participate in this program. People who want assistance in taking their life should only solicit this life-ending service from specifically licensed doctors. Doctors and medical staff should not have to participate nor refer patients to those willing to participate in this program. Most doctors still affirm that their skills and knowledge should be used to heal, not kill.

d. Finding loved ones dead body after they deliberately take their life can be tramatizing. If no one is informed that the procedure will occur, the body may be in an advanced state of decomposition when it is discovered. Although the bill recommends that the pills be taken in a non-public location, there is not guarantee that will happen. Innocent by-standers may have to watch the public suicide. Until the patient takes the

pills, there are dangerous narcotics being stored in a home, car, or office, etc. There are no strong controls to prevent these dangerous substances getting into the hands of children or inquisitive teens. It would be better to have the substances held for the individual at a safe designated location (similar to a funeral home – but for taking these life-ending pills in a comfortable but private setting) that allows family members to gather, if desired, and the pills be dispensed that the controlled location. That would keep the dangerous drugs out of public hands and allow for controlled disposal if/when the pills are no longer needed. Having these pills out in the community is a public safety issue and the bill offers no safe-guards. This would also guarantee the pills are only used for the patient who requested them.

e. The fact that insurance policies are not affected by the act of suicide is an added cause of concern about coercion. When there are high amounts of money involved, it is very possible. We have an elder abuse problem due to this problem of people eager to get their hands on the “estate”. The requirement that one witness not be an heir doesn’t offer much protection. From the draft bill, anyone off the street can be a witness to the request for the life-ending pills and therefore would have no idea of the pressure that is causing the patient to request this procedure. That witness could be a friend of an heir as well. Adequate safeguards are not contained in the bill.

. Section 19 (2) of the proposed statute needs to be deleted. A healthcare facility, organization, or association must be able to decide whether or not they want to employ a doctor who participates in these procedures. Many individuals and organizations find this procedure to constitute legalized murder and do not want to employ anyone who thinks it is ethical to intentionally end a human life. You should not use the force of government to mandate a health provider to keep on staff someone who dispenses death. Death care is not health care.

8. Overall, this bill is an insult to the morals and culture of Hawaii residents who love life and consider one another members of our ohana. We enjoy our multi-generational homes and hanai family members. This bill serves the purposes of a very few residents and introduces services that many of us consider an abomination. We know of abuses that have occurred in Belgium and the Netherlands and the fact that “evidence” of murder is quickly destroyed in the cases of “assisted suicide”. Your constituents do not want this bill to pass.

9. **Vote NO on HB 2739.** Do not pass this bill.

HB-2739

Submitted on: 2/26/2018 12:57:04 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jonathan Boyne	Individual	Support	No

Comments:

My father was diagnosed with a late stage terminal cancer, and due to the lack of physician-assisted end-of-life care, shot himself, with our family's understanding and approval, but had to do so alone, so as not to expose our family to risk of prosecution. If there were a physician-assisted end-of-life care law in place, my father would not have had to die alone, and neither will my wife and I in such an eventuality. Being forced by law to either take one's life alone and in uncertain means, or to submit to the pain and indignity of slowly dying of illness and/or in an understaffed hospital or unaffordable nursing home, is not just or civilised.

HB 2739 Relating To Health

February 27, 2018

Rep. John Mizano Chair Rep. Scott Nishimoto, Chair

Testifying in Person: Pastor Virginia Domligan The Prayer Center of The Pacific

I strongly oppose HB 2739 Relating to Health (Physician Assisted Suicide)

Human life is sacred; at all cost we must preserve it. Death is a part of life Death is a process

Relating to Health (Physician Assisted Suicide) is inhumane. We must preserve life 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. We have enough suicide monthly here in the State of Hawaii.

I am here to testify of my parents who passed my father died of naturally causes he was 96 before he passed he was progressively shutting down physically. My conversation on the telephone with his Physician I think my daddy is dyeing I explained all the things that were taking place. The doctor response was you can bring him in to the hospital or you can take care of him at home. I chose to let my Father die with dignity in peace on his own bed. 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 on him he died in his sleep peacefully with dignity naturally.

My Mother had terminal cancer in her esophagus. I meet with the staff from Hospice at Saint Francis Hospital they explained the process of death medically the doctors gave her three months to live. As my mother progressively got weaker we admitted her into a care home. She had excellent care and pain management. At her last hour of life she spoke to all of her children her grandchildren and great grandchildren **she never once ask to be put to death she dealt with death with dignity** her pain was managed her processed was held with compassion by Hospice she received excellent care. Assisted suicide should not be an option a case in point in the Netherlands where doctors have practiced doctor-assisted suicide and euthanasia for more than a decade two Dutch government reports conducted in 1990 and 1995 found that an average 21 percent of the patients were killed without consent were without explicit consent of the patient. **WE strongly oppose to HB 2739 Relating to Health (Physician Assisted Sulcide) listen to the heart of the people not the minority who like the same sex marriage**

Bill that got railroaded in. This is the land of Aloha with no options to suicide by the legislative body and the Physicians. We the majority of the people of the State Hawaii Say NO...who all cannot be here one this fast tract tactic to testify because we need to work due to the high cost of living and the high taxes impose upon us.

OPPOSITION TO HB 2739

Aloha Chairman and Committee Members,

Thank you for your dedication to our state motto: the life of land is perpetuated in righteousness.

I write in STRONG OPPOSITION to HB 2739.

Hawaii has one of the highest rates of suicides in the nation and I'm thankful you are taking steps to resolve this statistic by introducing bills to fund suicide prevention projects.

Unfortunately, HB2739 contradicts your suicide prevention message of VALUEING LIFE and sends a message that should a crisis arise it's ok to commit suicide, therefore DEVALUEING LIFE. A crisis has many definitions depending on the person, ie terminal illness, a bad teenage breakup, a nasty divorce, loss of a job, loss of a loved one etc.

The contradictions are blatantly clear, and if you are intent on preventing suicide and reducing our high rate of suicide in the state, then let's not send the message that it's ok to commit suicide if a medical crisis arises. You're giving "wiggle room" for a reason for suicide where there should be NONE.

My other issues with assisted suicide are as follows:

Terminal prognoses are often wrong.

Assisted suicide is not popular and has failed many attempts to legalize in several states.

Opens the door to abuse of the elderly, or infirmed. The prescription is either self induced or administered by a family member/friend without a witness of time of death.

May jeopardize a medical professional's practice should they choose not to assist or prescribe the suicide drug based on their values.

The one most prominent reason is that this bill CHEAPENS LIFE.

I urge you for the sake of our preserving our culture that we embrace LIFE and ALOHA by not passing HB2739.

Sincerely,

Lois Young

HB-2739

Submitted on: 2/26/2018 1:01:22 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Theresia McMurdo	Individual	Support	No

Comments:

My name is Theresia McMurdo and I strongly **SUPPORT** HB 2739. A few years ago, I watched my friend with terminal pancreatic cancer die at a hospice. I could not believe how in this day and age he had to be basically starved to death! I found it absolutely barbaric. It was painful for him, painful for his family and painful for me. It is something that I have never forgotten and totally changed the way I view the regulations around the way we choose to die. Please support this bill and relieve all families of this pain. Thank you.

HB-2739

Submitted on: 2/26/2018 1:07:12 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
R. Kinslow	Individual	Support	No

Comments:

I strongly support HB 2739. My involvement on with the Interfaith Communities of Hawaii, has given me the strength of conviction to say that many Christian, Jewish and Buddhist practitioners, also support this measure. You see, I applaud a person's right to choose how they will die. Personally, I do not support suicide, but we can see there are usually mitigating factors such as anti-depressants, depressants or depression involved in those who choose to end their lives on their terms. In this case, the measure is righteous and provides adequate protections against coercion or medical malpractice to become the law of the state. This is the main difference between suicide and medically assisted aid in dying. The person who chooses medical aid in dying is making a positive choice for her/himself and family, the person wants to live but has been given a terminal medically professional prognosis. The person who commits suicide wants to die. So, I support this measure and encourage you to follow the will of the people of Hawaii, who when surveyed on this issue, have stated they wish you to vote with our views in mind. Thank you, Mahalo, Be well. Rob Kinslow

HB-2739

Submitted on: 2/26/2018 1:07:32 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Andrea Kaio	Individual	Oppose	No

Comments:

I strongly oppose HB2739 and am dissappointed that it seems it is being "fast tracked" to approval. Doctors should help their patients to die a dignified death from natural causes, but they should not ever be allowed to kill their patients or help them to kill themselves. Let's care as much about people as we do about other environmental issues! Please do not allow this bill to pass!

From: JUDtestimony
To: hhstestimony
Subject: FW: Vote No on HB2739 - assisted suicide bill
Date: Monday, February 26, 2018 12:10:11 PM

-----Original Message-----

From: Chris Niemczyk [<mailto:niemczyk@hawaii.edu>]
Sent: Monday, February 26, 2018 11:43 AM
To: JUDtestimony <judgetestimony@capitol.hawaii.gov>
Subject: Vote No on HB2739 - assisted suicide bill

Dear Committee JUD,

Good Morning Mr. Chairman and Members of the Committee.

Once again the issue of physician-assisted suicide, and now euthanasia, is being debated before the Hawai'i State Legislature. More commonly -- and euphemistically -- referred to as the "Death with Dignity Bill" and "aid in dying," proponents of assisted suicide argue that this legislation only gives those who have been declared terminally ill and have six months or less to live the option to end their lives to alleviate pain and suffering at the end of life.

On the other hand, these predictions and prognoses are often arbitrary and inaccurate. Furthermore, according to notdeadyet.com, medical professionals out of the states of Oregon and Washington reported that the main motivating factor for requesting the medication was not pain, but fear, and the "motivating" factors reported were: 1) the loss of autonomy (91%); 2) the inability to engage in activities (89%); 3) the loss of dignity (81%); 4) the loss of control of bodily functions (50%); and 5) feelings of being a burden to others (40%).

These are disability rights issues that often get equated with the quality of life.

Of course, no one should suffer undue pain. But assisted suicide should never be an option. I believe, as do many others, that there are alternatives that should be considered instead of assisted suicide. I appreciate the legislature for its past efforts of making palliative care and pain management more available, and I believe these useful alternatives are where the state's focus should remain. Even with meticulous safeguards within the current bill, concerns persist: for example, with the initial diagnosis, depression is a very real issue; therefore, the patient is more prone to seeking the assisted suicide option. Although the bill does mandate that patients seek out psychological evaluation before they seek out assisted suicide options, the examples of other states indicate that although these psychological evaluations are mandated by law, only about 50% of patients do receive psychological evaluation before inquiring about assisted suicide.

Moreover, people can be misdiagnosed, or even get better with treatment, as illustrated by the case of Jeanette Hall, diagnosed with terminal cancer in 2000, and yet is still alive today, eighteen years later. If it weren't for her doctor, who encouraged her to seek treatment instead of assisted suicide, she may not be alive. Today still, there is the case of John Newton, diagnosed with ALS in the 1950s and given the life expectancy of one-to-three years. If offered assisted suicide in the 1950s, he may have exercised this option.

The concern that I have as a person with a disability is the effects that this law may have on public insurance and covering certain medical conditions which may be deemed too expensive to cover. This is illustrated in the Barbara Wagner case: diagnosed with breast cancer on the Oregon health care plan, she was denied experimental chemotherapy treatments, received a letter denying her coverage, but was offered assisted suicide as an alternative option.

Our legislature is trying to craft legislation after the California assisted suicide law, which prohibits insurance companies from denying coverage of medical care. Yet, that's exactly what happened in the Stephanie Packard

case: diagnosed with an autoimmune disease, she needed an experimental drug to slow the progression of the disease. The insurance company first approved the coverage of the treatment, However, once the California assisted suicide law went into effect, the approval was withdrawn.

Even though coercion is criminally sanctioned within the bill, insurance companies denying coverage and pushing suicide is thus actually happening, and still remains a concern. This is evident in the many hearings of elder abuse in recent years. Given these examples and the experiences of other jurisdictions around the US and elsewhere, it is shown again and again that the safeguards are often manipulated and change as attitudes in society change, putting the most vulnerable of us in society at the mercy of public policy.

In Hawai'i, we don't have the Death Penalty, theoretically because we might be taking an innocent life. The same principle applies here in this regard: the proponents of assisted suicide argue that this is a personal choice between patients and their doctors. In reality, it is the State deciding who lives, and who dies.

I have been a Hawai'i resident for nearly thirty years, and I oppose this bill vehemently. I urge you to vote no on the bill, and assist in preserving life, instead of terminating it.

Thank you.

Sincerely,

Chris Niemchzyk
2724 Kahoaloha Ln Apt 1501
Honolulu, HI 96826
niemchzyk@hawaii.edu

From: [JUDtestimony](#)
To: [hhstestimony](#)
Subject: FW: Strong Opposition to HB2739 Relating to Health
Date: Monday, February 26, 2018 12:10:39 PM

-----Original Message-----

From: Lleander Jung [<mailto:user@votervoice.net>]
Sent: Monday, February 26, 2018 11:42 AM
To: JUDtestimony <judgetestimony@capitol.hawaii.gov>
Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Testimony in Opposition to HB2739
Submitted to the House Health & Human Services Committee Submitted to the House Judiciary Committee Hearing
on February 27, 2018 at 10:30 a.m.

Opposition to HB 2739

THE SELLING POINTS OF DOCTOR ASSISTED SUICIDE VERY OFTEN IS PERSONAL CONTROL. THE POWER TO DECIDE WHEN THE PERSON LEAVES THIS EARTH. THE FEAR OF LOSS OF CONTROL IS OFTEN RELATED TO THE OPPOSITE FEELING OF HELPLESSNESS, A DESIRE NOT TO LOSE THE RESPECT OF THOSE WHO NOW HAVE GREATER CONTROL OVER THEIR LIFE, PROPERTY & DECISION MAKING. THERE IS ALSO A DESIRE TO FREEZE A MOMENT IN TIME WHEN THEY WERE AT THE HEIGHT OF THEIR ABILITIES.

ASSISTED SUICIDE IS A LIBERAL OPTION DISGUISED AS A RELIEF TO THE MENTAL BURDEN ON THE RELATIVES WHO ARE UNCERTAIN WHAT TO DO, WHO WAIT FOR THE INEVITABLE END TO COME. IT'S OK TO WAIT.

THE LAW ALREADY ALLOWS FOR ADVANCED DIRECTIVES TO TAKE AWAY THESE DECISION MAKING DIFFICULTIES - NO HEROIC MEASURES OR ARTIFICIAL SUPPORT.

THERE IS NO NEED TO TAKE THE EXTRA STEP OF HAVING A LEGAL KILLING OPTION PLACED IN THE HANDS OF "MEDICAL EXPERTS" TO SIGN OFF WHEN THE PATIENT'S TIME IS UP. WHY THEN HAVE HOSPICE CARE FOR PATIENT COMFORT & ACCEPTING & PLANNING THEIR FINAL DAYS?

IN NATURAL LAW, ALL LIFE HAS A NATURAL BEGINNING & END. SUFFERING IS AS MUCH PART OF THE HUMAN CONDITION NOT TO BE AVOIDED BUT EMBRACED.
DEATH HAS NO STING IF FAITH IN AN AFTERLIFE IS ACCEPTED.

WHAT INCENTIVES ARE THERE FOR THE EXPERTS TO EXPLORE NEW WAYS TO SERVICE THE ELDERLY OR DISABLED WHEN THE EASY WAY IS AVAILABLE - JUST KILL THEM OR BETTER YET, HAVE THEM GIVE PERMISSION TO KILL THEMSELVES?

THE REALITY IS THE PERSON WHO OPTS FOR HB2739 IS INCAPABLE OF DECISION MAKING.

ADVANCED DIRECTIVES DOES NOT HAVE THE IMMORAL OVERHANG THAT ASSISTED SUICIDE PROVIDES. LEAVE THE LAW THE WAY IT IS AT PRESENT - ADVANCED DIRECTIVE AND NOT ADD ACTIVE KILLING TO THE MIX.

COUNTRIES SELECTING THIS ADDED OPTION HAVE OVER TIME INCREASED POWER TO HIDE THE KILLING OF THEIR ENEMIES. THE CONTROLLER HAS BECOME THE CONTROLLED.

IN NATURAL LAW A DROWNING PERSON CLUTCHES THE LAST STRAW.

ACCEPTANCE IS IN REALITY, THE GRACEFUL EXIT TO THIS LIFE.

A DEFINITE NO TO HB2739.

Sincerely,

Lleander Jung
3286 Uilani Pl
Honolulu, HI 96816
LionEntHI@aol.com

From: [JUDtestimony](#)
To: [hhstestimony](#)
Subject: FW: Vote no on HB2739 Relating to Health
Date: Monday, February 26, 2018 12:10:51 PM

-----Original Message-----

From: Joseph Gage [<mailto:joegage@msn.com>]
Sent: Monday, February 26, 2018 11:42 AM
To: JUDtestimony <judgetestimony@capitol.hawaii.gov>
Subject: Vote no on HB2739 Relating to Health

Dear Committee JUD,

OPPOSITION TO HB2739 Relating to Health

To: House Health & Human Services Committee and House Judiciary Committee

Hearing on Tuesday, February 27, 2018 at 10:30 a.m.

As a Multiple Myeloma patient I was given 2 years to live. We all know someone that was given that amount of time and either was cured or lived 20 years plus. I am now going on 8 years thru the grace of God. Lets take a quick look at the Netherlands, they have been doing assisted suicide laws for 30 years and guess what? The abuses number in the 1000's because the caregivers, doctors and friends want the patient to kill himself as to not be a burden to society/themselves not the actual patient. My doctor is afraid of a law like this as he signed the oath to do no harm. Not to kill someone. I know that like the Netherlands when I arrive at 60 years old that will be it as far as care goes form me with the assisted suicide law. I realize the grossly high price of cancer drugs and the obscene profits. In a moral less USA that is to be expected but this law is crazy for the patients and doctors. The end of life care that is available now generally causes no pain. So be careful what you vote for it could very well bit you hard one day.

Thank you. Joseph D Gage

Sincerely,

Joseph Gage
648 Maalahi St
Wailuku, HI 96793
joegage@msn.com

From: [JUDtestimony](#)
To: [hhstestimony](#)
Subject: FW: Vote NO on Assisted Suicide: HB 2739
Date: Monday, February 26, 2018 12:11:15 PM

-----Original Message-----

From: Darlene Gist [<mailto:user@votervoices.net>]
Sent: Monday, February 26, 2018 11:42 AM
To: JUDtestimony <judgetestimony@capitol.hawaii.gov>
Subject: Vote NO on Assisted Suicide: HB 2739

Dear Committee JUD,

Hearing on February 27, 2018 in the House Judiciary Committee and the House Health Committee Relating to HB 2739 assisted suicide

I am in strong opposition!

HB 2739 subtly and stealthily advocates active euthanasia.

The bill advocates that patients be allowed to "self-administer" medications to end their lives, and in the very same sentence allows physicians to euthanize patients. Here is the exact language of the proposed euthanasia bill from page 33:

"I understand that I am requesting that my attending provider prescribe medication that I may self-administer to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness."

This gives license to attending physicians to administer the lethal drugs when their patients are unable to do so as a result of their illness. This is not physician-assisted suicide; this is physicians committing homicide. This is euthanasia.

I believe physician-assisted suicide will lead to euthanasia as we have seen in other countries such as Canada and Belgium. I would like to implore, for the protection of all of Hawaii's patients, that the committee members stop this bill from moving forward and to address these clauses that promote euthanasia that are deftly woven in this bill.

Just envisage a terminally ill person with a loaded gun pointed to their head and finger on the trigger and you slowly place your finger to pull the trigger. This is how we need to see this bill.

Thank you for your assistance to terminate this none sense bill.

Sincerely,

Darlene
1260 SAINT LOUIS DR
HONOLULU, HI 96816
dgist03@yahoo.com

From: [JUDtestimony](#)
To: [hhstestimony](#)
Subject: FW: Strong Opposition to HB2739 Relating to Health
Date: Monday, February 26, 2018 12:11:01 PM

-----Original Message-----

From: Mary Erickson [<mailto:user@votervoice.net>]
Sent: Monday, February 26, 2018 11:43 AM
To: JUDtestimony <judgetestimony@capitol.hawaii.gov>
Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

To the joint hearing of the House Health & Human Services and the House Judiciary

Hearing on Tuesday, February 27, 2018 in the Capitol Auditorium at 10:30 a.m.

I am submitting this testimony in opposition to the assisted suicide bill, HB 2739.

Human life doesn't need to be extended by every medical means possible, but a human being should never be intentionally killed.

Doctors should help their patients to die a dignified death from natural causes, but they should not kill their patients or help them to kill themselves and no law should allow them to get away with that.

Many patients can now choose curative treatment for an illness, while their health plans also cover hospice and palliative care so that they can receive the best of worlds.

Rather than sentencing those with a terminal illness to a death sentence and encouraging them to take lethal drugs, we should all realize that no prognosis is 100% accurate all of the time and should not lose heart.

I urge our legislators to vote no on HB 2739.

Sincerely,

Mary Erickson
67-1244 PANALEA ST
KAMUELA, HI 96743
Ewalkinmary1@aol.com

From: alahoku@aol.com [<mailto:alahoku@aol.com>]

Sent: Monday, February 26, 2018 9:18 AM

To: Rep. John Mizuno <repmizuno@capitol.hawaii.gov>; Rep. Scott Nishimoto <repnishimoto@capitol.hawaii.gov>; Rep. Bertrand Kobayashi <repkobayashi@capitol.hawaii.gov>; repAubelatti@Capitol.hawaii.gov; Rep. Andria Tupola <reptupola@capitol.hawaii.gov>; Rep. Lei Learmont <replearmont@capitol.hawaii.gov>; repbuenaventura@Capitol.hawaii.gov; Rep. Tom Brower <repbrower@capitol.hawaii.gov>; Rep. Gregg Takayama <reptakayama@capitol.hawaii.gov>; Rep. Chris Lee <repclee@capitol.hawaii.gov>; Rep. Bob McDermott <repmcdermott@capitol.hawaii.gov>; Rep. Daynette Morikawa <repmorikawa@capitol.hawaii.gov>; Rep. Cynthia Thielen <repthielen@capitol.hawaii.gov>

Subject: Opposing testimony re: HB2739

Re: HB2739

Date: Feb 26, 2018

My name is Jean A. Leong
Respect Life Ministry
St Philomena Church, Salt Lake HI
Born: Aug 2. 1935

There's no aloha in Suicide!
I adamantly oppose HB2739.
Life is precious.

Aloha is about caring for life, caring about life, and it's all about love saving lives.
Patient assisted suicide is an evil and it will spread to more evil. Doctors really won't be Doctors then.

Doctors save lives, mentors and comforts, offer appropriate medical care, eg. palliative medicine for pain and hospice care and fellowship for the dying.

Doctors must not ever intentionally kill or prescribe a deadly drug for a patient.

HB2739 is not for Hawaii,,Let's not tamper with our ALOHA!

HB-2739

Submitted on: 2/26/2018 1:21:10 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Frank J Cuozzo	Individual	Oppose	No

Comments:

To Whom It May Concern:

As a Doctor, Pastor and as a Christian, I am opposed to the passing of this piece of legislation. I firmly believe that life is a gift of God and no one person or group and especially not governments have the right to determine when life should end. This is up to our God and God alone. Thank you for the opportunity as a citizen to speak my voice and oppose this legislation.

Sincerely,

Frank J Cuozzo

HB-2739

Submitted on: 2/26/2018 1:25:59 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Christine Yasunaga	Individual	Support	No

Comments:

Aloha Representative Kobayshi,
and All Representatives in the Legislature:

My husband and I are much disturbed that Bill HB2739, to legalize Assisted Suicide is coming up for a hearing in our state. Please do not give the authority to individuals, doctors or family the right to choose the time of death for anyone, or especially to administer means to cause the death. The ways that Hospices help those nearing death is so much more meaningful and compassionate.

The right to die is not something for government or insurance plans or any one else to assume or decree. There are ways, as Health Directives, for individuals to choose, and discuss with family, the means they want to use, or not, to preserve their lives. Hastening the death by drugs, etc. should not be authorized. Please do not authorize this bill to take effect.

More people than you know are strongly opposed to that bill. Please listen to these pleas.

Sincerely,
Elaine E Gramit
Edward P. Gramit, Jr.
88 S. Papa Ave. #417
Kahului HI 96732

-----Original Message-----

From: Stephanie Sato [<mailto:ssato@marykay.com>]
Sent: Monday, February 26, 2018 9:38 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Vote No on HB2739 - assisted suicide bill

Dear Committee JUD,

To the House Committee on Health & Human Services, and the House Judiciary Committee

This is in regards to the hearing on Tuesday (02/27/18) that will be the auditorium. I am sending this to you so you understand I want you to kill Bill HB 2739.

In the 2017 session, cautious legislators deferred the bill on physician-assisted suicide because there were no safeguards in place to protect patients. HB 2739 fails to address these concerns. I have parents, grand parents and family who are dealing with life threatening issues and we prefer to let our God Almighty take care of calling them home rather than man, even my own self, who I have been there every step of the way caring for and carrying the burdens of seeing loved ones go through these trials. We have NO RIGHTS WHEN IT COMES TO GIVING LIFE AND ASSISTING IN DEATH. THAT RIGHT ONLY BELONGS TO OUR CREATOR AND LORD AND SAVIOR JESUS CHRIST.

There may be added "safeguards" borrowed from California's End of Life Option Act that requires a patient to make an initial verbal request for lethal drugs and a subsequent verbal request 15 days later. There may now be a requirement for a written request, and a sign off by an attending physician and a second opinion. In addition, the bill requires two witnesses, a family member and a stranger, to also sign off on the request. When patients sign a final attestation form, they must also wait at least 48 hours before ingesting the lethal drugs.

While all of the provisions are supposed to offer reassurance that there will be no abuse, it provides no peace of mind. The bill is fatally flawed. Once patients receive the lethal drugs, they waive their rights from protection of any abuse. Doctors would be granted civil and criminal immunity just by documenting their actions were in accordance with the law and they put forth a good faith effort to comply with all of the law's requirements.

There are no safeguards to ensure patients are taking the lethal drugs on their own free will. The variety of scenarios for abuse are limited only by the imagination of perpetrators.

HB 2739 needs a complete overhaul to address the concerns raised by Hawaii's PEOPLE. KILL THIS BILL

Sincerely,

Stephanie Sato
91-1141 KEONEULA BLVD APT N2
EWA BEACH, HI 96706
ssato@marykay.com

-----Original Message-----

From: Cheryl witbeck [<mailto:CWitbeck@tbn.org>]

Sent: Monday, February 26, 2018 9:27 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

The proposed bill requires that the underlying cause of death and prescribed drug be listed on a death certificate; however, there will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Cheryl witbeck
708 Hoohaheo Pl
Pearl City, HI 96782
CWitbeck@tbn.org

From: Sai Sooriyakumar [<mailto:saisooriyakumar@yahoo.com>]

Sent: Monday, February 26, 2018 10:07 AM

To: HMS Testimony <HMSTestimony@capitol.hawaii.gov>; JUDtestimony <judgetestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

TO: House Health & Human Services Committee & House Judiciary Committee

HEARING: Tuesday, February 27, 2018

I am opposed to HB2739, relating to health, and am requesting that you do not pass this bill out of committee.

In June 2016 my 89 year old grandmother became ill with the flu(also a diabetic). She spent 3 months in Straub hospital. 1 week in sleeping, 10 days on a feeding tube and 3 months with a catheter. She asked many times to end her life and as a Grandmother of over 10 grandchildren, mother of 9, and widow of 45 years in her time of suffering she felt it was time to end her life. I believe had this option been available she would have elected to take her life. By God's grace she returned home, got the catheter removed (which doctors said she would have for the rest of her life) and began to heal. By the care of loving family that showed true Aloha to honor kapuna she was able to learn to walk, eat, speak, and was able to celebrate her 90th and 91 birthdays surrounded by loving family. She also was able to celebrate the birth of 2 great-great grandchildren. I believe offering physician assisted suicide directly opposes the definition of "Ohana". Being born and raised here on Oahu and a soon to be father I feel Ohana means sacrifice, care, respecting your father and mother, honoring life! My grandmother is continuing to see a blossoming family and will have another great grandchild come August. I know she will not live forever but I am glad she is still with us. Please consider the voice of the Keiki O Ka' Aina. You will be dead and gone but my children and grandchildren will be the ones to face the full effects of this terrible law. Consider the voice of the next generation!

Mahalo,
Sai

-----Original Message-----

From: Carolina Jesus [<mailto:carolinapray@gmail.com>]

Sent: Monday, February 26, 2018 9:35 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Hearing on February 27, 2018

House Health & Human Services & House Judiciary Committees

Strong Opposition to assisted suicide, no matter what you call it. HB2739!!!!

Much of what is written in HB 2734 looks good on paper but is impractical and impossible to enforce. In an attempt to make the bill more robust, it raises more questions and concerns.

For example, regarding the disposal of unused lethal drugs, the bill proposes "the person who has custody or control of any unused medication after the death of a qualified patient shall personally deliver the unused medication for disposal to the nearest qualified facility that properly disposes of controlled substances, and if none is available to dispose of it by lawful means."

❓ If a patient chooses not to disclose to others in the same household that he has lethal drugs, how will others know they are legally responsible for properly disposing of these drugs?

❓ What is the definition of a qualified facility?

❓ Is there a map of the all the qualified facilities to know which one is the nearest?

❓ And what are the lawful means of disposing of these lethal drugs if no qualified facility is available?

I respectfully urge the committee members to take this bill back to the drawing board. Clearly, this bill is ill-conceived and there is much more work that is required.

Sincerely,

Carolina Jesus

PO Box 19112

Honolulu, HI 96817

carolinapray@gmail.com

-----Original Message-----

From: Cynthia Jones [<mailto:user@votervoice.net>]

Sent: Monday, February 26, 2018 9:38 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

To the joint hearing of the House Health & Human Services and the House Judiciary

Hearing on Tuesday, February 27, 2018 in the Capitol Auditorium at 10:30 a.m.

I am submitting this testimony in opposition to the assisted suicide bill, HB 2739.

It definitely sends the wrong message to those hearing bad news at a time that they are so very vulnerable.

According to Oregon's Death with Dignity 2017 annual report, the duration between a patient's first request for lethal drugs and death has been 15 days to 603 days, based on 143 Death with Dignity Act patient deaths reported last year.

The data shows patients diagnosed with a terminal illness with six months or fewer to live are living longer than the prognosis provided by their doctors. This has important implications.

Rather than sentencing those with a terminal illness to a death sentence and encouraging them to take lethal drugs, we should all realize that no prognosis is 100% accurate all of the time and should not lose heart. In Oregon, we can clearly see some patients who should be receiving care and treatment are not getting the care they need.

How is this a good thing?

Many patients can now choose curative treatment for an illness, while their health plans also cover hospice and palliative care so that they can receive the best of worlds.

I urge our legislators to please carefully reconsider whether HB 2739 is necessary.

Sincerely,

Cynthia Jones
91-832 LAUNAHELE ST
EWA BEACH, HI 96706
CINKYJONES@aol.com

-----Original Message-----

From: Sai Sooriyakumar [<mailto:user@votervoice.net>]
Sent: Monday, February 26, 2018 9:38 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

My testimony in strong opposition to HB 2739 Relating to Health

Please attention to the House Health & Human Services Committee and the House Judiciary Committee

This hearing is on Tuesday, February 27, 2018 in the Capitol Auditorium.

When people want to commit suicide, do we encourage this as their right? No, we show them suicide should never be an option.

When friends and family demand relief from pain and find consolation we use opioids, do we continue to encourage this knowing this leads to their self-destruction? No, we provide alternatives to alleviate their pain to steer clear of the dangers of addiction and overdose.

When a family member with a terminal illness wants to end their pain and suffering, do we encourage them to end their lives? No, we should tell them about safer ways to alleviate their pain that bring life instead of resorting to such permanent solution as physician-assisted suicide.

Our policies and programs are not designed to give residents what they want; they provide the best health options for the people of Hawaii. It is the duty of Hawaii's elected officials to lead and do what is right.

HB 2739, the so-called "Our Care, Our Choice Act," proposes to change definitions to make suicide more palatable, but suicide will still be suicide and manslaughter will still be manslaughter no matter how they are renamed. Offering patients lethal drugs as a way to end their suffering through lethal drugs is not acceptable.

Please vote no on HB2739!

Sincerely,

Sai Sooriyakumar
1965 Umalu Pl
Honolulu, HI 96819
saisooriyakumar@yahoo.com

HB-2739

Submitted on: 2/26/2018 1:55:37 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I strongly support the passage of HB 2739 that provide a choice for individuals with a serious terminal medical condition. I appreciate the safeguards put in place within this bill.

Thank you for the opportunity to testify.

HB-2739

Submitted on: 2/26/2018 1:55:38 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Peter Thoenen	Individual	Oppose	No

Comments:

Hello,

My name is Peter Thoenen and let me start with while I support the resultant effect from this law, if passed, I have to oppose it on the grounds that I am simply not a fan of incrementalism. As a human being there is no worse crime than to deprive a person of their dignity and part of that means respecting the choices they make for themselves as it applies to their own body even if we personally would not make that choice nor condone it especially when it causes no direct harm to anybody but themselves. Giving this opportunity we should not limit this law in the way HB2739 proposes under Section 1(1) which continues to strip a person wishing to make an informed decision of their dignity but simply continues to deny them that respect and transfers it to a third party, in this case designated medical professionals, who are now empowered to make those decisions for us contrary to our wishes. Should I wish to end my life, for any reason whatsoever to include frivolous ones, that is my decision and one which in Hawaii we support; people forget that suicide is not illegal under State or Federal law. Rather than force people to end their lives using unsavory methods which are prone to failure, pain, unnecessary emotional hardship on the survivors, and/or done in secret often away from friends and family we should allow an individual to commit suicide using the method recommended in this bill sans any input from medical personnel. And rather than place this weighty burden on a medical professional, whom may not be comfortable with end result nor making a determination which many upon their conscious and as such not respect the wishes of the patient contrary to the stated law, should simply be provided over-the-counter at any pharmacy on request. While a concern about misuse may come up, I am not suggesting we strip away any of the other recommended measures such as impartial witnesses affirming intent, etc and misuse of, on another person, would already constitute murder hence no need for additional criminal sanctions.

Lastly while the proposed bill suggests the House survey the field and examined common issues and morals around this effort across the United States of America, I

would proffer the House take a second look at Switzerland and nearly two decades of success with more liberal laws which respect human dignity.

I ask you reject this bill in full or amend as recommended above to restore people their natural dignity.

V/r,

-Peter

I have a past memo from the Hawaii Democratic party that indicates "Democrats support the right of people to choose death with dignity under appropriate safeguards" and based on the 2 day notice for this hearing I suspect that this is the sentiment of this committee. Since 2001 the Hawaii State Legislature has introduced a bill yearly to legalize physician assisted suicide. This effort has been largely funded by the Hemlock society (the right to die organization initiated by Derek Humphrey in 1980), and each year the bill has been held, I suspect, because of the several concerns.

I will defer to an article by the New York State Task Force on Life and the Law which lists several risks of the legalization of assisted suicide.

1. **Undiagnosed or untreated mental illness.** Many individual contemplating suicide, including the terminally ill, suffer from mental disorders, most commonly clinical depression. Physicians may fail to diagnose or treat these mental disorders, particularly among patients at the end of life.
2. **Improperly managed physical symptoms.** Requests for assisted suicide are highly correlated with unrelieved pain and other discomfort of physical illness and are often grossly under treated. Management of pain in patients with cancer has significantly improved over the past few years, and there is less request for assisted suicide because of pain.
3. **Insufficient attention to the suffering and fears of dying patients.** Suicide seems to be the only solution for existential suffering, feeling of abandonment, or fears of dying. However, the psychological, spiritual, and social support can be addressed comprehensive hospice services and good family support, if available.
4. **Vulnerability of socially marginalized groups.** PAS will pose the greatest risk to the poor, elderly, isolated, members of minority groups, or those who lack access to good medical care.
5. **Devaluation of lives of disabled.** Physicians may devalue the quality of life of individual with disabilities and may be more inclined to grants suicide request from disabled patients.
6. **Sense of obligation.** Legalizing assisted suicide would send a message that suicide is a socially acceptable response to terminal or incurable disease.
7. **Patient deference to physician recommendations.** Physician typically make recommendations about treatment options, and patients generally do what physicians recommend. Young physicians today are so overwhelmed by electronic medical records and complying with qualities measures and government mandates that they often have less time to manage the cancer patient with severe pain with empathy, patience, compassion, and adequate management of pain and depression. It would certainly be easier to refer the patient to a physician that would perform PAS. Physicians performing PAS need not have a physician patient relationship.

8. **Increasing financial incentives to limit care.** As medical care shifts to capitation systems, financial incentives to limit treatment may influence the way the option of PAS is presented to patients or range of alternatives they can obtain.
9. **Arbitrariness of proposed limits.** Once society authorizes PAS for competent, terminally ill patients experiencing unrelieved suffering it will be difficult, if not impossible to contain the option to such a limited group. There have been suggestions to treat patients with "hopeless conditions" that would include other than terminal illnesses, such as "severe physical and/or psychological pain, physically or mentally debilitating and/or deteriorating conditions, or quality of life no longer acceptable to the individual."
10. **Impossibility of developing effective regulation.** Clinical safeguards proposed to prevent abuse and errors are unlikely to be realized in everyday medical practice. The private nature of the decisions to undergo PAS would undermine efforts to monitor physicians behavior to prevent mistake and abuse.

In my 35 years of practice and helping to manage dozens of patient with cancer, none have had intractable pain not managed adequately with the present regimen for pain management. The patients fear of dying was allayed with counseling, empathy, and compassion. All states except California, Oregon, Washington, Vermont, and Montana oppose PAS. It is my opinion that a majority of the physicians are not in favor of and are unwilling to perform PAS. Let us not be influenced by the well funded Hemlock Society. For those in favor of PAS, beware of what you wish for.

Glenn M. L. Pang M.D.
Gastroenterology and Internal Medicine

February 25, 2018 4:20 PM

membership@hawaiiiphsicians.org

To: "Laura DeVilbiss" <ldevilbiss@kkv.net>, "Margie Shealy" <Margie.Shealy@cmda.org>, "Francis Oda" <oda@group70int.com>, "Paul DeMare" <photonx@aol.com>, "Daniel Fischberg" <dfischberg@queens.org>, "Pang Glenn" <glennpangmd@gmail.com>, "CMDA Shealey" <communications@cmda.org>, "Inam Rahman" <inamr@msn.com>, "Francis Liu" <flfrancis@hotmail.com>, "Craig Nakatsuka" <craignakatsuka87@gmail.com>, "Rio Banner" <bannerhawaii@gmail.com>, "Joe DiCostanzo" <jrdico.g@gmail.com>, "Gayle Early" <gayleearly@epsalabco.com>, "Michael Plumer" <mplumer44@gmail.com>, "Philip Hellreich" <zlt91941md@aol.com>, "Joseph Palma" <palma003@hawaii.rr.com>, "Andrew Kayes" <andrewkayes@yahoo.com>, "Peter Julie" <barcia123@aol.com>, "Alleen Schroffner" <aschroffner@gmail.com>, "Andrew Kayes" <andrewkayesmdllc@gmail.com>, "William Won" <wonw002@hawaii.rr.com>, "Lorene Siaw" <lsiawkay@aol.com>, "Sofio" <honsofio@aol.com>, "Rose Guzman" <rguzman@mauimedical.com>, "George Powell" <gpowell@mauimedical.com>, "Jason Klaffas" <kiaffas@hotmail.com>, "Singh" <nav928@msn.com>, "Parsa" <fdparsa@yahoo.com>, "Termulo" <nctermulo@aol.com>, "Robert Wotring" <robert.wotring@hawaiiintel.net>, "Luz Medina" <luzpmd@aol.com>, "Reginald Ho" <rho@straub.net>, "Guerrero" <rguerrero@straub.net>, "McDonnell" <jmcdonnellmd@gmail.com>, "Ruth Matsuura" <amtamashiro@yahoo.com>, "David Matsuura" <orchid10ln@aol.com>, "Guerrero" <reubenguerrero@aol.com>, "mauieye@gmail.com", "Bulatovic" <zbulatovic@hotmail.com>, "Ferchoff" <ferchoff@gmail.com>, "Andrieu" <andrieu@middlebury.edu>, "jmd_md_llc@hotmail.com", "Paul Matsumoto" <pjhmatsumoto@gmail.com>, "Jim Jones" <jjnephro@yahoo.com>, "ckoyanagi@aol.com", "Joanne Sarubbi" <sarubbij001@hawaii.rr.com>, "Vivien Wong" <vivienwong@gmail.com>, "Ivica Zalud" <ivicaz@kaplolan.org>, "Bill Fong" <billjudi@yahoo.com>, "George Wessberg" <george@wessbergdds.com>, "Len Howard" <howard001@hawaii.rr.com>, "Lloyd Jones" <justamom@yahoo.com>, "Patricia Blanchett" <pblanch944@aol.com>, "Reginald Ho" <regcho@hotmail.com>, "Sherie Kogan" <skogan@queens.org>, "J.thansen53@aol.com", "michaelleyden@yahoo.com", "James McKoy" <james.mckoy@kp.org>, "Peter Muthard" <mdpete21@hotmail.com>, "parsonswr@aol.com", "Sherry Saito" <sksalto@hotmail.com>, "C Seah" <j.seah@aol.com>, "Fernando Ona" <fvonamd@yahoo.com>, "David Stevens" <Executive@cmda.org>, "Lloyd Jones" <lejones50@yahoo.com>, "Alda Wen" <aldawen@hawaiiintel.net>, "hibrowns@hawaiiintel.net", "dp196266@gmail.com", "Shurtleff" <bshurtleff@gmail.com>, "Scott Moon" <smoon@hhec.org>, "Charles Bentz" <cbentzmd@comcast.net>, "AS Woo" <aswoorj1@gmail.com>, "George Powell" <gpowellmd85@me.com>, "Timothy Jahrus" <tdj@hilogastro.com>, "buesa" <bluoralowed7779991212@gmail.com>, "Jonathan Cho" <jonathan.cho@hawaiicancercare.com>, "Paul Palalay" <paul.palayay@hawaiicancercare.com>, "WS Loui" <wsloui@yahoo.com>, "Harrison Loma Hassel" <lhassel@mac.com>, "Jeff Drood" <Jeff.Drood@gmail.com>, "Harrison Loma Hassel" <mauikidneydlsease@mac.com>

The Legislature is about to pass a bill legalizing Physician-Assisted Suicide (PAS) in Hawaii. Your direct, in-person testimony is urgently needed.

Please make your plans to attend the hearing and be sure to have your testimony in by tomorrow Monday 10:30 AM.

Dear Doctor,

The Hawaii House of Representatives has announced a joint Health and Judiciary Committees hearing on a House-sponsored bill to legalize Physician-Assisted suicide in Hawaii. The hearing will take place on Tuesday, February 27th at 10:30 a.m. in the Capitol auditorium. Our understanding is these House committees believe they have enough votes to pass this out from Committee and through the House. Prior experience with members of these committees has shown they will listen respectfully to in-person physician testimony on this issue, but not much else. While written physician testimony is important, prior hearings demonstrated that what is ESSENTIAL is DIRECT, IN-PERSON TESTIMONY FROM PHYSICIANS. Will you attend the hearing and voice your objections as a physician to the legalization of Physician-Assisted suicide?

As you are probably aware, legalization of PAS threatens to change the traditional physician-patient relationship dramatically. There are other serious issues opened up by this proposed law. I'll be glad to send you a copy of the bill and an analysis, if you would like. Thank you for your help.

HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

Rep. Della Au Belatti Rep. Andria P.L. Tupola
Rep. Lei R. Learmont

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Rep. Tom Brower Rep. Gregg Takayama
Rep. Chris Lee Rep. Bob McDermott
Rep. Dee Morikawa Rep. Cynthia Thieren

NOTICE OF HEARING

DATE: Tuesday, February 27, 2018
TIME: 10:30AM
PLACE: Capitol Auditorium

Fax - 586 6311

February 26, 2018

From: Leona M. Tavares

82-C Makani Rd.

Makawao, HI. 96768

TO: John M. Mizuno

House District 28

HI. State Capitol, Rm # 439

Honolulu, HI.

RE: House Bill -2739

My Testimony,

I believe the patient / or immediate family should be the one to make the choice to end their own life. It should be the individual patient to make the arrangements with family on how to end their life. Give the patient "as their request", to carry out their request, they are human regardless of their sickness.

The choice to refuse or decline treatment , should be made with family, or if no family is involved, it is the patient choice no matter how long it takes, but no patient should be given a choice by Autonomy.

Physician Assisted Suicide should be taken care of by family or if patient choice, and if patient cannot make that choice a family member should be the next choice. Attending Physician should not be the one to choose patient death, nor should it be an alternate or nurse either.

"NO" to Physician Assisted Suicide.



Leona M. Tavares

-----Original Message-----

From: Harland Hendrickson [<mailto:butchhgh@outlook.com>]

Sent: Monday, February 26, 2018 9:08 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

To the House Health and Human Services Committee To the House Judiciary Committee

For the hearing on HB2739 on February 27, 2018 at 10:30 a.m.

TESTIMONY IN OPPOSITION!

Hawaii's patients today want to maintain greater control over their health care decisions and are demanding more autonomy, especially with ongoing advances in medical technology. Physician-assisted suicide is not the solution.

Patients already have control over their end of life wishes and can determine how much or how little care they would like to receive. This is established in advance health care directives, but the majority of Hawaii residents do not understand the power of this valuable document.

In addition, many do not take advantage of hospice and palliative care. Despite increased acceptance and use of hospice care in Hawaii over the years, there are still many who believe hospice is a taboo subject and that choosing hospice is tantamount to giving up on life. Patients and family members should demand comfort to alleviate symptoms of pain.

HB 2739 is unnecessary and based on misleading information. Instead of promoting physician-assisted suicide and the costs associated with the implementation of this program, why don't we first give hospice and palliative care a chance? This will be more respectful to the physicians, nurses and other healthcare professionals who dedicate their lives to helping Hawaii residents have the best quality of life in their final months.

Thank you for considering this in your decision-making.

Sincerely,

Harland Hendrickson
68-1704 HALONA PL
WAIKOLOA, HI 96738
butchhgh@outlook.com

-----Original Message-----

From: Angela Woods [<mailto:user@votervoice.net>]
Sent: Saturday, February 24, 2018 10:27 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Death Certificate

Dear Committee JUD,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

Despite protests from physicians that they find this offensive to the practice of medicine, legislators have ignored them. The proposed bill requires that the underlying cause of death be listed on a death certificate - not the real cause of death by suicide by lethal drugs.

There will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Angela Woods
RR 3 Box 1216
Pahoa, HI 96778
N2_Dance@yahoo.com

-----Original Message-----

From: Esther Gefroh [<mailto:estherjoeymom@gmail.com>]

Sent: Saturday, February 24, 2018 11:11 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Hospice & Palliative Care Works!

Dear Committee JUD,

To the House Health and Human Services Committee To the House Judiciary Committee

For the hearing on HB2739 on February 27, 2018 at 10:30 a.m.

TESTIMONY IN OPPOSITION!

Every year it seems Hawaii's government is intent on helping people commit suicide under the misguided and misleading guise of compassion.

I strongly oppose your tactics and call on you to stop this dangerous bill.

Hawaii's patients today want to maintain greater control over their health care decisions and are demanding more autonomy, especially with ongoing advances in medical technology. Physician-assisted suicide is not the solution.

Patients already have control over their end of life wishes and can determine how much or how little care they would like to receive. This is established in advance health care directives, but the majority of Hawaii residents do not understand the power of this valuable document.

In addition, many do not take advantage of hospice and palliative care. Despite increased acceptance and use of hospice care in Hawaii over the years, there are still many who believe hospice is a taboo subject and that choosing hospice is tantamount to giving up on life. Patients and family members should demand comfort to alleviate symptoms of pain.

HB 2739 is unnecessary and based on misleading information. Instead of promoting physician-assisted suicide and the costs associated with the implementation of this program, why don't we first give hospice and palliative care a chance? This will be more respectful to the physicians, nurses and other healthcare professionals who dedicate their lives to helping Hawaii residents have the best quality of life in their final months.

Thank you for considering this in your decision-making.

Sincerely,

Esther Gefroh

920 Ward Ave Apt 6E

Honolulu, HI 96814

estherjoeymom@gmail.com

-----Original Message-----

From: Vicki Miller [<mailto:user@votervoice.net>]

Sent: Saturday, February 24, 2018 11:11 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Please!

Dear Committee JUD,

To the House Health & Human Services Committee and the House Judiciary Committee Hearing on Tuesday, February 27, 2018

OPPOSITION TO HB 2739 puts a wedge between family members. The proposed bill is designed so that a patient can request and receive lethal drugs without having to notification to a next of kin.

I have lived in Hawaii for 22 years. I cannot imagine our state approving a law for assisted suicide...it is WRONG! You are not representing the people of Hawaii if you are for this bill. Please do not let this happen in our beautiful state. This is a nightmare! Dying with dignity does not mean assisted suicide. Dying with dignity means you have the best care and love and go at God's appointed time. This is NOT a legislation issue. This is NOT something the state should be involved in. One of your own members was at death's door with pancreatic cancer and lives to this day to be a testimony against assisted suicide! Please do not let this pass. Thank you.

Vicki Miller

Sincerely,

Vicki Miller

1382C Kamahale St

Kailua, HI 96734

hawaiiivickim@aol.com

-----Original Message-----

From: Betty Hino [<mailto:bettyhino@hotmail.com>]
Sent: Saturday, February 24, 2018 11:42 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Duration

Dear Committee JUD,

To the joint hearing of the House Health & Human Services and the House Judiciary
Hearing on Tuesday, February 27, 2018 in the Capitol Auditorium at 10:30 a.m.

I am submitting this testimony in opposition to the assisted suicide bil, HB 2739.

According to Oregon's Death with Dignity 2017 annual report, the duration between a patient's first request for lethal drugs and death has been 15 days to 603 days, based on 143 Death with Dignity Act patient deaths reported last year.

The data shows patients diagnosed with a terminal illness with six months or fewer to live are living longer than the prognosis provided by their doctors. This has important implications.

Rather than sentencing those with a terminal illness to a death sentence and encouraging them take lethal drugs, we should all realize that no prognosis is 100% accurate all of the time and should not lose heart. In Oregon, we can clearly see some patients who should be receiving care and treatment are not getting the care they need.

Many patients can now choose curative treatment for an illness, while their health plans also cover hospice and palliative care so that they can receive the best of worlds.

I urge our legislators to carefully reconsider whether HB 2739 is necessary.

Sincerely,

Betty Hino
801 S King St
Honolulu, HI 96813
bettyhino@hotmail.com

-----Original Message-----

From: Robyn Camacho [<mailto:user@votervoice.net>]
Sent: Saturday, February 24, 2018 1:31 PM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Vote No on HB2739 - assisted suicide bill

Dear Committee JUD,

TO: House Health & Human Services Committee & House Judiciary Members

HEARING ON: Tuesday, February 27, 2018

Strong Opposition to HB2739 Relating to Health

I am a resident of the State of Hawaii and I am asking you to vote no on HB2739. "A society that respects life does not deliberately kill human beings."

This is not a quote from a religious organization. It is a quote from the American Civil Liberties Union. The quote continues:

"An execution is a violent public spectacle of official homicide, and one that endorses killing to solve social problems - the worst possible example to set for the citizenry, and especially children."

If doctors and nurses are prohibited by the ethical guidelines of healthcare professionals from participating in or assisting with capital punishment executions, do we honestly believe cleverly disguised laws designed will somehow make it all right to promote killing?

HB 2739 is a wake-up call for our community to fix our moral compass. We elect leaders to guide us and I ask the legislators of these committees to put us back on a right path. Thank you very much.

Sincerely,

Robyn Camacho
91-6501 KAPOLEI PKWY
Ewa Beach, HI 96706
camachor002@yahoo.com

-----Original Message-----

From: Mr. & Mrs. Isaiah Sabey [<mailto:user@votervoice.net>]

Sent: Saturday, February 24, 2018 2:31 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Euthanasia???? In Hawaii?

Dear Committee JUD,

Hearing on February 27, 2018 in the House Judiciary Committee and the House Health Committee Relating to HB 2739 assisted suicide

I am in strong opposition!

HB 2739 subtly and stealthily advocates active euthanasia.

The bill advocates that patients be allowed to "self-administer" medications to end their lives, and in the very same sentence allows physicians to euthanize patients. Here is the exact language of the proposed euthanasia bill from page 33:

"I understand that I am requesting that my attending provider prescribe medication that I may self-administer to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness."

This gives license to attending physicians to administer the lethal drugs when their patients are unable to do so as a result of their illness. This is not physician-assisted suicide; this is physicians committing homicide. This is not euthanasia.

I believe physician-assisted suicide will lead to euthanasia as we have seen in other countries such as Canada and Belgium. I would like to implore, for the protection of all of Hawaii's patients, that the committee members stop this bill from moving forward and to address these clauses that promote euthanasia that are deftly woven in this bill.

Sincerely,

Isaiah Sabey
1216 Wilder Ave Apt 104
Honolulu, HI 96822
poidogbowl@aol.com

-----Original Message-----

From: Joan Hiel [<mailto:user@votervoice.net>]

Sent: Saturday, February 24, 2018 10:14 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Diabetics can choose death?

Dear Committee JUD,

PLEASE ROUTE THE THE HMS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation or having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Sincerely,

Joan Hiel
46-313 HAIKU PLANTATIONS DR
Kaneohe, HI 96744
rickandjoan313@yahoo.com

HB-2739

Submitted on: 2/26/2018 2:11:00 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William J M. Evans	Individual	Support	No

Comments:

My name is William (“Ian”) Evans and I live in Hawaii Kai. I am a retired clinical psychologist and former professor at the University of Hawaii at Manoa. I am a past President of the Hawaii Psychological Association and a Fellow of the American Psychological Association.

My professional training confirms that individuals are capable of making rational decisions regarding death with dignity and in requesting medical assistance in the termination of their own lives. It is most valid to assert these decision before faced with the stress of a terminal illness or experiencing the loss of mental capacity such as dementia.

Therefore, when thoughtful and rational people make prior arrangements (such as a “living will”) setting forth their desires regarding end-of-life decisions, I believe it is our individual right to have these wishes accepted and for the medical profession to honor these wishes through both decisions to end treatment and life support, as well as assisting patients in ending intolerable suffering and lack of personal dignity due to mental and physical incapacity.

Please support the well-developed bill, HB 2739, and ensure that the religious beliefs of others are not imposed on my rational beliefs regarding my own medical care.

HB-2739

Submitted on: 2/26/2018 2:12:34 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michele Nakata	Individual	Support	No

Comments:

I strongly support HB2739 which establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

SUPPORT HB 2739 – RELATING TO HEALTH

COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

DATE: Tuesday, February 27, 2018
TIME: 10:30AM
PLACE: Capitol Auditorium
State Capitol
415 South Beretania Street

To the House Committees on Health & Human Services and Judiciary:

Mahalo for hearing this bill.

If an adult resident of the State with a medically confirmed terminal disease and less than six months to live wishes to obtain a prescription for medication to end his or her own life, I want that right to exist.

I do not expect that I will ever use this right, but I want other people to have it.

When my Uncle Ray was dying of cancer, he was in so much pain. His wife, my Auntie Lynn, died shortly before him from stomach ulcers because of the stress of dealing with his cancer. Especially after she died, he told us all that he wanted to go and be with his wife. There was no point in sticking around to be in pain. He said he would be happy to receive a lethal injection. I remember family members saying they would be happy to give it to him, which was really difficult for me to understand at about 13 years old. I did not understand why anyone would want to die or why any family member would want to help a person die. Nobody, including Uncle Ray, wanted him to be in pain any longer. If this bill had been in effect, he could have had the relief he wanted.

At this point in my life, I am 28 years old and pretty healthy. I cannot get into the mindset of someone who would want this, but I cannot, in good conscience, tell them that they cannot have it.

Please support this bill.

Mahalo nui loa,

Justin Salisbury
1617 Kapiolani Blvd, Apt 1402
Honolulu, HI 96814

-----Original Message-----

From: david kane, sr [<mailto:user@votervoice.net>]

Sent: Saturday, February 24, 2018 3:39 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: No Safeguards

Dear Committee JUD,

Testimony to the House Health & Human Services Committee & the House Judiciary Committee
Hearing on February 27, 2018 at 10:30 a.m.

Opposition to HB2739

The proposed "Our Care, Our Choice Act" has nothing to do with care or choice. HB 2739 is immoral because at a minimum it permits, in worst case it encourages, the taking of human life by other than natural causes, which is not only against the law of God, but also against the natural law of humanity. No matter what you may choose to call it, it is murder or suicide or both.

Thank you.

Sincerely,

david kane
2515 Kanio St
Lihue, HI 96766
shamrckcon@aol.com

-----Original Message-----

From: Sandra Coons [<mailto:user@votervoice.net>]
Sent: Saturday, February 24, 2018 5:20 PM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Death Certificate

Dear Committee JUD,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

Despite protests from physicians that they find this offensive to the practice of medicine, legislators have ignored them. The proposed bill requires that the underlying cause of death be listed on a death certificate - not the real cause of death by suicide by lethal drugs.

There will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Sandra Coons
46-245 AHUI NANI PL
Kaneohe, HI 96744
sandcoons@yahoo.com

-----Original Message-----

From: Roger Schinella [<mailto:user@votervoice.net>]
Sent: Saturday, February 24, 2018 4:59 PM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: California is not Hawaii!

Dear Committee JUD,

OPPOSITION TO HB2739 Relating to Health

To: House Health & Human Services Committee and House Judiciary Committee

Hearing on Tuesday, February 27, 2018 at 10:30 a.m.

Snapshot polls may show Hawaii voters are in favor of assisted suicide, but there has been no indication of how Hawaii's physician community feel about the issue. Physicians, in general, have been excluded from the public dialogue or have shunned participation because they may have no intention of participating in its implementation.

We can learn from California, which despite having its physician-assisted law in effect for more than a year, continues to struggle with identifying providers who are willing to prescribe dosages of lethal drugs medications or validate the need for physician-assisted suicide.

This undermines safeguards by forcing California patients to find a doctor who is willing to be their attending provider who may not fully understand their health history, prognosis and most importantly, ensure they are acting voluntarily and not being coerced into the decision.

My request to the committee is simply to ponder this question: Why are we modeling HB 2739 on a law that is not effective, unnecessary, and without support from Hawaii's physicians?

Thank you.

Sincerely,

Roger Schinella
45-090 NAMOKU ST APT 1313
Kaneohe, HI 96744
rschinella2000@yahoo.com

HB-2739

Submitted on: 2/26/2018 2:21:30 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
James Logue	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 2:31:52 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
joel fischer	Individual	Support	No

Comments:

PLEASE PASS THIS BILL!

As someone who underwent 2 years of vigorous treatment for metastatic cancer, I cannot tell you how sick I am of hearing extremists tell me what I can and what I cannot do with my own body when I am in unbearable pain.

Please fight that hysteria, and pass this moderate but rational bill to help our people make their own decisions about their own lives.

Thank you so much.

Dr. Joel Fischer

jfischer@hawaii.edu

735-7582

HB-2739

Submitted on: 2/26/2018 2:47:47 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William D. Funk	Individual	Oppose	No

Comments:

Determining whether a person will die within a set period of time is not an exact science. It is based on probabilities.

The PROBABILITY that someone will die cannot be the basis for the finality of ending someone's life. If the probability that someone could survive an illness or disease should increase in the future, or proven to have been in error, confidence for the healthcare profession and legislators will erode.

Furthermore, the probability that this act could be used nefariously to end someone's life is so high that to reject this bill is prudent.

HB-2739

Submitted on: 2/26/2018 2:53:13 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Vickie Kibler	Individual	Support	No

Comments:

Aloha Representatives!

My name is Victoria Kibler and I am writing to you on behalf of HB2739 being heard by the House of Representatives, Health & Human Services and Judiciary Committion on February 27, 2018 at 10:30a.m. Having my own family members go through painful and excruciating illnesses and then death. I am asking for you to support HB2739 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 truly hope that the choices of HB2739 will be available for myself and my family as we were not able to support our loved ones when they needed it. I believe that HB2739 provides peace of mind for those dying of a terminal illness with the necessary safeguards to protect patients. Most importantly is that the majority of Hawaii residents support and want this law to pass.

This is a right about Quality, Humanity and Dignity of ones' Life.

With warm aloha,

Victoria Kibler

Kailua Kona, Hawaii, 96740

THE HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

TESTIMONY OF
Margaret M. Johnson
45-817 Anoi Place
Kaneohe, HI 96744
marge.johnson@gmail.com

SUBMITTED February 26, 2018

TO: HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES CHAIR AND MEMBERS

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Lei R. Learnmont
Rep. Andria P.L. Tupola

HOUSE COMMITTEE ON JUDICIARY CHAIR AND MEMBERS

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair
Rep. Tom Brower
Rep. Chris Lee
Rep. Dee Morikawa
Rep. Gregg Takayama
Rep. Bob McDermott
Rep. Cynthia Thielen

RE: HB 2739 HEARING Tuesday, February 27, 2018 at 10:30AM

I am a retired Montana and Michigan attorney and a former Montana judge. My children have been living in Hawaii and I moved here and became a resident approximately 2½ years ago.

I strongly oppose this bill for many reasons:

The bill states in its introduction that 30 other states have considered or passed similar legislation. This may well be a case of everyone jumping over a cliff which is no reason for Hawaii to join the crowd. Although I am not an authority on Hawaii law, I have reviewed Hawaii's constitutional and statutory authority. Hawaii's unique history and culture embodied in that constitutional and statutory grant of authority leave these committees and the legislature **without legal authority** to pass such a law.

First, this bill deceptively claims to be “Health related” Even a cursory reading of the bill reveals that it is not “Health” related as the constitution of this state defines “Health”. It also claims to create a “**fundamental right**” to procure prescription medicine to kill themselves”. The legislature has no authority to create such a “**fundamental right**”. Additionally such a claimed “right” violates the State Constitution and the statutory authority created under that Constitution. Fortunately, those who drafted and adopted this State’s Constitution were far more concerned about the vulnerable citizens this bill claims to empower

Hawaii’s Constitution authorizes the legislature to pass laws related to Health. Although the bill bears the title “Relating to Health” with the Report title being “Health; Our Care, Our Choice”, it is clear this bill is about death, not health. Section I of Article IX of Hawaii’s Constitution, the governing authority under which Health related laws are enacted, provides: “**Section 1. The State SHALL PROVIDE for the PROTECTION and PROMOTION of the PUBLIC HEALTH.**” Health is something only the living can enjoy. This bill unabashedly promotes death, not health. Instead of providing for the protection and promotion of the health of those it claims to empower, it promotes death, an end to health. It claims to empower the living to make a health choice, which if made will end their ability to make any choice ever again.

Even more disturbing is the fact that this bill pushes toward death and an end to all choice-making, citizens the legislature is supposed to be most concerned about protecting, i.e. the most vulnerable, those who are dealing with a very serious illness that may result in their death by natural means in a short period of time. And it does so at the very moment when these very vulnerable citizens are most in need of the protection and health promotion the Constitution empowers the legislature to enact. This bill masquerades deceptively under the title of Health, but completely violates the very unique and beneficent Spirit of Aloha enacted into the statutes of the State of Hawaii. The Spirit of Aloha is a spirit of hospitality and kindness extended to life in all its manifestations. It is a spirit of life-giving, life-respecting, life-embracing and life-nourishing. It is not a spirit of death and death-dealing and death encouraging. Aloha is so integral to this State and its people that it is written into Hawaii state law and legislators are directed by law to that “life force,” which is to be contemplated and considered in passing any law in Hawaii and which is set as a guiding principle in enacting legislation in Hawaii.. *Hawai‘i Revised Statutes* §5-7.5 This bill is in direct opposition to Spirit of Aloha, which the statute states means “to hear what is not said, to see what cannot be seen and to know the unknowable.” It is your duty to hear what is **not said** in this bill, i.e. that it is **not** about health, and see what is **not stated or clearly seen**, i.e. that it in reality is opposed to health and the ability to make meaningful choices, and recognize that Hawaii law provides no authority to enact such a law. Hawaii is unique among the states. It provides something very wonderful and unique that characterized Hawaii under its monarchy long before Hawaii became a state, something Hawaii sought to preserve as a state: the Spirit of Aloha. Do not be deceived by what this bill says it is

about. Recognize the truth for what it is and reject it and devote yourselves instead to finding find good ways to promote and protect the health and lives of Hawaii's most vulnerable citizens.

Queen Lili'uokalani, Hawaii's last reigning monarch, reportedly described the true meaning of Aloha in part 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.

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 Hawaii'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 Hawaii's citizens. This bill embodies something sinister and evil, something that nurtures a culture of death rather than the culture of life embraced by the Spirit of Aloha. What is most beautiful and uniquely Hawaiian, what is part of State law, Aloha Spirit, is discarded, 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 throughout this nation, 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)

Christian Medical and Dental Associations

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]

The Arc of the United States

United Methodist Church

United Spinal Association

United States Conference of Catholic Bishops

World Association of Persons with Disabilities (WAPD)

World Institute on Disability (WID)

The opposition these organizations have to this kind of bill should not be lightly dismissed. These organizations deal daily with the vulnerable people who will be most affected by this kind of law. Before dragging Hawaii 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 opposedⁱ. Many of them, such as Focus on the Familyⁱⁱ, and the U.S. Catholic Bishops Conferenceⁱⁱⁱ have very clearly delineated reasons for opposing death choice bills such as HB 2739.

Some of the reasons to defeat this bill include:

1. This bill deceptively claims not to be what it is – a bill to make legal physician assisted suicide.
2. The State Constitution denies the legislature authority to enact as “Health related” this bill which neither protects nor promotes health but seeks instead to deceptively authorize as “health related” the killing of vulnerable citizens.
3. The bill is opposed to Aloha Spirit, which is integral to all Hawaii law.
4. 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.”
5. As the Vermont organization True Dignity accurately states, “Suicide is never death with dignity, and assisted suicide legislation threatens true patient choices at the end of life.”

6. Suicide devalues human life and should not be legally endorsed.
7. This bill tells the elderly and disabled and those who suffer from depression or are dependent due to health issues, that their lives are without value, that they should die, that Hawaiians don't care about them or their plight, something one acting in the Spirit of Aloha would never do or say.
8. This bill very dangerously makes legal an immoral push toward death and killing as health care, as merciful, caring and compassionate when it is anything but truly merciful, caring and compassionate and does nothing to promote or protect health.
9. This bill provides a legal shield for abuse of the elderly and disabled.
10. Research shows that those **considering suicide** overwhelmingly suffer from **depression**, a treatable disorder that causes one to believe their life has no purpose or meaning. Instead of protecting them from their disordered inclinations, and providing help for depression, the bill skirts the issue by requiring a consultation only to determine whether the depression is causing "impaired judgment" when impaired judgment and loss of perspective on the value of life is precisely what depression causes.
11. The bill does not make depression a reason to protect a person from any life ending choice but instead encourages them to move in that direction without recognizing that treatment for depression is available and without **requiring such** treatment before a patient may legally "choose" to end his or her life and with gruesome finality terminating the ability to make any further choice.
12. The bill creates an avenue for those who may think they will benefit by the death of a vulnerable citizen to subtly pressure the vulnerable into believing they have a duty to die
13. There are far better medical alternatives, therapies and treatments which are consistent with Hawaii's constitutional directive to protect and promote health and with the Spirit of Aloha and which assist those who are so vulnerable to appreciate the meaning and benefit their lives still provide
14. This bill if enacted as law will destroy the trust relationship that should be fostered between patient and doctor and will engender fear in the vulnerable, weak or elderly that instead of providing health care, the physician may well be providing and wielding instruments of death. **The American Medical Association, Code of Medical Ethics Opinion 5.7**, holds that "It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. **HOWEVER, PERMITTING PHYSICIANS TO ENGAGE IN ASSISTED SUICIDE WOULD ULTIMATELY CAUSE MORE HARM THAN GOOD,**" and that "**PHYSICIAN-ASSISTED SUICIDE IS FUNDAMENTALLY INCOMPATIBLE WITH THE PHYSICIAN'S ROLE AS HEALER, WOULD BE DIFFICULT OR IMPOSSIBLE TO CONTROL, AND WOULD POSE SERIOUS SOCIETAL RISKS.** Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life."

15. I have attached in an endnote a very succinct letter by a Vermont physician, Dr. Carol Salazar, MD stating the reasons this type of legislation must be opposed.^{iv}
16. In a study published in 2016 in the *Linacre Quarterly*, presenting non-faith based reasons to oppose physician assisted suicide, such laws were found to impair or destroy physician integrity and patient trust, as “participating in suicide violates the integrity of the physician and undermines the trust patients place in physicians to heal and not to harm.”^v
17. This bill allows life ending decisions to be legally made and for drugs to end life to be legally available to citizens as young as 18 years. This is not a kind of decision Hawaii should make legal or available to such young persons who are really at the beginning of their lives, particularly not when the suicide rate among young people is so high already.
18. This bill encourages health insurers to cut expenses by paying for killing drugs and not paying for what may be more expensive but life supporting drugs. This has already happened to several people in states that adopted this kind of legislation. Their health insurers refused to pay for treatment that the patients desired that would improve their quality of life while offering to pay for cheaper lethal killing drugs.
19. This bill impairs contracts for life insurance by purporting to deny insurers the right to determine on what basis they will enter into contracts to insure life, and requiring that they ignore the risk presented by legally protected suicide and physician assisted suicide, making this law surely subject to legal challenge.
20. This bill seeks to “empower” citizens to become what they are not and cannot become, i.e. gods – The preamble to the Hawaiian Constitution acknowledges God and that we are not God, stating: “We, the people of Hawaii, **grateful for Divine Guidance**, and mindful of our Hawaiian heritage and uniqueness as an island State, dedicate our efforts to fulfill the philosophy decreed by the Hawaii State motto, ‘Ua mau ke ea o ka aina i ka pono.’ [*translated: ‘The life of the land is **perpetuated in righteousness.**’*]” As legislators, it is your job to act righteously and in the spirit of Aloha and of the Hawaiian Constitution. This bill is deceptive using words that make it seem good while in reality promoting evil.

Please consider what you are doing, what this bill is really about – not health, and your authority to do this. I am praying God will give you wisdom and the courage, grace and good sense to defeat this bill. I also pray you will be blessed in the service you render to the people of this State.

God bless you.

Margaret Johnson

ⁱ 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/>

ⁱⁱ <http://www.focusonthefamily.com/socialissues/life-issues/physician-assisted-suicide/reasons-to-oppose-physician-assisted-suicide>

ⁱⁱⁱ 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>

^{iv} The following letter by Dr. Carol Salazar, M.D., a Vermont physician, may be found at <http://www.truedignity.org/a-vermont-doctor-writes-to-american-medical-association/>

Dear Elliot Crigger,

I understand that you are the person to send comments to regarding the AMA's upcoming consideration of withdrawing the organization's opposition to Physician Assisted Suicide. I am a practicing Primary Care Internist in Vermont, where sadly PAS has been legalized. I walk with people through the end of life every day. I also have a teenage daughter. In a world where we have seen violence, hopelessness, suicide (especially in teens) and addiction skyrocket, we , as physicians , will be sending the wrong message to our patients and our children who will inherit the world we leave them. What message are we sending them?

***We will be telling them that autonomy trumps all... that because I want to control how I leave this world, I have the right to do whatever I want
... that there is no absolute truth...
that human life does not matter.
That suffering should be wiped out .***

***Unfortunately suffering is a part of the human condition as can be seen in the literature of even ancient times .
We as physicians are tasked to alleviate suffering. We cannot always cure , but we can always comfort . We should be pouring our efforts into end of life care both at home and in Hospice institutions .***

*The slippery slope is real and I fear we have started our descent . We have been there before, even in our own country. If it is ok to ask a physician to help me kill myself , it is a very short slide to extending it to the disabled and even the depressed. The papers are FULL of stories of teen suicides and drug overdoses. It is our task to show them that we are willing to walk with them in their suffering and not give up on them. **I believe every physician should read ""The Nazi Doctors" by Dr. Ray Lifton. Proponents of PAS do not like it when I bring this comparison up. It is very painful and difficult to read because it shows how killing was medicalized and therefore came to be accepted by so many everyday physicians.***

The AMA is proposing to support the medicalization of suicide... it is to be one of the "treatments" we are to offer as end of life care. It is a huge mistake to withdraw the opposition to PAS. I hope that we as physicians have learned from the past and will stand firm for what is right.

Sincerely

Carol Salazar MD

^v "Non-Faith-Based Arguments Against Physician-Assisted Suicide And Euthanasia," *Linacre Quarterly*. 2016 Aug; 83(3): 246–257(2016), found at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102187/>

Committee on Health & Human Services

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

Committee on Judiciary

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Kirsten M.O. Tsuda

91-1133 Kamaaha Loop #1B

Kapolei, HI 96707

Tuesday, February 27, 2018

Support for House Bill 2739 (2018), relating to Health.

I strongly support House Bill 2739, which would establish a regulatory process for terminally ill adults the right to request medication that would allow them to end their lives peacefully.

I am a lifelong resident and active voter in the State of Hawaii on Oahu. I am also a student enrolled in the Myron B. Thompson School of Social Work at the University of Hawai'i at Mānoa. It is my belief that as human beings, it is within our rights to choose not to suffer and to choose a quality of life according to our own convention.

I have seen my grandmother suffer at the end of her life because of pancreatic cancer and do not wish this for myself or anyone else. My grandmother's deterioration was rapid and she was not able to talk let alone do anything for herself. It was a heartbreaking experience to watch my grandmother deteriorate into a shell of a person. She no longer resembled the strong woman she once was which robbed her of all the dignity and strength she worked her lifetime to achieve. Terminal illnesses affect the lives of family members as well as the individual who is inflicted with the disease. We all suffered along with my grandmother as we watched her transform into a faint representation of the woman she once was. My mother and I both agree that if given the option, my grandmother would have likely chosen her own way out in order to evade the torture she endured.

Residents of Hawai'i should not have to move away (to a Death with Dignity compliant state) in order to die a compassionate and dignified death. Everyone should be granted this choice, whether they choose this path or not. We only have one life to live and it should be in a manner that we desire. The choice to end our own suffering should not be a crime, but a given right. Again, I fully support House Bill 2739 and Thank You for this opportunity to testify.

HB-2739

Submitted on: 2/26/2018 3:48:40 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments:

Aloha Chair Mizuno, Vice Chair Nishimoto and members,

I am in full support of the measure that would give every person with a terminal disease, the right to determine how and when they are going to die.

Mahalo, Ann S. Freed

Deborah Ann Buccigrossi, MD, Retired
Thank you for your consideration of my testimony.

I, unequivocally, SUPPORT the passage of House Bill 2739.

I will begin with a few facts before expressing my personal opinion.

Each one of us will die someday.

Before that time comes, none of us will know how or when we will die.

Each person, when facing the ultimate challenge, must forge their own singular and unique path through their forever goodbye.

So the question for me is: Who has the right to decide how each of us chooses to face that moment?

I am a retired Obstetrician/Gynecologist; I worked at Kaiser Permanente here for 24 years before retiring in 2010. However, my testimony is not solely based on my professional practice experience. It is anchored in the experiences my family went through when my parents were dying.

My father, was an aeronautical engineer, Air Force pilot and missileman, who always told us the future was the time period he most wanted to experience. My mother was a registered nurse, an Air Force wife, and a single parent when my father was deployed.

The beginning of our journey to the end of my parents' lives began when my father was diagnosed with Parkinson's Disease in his early 40s. He persevered through every debilitating change that stole his remarkable abilities, one devastating loss at a time. It was like watching him become a helpless child in the body of a very accomplished man until he became totally bedridden at the age of 61. For the following eleven years, my mother cared for him in our family home. There is no doubt my father benefitted immeasurably from my mother's expertise, superb care, unending love and her singular commitment to provide my father with every chance to see the future. But I also believe that my father would have died much earlier had it not been for his fierce will to live, to see the future become the present even if he could only know it from the confines of his hospital

bed in his own home.

Tragically, my mother was diagnosed with lung cancer in 1996 and within 6 months of her diagnosis she died, leaving my father to outlive her for more than a year. During that 6 months, my mother fought with the relentless determination she had already displayed during the previous decade in caring for my father. With every treatment and medication, she suffered setbacks. Eventually the final blow was a complication from radiation treatments that made the simple act of swallowing so painful she could not eat. One week I was home along with my two brothers, one of whom, David, is an Internal Medicine physician. My mother had clearly come to her moment when she had decided to reach out to us for help. It did not surprise me to see her look up at us from her hospital bed in our family room and ask us for help ending her suffering. For unlike my father, my mother had always expressed that she had no desire to prolong her life without the quality of life that she pictured for herself. My overwhelming pain and frustration in that moment, was that there were no legal options for her to choose in her time of need and both my brother and I felt helpless to assist her. After all she had done to care for my father and honoring his expressed desires, we failed her in her final request. While completely lucid, capable of making her own decisions still, and exactly as she had always stated what she believed she would want, she was denied a choice. Instead she lingered, suffering and fading away for several more weeks before finally succumbing to a death of starvation and dehydration.

To this day, I marvel at the strength that both my parents showed us. I am in awe of everything that my mother did for my father in his time of ultimate need. For myself, I have long identified with my mother's position. My medical training and experience has not changed my own personal outlook. But in caring for countless patients over the years, one of the most repeated lessons that I learned was that there is no predicting how a patient will react to any diagnosis, no matter how serious or trivial it may be. And how could anyone predict that? One's health and therefore one's illnesses are yours alone. No matter the number of people with the same diagnosis, no one has the exact same experience.

I honor those who have concerns about this bill as I believe my father

would never have chosen such an option as presented here. But choice is the key aspect of this bill. Although my mother held very different beliefs from my father, she did everything in her power to fulfill his wishes. Her sacrifices during those eleven years were many and heartbreaking at times. But when her time came, she had no option but to suffer the cruelty of her disease beyond her wishes.

You have the ability to provide an opportunity for individuals, like my mother, who recognize what is coming for them, who have given their all, and who have decided of sound mind, to choose the option outlined in this bill.

Please do not fail to give those individuals, who want this option, their ability to choose.

Thank you again for this opportunity.

HB-2739

Submitted on: 2/26/2018 4:00:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jonathan McRoberts	Individual	Support	No

Comments:

Aloha,

I am a 69 year old man and strongly support bill HB2739. I definitely want the right to end my life when faced with a very painful terminal diagnosis. I watched my mother suffer through the last 3 months of her life. During that time she begged me to help her end her life. That option was unavailable, so I could just make her as comfortable as possible while she suffered.

Jonathan McRoberts

PO Box 1129

Kilauea, HI 96754

HB-2739

Submitted on: 2/26/2018 4:01:24 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Roberta Bush	Individual	Support	No

Comments:

Dear Sirs,

I'm writing to you in support of HB 2739.

When I was 17, my mother had cancer. By the time they found it, it had spread to all of her major organs. They tried chemo and radiation to no avail. When she was in the hospital, her oncologist met with my father and I. He told us that there was absolutely no hope that she would survive. She passed away one week later. She spent most of this last week in the hospital screaming from pain. The doctor told us that she was on the highest level of pain medication they could provide. My father was too upset to visit her. But I was a volunteer in the hospital and went every day to hold her hand. I'm the one who found that she had passed away. Her jaw was dislocated from all of the screaming. I will never get that image out of my mind.

In years since this happened, I've seen the same thing play out with my entire extended family. Did you know that people with respiratory illness can't be given pain medication because it suppresses the respiratory instinct? Please, please give desperately ill people with no hope of survival and option for the end of their life. That's all we're asking for is that option.

HB-2739

Submitted on: 2/26/2018 4:07:45 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lucy Miller	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 4:27:28 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sarah Grosjean	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 4:37:07 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Eldon L. Wegner	Individual	Support	No

Comments:

Honorable Representatives:

Thank you for hearing this bill which would establish a way for individuals with terminal illness to obtain medical assistance which would enable them to end their life. A large majority of the public supports this measure. I taught Medical Sociology and Sociology of Aging at the University of Hawaii at Manoa for nearly 40 years, and I have been an advocate on long-term care issues in Hawaii for many years. I have seen family members and friends with health conditions which have robbed them of an acceptable quality of life and who have openly expressed their hope for end of life.

It is time for Hawaii to face the reality that medical advances have now enabled us to prolong life expectancy, but for some persons, this has been more a curse than a blessing. We have examples, such as the State of Oregon and the country of The Netherlands, which have shown that it is possible to empower patients to have control over such a decision and to have sufficient safeguards to protect abuses of sick and disabled persons. We should learn from these well-established practices.

Please support this proposed legislation. Thank you.

Eldon L. Wegner, Ph.D. Professor Emeritus of Sociology, University of Hawaii at Manoa.

HB-2739

Submitted on: 2/26/2018 4:38:30 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Diane Pyles	Individual	Support	No

Comments:

To Whom It May Concern:

I support House Bill #HB 2739, Hawaii's proposed medical aid in dying legislation. There is 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 28 years. I am now Stage IV with Breast Cancer metastatic to Bone. I have had 5 operations to remove tumors, 2 rounds of chemotherapy, and over 30 radiation treatments. The passing of Bill #HB2739 would 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

February 26, 2018

927 Prospect St. #1102

Honolulu, HI 96822

dpyles@hawaiiantel.net

HB-2739

Submitted on: 2/26/2018 5:04:47 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Darlene Loo-McDowell	Individual	Support	No

Comments:

I am not old enough where I have to worry about this issue yet, but I have always said that I should have the option/choice to "OPT-OUT" if my quality of life is so poor that there is no longer hope. Why prolong the inevitable? If I am terminal and in pain, I want the option to say enough already. Let me go! Dr. Kevorkian had the right idea. With the right guidance from a doctor, it should ultimately be up to the individual to make that choice via a legal health directive.

-----Original Message-----

From: Christopher Takitani [<mailto:ctakitani@me.com>]

Sent: Saturday, February 24, 2018 4:55 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Vote No on HB2739 - assisted suicide bill

Dear Committee JUD,

TO: House Health & Human Services Committee & House Judiciary Members

HEARING ON: Tuesday, February 27, 2018

Strong Opposition to HB2739 Relating to Health

I am a resident of the State of Hawaii and I am asking you to vote no on HB2739. "A society that respects life does not deliberately kill human beings."

This is not a quote from a religious organization. It is a quote from the American Civil Liberties Union. The quote continues:

"An execution is a violent public spectacle of official homicide, and one that endorses killing to solve social problems - the worst possible example to set for the citizenry, and especially children."

If doctors and nurses are prohibited by the ethical guidelines of healthcare professionals from participating in or assisting with capital punishment executions, do we honestly believe cleverly disguised laws designed will somehow make it all right to promote killing?

HB 2739 is a wake-up call for our community to fix our moral compass. We elect leaders to guide us and I ask the legislators of these committees to put us back on a right path. Thank you very much.

Sincerely,

Christopher Takitani
788 Malaihi Rd
Wailuku, HI 96793
ctakitani@me.com

-----Original Message-----

From: Edward Wyner [<mailto:wyner2010@hotmail.com>]

Sent: Saturday, February 24, 2018 11:30 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Mental Health Referrals

Dear Committee JUD,

Testimony in Opposition to HB2739

Submitted to the House Health & Human Services Committee Submitted to the House Judiciary Committee Hearing on February 27, 2018 at 10:30 a.m.

Opposition to HB 2739

The majority of proponents of physician-assisted suicide claim patients want to die because they do not want to face intractable pain and suffering resulting from a terminal illness such as cancer.

However, the data from the Death with Dignity Act 2017 annual report, tells a different story. The end of life concerns by the majority of 143 patients who ended their lives by ingesting lethal drugs are not related to physical pain, but the psychosocial challenges of having a terminal illness:

Less able to engage in activities making life enjoyable	88.1%
Losing autonomy	87.4%
Loss of dignity	67.1%
Burden on family, friends/caregivers	55.2%
Losing control of bodily functions	37.1%
Inadequate pain control or concern about it	21.0%
Financial implications of treatment	5.6%

Despite these statistics, only five of the 143 patients were referred for psychological or psychiatric evaluation. If HB 2734 becomes law, we can expect to see the same kinds of obvious gaps in care because physicians testified in the last session that they are not trained to recognize signs of depression and if and when a patient should be referred for a mental health assessment.

Legislators failed to listen the physicians as evidenced by this weak addition to this year's bill:

"If, in the opinion of either the attending provider or the consulting provider, there are indications of a psychiatric or psychological disorder, the attending provider or the consulting provider shall refer the patient for counseling."

This bill needs a lot more work before it can considered seriously for review.

Sincerely,

Edward Wyner

2037 S Kihei Rd Apt 8

Kihei, HI 96753

wyner2010@hotmail.com

-----Original Message-----

From: Rokeuaine Letua [<mailto:user@votervoicenet.net>]
Sent: Sunday, February 25, 2018 9:42 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

Testimony to the House Health & Human Services Committee & the House Judiciary Committee
Hearing on February 27, 2018 at 10:30 a.m.

Opposition to HB2739 because safeguards will never be enough.

The proposed "Our Care, Our Choice Act" has nothing to do with care or choice. HB 2739 may appear to honor patient autonomy, but a careful reading of the bill reveals grave implications for Hawaii's most vulnerable populations. The bill attempts to place new definitions on suicide and manslaughter not to promote patient autonomy and rights, but to protect doctors and perpetrators.

While HB 2739 attempts to include safeguards to ensure a patient's request is made on their volition, there are no safeguards once a patient receives a prescription for lethal drugs. This bill is flawed. After obtaining the lethal drugs, there is no way of knowing if a family member has coerced a patient to ingest the lethal drugs - against his or her will. More importantly, there is little or no recourse to investigate. Since there is no requirement for a physician to be present at the time of the suicide, this opens the door to abuse.

On behalf of Hawaii's fast-growing kūpuna population and those who are disabled, I urge you not to pass this bill without first addressing these important issues.

Thank you.

Sincerely,

Rokeuaine Letua
91-1092 KAILEOLEA DR
Ewa Beach, HI 96706
clc_elder@yahoo.com

-----Original Message-----

From: Kuulei Cagasan [<mailto:kuulei1@twc.com>]

Sent: Sunday, February 25, 2018 10:19 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

To the joint hearing of the House Health & Human Services and the House Judiciary

Hearing on Tuesday, February 27, 2018 in the Capitol Auditorium at 10:30 a.m.

I am submitting this testimony in opposition to the assisted suicide bill, HB 2739.

According to Oregon's Death with Dignity 2017 annual report, the duration between a patient's first request for lethal drugs and death has been 15 days to 603 days, based on 143 Death with Dignity Act patient deaths reported last year.

The data shows patients diagnosed with a terminal illness with six months or fewer to live are living longer than the prognosis provided by their doctors. This has important implications.

Rather than sentencing those with a terminal illness to a death sentence and encouraging them to take lethal drugs, we should all realize that no prognosis is 100% accurate all of the time and should not lose heart. In Oregon, we can clearly see some patients who should be receiving care and treatment are not getting the care they need.

Many patients can now choose curative treatment for an illness, while their health plans also cover hospice and palliative care so that they can receive the best of worlds.

I urge our legislators to carefully reconsider whether HB 2739 is necessary.

Sincerely,

Kuulei Cagasan
389 Palama Dr
Kahului, HI 96732
kuulei1@twc.com

-----Original Message-----

From: Paulette Vernay [<mailto:pvernay@rcchawaii.org>]

Sent: Sunday, February 25, 2018 3:29 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

PLEASE ROUTE TO THE THE HHS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation of having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Sincerely,

Paulette Vernay

651 Ikemaka Pl

Kailua, HI 96734

pvernay@rcchawaii.org

-----Original Message-----

From: Benjamin K Nihipali, Jr [<mailto:gerry@nihipali.com>]

Sent: Sunday, February 25, 2018 5:11 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Hearing on February 27, 2018

House Health & Human Services & House Judiciary Committees

Strong Opposition to assisted suicide, no matter what you call it. HB2739!!!!

Much of what is written in HB 2734 looks good on paper but is impractical and impossible to enforce. In an attempt to make the bill more robust, it raises more questions and concerns.

For example, regarding the disposal of unused lethal drugs, the bill proposes "the person who has custody or control of any unused medication after the death of a qualified patient shall personally deliver the unused medication for disposal to the nearest qualified facility that properly disposes of controlled substances, and if none is available to dispose of it by lawful means."

❓ If a patient chooses not to disclose to others in the same household that he has lethal drugs, how will others know they are legally responsible for properly disposing of these drugs?

❓ What is the definition of a qualified facility?

❓ Is there a map of the all the qualified facilities to know which one is the nearest?

❓ And what are the lawful means of disposing of these lethal drugs if no qualified facility is available?

I respectfully urge the committee members to take this bill back to the drawing board. Clearly, this bill is ill-conceived and there is much more work that is required.

Sincerely,

Benjamin K Nihipali
55-551 MOANA ST
Laie, HI 96762
gerry@nihipali.com

-----Original Message-----

From: Florencia Ranchez [<mailto:florenciaranchez@icloud.com>]

Sent: Sunday, February 25, 2018 5:41 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

Testimony to the House Health & Human Services Committee & the House Judiciary Committee
Hearing on February 27, 2018 at 10:30 a.m.

Opposition to HB2739 because safeguards will never be enough.

The proposed "Our Care, Our Choice Act" has nothing to do with care or choice. HB 2739 may appear to honor patient autonomy, but a careful reading of the bill reveals grave implications for Hawaii's most vulnerable populations. The bill attempts to place new definitions on suicide and manslaughter not to promote patient autonomy and rights, but to protect doctors and perpetrators.

While HB 2739 attempts to include safeguards to ensure a patient's request is made on their volition, there are no safeguards once a patient receives a prescription for lethal drugs. This bill is flawed. After obtaining the lethal drugs, there is no way of knowing if a family member has coerced a patient to ingest the lethal drugs - against his or her will. More importantly, there is little or no recourse to investigate. Since there is no requirement for a physician to be present at the time of the suicide, this opens the door to abuse.

On behalf of Hawaii's fast-growing kūpuna population and those who are disabled, I urge you not to pass this bill without first addressing these important issues.

Thank you.

Sincerely,

Florencia Ranchez
91-1051 NIOLO ST
EWA BEACH, HI 96706
florenciaranchez@icloud.com

THE HOUSE OF REPRESENTATIVES
THE TWENTY-NINTH LEGISLATURE
REGULAR SESSION OF 2018

TESTIMONY OF
Margaret M. Johnson
45-817 Anoi Place
Kaneohe, HI 96744
marge.johnson@gmail.com

SUBMITTED February 26, 2018

TO: HOUSE COMMITTEE ON HEALTH & HUMAN SERVICES CHAIR AND MEMBERS

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
Rep. Della Au Belatti
Rep. Lei R. Learnmont
Rep. Andria P.L. Tupola

HOUSE COMMITTEE ON JUDICIARY CHAIR AND MEMBERS

Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair
Rep. Tom Brower
Rep. Chris Lee
Rep. Dee Morikawa
Rep. Gregg Takayama
Rep. Bob McDermott
Rep. Cynthia Thielen

RE: HB 2739 HEARING Tuesday, February 27, 2018 at 10:30AM

I am a retired Montana and Michigan attorney and a former Montana judge. My children have been living in Hawaii and I moved here and became a resident approximately 2½ years ago.

I strongly oppose this bill for many reasons:

The bill states in its introduction that 30 other states have considered or passed similar legislation. This may well be a case of everyone jumping over a cliff which is no reason for Hawaii to join the crowd. Although I am not an authority on Hawaii law, I have reviewed Hawaii's constitutional and statutory authority. Hawaii's unique history and culture embodied in that constitutional and statutory grant of authority leave these committees and the legislature **without legal authority** to pass such a law.

First, this bill deceptively claims to be “Health related” Even a cursory reading of the bill reveals that it is not “Health” related as the constitution of this state defines “Health”. It also claims to create a “**fundamental right**” to procure prescription medicine to kill themselves”. The legislature has no authority to create such a “**fundamental right**”. Additionally such a claimed “right” violates the State Constitution and the statutory authority created under that Constitution. Fortunately, those who drafted and adopted this State’s Constitution were far more concerned about the vulnerable citizens this bill claims to empower

Hawaii’s Constitution authorizes the legislature to pass laws related to Health. Although the bill bears the title “Relating to Health” with the Report title being “Health; Our Care, Our Choice”, it is clear this bill is about death, not health. Section I of Article IX of Hawaii’s Constitution, the governing authority under which Health related laws are enacted, provides: “**Section 1. The State SHALL PROVIDE for the PROTECTION and PROMOTION of the PUBLIC HEALTH.**” Health is something only the living can enjoy. This bill unabashedly promotes death, not health. Instead of providing for the protection and promotion of the health of those it claims to empower, it promotes death, an end to health. It claims to empower the living to make a health choice, which if made will end their ability to make any choice ever again.

Even more disturbing is the fact that this bill pushes toward death and an end to all choice-making, citizens the legislature is supposed to be most concerned about protecting, i.e. the most vulnerable, those who are dealing with a very serious illness that may result in their death by natural means in a short period of time. And it does so at the very moment when these very vulnerable citizens are most in need of the protection and health promotion the Constitution empowers the legislature to enact. This bill masquerades deceptively under the title of Health, but completely violates the very unique and beneficent Spirit of Aloha enacted into the statutes of the State of Hawaii. The Spirit of Aloha is a spirit of hospitality and kindness extended to life in all its manifestations. It is a spirit of life-giving, life-respecting, life-embracing and life-nourishing. It is not a spirit of death and death-dealing and death encouraging. Aloha is so integral to this State and its people that it is written into Hawaii state law and legislators are directed by law to that “life force,” which is to be contemplated and considered in passing any law in Hawaii and which is set as a guiding principle in enacting legislation in Hawaii.. *Hawai‘i Revised Statutes* §5-7.5 This bill is in direct opposition to Spirit of Aloha, which the statute states means “to hear what is not said, to see what cannot be seen and to know the unknowable.” It is your duty to hear what is **not said** in this bill, i.e. that it is **not** about health, and see what is **not stated or clearly seen**, i.e. that it in reality is opposed to health and the ability to make meaningful choices, and recognize that Hawaii law provides no authority to enact such a law. Hawaii is unique among the states. It provides something very wonderful and unique that characterized Hawaii under its monarchy long before Hawaii became a state, something Hawaii sought to preserve as a state: the Spirit of Aloha. Do not be deceived by what this bill says it is

about. Recognize the truth for what it is and reject it and devote yourselves instead to finding find good ways to promote and protect the health and lives of Hawaii's most vulnerable citizens.

Queen Lili'uokalani, Hawaii's last reigning monarch, reportedly described the true meaning of Aloha in part 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.

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 Hawaii'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 Hawaii's citizens. This bill embodies something sinister and evil, something that nurtures a culture of death rather than the culture of life embraced by the Spirit of Aloha. What is most beautiful and uniquely Hawaiian, what is part of State law, Aloha Spirit, is discarded, 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 throughout this nation, 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)

Christian Medical and Dental Associations

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]

The Arc of the United States

United Methodist Church

United Spinal Association

United States Conference of Catholic Bishops

World Association of Persons with Disabilities (WAPD)

World Institute on Disability (WID)

The opposition these organizations have to this kind of bill should not be lightly dismissed. These organizations deal daily with the vulnerable people who will be most affected by this kind of law. Before dragging Hawaii 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 opposedⁱ. Many of them, such as Focus on the Familyⁱⁱ, and the U.S. Catholic Bishops Conferenceⁱⁱⁱ have very clearly delineated reasons for opposing death choice bills such as HB 2739.

Some of the reasons to defeat this bill include:

1. This bill deceptively claims not to be what it is – a bill to make legal physician assisted suicide.
2. The State Constitution denies the legislature authority to enact as “Health related” this bill which neither protects nor promotes health but seeks instead to deceptively authorize as “health related” the killing of vulnerable citizens.
3. The bill is opposed to Aloha Spirit, which is integral to all Hawaii law.
4. 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.”
5. As the Vermont organization True Dignity accurately states, “Suicide is never death with dignity, and assisted suicide legislation threatens true patient choices at the end of life.”

6. Suicide devalues human life and should not be legally endorsed.
7. This bill tells the elderly and disabled and those who suffer from depression or are dependent due to health issues, that their lives are without value, that they should die, that Hawaiians don't care about them or their plight, something one acting in the Spirit of Aloha would never do or say.
8. This bill very dangerously makes legal an immoral push toward death and killing as health care, as merciful, caring and compassionate when it is anything but truly merciful, caring and compassionate and does nothing to promote or protect health.
9. This bill provides a legal shield for abuse of the elderly and disabled.
10. Research shows that those **considering suicide** overwhelmingly suffer from **depression**, a treatable disorder that causes one to believe their life has no purpose or meaning. Instead of protecting them from their disordered inclinations, and providing help for depression, the bill skirts the issue by requiring a consultation only to determine whether the depression is causing "impaired judgment" when impaired judgment and loss of perspective on the value of life is precisely what depression causes.
11. The bill does not make depression a reason to protect a person from any life ending choice but instead encourages them to move in that direction without recognizing that treatment for depression is available and without **requiring such** treatment before a patient may legally "choose" to end his or her life and with gruesome finality terminating the ability to make any further choice.
12. The bill creates an avenue for those who may think they will benefit by the death of a vulnerable citizen to subtly pressure the vulnerable into believing they have a duty to die
13. There are far better medical alternatives, therapies and treatments which are consistent with Hawaii's constitutional directive to protect and promote health and with the Spirit of Aloha and which assist those who are so vulnerable to appreciate the meaning and benefit their lives still provide
14. This bill if enacted as law will destroy the trust relationship that should be fostered between patient and doctor and will engender fear in the vulnerable, weak or elderly that instead of providing health care, the physician may well be providing and wielding instruments of death. **The American Medical Association, Code of Medical Ethics Opinion 5.7**, holds that "It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. **HOWEVER, PERMITTING PHYSICIANS TO ENGAGE IN ASSISTED SUICIDE WOULD ULTIMATELY CAUSE MORE HARM THAN GOOD,**" and that "**PHYSICIAN-ASSISTED SUICIDE IS FUNDAMENTALLY INCOMPATIBLE WITH THE PHYSICIAN'S ROLE AS HEALER, WOULD BE DIFFICULT OR IMPOSSIBLE TO CONTROL, AND WOULD POSE SERIOUS SOCIETAL RISKS.** Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life."

15. I have attached in an endnote a very succinct letter by a Vermont physician, Dr. Carol Salazar, MD stating the reasons this type of legislation must be opposed.^{iv}
16. In a study published in 2016 in the *Linacre Quarterly*, presenting non-faith based reasons to oppose physician assisted suicide, such laws were found to impair or destroy physician integrity and patient trust, as “participating in suicide violates the integrity of the physician and undermines the trust patients place in physicians to heal and not to harm.”^v
17. This bill allows life ending decisions to be legally made and for drugs to end life to be legally available to citizens as young as 18 years. This is not a kind of decision Hawaii should make legal or available to such young persons who are really at the beginning of their lives, particularly not when the suicide rate among young people is so high already.
18. This bill encourages health insurers to cut expenses by paying for killing drugs and not paying for what may be more expensive but life supporting drugs. This has already happened to several people in states that adopted this kind of legislation. Their health insurers refused to pay for treatment that the patients desired that would improve their quality of life while offering to pay for cheaper lethal killing drugs.
19. This bill impairs contracts for life insurance by purporting to deny insurers the right to determine on what basis they will enter into contracts to insure life, and requiring that they ignore the risk presented by legally protected suicide and physician assisted suicide, making this law surely subject to legal challenge.
20. This bill seeks to “empower” citizens to become what they are not and cannot become, i.e. gods – The preamble to the Hawaiian Constitution acknowledges God and that we are not God, stating: “We, the people of Hawaii, **grateful for Divine Guidance**, and mindful of our Hawaiian heritage and uniqueness as an island State, dedicate our efforts to fulfill the philosophy decreed by the Hawaii State motto, ‘Ua mau ke ea o ka aina i ka pono.’ [*translated: ‘The life of the land is **perpetuated in righteousness.**’*]” As legislators, it is your job to act righteously and in the spirit of Aloha and of the Hawaiian Constitution. This bill is deceptive using words that make it seem good while in reality promoting evil.

Please consider what you are doing, what this bill is really about – not health, and your authority to do this. I am praying God will give you wisdom and the courage, grace and good sense to defeat this bill. I also pray you will be blessed in the service you render to the people of this State.

God bless you.

Margaret Johnson

ⁱ 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/>

ⁱⁱ <http://www.focusonthefamily.com/socialissues/life-issues/physician-assisted-suicide/reasons-to-oppose-physician-assisted-suicide>

ⁱⁱⁱ 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>

^{iv} The following letter by Dr. Carol Salazar, M.D., a Vermont physician, may be found at <http://www.truedignity.org/a-vermont-doctor-writes-to-american-medical-association/>

Dear Elliot Crigger,

I understand that you are the person to send comments to regarding the AMA's upcoming consideration of withdrawing the organization's opposition to Physician Assisted Suicide. I am a practicing Primary Care Internist in Vermont, where sadly PAS has been legalized. I walk with people through the end of life every day. I also have a teenage daughter. In a world where we have seen violence, hopelessness, suicide (especially in teens) and addiction skyrocket, we , as physicians , will be sending the wrong message to our patients and our children who will inherit the world we leave them. What message are we sending them?

***We will be telling them that autonomy trumps all... that because I want to control how I leave this world, I have the right to do whatever I want
... that there is no absolute truth...
that human life does not matter.
That suffering should be wiped out .***

***Unfortunately suffering is a part of the human condition as can be seen in the literature of even ancient times .
We as physicians are tasked to alleviate suffering. We cannot always cure , but we can always comfort . We should be pouring our efforts into end of life care both at home and in Hospice institutions .***

*The slippery slope is real and I fear we have started our descent . We have been there before, even in our own country. If it is ok to ask a physician to help me kill myself , it is a very short slide to extending it to the disabled and even the depressed. The papers are FULL of stories of teen suicides and drug overdoses. It is our task to show them that we are willing to walk with them in their suffering and not give up on them. **I believe every physician should read ""The Nazi Doctors" by Dr. Ray Lifton. Proponents of PAS do not like it when I bring this comparison up. It is very painful and difficult to read because it shows how killing was medicalized and therefore came to be accepted by so many everyday physicians.***

The AMA is proposing to support the medicalization of suicide... it is to be one of the "treatments" we are to offer as end of life care. It is a huge mistake to withdraw the opposition to PAS. I hope that we as physicians have learned from the past and will stand firm for what is right.

Sincerely

Carol Salazar MD

^v "Non-Faith-Based Arguments Against Physician-Assisted Suicide And Euthanasia," *Linacre Quarterly*. 2016 Aug; 83(3): 246–257(2016), found at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5102187/>

-----Original Message-----

From: Christopher Niemczyk [<mailto:chrisniemczyk@gmail.com>]

Sent: Sunday, February 25, 2018 7:14 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

My testimony in strong opposition to HB 2739 Relating to Health

Please attention to the House Health & Human Services Committee and the House Judiciary Committee

This hearing is on Tuesday, February 27, 2018 in the Capitol Auditorium.

When people want to commit suicide, do we encourage this as their right? No, we show them suicide should never be an option.

When friends and family demand relief from pain and find consolation with opioids, do we continue to encourage this knowing this leads to their self-destruction? No, we provide alternatives to alleviate their pain to steer clear of the dangers of addiction and overdose.

When a family member with a terminal illness wants to end their pain and suffering, do we encourage them to end their lives? No, we should tell them about safer ways to alleviate their pain that bring life instead of resorting to such permanent solution as physician-assisted suicide.

Our policies and programs are not designed to give residents what they want; they provide the best health options for the people of Hawaii. It is the duty of Hawaii's elected officials to lead and do what is right.

HB 2739, the so-called "Our Care, Our Choice Act," proposes to change definitions to make suicide more palatable, but suicide will still be suicide and manslaughter will still be manslaughter no matter how they are renamed. Offering patients lethal drugs as a way to end their suffering through lethal drugs is not acceptable.

In addition, I worry about the slippery slope that this bill will cause. Some examples is the case of Stephanie Packard in California where her insurance company had authorized payment for medication to deal with her autoimmune condition but when California's Assisted Suicide Law went into effect she was denied payment for those medications.

There was also the Barbara Wagner case in Oregon who had breast cancer and the Oregonian insurance plan told her that the chemo treatments were experimental were too expensive to cover. They however, offered the drugs that would result in her suicide.

Experience has shown, that in States that have passed assisted suicide laws, that the main reason for opting for suicide is not pain but out of fear of inability to participate in activities, fear of being a burden, loss of bodily functions and fear of abandonment.

Please vote no on HB2739!

Sincerely,

Christopher Niemczyk
2724 Kahoaloha Ln # 1501
Honolulu, HI 96826
chrisniemczyk@gmail.com

-----Original Message-----

From: Rita Guinaugh [<mailto:guinaugh@hawaii.edu>]

Sent: Sunday, February 25, 2018 7:15 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Hearing on February 27, 2018

House Health & Human Services & House Judiciary Committees

Strong Opposition to assisted suicide, no matter what you call it. HB2739!!!!

Help us in Hawaii live long; live strong!

Sincerely,

Rita Guinaugh
520 Lunalilo Home Rd Unit 6215
Honolulu, HI 96825
guinaugh@hawaii.edu

-----Original Message-----

From: Paulette Vernay [<mailto:vernayp927@gmail.com>]

Sent: Sunday, February 25, 2018 7:15 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

My testimony in strong opposition to HB 2739 Relating to Health

Please attention to the House Health & Human Services Committee and the House Judiciary Committee

This hearing is on Tuesday, February 27, 2018 in the Capitol Auditorium.

When someone comes to you and says, "I'm going to commit suicide." Are we going to encourage that person to take his/her life? No, we reach out to give them hope and show we care. We help to bring them out of the darkness of despair. The message we encourage is "Suicide should never be an option."

When a friend or family member is in pain and seeks relief through addictive drugs or alcohol, do we encourage him/her to overdose so they can die? No, we provide alternatives to alleviate their pain and remove the dangers of addiction and death.

When a family member with a terminal illness wants to end their pain and suffering by suicide, do we encourage them to end their lives? No, we search for and provide them with means to manage and alleviate the pain and offer them life, not death by way of doctor-assisted suicide.

We elect our legislative representatives do what is right for the people of Hawaii and future generations. The highest priority should be to provide wellness and best health options. Suicide and doctor assisted suicide should never be an option.

HB 2739, the so-called "Our Care, Our Choice Act," proposes to change definitions to make suicide more palatable. The truth is suicide by any other name will always equate to suicide; manslaughter will still be murder regardless of the label; lethal drugs to numb pain and suffering is equivalent to the lethal drugs of assisted suicide.

This is unacceptable.

To say there are "safeguards" in HB2739 is unacceptable as well. It is ludicrous.

Every life is valuable. Assisted suicide with all its implications and its smooth messaging does just the opposite. It strips us of dignity and our moral obligation to be compassionate and caring as we accompany our friends and loved ones on the journey of life and all its stages through its natural end.

Thank you for the opportunity to testify.

Please vote no on HB2739!

Sincerely,

Paulette Vernay
651 Ikemaka Pl
Kailua, HI 96734
vernayp927@gmail.com

-----Original Message-----

From: Jessica Gellert [<mailto:jess.gellert@gmail.com>]

Sent: Sunday, February 25, 2018 7:15 PM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

PLEASE ROUTE TO THE THE HHS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

I strongly oppose HB2739.

The Hippocratic Oath proclaims: "I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect." This is an essential precept for a flourishing civil society. No one, especially a doctor, should be permitted to kill intentionally, or assist in killing intentionally, an innocent neighbor.

Human life doesn't need to be extended by every medical means possible, but a person should never be intentionally killed. Doctors may help their patients to die a dignified death from natural causes, but they should not KILL their patients or help them to kill themselves. This is the reality that such euphemisms as "death with dignity" and "aid in dying" seek to conceal.

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation of having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Legalizing physician-assisted suicide, would be a grave mistake, as explained in a new Heritage Foundation report. It would: Endanger the weak and vulnerable, Corrupt the practice of

medicine and the doctor–patient relationship, Compromise the family and the relationships between family generations and Betray human dignity and equality before the law.

Life is precious. Doctors should be helping to fight for life, not helping patients take their lives.

I strongly urge you to vote against this bill. It is inhumane. It is MURDER. Every life is precious. It is obscene to place certain people on a list with permission to kill themselves. Everyone is special to God. Every life is cherished. Someone isn't less worthy to live because they have a disease or sickness. God determines when our life is over, not a doctor with a suicide pill.

Sincerely,

Jessica Gellert
66-085 WAIALUA BEACH RD
Haleiwa, HI 96712
jess.gellert@gmail.com

-----Original Message-----

From: Alana Sooriyakumar [<mailto:user@votervoice.net>]
Sent: Monday, February 26, 2018 7:23 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

PLEASE ROUTE TO THE THE HHS/JUD COMMITTEE HEARING ON FEBRUARY 27, 2018

TESTIMONY IN OPPOSITION TO HB 2739

According to the Hawaii Department of Health, it is estimated that one in every two adults in Hawaii has prediabetes or type 2 diabetes, and many have not been diagnosed and may be unaware that they have it.

Without effective intervention, 15 to 30 percent of adults with prediabetes will develop type 2 diabetes within five years. Native Hawaiians, Other Pacific Islanders, and Filipinos have the highest rates of type 2 diabetes, followed by Japanese. Furthermore, people of Asian descent tend to develop prediabetes at a lower body weight than other ethnicities, making them especially susceptible.

What does this have to do with HB 2739?

The Oregon Death with Dignity Act lists diabetes as a medical condition that qualifies for physician-assisted suicide. Rather than seek treatment, Hawaii residents will have the option of committing suicide to put an end to the disease instead of facing the consequences of potentially having their limbs amputated because of poor circulation of having to face kidney failure and make routine trips to unlicensed kidney dialysis centers.

Sincerely,

Alana sooriyakumar
1965 Umalu Pl
Honolulu, HI 96819
ohsosexybv@yahoo.com

-----Original Message-----

From: Patricia Yasuhara [<mailto:pyasuhara@gmail.com>]

Sent: Monday, February 26, 2018 7:34 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

The proposed bill requires that the underlying cause of death and prescribed drug be listed on a death certificate; however, there will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Patricia Yasuhara

683 Kumukahi Pl

Honolulu, HI 96825

pyasuhara@gmail.com

-----Original Message-----

From: Millie Ahloy [<mailto:millie.ahloy@gmail.com>]

Sent: Monday, February 26, 2018 7:49 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

My testimony in strong opposition to HB 2739 Relating to Health

Please attention to the House Health & Human Services Committee and the House Judiciary Committee

This hearing is on Tuesday, February 27, 2018 in the Capitol Auditorium.

When people want to commit suicide, do we encourage this as their right? No, we show them suicide should never be an option.

When friends and family demand relief from pain and find consolation we opioids, do we continue to encourage this knowing this leads to their self-destruction? No, we provide alternatives to alleviate their pain to steer clear of the dangers of addiction and overdose.

When a family member with a terminal illness wants to end their pain and suffering, do we encourage them to end their lives? No, we should tell them about safer ways to alleviate their pain that bring life instead of resorting to such permanent solution as physician-assisted suicide.

Our policies and programs are not designed to give residents what they want; they provide the best health options for the people of Hawaii. It is the duty of Hawaii's elected officials to lead and do what is right.

HB 2739, the so-called "Our Care, Our Choice Act," proposes to change definitions to make suicide more palatable, but suicide will still be suicide and manslaughter will still be manslaughter no matter how they are renamed. Offering patients lethal drugs as a way to end their suffering through lethal drugs is not acceptable.

Please vote no on HB2739!

Sincerely,

Millie Ahloy
3670 Sierra Dr
Honolulu, HI 96816
millie.ahloy@gmail.com

-----Original Message-----

From: James Cadiz [<mailto:user@votervoice.net>]

Sent: Monday, February 26, 2018 7:54 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Vote No on HB2739 - assisted suicide bill

Dear Committee JUD,

TO: House Health & Human Services Committee & House Judiciary Members

HEARING ON: Tuesday, February 27, 2018

Strong Opposition to HB2739 Relating to Health

I am a resident of the State of Hawaii and I am asking you to vote no on HB2739. "A society that respects life does not deliberately kill human beings."

This is not a quote from a religious organization. It is a quote from the American Civil Liberties Union. The quote continues:

"An execution is a violent public spectacle of official homicide, and one that endorses killing to solve social problems - the worst possible example to set for the citizenry, and especially children."

If doctors and nurses are prohibited by the ethical guidelines of healthcare professionals from participating in or assisting with capital punishment executions, do we honestly believe cleverly disguised laws designed will somehow make it all right to promote killing?

HB 2739 is a wake-up call for our community to fix our moral compass. We elect leaders to guide us and I ask the legislators of these committees to put us back on a right path. We are a people of laws and providing a legal way of killing others does not sound lawful.

Thank you very much.

Sincerely,

James Cadiz
95-987 UKUWAI ST
MILILANI, HI 96789
jikasan@aol.com

-----Original Message-----

From: Phil Yasuhara [<mailto:philngeri@hawaii.rr.com>]
Sent: Monday, February 26, 2018 7:54 AM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Vote no on HB2739 Relating to Health

Dear Committee JUD,

OPPOSITION TO HB2739 Relating to Health

To: House Health & Human Services Committee and House Judiciary Committee

Hearing on Tuesday, February 27, 2018 at 10:30 a.m.

It is ironic that you are considering this bill in the wake of the tragic shooting at Marjory Stoneman Douglas High School in Parkland, Florida. Guns have been with us since the inception of our country but mass shootings are a fairly recent phenomenon.

Please consider the possibility that a lack of respect and honor for human life may be a cause. This bill does nothing to restore such respect, indeed it relegates human life to that of a dog: when it gets too old or too ill, put it out of its misery.

In my opinion, physicians should do everything they can to prolong human life, and when that become futile, they should minimize suffering.

Does this bill foster a culture of death?

Please ponder this question and then vote against this bill.

Thank you.

Sincerely,

Phil Yasuhara
91-943 OANIANI ST
Kapolei, HI 96707
philngeri@hawaii.rr.com

-----Original Message-----

From: Robert Matsumoto [<mailto:rkmbengoshi@hawaii.rr.com>]

Sent: Monday, February 26, 2018 8:11 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Attn: House Health Committee and the House Judiciary Committee

Regarding: Hearing on February 27, 2018 in the auditorium

My Position: Strong Opposition

HB 2739 offers no support if there are any suspected cases of wrongdoing because of the way the proposed law is designed.

The proposed bill requires that the underlying cause of death and prescribed drug be listed on a death certificate; however, there will be no way to investigate through an autopsy what may have transpired because a patient's body is removed from a home or hospital and taken for funeral preparations or cremation on the same day as the patient's death. The scene of the death and any evidence is destroyed. A coroner's office, finding a legitimate request for assisted suicide, will find no reason to investigate. It's the perfect set up for a perfect crime. No questions will be asked.

The reason there has been no evidence of abuse in other states where physician-assisted suicide is legal is obvious. All evidence is destroyed and any inkling of foul play are immediately suppressed because a patient has a legal right to end his or her life.

Passing HB 2739 makes us fearful and a lack of faith in our government to protect us.

Sincerely,

Robert Matsumoto

345 Queen St Ste 701

Honolulu, HI 96813

rkmbengoshi@hawaii.rr.com

-----Original Message-----

From: Theodore Aughe [<mailto:taughe@gmail.com>]

Sent: Monday, February 26, 2018 8:35 AM

To: JUDtestimony <judtestimony@capitol.hawaii.gov>

Subject: Vote NO on Assisted Suicide: HB 2739

Dear Committee JUD,

Hearing on February 27, 2018 in the House Judiciary Committee and the House Health Committee Relating to HB 2739 assisted suicide

I am in strong opposition!

HB 2739 subtly and stealthily advocates active euthanasia.

The bill advocates that patients be allowed to "self-administer" medications to end their lives, and in the very same sentence allows physicians to euthanize patients. Here is the exact language of the proposed euthanasia bill from page 33:

"I understand that I am requesting that my attending provider prescribe medication that I may self-administer to end my life; provided that my attending provider may assist in the administration of the medication if I am unable to self-administer the medication due to my terminal illness."

This gives license to attending physicians to administer the lethal drugs when their patients are unable to do so as a result of their illness. This is not physician-assisted suicide; this is physicians committing homicide. This is euthanasia.

I believe physician-assisted suicide will lead to euthanasia as we have seen in other countries such as Canada and Belgium. I would like to implore, for the protection of all of Hawaii's patients, that the committee members stop this bill from moving forward and to address these clauses that promote euthanasia that are deftly woven in this bill.

Sincerely,

Theodore Aughe
PO Box 7624
Hilo, HI 96720
taughe@gmail.com

HB-2739

Submitted on: 2/26/2018 6:01:37 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jacqueline Baydo	Individual	Support	No

Comments:

This Bill will give a terminal patient the right to peacefully end his or her life when no longer able to have a quality existence.

A right to die without the suffering of intractable pain.

As a Retired Hospice Nurse I have seen too many people suffer needlessly

please pass this Bill

Jacqueline Baydo

TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

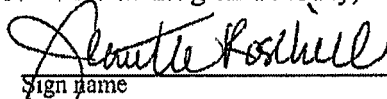
Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

Dear Committee Chairs and Members:

I submit this testimony in strong **OPPOSITION** to HB2739 and physician assisted 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
- Other: *It goes against ~~what~~ God's laws.*

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.



Sign name

Jeanette Roschi U

Print name

46-089 Lilipuna Rd. Kaneohe, HI. 96744

Print street address with zip code

SENT VIA:

_____ PAPER: 20 copies (including an original) to Room 403 in the State Capitol

_____ FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or

_____ WEB: For testimony less than 20MB in size, transmit from <http://www.capitol.hawaii.gov/submittestimony.aspx>

TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

Dear Committee Chairs and Members:

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_____ 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

_____ Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

S. KUILIMA HOOPAI

Sign name

S. KUILIMA HOOPAI

Print name

94-126 Pahu St. 96797

Print street address with zip code

SENT VIA:



_____ PAPER: 20 copies (including an original) to Room 403 in the State Capitol

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TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

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- In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide
- Other:

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.


.....
Sign name

Roxanne Cruz
.....
Print name

2889 Ala. Ilima St - 14-B
.....
Print street address with zip code

90818

SENT VIA:

..... PAPER: 20 copies (including an original) to Room 403 in the State Capitol

..... FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or

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TESTIMONY IN STRONG **OPPOSITION** TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

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- In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

ROBIN L. TRACY
Sign name

ROBIN L. TRACY
Print name

343-HOBSON LANE #2002
Print street address with zip code HON. HI 96815

SENT VIA:

_____ PAPER: 20 copies (including an original) to Room 403 in the State Capitol

_____ FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or

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TESTIMONY IN STRONG **OPPOSITION** TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES
Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*


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- In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.



Sign name

Nicole A Tanaka

Print name

2909 Kalawao Place 96822

Print street address with zip code

SENT VIA:

_____ PAPER: 20 copies (including an original) to Room 403 in the State Capitol

_____ FAX: For testimony less than 5 pages in length, transmit to 808-586-6311 (Oahu) or 1-800-535-3859 (for Neighbor Islander without a computer to submit testimony through the website); or

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TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair
Rep. Bertrand Kobayashi, Vice Chair
COMMITTEE ON JUDICIARY
Rep. Scott Y. Nishimoto, Chair
Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018; 10:30 a.m. Capitol Auditorium*

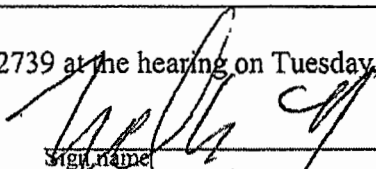
Dear Committee Chairs and Members:

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- 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

Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.



Sign name

NASHA Fry

Print name

755 Rosenberg St #205 Honolulu HI 96826

Print street address with zip code

SENT VIA:

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TESTIMONY IN STRONG OPPOSITION TO HB 2739
COMMITTEE ON HEALTH & HUMAN SERVICES

Rep. John M. Mizuno, Chair

Rep. Bertrand Kobayashi, Vice Chair

COMMITTEE ON JUDICIARY

Rep. Scott Y. Nishimoto, Chair

Rep. Joy A. San Buenaventura, Vice Chair

Hearing: *Tuesday, February 27, 2018: 10:30 a.m. Capitol Auditorium*

Dear Committee Chairs and Members:

I submit this testimony in strong **OPPOSITION** to HB2739 and physician assisted suicide under any description for the following reasons:

- MR* Proper medical care includes only treating diseases NOT killing the patient
- MR* Legalizing physician assisted suicide sends the wrong message to our troubled teens that suicide is an acceptable way to solve problems
- MR* In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide
- MR* Other: LOVE FOR JESUS

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

MDR R

Sign name

Marcel Resch

Print name

46-089 Lilipuna Rd. Kaneohe, HI 96741

Print street address with zip code

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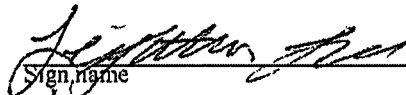
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Other: _____

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Sign name

Leighton Luna

Print name

47-664 Alani St. Kaneohe HI, 96741

Print street address with zip code

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Other: _____

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Sign name

Landon Van Hoogstraten

Print name

91-778 Kiliho'e Street Ewa Beach HI 96706

Print street address with zip code

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Sign name

Print name

1717 VIOLET ST. HONOLULU, HI 96819
Print street address with zip code

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Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

Sign name *J. S. Crony*

Print name Janice Crony

2211 ALA WAI BLVD. APT. 2711 ALOHA LANI HN 96815
Print street address with zip code

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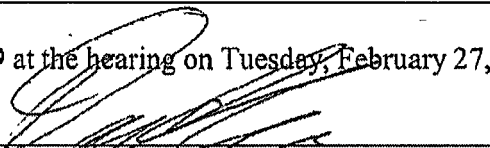
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Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

Sign name


DONOVAN K. HARDIE

Print name

26792
Print street address with zip code

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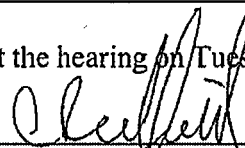
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Sign name



Print name



Print street address with zip code

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Other: _____

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Sign name

Andrew J. ...

Print name

... #6826

Print street address with zip code

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Other: _____

I urge you to vote no and do not pass HB2739 at the hearing on Tuesday, February 27, 2018.

Andrea Coffman
Sign name

Andrea Coffman
Print name

221 Aieahou St; Honolulu, HI
Print street address with zip code
96825

SENT VIA:

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HB-2739

Submitted on: 2/26/2018 6:28:31 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Arlene Hanks	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/26/2018 6:13:20 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Susan J. Wurtzburg	Individual	Support	No

Comments:

Please pass this. My husband and I hoped for its passage last year, and it never happened. Those who disagree do not need to take advantage of it. However, let those of us who would like to use this law if necessary gain the right to do this in our state of residence.

Sincerely,

Susan. J. Wurtzburg, Ph.D.

HB-2739

Submitted on: 2/26/2018 6:32:04 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sylvia Ching	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 6:43:21 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
William Gural	Individual	Oppose	No

Comments:

Dear Legislators,

I ask you to vote no on HB2739. While it may appear to be a humane gesture, I believe that the bill actually encourages suicide. I do not think the state should be encouraging people or giving them to legally take their own lives. This demeans the value of life. A terminally ill person is still valuable and precious and thus we should rather support them, and find appropriate ways to alleviate pain, and preferably find a cure.

It is better to hope and pray for a cure, and to work for this medically. It is better to support that person through counseling and love.

I don't believe this bill serves individuals or the state.

As a member of the religious order, the Sacred Hearts, that includes St. Damien of Molokai, I am mindful of being protective of those most vulnerable, and to try to alleviate their suffering through medical care and emotional and spiritual support, but not to support the instruments of death. This makes that ill person more vulnerable. Mahalo.

Br. William S. Gural, SSCC

HB-2739

Submitted on: 2/26/2018 6:45:48 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sheila Cyboron	Individual	Support	No

Comments:

I greatly appreciate the medical advances that have been made in my lifetime (67 years) to heal our bodies. However, the reality is that some of those treatments come at a terrible cost in pain and debilitation. Seeing friends and family members suffer and beg to die while their lives are prolonged by treatment, I have consistently supported measures that make it possible for aware adults to choose a dignified and humane end of life.

Now that I am older and facing my own mortality more clearly, I desperately want to have this choice for myself and my spouse. To me, this is not a religious matter, it is simply a moral imperative of a compassionate society.

I urge you to pass HB2739.

HB-2739

Submitted on: 2/26/2018 6:43:45 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Merry Youle	Individual	Support	No

Comments:

As an elderly, handicapped resident of the Big Island, I urge you to pass HB2739 and legalize medical aid in dying in Hawaii.

This action would not encourage suicide in the general population but would allow terminally ill patients, in consultation with their doctor, to end their suffering. Experience in other states and countries that offer this freedom has shown that few people choose this option, but many more find that knowing it is available should their condition become intolerable provides great peace of mind. Such a policy can be implemented with reasonable requirements to prevent abuse by patients, their families, or their doctors. Without this freedom, we are forced to turn to unreliable and/or illegal means if we find ourselves, or our loved ones, in such extreme circumstances. It is the humane thing to do. Please pass this bill and implement it in a timely manner.

Mahalo,

Merry Youle

HB-2739

Submitted on: 2/26/2018 6:59:44 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carl Campagna	Individual	Support	No

Comments:

HB-2739

Submitted on: 2/26/2018 7:14:06 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
tony frascarelli	Individual	Support	No

Comments:

Strongly support this bill. Why should someone terminally ill have to continue to suffer or be forced to leave HI and take up residency in a state that has enacted a death with dignity bill. Show some compassion and move this bill forward.

Testimony **Supporting** HB 2739 Relating to Health

LATE

Honorable Members of the State House Committee on Health and Human Services and the Committee on Judiciary:

I strongly urge you to pass HB 2739, which would allow mentally competent adults residents of Hawaii who have a terminal illness to request and receive a prescription medication that would allow the person to die in a peaceful, humane, and dignified manner.

Thank you for your attention to this issue.

Sincerely,

Michael Sullivan
Hilo, HI

LATE

HB-2739

Submitted on: 2/26/2018 8:10:42 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Michael C Armstrong	Individual	Support	No

Comments:

In 2016, I provided hospice care for my mother who was dying of pancreatic cancer. Over the course of about a week, I got to witness first hand what the dying process was like. Her body slowly began shutting down and she was consuming less and less sustenance, which at this point was just fluids. She exhibited all the signs and symptoms of someone experiencing severe dehydration e.g., rapid heartbeat, fast breathing, disorientation, etc. I was told by hospice dehydration is to be expected and it ultimately lead to unconsciousness. She remained in this unconscious state until her body ultimately gave out which took about 16 hours. During this time, all I could do is watch and wait. It was devastatingly heartbreaking. I appreciate the service hospice care provided - daily checkups, pain relief, guidance and support - when my mom was still mostly conscious. However, I wish my mom never got to the point of being dehydrated. It was at that point her situation became unsettling, undignified, and in my opinion inhumane. To this day, I am disturbed at what I had to endure. No one, patient or caretaker, should have to go through this. Ultimately, hospice care was my mom's choice. If I could go back in time, I would urge her to choose the Death with Dignity option, if it was an option. I strongly believe it should be an option for terminally ill patients.

LATE

HB-2739

Submitted on: 2/26/2018 8:37:33 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

Aloha Chair and Committee Members,

My name is Richard Onderko and I am a resident of Ewa Beach. I am writing in strong support of HB2739 as I support medical aid in dying. Our terminally ill citizens have a right to decide when and how they will die. It is unfair to that we do not allow them the choice to stop the pain and agony that can be associated with a terminal disease. This bill is a strong bill with adequate protections that address the concerns of earlier bills introduced to our legislature.

It is time that Hawaii join other states and pass this compassionate measure. I hope you will do the right thing and move HB2739 forward. Mahalo nui for your careful consideration.

LATE

HB-2739

Submitted on: 2/26/2018 8:54:13 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kathy Jaycox	Individual	Oppose	No

Comments:

While I understand that this bill is supported by people who fear extended pain in the final stages of life, I feel that such fears arise from an inadequate awareness of end-of-life care options. No one needs to be in pain for extended periods. Hospice can be of great help in this regard.

Also, I worry that economic pressures may influence family members to urge this option on kupuna who truly do not want to end their lives.

Thank you for the opportunity to provide testimony.

LATE

HB-2739

Submitted on: 2/26/2018 9:28:17 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Steven Edwards	Individual	Support	No

Comments:

LATE

HB-2739

Submitted on: 2/26/2018 9:53:51 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
phon huynh	Individual	Support	No

Comments:

LATE

HB-2739

Submitted on: 2/26/2018 9:55:39 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
martha miller	Individual	Support	No

Comments:

I support medical aid in dying, HB 2739, because I believe people have the right to choose how they die. This choice is not to be confused with making a decision whether or not to die. This is about the right of a person, whose disease process has already affected his or her body in a verifiable manner, to have the assistance needed to die, in what that person perceives to be a humane way. This is not about whether or not you believe in God; it is the right of a person to carry out his or her own beliefs. I believe the bill contains the necessary safeguards to ensure that no coercion or or lack of follow through takes place. Regardless of your religious views, please acknowledge that choosing whether or not to ask for assistance in dying is a decision for each person to make. By supporting this bill, you will allow individuals to make a decision based on his or her individual beliefs and you will not impose various religious beliefs upon everyone.
Martha Miller

FROM: JACQUELINE WRIGHT



HAWAII STATE HOUSE OF REPRESENTATIVES

COMMITTEE ON JUDICIARY

&

COMMITTEE ON HEALTH & HUMAN SERVICES

Testimony supporting House Bill 2739

Tuesday, February 27, 2018

10:30 AM

Capitol Auditorium

Aloha Committee Chairs, Vice-Chairs and Committee Members:

My name is Jacqueline Wright. I am a 38 year resident of the State of Hawaii.

I am testifying in strong support of House Bill 2739.

When it comes my time to pass, I want the option this Bill offers. It should be available to all Hawaii residents who find themselves in need of it.

Thank you for the opportunity to show my support for HB2739.

Sincerely,

Jacqueline Wright
67-5165 Kamamalu Street 3A
Kamuela, HI 96743

WEB: For testimony less than 20MB in size, transmit from
<http://www.capitol.hawaii.gov/submittestimony.aspx>.

LATE

HB-2739

Submitted on: 2/26/2018 10:16:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
John Robles	Individual	Oppose	No

Comments:

I strongly oppose HB2739 because legalizing physician assisted suicide sends the wrong message to our troubled teens that suicide is an acceptable way to solve problems. My late grandmother was told by a doctor that she only had a few months to live because of the severity of her cancer. But miraculously she lived for another 3 years with us. This proves that doctors are not always right by their diagnosis and families could be devastated when improper actions are held liable. In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide!

LATE

HB-2739

Submitted on: 2/26/2018 10:21:51 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ricardo Burgos	Individual	Oppose	No

Comments:

Heeia Hawaii

February 26, 2017

Dear Representatives,

Physician assisted suicide and euthanasia are two forms of unjust killing. In the first, the physician helps in the patient's own act of self-destruction. In the second, someone directly kills the patient either with or without consent. Both actions are characterized by their proponents as moral means and treatment options that have gained popularity in recent years to ending the misery and suffering of others. Yet both, physician assisted suicide and euthanasia, are ill-founded, morally wrong and fundamentally incompatible with the physician's professional role. Why do these initiatives in favor of euthanasia and physician assisted suicide continue to emerge? Because of false impressions of popularity, of advances in medical technologies, and because of morally misinformed consciences.

Many people mistakenly hold that when a patient or health care proxy ends extraordinary or useless means of treatment, this qualifies as euthanasia. This major misunderstanding of terms and the moral reasoning behind it has led to the false impression that physician assisted suicide and euthanasia are more widespread than they actually are.

There is no doubt that advances in technology have enabled physicians to combat disease, protect and preserve human life beyond what we imagined possible. But these advances have also preserved human life beyond what is morally obligatory. The prospect of a prolonged and painful illness under the dominance of technological

devices that only extend the dying process, rightly alarms all who wish to die a peaceful and natural death, and has contributed to the embrace of physician assisted suicide and euthanasia. But sound morality and medical doctrine recognize that there is a definite limit to the medical treatment a patient is morally bound to accept. Among the basic governing principles for this rationale are:

- 1) that there is no moral obligation to accept extraordinary measures to ruling life;
- 2) that the doctor must follow the wishes of a sick person who refuses such measures;
- 3) that when death is imminent, a person may rightly refuse treatment that would only secure a precarious and burdensome life.

However, there is a vast and crucial difference between foreseeing that removal of certain treatment will lead to death, and the intentionally killing a patient. Yet, proponents of physician assisted suicide intentionally blur this distinction.

Though it is known that physician assisted suicide and euthanasia may be carried out at the patient's request, it is also widespread knowledge that their advocates propose them also for those who lack decision-making capacity. Supporters of euthanasia and physician assisted suicide hold that certain lives are not worth living, or less delicately put, that some people are better off dead. These people include not only those in the end stages of terminal illness, but also those in a persistent vegetative state, the aged, the mentally incompetent, and children who suffered serious fatal anomalies. It is also widespread knowledge that a large proportion of patients who request euthanasia or physician assisted suicide meet criteria for clinical depression. Therefore, if legalized, euthanasia and physician assisted suicide would deliberately target for elimination a vulnerable portion of our society.

Physicians are professionally and ethically bound to the amelioration of the physical and emotional distress of our patients, and to never actively hasten their death. Most health care providers recognize the fact that life is an intrinsic good, and so always possesses value and must therefore be protected. The vast majority of us live by that principle. Enacting a law that would favor the wrongs of physician assisted suicide and euthanasia would inflict an incurable wound to the practice of medicine and to fabric of society in our islands.

This bill would send a mixed message to our society. Aren't we all trying to reduce the rate of suicide in Hawaii? Yet, this bill promoting suicide was brought forth? What are our citizens going to interpret regarding suicide, if this bill promoting death on demand is passed. Therefore, as a medical professional and concerned citizen of Hawaii, I am vehemently opposed to this bill, and I urge you to join in its opposition.

Ricardo M. Burgos, MD

LATE

HB-2739

Submitted on: 2/26/2018 10:37:01 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Mark R. Hagadone, Ph.D., FACFE	Individual	Oppose	No

Comments:

Committee on Health and Human Services

Honorable John M. Mizuno, Chair

Honorable Bertrand Kobayashi, Vice Chair

Re: **HB 2739 Relating to Health (Legalizing Physician Assisted Suicide)**

Ladies and Gentlemen:

I am writing to voice my opposition to House Bill 2739.

I am opposed to physician assisted suicide (euthanasia) for the following reasons:

- 1) I am deeply troubled by the fact that the bill proposed will directly conflict with the Physician's medical oath to do "no harm".
- 2) That the measures as written don't provide enough safeguards for patients, particularly those who are vulnerable or depressed.
- 3) That it will establish a slippery slope leading ultimately toward active euthanasia *without* terminal diagnosis.
- 4) That, as an unintended consequence, passage of this bill will lead to a quick evolution, changing the medical practice of medicine to allow doctors to participate in death with dying, to no longer than just the last six months and perhaps to no longer just for terminal symptoms.
- 5) As written it will be dangerous for the vulnerable elderly, where such individuals may feel pressured by their family members or their caregivers to end their lives.

I humbly urge members of the committee to vote NO on HB 2739.

Sincerely

Mark R. Hagadone, Ph.D., FACHE

LATE

HB-2739

Submitted on: 2/26/2018 10:42:41 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
C. Kai Lucas	Individual	Support	No

Comments:

The dying deserve the comfort of knowing they will not be forced to endure the terrors of medical interventions and exorbitantly expensive weapons of medical heroics. Specifically, those procedures which inflate the costs and egos of medical practitioners, but so often not only fail to add, but generally reduce, the quality of life for those in hospice situations.

While the 'safeguarding' provisions, such as the waiting period, of this bill, seem onerous and designed to inflict shame by increasing the bureaucratic burden on grieving families- it nonetheless gives health care practitioners a legal pathway to respect patients.

Me ka ha'aha'a,

Kai Lucas

LATE

HB-2739

Submitted on: 2/26/2018 10:44:35 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Loma H. Hassell, II, MD	Individual	Oppose	No

Comments:

My name is Loma H. Hassell, II, MD, and I am physician practicing nephrology in Maui County. I am opposed to HB 2739, which "establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life," and "imposes criminal sanctions for tampering with a patient's request for a prescription or coercing a patient to request a prescription."

I am opposed to HB 2739 because it establishes a "regulatory process." In essence, the regulatory process promises not to prosecute an individual who knowingly causes the death of another person. The process of knowingly causing the death of another person is murder. Further, it is premeditated murder. Whether the victim is a willing participant does not change our law; no individual has the right to take the life of another. The length of time a person has left to live does not change our law; no individual has the right to take the life of another. As a people, we have given the government the authority to take the life of an individual when certain crimes are committed; however, the state of Hawaii abolished the death penalty in 1959. In what universe would a state that has abolished the death penalty for criminals then give certain individuals the right to take the life of innocent persons?

I am opposed to HB 2739 because legislators believe that medical science can confirm with 100% accuracy that an individual has a terminal disease with less than six months to live. Were we not concerned that a miscarriage of justice could result in an innocent person being condemned to die? Wasn't it better to abolish the death penalty rather than take the life of an innocent person? What responsibility does the State have to make sure that all presumed terminally ill patients have equal access to healthcare? Or is lifesaving medical care only available to the wealthy?

I am opposed to HB 2739 because authorizes healthcare providers to write prescriptions for medications that can end someone's life. Most of us did not enter medicine thinking that someday we could write a prescription to end someone's life. And creating a regulatory process to absolve the physician of any responsibility for causing the murder of another person will have a disastrous effect on medicine as it will create providers and clinics who specialize in taking the life of terminally ill patients. You may not wish to acknowledge the effect the law had to create abortion clinics.

I am opposed to HB 2739 because it contravenes the law of God. I am a Christian and have incorporated into my life these past three years the reading of the Bible every day. I am amazed how often what I am reading applies to the situations in my life. When I received the email notifying me that you were holding this hearing, I knew I was opposed to this bill but did not immediately know how to organize my thoughts. But God did. I was surprised to find in the passages I read after receiving the email, Leviticus 24:17, "Whoever takes a human life shall surely be put to death." This commandment was given to the Jews at the time when God brought the Israelites out of the land of Egypt; however, it only affirms what God had told Noah after the flood in Genesis 9:5-6, "And for your lifeblood I will require a reckoning: from every beast I will require it and from man. From his fellow man I will require a reckoning for the life of man. "Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image." I was further reminded of my responsibility to speak. In Leviticus 20:4-5, "And if the people of the land do at all close their eyes to that man when he gives one of his children to Molech, and do not put him to death, then I will set my face against that man and against his clan and will cut them off from among their people, him and all who follow him in whoring after Molech." God told the people of Israel that they could not close their eyes and tolerate an individual who offers his child as a sacrifice to Molech; He would hold them accountable; He would cut them off from among their people. I am opposed to HB 2739 because it absolves the physician who is complicit in the death of a person who has committed no crime worthy of death. If you pass this legislation, then all the representatives who voted for the bill will be just as guilty as the physician who writes the prescription because you permitted it to happen. And I am concerned that God may withhold His blessings from our State due to lawlessness. Representatives come and go but the law remains; it is the people who pay for the consequences of your actions.

To reiterate, I urge you to reject HB 2739. The State of Hawaii does not need a regulatory process that absolves an individual who is complicit in the murder of another. The State of Hawaii should not interfere in establishing guidelines when it is okay for person to take his or her life. The State of Hawaii should not hijack the field of medicine for political purposes and create physicians and clinics in taking the death of very ill persons. By definition, these persons are vulnerable and should be protected from others who propose such laws and seek to turn a profit from killing others. The State of Hawaii should not take a stand that is opposed to the law of God. Life is hard enough without trying to move forward without the blessing of God.

LATE

HB-2739

Submitted on: 2/26/2018 10:50:54 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jane Sugimura	Individual	Support	No

Comments:

I wholeheartedly support this bill that will allow a person a choice of dying with dignity if he or she so chooses.

LATE

HB-2739

Submitted on: 2/26/2018 11:20:21 PM
Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jerry Mershon	Individual	Support	No

Comments:

HB 2739 establishes a regulatory process under which an adult resident of the State with a medically confirmed terminal disease and less than six months to live may choose to obtain a prescription for medication to end the patient's life.

Provisions in HB 2739 safeguard abuse of the prescription.

Citizens of Hawaii who are in such a terminal condition need to be given a choice to mercifully end their needless suffering and pain.

LATE

HB-2739

Submitted on: 2/27/2018 12:18:09 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Sharon Nagasako	Individual	Oppose	No

Comments:

HB-2739

Submitted on: 2/27/2018 5:55:58 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
carl nagasako	Individual	Oppose	No

Comments:

I oppose this bill as it opens the door to abuse and related issues for the old, infirmed, disabled, and undesirable.

LATE

HB-2739

Submitted on: 2/27/2018 6:23:17 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Patrick Conant	Individual	Support	No

Comments:

Endig your own life for medical reasons is clearly a very personal decision that only you can make. It should be a basic right of all citizens of Hawaii.

Patrick Conant

Volcano, Hawaii

LATE

HB-2739

Submitted on: 2/27/2018 6:04:22 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Robin Makapagal	Individual	Oppose	No

Comments:

I am writing to vehemently oppose this measure. It was not easy to find this bill in the search engine, cleverly disguised as it is under "Health." The date of my birth was not determined by a human, nor will my death be. As long as palliative medicine and hospice care are available to the terminally ill, what need is there for a bill that allows for the hastening of death? What if the drug is not properly calibrated? What if a decision to access to it is coerced into taking it by others? Life and death are not in our hands. As a cancer survivor and a caretaker of parents and other family members who died of it, I know how hard we fought for life. I would choose life every time. And if, for some reason, cancer pays me another visit, I will fight for life. I oppose this bill with every fiber of my being. Aloha.

LATE

HB-2739

Submitted on: 2/27/2018 6:12:53 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Carol Remington	Individual	Support	No

Comments:

To: Hawaii Legislature

RE: HB2739

2/27/18

"There is nothing I can do about the situation I'm in, but it would be a huge relief to know that I have some control over how the ending goes. I will know when I have suffered enough. It should be my choice to die quickly and painlessly when I decide the time is right."

—EVA THOMPSON, supporter of the Death with Dignity movement

I couldn't say it better than Eva. I do want to be able to leave this earth without undue suffering, and have put my wishes in an Advance Directive, knowing that my representatives will honor my wishes without passing judgment on me.

The facts about current law:

"To qualify for a prescription of medication under existing physician-assisted dying laws, you must be:

- * an adult resident of California, Colorado, District of Columbia, Oregon, Vermont, or Washington;
- * mentally competent, i.e. capable of making and communicating your healthcare decisions;
- * diagnosed with a terminal illness that will lead to death within six months."

I'd like to see this bill pass. Please, consider the suffering many go through, those who face the misery of a slow death.

Sincerely,

Carol Remington
227 Haili St., Apt B3
Hilo, HI 96720
808-365-9627

LATE

HB-2739

Submitted on: 2/27/2018 6:55:20 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jill A Savage	Individual	Support	No

Comments:

Aloha Chair Mizuno and Committee Members:

I strongly support HB2739 providing a well defined regulated process allowing an adult, of sound mind with a terminal illness and less than 6 months to live, to end unbearable suffering by determining how and when to die.

Thankyou very much for your consideration of this bill, Jill Savage

kobayashi2 - Kevin

LATE

From: yoshimura <jjyosh978@aol.com>
Sent: Monday, February 26, 2018 7:52 PM
To: hhstestimony
Subject: HB2739 RELATING TO HEALTH; Our Care, Our Choice.

HB2739 RELATING TO HEALTH; Our Care, Our Choice.

I support this bill- I would want the choice to be able to end my life in lieu of suffering for the last six months.

Jennifer Yoshimura

LATE

HB-2739

Submitted on: 2/27/2018 6:59:17 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Amelia G. Jodar	Individual	Oppose	No

Comments:

Dear legislators,

I oppose this bill. Leave the end to life decision to the individual person. If this bill passes, it is tantamount to legalizing suicide. And that is immoral and illegal. A person can end his/her life if he wants to. Why does it require to pass a law on that. Well, it is because the person knows that ending one's life is wrong. Now, the person wants to make the illegal and the wrong thing legal so that he will not have to face the consequence by himself. And how about those who abuse the elder member of the family simply because it is so burdensome to take care of him or her? Legislators, please do not be a tool to this kind of person or to this kind of mentality. Passing HB 2739 is IMMORAL! Thank you for your attention.

LATE

HB-2739

Submitted on: 2/27/2018 7:02:05 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jo Jeffries	Individual	Support	No

Comments:

I would like to let you know that as a retired healthcare professional, I support HB 2739. Individuals need to be able to control their end of life.

Thank you. Jo Ann Jeffries

LATE

HB-2739

Submitted on: 2/27/2018 7:31:51 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Kenneth R Stevens Jr, MD	Individual	Oppose	No

Comments:

I strongly urge you to keep assisted suicide out of Hawaii.

Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. (AMA Principles of Medical Ethics)

Assisted suicide is suicide. Both the Connecticut State Supreme Court (June 2, 2010) and the New Mexico State Supreme Court (June 30, 2016) have clarified that so-called "physician aid in dying" is assisted suicide and euthanasia.

In Oregon, assisted suicide death certificates are falsified by assisted suicide doctors.

Pain is not the issue. In Oregon only a very small minority of patients dying of assisted suicide chose it because of fear of pain in the future.

Assisted suicide encourages patients to throw away their lives. Assisted suicide is not necessarily for only those who are dying. Some patients with a prognosis of living less than six months may live much longer. My patient, Jeanette Hall, came to me in the year 2000 with the diagnosis of an unresectable rectal cancer and a life expectancy of six months without treatment. She asked for assisted suicide but I was able to convince her that her life was worth living and she chose to have treatment rather than assisted suicide and she is alive and doing well now almost 18 years later.

There can be financial incentives for assisted suicide. Example of Barbara Wagner, "They will pay for me to die but won't pay for me to live."

There is lack of oversight by the Oregon Health Department regarding assisted suicide information. The report for the 2016 year reported that complications were "unknown" for 106 of the 133 assisted suicide deaths. There is much missing information about what is happening in Oregon.

Assisted suicide is: against medical ethics, is too dangerous to give the power to kill patients to the medical profession, is dangerous because of insurance company and government financial incentives, destroys the inherent trust between patient and

physician, devalue the inherent value of human life, desensitizes us towards any type of suicide.

I urge you to keep assisted suicide and euthanasia out of Hawaii.

Dr. Kenneth R. Stevens, Jr., MD, Sherwood, Oregon

LATE

HB-2739

Submitted on: 2/27/2018 7:53:08 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
MARILYN JOHNSON	Individual	Support	No

Comments:

A family member just died of cancer in a state without such a law. She was unconscious her last days and therefore not drinking or feeding herself. Because she signed a DNR and stated her wish to die at home, no one could legally give her water or food while she was unconscious. So she died of thirst. Is this how you want your loved ones to die? Of thirst after a few days of you inject morphine every few hours?

PLEASE pass this bill so it is not illegal to make someone's imminent death more pleasant than thirsting or starving to death while the cancer (or other disease) painfully eats away at his or her life.

SANDRA G.Y. YOUNG

Attorney at Law
P.O. Box 2897
Aiea, HI 96701
Telephone: (808) 487-8464

February 26, 2018

The Hon. John Mizuno, Chair
Members of the House Health & Human Services Committee
The Hon. Scott Nishimoto, Chair
Members of the House Judiciary Committee

Re: Strong Opposition to HB 2739

Dear Chairs Mizuno and Nishimoto and Members of the House Health & Human Services and the House Judiciary Committees:

I testify in strong opposition to HB 2739 for the following reasons:

1. General and Public Policy Concerns:
 - a. Physician Assisted Suicide (PAS) devalues human life. In Oregon, the suicide rate has increased 49.3% since PAS became law.
 - b. The truth is that **only 6 states and the District of Columbia** have passed PAS laws. While 29 states have considered the bill over the past 2 years, only 1 state and the District of Columbia passed a PAS bill. The rest of the states overwhelmingly rejected it for good reasons.
 - c. Many patients who are suffering from a debilitating illness or terminal disease experience depression, anxiety and psychological issues. In Washington, only 4% of PAS patients are treated for it. Treatment through counseling, or at least an evaluation, should be required for all PAS patients.
 - d. Many physicians hardly know their patients. In Washington, less than half of the physicians knew their patients for less than 6 months.
 - e. There is a lack of adequate oversight during the process and after the death of the patient. We must protect patients against potential abuse by family members, insurance companies, care givers and others. There should be witnesses at the time the patient takes the medication, proper diagnosis, involvement of family members, proper disposal of the unused drugs, and counseling.

- f. I believe PAS erodes the physician-patient relationship, one traditionally built on mutual respect and trust. If your healer and physician now wants to serve you by helping you to terminate your life, how can I trust him?

2. Limited Legal Analysis of HB 2739 (limitations due to time constraints):

- a. Unfortunately, we do not know if all of the patients die in a peaceful, humane and dignified manner due to a lack of detailed reporting requirements on this issue from other states, contrary to the intentions of HB 2739. Some prescriptions require a patient to take 100 pills. Sometimes deaths may take days for the pills to take effect, causing patients to suffer.
- b. The Hawaii Legislature has considered numerous drafts of the bills over years, but has there been detailed evaluation and debate of the issues that surround the bill? I do not recall that having been done.
- c. For example, the bill discusses protections for the patient, but there is no specific enforcement mechanism to ensure that patients can actually be protected.
 - (1) confirmation by 2 health care providers of the patient's diagnosis, prognosis, medical competence and voluntariness of the patient's request;
 - Who will determine the competence of the patient?
 - What are the standards for defining competence? Will an expert be required to certify competence?
 - (2) What are the standards for determining **voluntariness**? Are third parties, including family members and significant others, excluded from the interview, so that there is no undue influence? 2 oral requests from a patient, witnessed by 2 people, with 1 non-family member. A live-in partner may not be a family member but could be the named beneficiary of the patient's trust or will.
 - (3) What oversight procedures will be passed to ensure that patients are protected every step of the way?
- d. Contrary to the legislative statement on page 3, lines 17-21 that a terminally ill adult has the fundamental right to determine their own medical treatment as they near the end of life, including the right to choose to avoid an unnecessarily prolonged life of pain and suffering, the U.S. Supreme Court reversed a 9th Circuit Court decision that the ban on physician assisted suicide was a violation of the due process clause. The U.S. Supreme Court stated that PAS is not a fundamental liberty interest, and (a ban on PAS) is **not a violation of the due process clause**.
- e. Rather than defining the patient's competency or mental capacity, the bill simply states that the patient must be **capable**, and be able to make and communicate health care decisions to the health care provider. It is a lower standard, and makes it easier for others to have undue influence over the patient.

- f. On page 7, line 9, the bill appears to allow third parties to administer the medication since it states that the patient *may* self-administer the medication. It is easier for third parties with nefarious motives to take advantage of the patient under the circumstances. This wording contradicts the intent of the bill to have patients self-administer the medication that will cause the death.
- g. Page 13, line 8. Many people who suffer from health issues, particularly terminal diseases, often suffer from depression. If the attending or the consulting providers are not experts on psychological/psychiatric issues, I think all patients who want to die should be referred for counseling.
- h. Page 8, lines 4 – 6. I am troubled that information is not discoverable if there are suspicious circumstances surrounding a patient’s death, including evidence of a homicide.

In light of the defects/shortcomings in the bill including lack of sufficient oversight during the process, please vote against the HB 2739.

Thank you.

Very truly yours,

Sandra Young

SANDRA YOUNG

LATE

HB-2739

Submitted on: 2/27/2018 8:09:18 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

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

Comments:

I STRONGLY OPPOSE HB2739.

LATE

HB-2739

Submitted on: 2/27/2018 8:27:30 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Maria Pena	Individual	Support	No

Comments:

Strongly support!

~ Mahalo

LATE

HB-2739

Submitted on: 2/27/2018 8:41:12 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lynne Beckstrom	Individual	Support	No

Comments:

I urge you to vote in favor of HB2739 to protect my right to self-determination regarding end-of-life issues. The rights of those opposed to this bill are not endangered by its provisions, which in no way force them to comply. The religious convictions of others should not be allowed to restrict decisions that are mine alone to make.

Thank you for receiving my testimony.

Lynne Beckstrom, 91-1182 Bryan Street, Ewa Beach, 96706

LATE

HB-2739

Submitted on: 2/27/2018 8:43:08 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Jun Shin	Young Progressives Demanding Action - Hawaii	Support	No

Comments:

Members of the Committee,

The right to choose how you as a person will approach death is a inherent right of all people. This is also very important to the families of these individuals as it will help in the healing process, especially if their loved one avoided pain and took on death as an old friend, peacefully. It is an idea whose time has come.

LATE

HB-2739

Submitted on: 2/27/2018 8:56:17 AM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Lawrence Ford	Individual	Support	No

Comments:

LATE

HB-2739

Submitted on: 2/27/2018 12:04:12 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Stephanie Zalekian	Individual	Support	No

Comments:

LATE

HB-2739

Submitted on: 2/27/2018 12:05:24 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Gita Tucker	Individual	Support	No

Comments:

I support this bill because people have the right to chose their future, especially if they are in this type of situation. To think that you can tell someone what to do with their life, much less have legiclative control over someone's future in this situation, is inhumane. People with terminal illness' with less than six months to live should be able to chose whether or not they want themselves or their families to have to experience those sixth months with them potentially dying in pain or not.

If I was this situation, I would definitely want to feel like I had control over my future, even when I don't have control over my illness. So I strongly supprt this bill.

LATE

HB-2739

Submitted on: 2/27/2018 2:06:54 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Dale Webster	Individual	Oppose	No

Comments:

I vehemently oppose this Bill. This Bill is morally reprehensible. It violates my belief that only God can take a life.

And, it will cause many elderly and infirm to choose suicide in order to not be a burden on their family.

Hawaii should demonstrate to the country, and the world, that all human life has value.

Submitted by: Dale C. Webster, 808-875-0792, websterdoo7@hawaii.rr.com, 212 Kamakoi Loop, Kihei, Hawaii 96753

LATE

HB-2739

Submitted on: 2/27/2018 1:30:50 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Zachary Mermel	Individual	Support	No

Comments:

To whom it may concern,

Transitioning out of this life is one of the more difficult choices a person can make. Passage of HB2739 would empower those who are suffering with safe (and speedy) passage, with dignity, out of challenging, irremediable life circumstances.

Respectfully submitted,

Zach Mermel

LATE

HB-2739

Submitted on: 2/27/2018 2:45:23 PM

Testimony for HHS on 2/27/2018 10:30:00 AM

Submitted By	Organization	Testifier Position	Present at Hearing
Ricky Li	Individual	Support	No

Comments:

I stand in support of death with dignity, after years of suffering, if a patient wants to end their pain they should be allowed to without getting the people who are helping them get in trouble. Religion aside, we choose everything else in life, why is the last decision taken out of our hands?

From: JUDtestimony
Sent: Monday, February 26, 2018 2:15 PM
To: hhstestimony
Subject: FW: Opposition to HB2739 Relating to Health

-----Original Message-----

From: Curtis Beck [mailto:curtbegood@gmail.com]
Sent: Monday, February 26, 2018 2:05 PM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Opposition to HB2739 Relating to Health

Dear Committee JUD,

To the House Health and Human Services Committee To the House Judiciary Committee

For the hearing on HB2739 on February 27, 2018 at 10:30 a.m.

TESTIMONY IN OPPOSITION!

I am writing in opposition to proposed legislation (HB 2739) allowing physician-assisted suicide in Hawaii. You have seen the many technical arguments against this bill from others so I will not repeat them here, except to say that I think the science is settled on this matter, that people who are in such a state of health that they may contemplate suicide are easily influenced by those in a position to make subtle suggestions about their decision. People who are contemplating suicide need counseling and empathy, not an easy means of succeeding in their self-destruction.

I am a big believer in hospice and palliative care, having accompanied my mother through this more caring way to face the end of life. With so many physicians, nurses and other healthcare professionals dedicated to helping Hawaii residents have the best quality of life in their final months, there is no good rationale for this legislation.

Thank you for considering this in your decision-making.

Sincerely,

Curtis Beck
612 Kaanini Pl
Hilo, HI 96720
curtbegood@gmail.com

From: JUDtestimony
Sent: Monday, February 26, 2018 2:15 PM
To: hhstestimony
Subject: FW: Strong Opposition to HB2739 Relating to Health



-----Original Message-----

From: Willard Asato [mailto:wasatos@hawaiiantel.net]
Sent: Monday, February 26, 2018 2:05 PM
To: JUDtestimony <judtestimony@capitol.hawaii.gov>
Subject: Strong Opposition to HB2739 Relating to Health

Dear Committee JUD,

Testimony in Opposition to HB2739
Submitted to the House Health & Human Services Committee Submitted to the House Judiciary Committee
Hearing on February 27, 2018 at 10:30 a.m.

_I am strongly opposed to this bill, so please vote "NO". Thank you._____ Opposition to HB 2739

The majority of proponents of physician-assisted suicide claim patients want to die because they do not want to face intractable pain and suffering resulting from a terminal illness such as cancer.

However, the data from the Death with Dignity Act 2017 annual report, tells a different story. The end of life concerns by the majority of 143 patients who ended their lives by ingesting lethal drugs are not related to physical pain, but the psychosocial challenges of having a terminal illness:

Less able to engage in activities making life enjoyable	88.1%
Losing autonomy	87.4%
Loss of dignity	67.1%
Burden on family, friends/caregivers	55.2%
Losing control of bodily functions	37.1%
Inadequate pain control or concern about it	21.0%
Financial implications of treatment	5.6%

Despite these statistics, only five of the 143 patients were referred for psychological or psychiatric evaluation. If HB 2734 becomes law, we can expect to see the same kinds of obvious gaps in care because physicians testified in the last session that they are not trained to recognize signs of depression and if and when a patient should be referred for a mental health assessment.

Legislators failed to listen to physicians as evidenced by this weak addition to this year's bill:

"If, in the opinion of either the attending provider or the consulting provider, there are indications of a psychiatric or psychological disorder, the attending provider or the consulting provider shall refer the patient for counseling."

This bill needs a lot more work before it can be considered seriously for review.

Sincerely,

Willard Asato
197 Holua Dr
Kahului, HI 96732
wasatos@hawaiiintel.net