

LATE TESTIMONY

From: [Clementina Ceria-Ulep](#)
To: [Sen. Gilbert Keith-Agaran](#); [Sen. Karl Rhoads](#); [Sen. Mike Gabbard](#); [Sen. Donna Mercado Kim](#); [Sen. Laura Thielen](#)
Cc: [JDL Testimony](#)
Subject: SB 1129 SD1: Assisted Suicide Bill
Date: Tuesday, February 28, 2017 8:46:59 AM

Dear Chair Keith-Agaran, Vice-Chair Rhoads & Senators: Gabbard, Mercado Kim & Thielen:

I submit **this testimony in strong OPPOSITION** to 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's suicide is an acceptable way to solve problems
- * In Hawaii, we take care and love our Kupuna, we don't abandon them to suicide

The gift of life can only be given and taken away by God.

Lurge you to vote no on SB1129 SD1.

Thank you,

Clementina D. Ceria-Ulep

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: *Submitted testimony for SB150 on Feb 28, 2017 09:00AM*
Date: Monday, February 27, 2017 10:41:01 PM

SB150

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 09:00AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Dave Strang	Individual	Support	No

Comments:

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LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: *Submitted testimony for SB1129 on Feb 28, 2017 11:30AM*
Date: Tuesday, February 28, 2017 7:45:10 AM

SB1129

Submitted on: 2/28/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
donald akiyama	Individual	Support	No

Comments:

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LATE TESTIMONY

February 28, 2017

Testimony regarding SB1129

Dear Senators,

As a family practice physician practicing in underserved areas on Oahu for over 20 years, I want to urgently and clearly oppose this dangerous bill.

The assurance that 2 physicians need to sign off in order to facilitate or authorize a patient's request to cause their own death is not adequate protection against potential criminal abuse of this law by insurance companies to augment their bottom line. It is also not adequate protection against family members with ulterior financial motives to preserve their inheritances even if it prematurely terminates a patient's life in a way that is not in their best interests at all.

The aged, terminally ill and disabled are inherently easy targets for manipulation and can be readily taken advantage of. Untreated depression and natural common place feelings of not wanting to be a burden on family members can also lead to tragic situations where this law would amount to a loaded gun in the wrong hands.

I can speak from both personal and professional experience that hospice palliative care already offers terminally ill patients ample opportunity to receive aggressive treatment of their pain. The treatment of pain with morphine not infrequently results in a hastening of the demise of terminal patients. We do not need to open, as one recent letter to the editor aptly put it, another "pandora's box" of potential for abuse of the elderly, disabled or terminally ill.

Do not be naive in thinking that criminal networks are not capable of penetrating hospital and long term care systems to the grave detriment of those dependent on them for their care. This law if passed would only facilitate the potential for this type of criminal activity, essentially legalizing not just suicide, but murder.

Please stop this dangerous bill in it's tracks by voting no on SB 1129, the so called "Death with Dignity" bill. Our palliative care system and responsible ethical hospice care to relieve suffering (which in many cases results in a hastening of death for those in severe pain) is already providing adequate resources for the terminally ill to receive compassionate care in dying.

Sincerely,

Ellen Sofio M.D

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Tuesday, February 28, 2017 10:19:55 AM

SB1129

Submitted on: 2/28/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Jackie Mishler RN	Individual	Oppose	No

Comments: This bill is not about helping people with pain and suffering. This bill will, in essence, give doctors the right to kill their patients under protection of being able to say they used the death with dignity act. They will never be able to be prosecuted- you Senator are an attorney. The falsified death certificate ensures there will be no prosecution. We don't do this for anything else in law. We all know hard cases make bad law. This bill makes suicide a "medical treatment". We cannot treat death, we all die. Killing is never by definition a treatment. We give our prisoners lots of time to ensure not one innocent person dies of capitol punishment. We now agree to let doctors kill patients at will. How can you not see this? This is about life and how we can struggle to affirm it. Many people can and have lived beyond their 'terminal' diagnosis. Please stop this bill in Senate Judiciary, showing you at least acknowledge the many flaws from a legal perspective. As with the Mayflower compact there are times when in the best interest of the society caring individuals may have to bow to the public policy implications of their personal desires.

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LATE TESTIMONY

Testimony in favor of SB 1129

Joe Herzog, DVM
Kailua, HI 96734

Although I am now only 55 years old, I was diagnosed with prostate cancer three years ago. Along with my stage IV metastatic prostate cancer diagnosis came a great deal of dread, anguish and anxiety. Believe me, there is only so much that Valium, Xanax and faith in an almighty creator can do to reduce a terminal cancer patient's anxiety and gloomy foreboding.

On the other hand, just *knowing* that legislation like SB 1129 is in place to offer one the *option* for a peaceful death, can greatly reduce anxiety. I had worried that I would need to move to Oregon or California to prevent a hideous end of my otherwise wonderful life. Now, I have hope that I might be able to remain here in Hawaii, even after my quality of life has diminished. I want to die here in Hawaii. I want to die with a smile on my face.

Some people, like the comic actor Robin Williams, turned to the noose as his way out of this life. His despair must have been overwhelming. By passing SB 1129, you can reduce the anxiety of the dying and can give us an option that prevents the use of a noose or a loaded gun.

Please pass SB 1129.

LATE TESTIMONY

2/27/17

To Whom it May Concern:

I am writing in support of SB1129 SD1. My life has been personally affected by the inability to safely end one's life, when my mother was terminally ill from leukemia and suffered a horrifying experience before passing away. She strongly wanted to end her life because of the pain she was experiencing and was unable to safely and legally do so. There is no reason why she should have been subject to that experience, especially if the primary arguments for keeping that process illegal are based on the religious beliefs of others. I do not know if that is the case, but if it is, it is very inappropriate in our modern society.

Jonathan Lance

LATE TESTIMONY

From:
To: [JDI Testimony](#)
Cc: [Cindy A](#)
Subject: SB1129
Date: Monday, February 27, 2017 7:47:33 PM

to whom it may concern;

I am opposed to physician assisted suicide, this will be the start of elderly euthanasia. Once we go down this path, no matter how many safeguards you perceive to have put in, people, advocates and lawyers will find a way around the safeguards to serve their own needs.

Sincerely,

Keith Y. Kido
Concerned citizen and elder

LATE TESTIMONY

From: Jonathan & Laura DeVilbiss
To: JDL Testimony
Subject: testimony for SB1129
Date: Tuesday, February 28, 2017 9:20:44 AM

Laura DeVilbiss MD MPH

February 28, 2017

Dear Hawaii Senate Judiciary Committee,

I am a Family Physician and have been practicing medicine in Honolulu for the last 20 years. I strongly oppose SB 1129. My objections fall in line with both the position statements of the American Medical Association and the American Geriatric Society.

The American Medical Association position statement is "Allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician's role as healer and would be difficult or impossible to control, and would pose serious societal risks."

The American Geriatrics Society position statement is:

1. "The fundamental goal of the doctor/patient relationship has been to comfort and to cure. To change the physician's role to one in which comfort includes the intentional termination of life is to alter this alliance and could undermine the trust between physician and patient.
2. Allowing Physician Assisted Suicide opens the door to abuse of the frail, disabled, and economically disadvantaged of society, by encouraging them to accept death prematurely.
3. A thorough search for the underlying reason for the request for death may uncover several areas amenable to potential interventions (undertreated physical symptoms, psychosocial or spiritual crisis, clinical depression, etc.).
4. Legalization of physician assisted suicide might thwart society's resolve to expand services and resources aimed at caring for the seriously ill, eventually dying patient."

My thoughts on these statements are:

- I went into medicine to help my patients live a healthier life, and when this is not possible, help them to have comfort and peace in their remaining days on this earth. Changing the role of physician from healer/comforter to someone who aids in the suicide of a patient is a dangerous road to go down which threatens the doctor-patient relationship and the trust that is built up over years.

- The protections outlined in SB 1129 would be hard to control and could be abused by those close to the patient who have ulterior motives besides the well being of the patient. Once a patient gets a prescription for a life ending drug there is no protection for that patient if someone were to coerce them to take it against their will if they changed their mind. There is no mandate for a witness to observe the death and so someone could force the patient to take the medications against their will and no one would know.
- Elders don't want to be a burden on their families. When medical and hospital bills are mounting up it would be too much pressure on a frail elderly person with limited financial resources to take the life ending medication so that they won't burden their loved ones anymore. Allowing the law to change so that a vulnerable patient would feel pressure to commit suicide against their true will (duty to die) is elder abuse.
- Instead of going down the road of physician assisted suicide, I would spend our resources on continued access to pain control, counseling for adjustment to terminal diagnosis, and time spent celebrating life rather than forcing a premature death.

I urge the committee to consider these arguments and choose not to pass SB 1129.

Thank you for giving me the chance to share my testimony.

Sincerely,

Laura DeVilbiss MD

Laura DeVilbiss MD MPH
Family Physician
Honolulu, Hawaii

LATE TESTIMONY

TESTIMONY IN STRONG **OPPOSITION** TO SB 1129 SD1
COMMITTEE ON JUDICIARY AND LABOR

Senator Gilbert S.C. Keith-Agaran, Chair

Senator Karl Rhoads, Vice Chair

Hearing: Tuesday, February 28, 2017; 11:30 a.m.; Conference Room 016

From Name and Address:

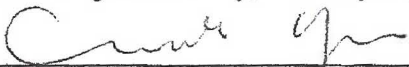
Cassandra Rafanan
94-386 Apowale Street
Waipahu, HI 96797

Dear Senators Gilbert S.C. Keith-Agaran, Chair
Karl Rhoads, Vice Chair

I submit this testimony in strong **OPPOSITION** to 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 kill SB1129 SD1 at the hearing on Tuesday, February 28, 2017.


Sign name
Cassandra Rafanan
Print name
94-386 Apowale St. Waipahu, HI
Print street address with zip code 96797

SENT VIA:

- Email to: JDLtestimony@capitol.hawaii.gov
- Fax to 808-586-7348
- In person to Committee Clerk, Rm 221, State Capitol

LATE TESTIMONY

From: Al Keali'i Chock
To: JDL Testimony
Subject: SB 1129 - Death with Dignity
Date: Tuesday, February 28, 2017 12:11:21 AM

Aloha e Senators,

As a senior with replacement, scraped, and missing parts, I would implore you to permit dying individuals to, subject to the safeguards which are in place in SB 1129 (Hawai'i Medical Aid in Dying Act), to be able to alleviate their suffering, pain, and agony, by receiving medical aid to leave this earth.

I realize that there are individual of various religious beliefs, in America, and also in the Middle East, who wish to impose their concepts upon everyone. This is in violation of religious liberty, and their "freedom" ends when it infringes upon mine.

Another factor, besides the pain, is the expense involved with nursing home fees, which are in the neighborhood of ten thousand dollars a month. If these people feel so strongly about their ideas, then they should put their money with their mouth is, and finance the nursing costs of the dying.

I would ask that you provide your affirmative vote so that the Legislature may consider this humane proposal.

Aloha,

Al Keali'i Chock

Pohai Nani, Kane'ohe

na 'ike no'eau i na la'au like'ole o na kanaka Hawai'i (HAWAIIAN ETHNOBOTANY)

www.alchock.info

LATE TESTIMONY

From: [Amy Tanaka](#)
To: [JDLTestimony](#)
Subject: Medical aid in Dying Act, SB 1129 SD!
Date: Tuesday, February 28, 2017 2:47:24 PM

I am writing in support of Senate Bill 1129.

A few years ago, I was diagnosed with Non Hodgkins Lymphoma and underwent a gruelling regiment of chemotherapy. Initially, it was recommended that I undergo 6 sessions of chemo; however, because I was so weakened by the treatment with a 35 lb weight loss, dangerously low blood cell counts, and having suffered a bout of congestive heart failure directly related to treatment, my physician mercifully terminated chemo after 5 sessions. I truly believe that I would not have survived a 6th session. Although I am currently in remission, I am acutely aware that my cancer may recur because the disease had previously spread to my lymph nodes and, as in many recurrences, will probably come back with a vengeance. Should that occur, the only condition under which I would undergo further chemotherapy is with a firm assurance of a complete cure, which I would imagine would be far fetched. I would never undergo further therapy merely to prolong life; after my bout with chemo, there is no question in my mind that I would choose quality over quantity of life.

How comforting to know that, should I suffer a recurrence and the diagnosis is terminal, that I would have the option of ending my life on my terms and not subject my loved ones to the agonizing and indelible image of watching me suffer in the final stages of my condition. Unfortunately, I had been present when two of my close friends were in their final throes of cancer, and that image is forever engrained in my thoughts. I have often heard people remark with envy when they learn that someone had died in their sleep. What a comfort to the friends and family left behind to be able to state that their loved ones died peacefully and on their own terms.

I respect people who express opposition to this experience. However, they do not have the right to force their beliefs on others. They retain the right to live with their beliefs as should I have the right to end my life with some semblance of dignity. The qualifying steps towards having the option to terminate life in instances of an incurable and fatal condition undercut the chances of abuse. It is absurd to argue that people, especially the aged and easily influenced, would be coerced into agreeing to end their lives. What would the threat be for an already terminal patient? Doctors argue that it is against their code of conduct to aid medically in hastening death. Is it not their mission to aid in the well being of their patients by alleviating unnecessary pain and suffering? The statistics bear out that there has been no abuse of this right in other states that have passed this legislation. The number of actual people who follow through with their right to death with dignity are incredibly miniscule compared to the actual number of terminal patients. The important factor here is the right, should a person chose, to utilize this method.

I had my 19 year old animal euthanized because of debilitating illnesses and marvelled at the peaceful transition as she went to permanent sleep. The immense loss was bearable because her passing was unquestionably without pain or discomfort. We humans should be so lucky.

We all know that the overwhelming majority of your constituents support this bill. You were elected to serve the majority, and I hope you will follow through on your campaign pledges to respect the wishes of those who elected you.

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Tuesday, February 28, 2017 1:14:37 AM

SB1129

Submitted on: 2/28/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ann S Freed	Individual	Support	No

Comments: I support this measure to give suffering individuals control over their own bodies. Mahalo, Ann S. Freed

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From: mailinglist@capitol.hawaii.gov
To: JDLTestimony
Cc: 2
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 5:35:47 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Anthony Kent	Individual	Support	No

Comments: I am submitting this on behalf of another Hawaii resident who wishes to protect their privacy. If you would like to speak with them, please contact me. I will make the connection. Support SB 1129 Our story We, our family and extended ohana, strongly support SB 1129. My spouse has been diagnosed with a terminal cancer. No cure. Although my roots are here on the Big Island, we have decided to uproot our little family, say goodbye to mother, father, sisters, brothers, nieces, nephews, friends, neighbors, and business associates. We are closing our thriving business which has an international clientele; our house is up for sale. My spouse and adult child already have their one way tickets to the mainland. We have already settled on a house on the mainland. I will be joining them later next year when i can retire from the State. I am a State employee. I will be retiring before reaching full retirement age to take care of my spouse. Why? Two reasons. We need to get to a place where there is better medical care for my spouse...whereas there is only one oncologist serving in East Hawaii. Main reason, though, we are all moving to a State that has death with dignity laws where a person who has a terminal illness can opt for compassionate dignified death legally instead of having to endure the pain, suffering, and trauma that goes with cancer. Although, we will not benefit from the passing of SB 1129 into law, many, many other families can and will benefit once it is law in Hawaii. It is time for this law. Please pass SB 1129.

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LATE TESTIMONY

February 27, 2017

STRONG SUPPORT FOR SB 1129 SD1

TO: Chair Gilbert Keith-Agaran, Vice-Chair Karl Rhoads, and
Members of the Senate Committee on Judiciary and Labor

FROM: Barbara Polk

I am writing as a woman in my mid-70s. While I am still in good health, I can't help but look ahead to what comes next. I support SB1129, which would give people in the last stages of illness the ability to terminate their lives.

I have a friend who made use of Oregon's Death With Dignity law, which has been in use for 20 years. He died at home, surrounded by friends and family, who were able to tell him what he had meant to them before he died (rather than at a funeral when he would not be there to hear). He was able to say a few words to the people around him as well. His favorite music was playing as he took the pill that ended his life. He went peacefully to sleep, leaving behind the severe pain he had been suffering for weeks. Isn't this a better way to die?

Not everyone would make this choice. None of use would know until the time came. But the possibility of choosing to end one's life a few months early, when it became unbearable is something that many people, myself included, would like to have.

I urge you to pass SB 1129.

BETH ARNOULT



February 27, 2017

Position: I oppose SB 1129

To Whom It May Concern,

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

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

God had purpose for my life! I just needed to go through a time of suffering, years to be exact, to get where I am now. I have a beautiful 20 year old son, who was born 6 years after my accident! He's a sophomore in college studying mechanical engineering. I even travelled the world for 10 years playing professional wheelchair tennis, retiring after representing the US in the 2008 Beijing Paralympics. Since then I even joined a crew of adaptive paddlers and paddled the Molokai Channel in a six-man outrigger. Since my accident I have taught 8 years of mathematics in middle and high schools; I was even math department chair at Baldwin High School on Maui. I now have my own bookkeeping business. I make an impact on many lives every day. I often get people who come up to me and say that they are going to stop

complaining about their sore ankle, or other ache or pain, after seeing what I have overcome in my life.


I love life and am truly blessed. This accident was a part of my journey to make me who I am today. I had no right to take my own life nor does anyone else, only God has that right. We all have a purpose in life, even if we are in an extremely incapacitated state, we have a purpose....it could be to allow a loved one to come visit, or for family members to be drawn together and allow old wounds to be healed, or it could be to give someone else courage and hope, or it could be to allow others the honor of helping us. The possible reasons why we go through pain and suffering is endless, but there's always a purpose, even if we don't understand or comprehend why it is allowed.

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

As a high school teacher and the mother of a teenager, I also fear the message we are sending to our teens. Did you know that in 2016, that Suicide was the 2nd leading cause of death in Hawai'i for ages 15-24 (according to American Foundation for Suicide Prevent)? We try and help our teens and show them that they have a purpose in life; we try and talk them out of having suicidal thoughts. But now we are going to tell them it's ok to commit suicide if you are in pain and suffering.

Thanks for taking the time to listen! Please don't allow Physician Assisted Suicide in the State of Hawaii.

Aloha,

A handwritten signature in black ink that reads "Beth A Arnoult". The signature is written in a cursive, flowing style.

Beth Arnoult

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 5:51:45 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Bobbie Pang	Individual	Oppose	No

Comments: Not in favor of allowing physician's assisted suicide in Hawaii. We should be supporting hospice and palliative care for patients that have been given so many days to live.

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From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: *Submitted testimony for SB1129 on Feb 28, 2017 11:30AM*
Date: Monday, February 27, 2017 9:27:29 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Brendon Friedman	Individual	Support	No

Comments:

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February 27, 2017

Honorable Chair Keith-Agaran, Vice-chair Rhoads and Committee Members,

I am submitting my testimony in opposition to SB 1129 (Medical Aid in Dying Act). I am Registered Nurse in the state Hawaii and I love serving the community. I would like to give you an idea what is my role for these patients or individuals who are terminally ill. Also, to briefly provide a background on the definitions of terminally ill and dignity.

The SB 1129 states that if it becomes a law it will allow a “mentally competent adult residents who have a terminal illness with a confirmed prognosis of six or fewer months to live to voluntarily request and receive a prescription medication so that they can die in a peaceful, humane manner.” According to the study conducted by Hui et. Al (2014) published in *The Journal of Pain and Symptom Management*, the following terms “actively dying,” “end of life,” “terminally ill,” “terminal care,” and “transition of care” are commonly used but rarely and inconsistently defined. The researchers also added that, “part of the challenge with these prognostic terms is that both our science and language of prognostication are imprecise. Because death is often mediated by catastrophic events such as myocardial infarction and pneumonia, it is difficult to know exactly how long a patient is going to live” (Hui et al., 2014). For the purpose of Medicare coverage for a patient to qualify for Hospice, he or she must have a life expectancy of six month or less. I have taken care of many terminally ill patients who outlived their diagnoses or have lived beyond their “expiration date.” A physician, regardless of experience and expertise can only “guesstimate” a patient’s last days. My experiences have taught me that no one knows the exact time a human being will die and how will it happen. I am going to also emphasize that a mentally competent individual who has a chronic condition/s who is stable on maintenance medicines or treatment can become terminally ill if they decide to stop treatment. For example, a patient with Diabetes who is dependent on insulin is stable with diet, regular glucose monitoring and insulin regimen can be considered “terminally ill” or will probably die within six months if he or she decides to stop taking insulin and

liberalized diet. A person dependent and stable on hemodialysis can die within six months or less if he or she decides to stop hemodialysis treatment. These types of patients have what is stated as “terminal illness” in the bill because Type I Diabetes and Chronic Kidney Failure are both *incurable and irreversible and will within reasonable medical judgment, produce death within six months* (Page 5, Lines 19-21). A physician, based on the context stated above, can categorize these patients as terminal ill that are otherwise considered stable.

Many of our elderly are subject to the pressures in our society. The advances in science of health promotion and disease prevention gave them the chance to live longer lives. Who is to say that they will not feel like a “burden and useless” to their families? I have come across some elderly patients that their families are not willing to take care of them. They are neither present nor involved in their care. The susceptibility of the elderly to struggle from their own health problems and uncaring family can easily make them choose to take their own life just to “get out of the way.” This bill does not protect our kupuna and their self-worth or dignity. SB 1129 will open the way for the elderly to be exploited instead of provide what it claims as “Death with Dignity.”

I have the utmost compassion to these individuals who are terminally ill. I have held them in my arms and provided the patient centered care they needed while they are in the hospital. I completely agree in alleviating their suffering but I am not going to consent in assist them in killing themselves just because there is no cure for their disease or they are at the end of their life. As a nurse, I know that the dignity or self-worth of individuals is not dictated by their disease and how much days their doctor told them they are going to live. One’s dignity is not decreased by how much pain or discomfort a person is going to endure. I will take care of them with their dignity intact until their heart beat its last. The bill claims that the lethal drug will provide a peaceful and humane death. Swallowing a cocktail of 100 de-capsulated Secobarbital and expecting to die within 3 hours (if all goes right) is nothing humane and peaceful. This bill makes a notion that terminally patients are going to be in great deal of suffering or end up in strange hospital with bright lights surrounded by strangers. This is not all true. If a patient is deemed actively dying or placed in comfort care while in the hospital, the family of that patient is free to stay. The patient will be surrounded with their love ones with whatever amount of

light they want. We, the friendliest strangers called doctors, nurses and hospital staff, will provide comfort to the patient, emotional support to the family (not to mention light refreshments) and explain our care and the dying process. Also, most of our patients are discharged home or go to a facility that will provide hospice care here in the islands. Terminally ill patients are provided and cared for holistically in their own home through hospice care or while in the hospital. There are challenges as the public has huge knowledge deficit about these said services. I firmly believe that this SB 1129 is not the answer for our terminally ill patients seeking “peaceful death.” I ask that the legislature find means to support the current standard evidence-based practice and care to expand these to other islands instead of providing unnecessary “other option.” This bill does not provide safeguards for the rest of population but paves the way for more confusion, exclusion and delay of care.

Sincerely,

Carm Akim, RN BSN

References

- Hui, D., Nooruddin, Z., Didwaniya, N., Dev, R., De La Cruz, M., Kim, S. H., ... Bruera, E. (2014). Concepts and Definitions for “Actively Dying,” “End of Life,” “Terminally Ill,” “Terminal Care,” and “Transition of Care”: A Systematic Review. *Journal of Pain and Symptom Management*, 47(1), 77–89.
<http://doi.org/10.1016/j.jpainsymman.2013.02.021>

LATE TESTIMONY

From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc: |
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Tuesday, February 28, 2017 9:17:08 AM

SB1129

Submitted on: 2/28/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Lisa Dupuis	Individual	Support	No

Comments: My support for this measure is to honor the wishes of those who are terminally ill or suffer a debilitating condition which sacrifices the ability to live which will lead to what they would consider an undignified death. This measure directly affects my father, a Vietnam veteran suffering from a terminal illness as I write this. If you have never witnessed the end stages of a life, those moments before death that no person wants to see their loved one go through, I implore you to set any judgement aside because it's worse than what you could possibly imagine. I've witnessed 5 loved ones who have died of a terminal illness. Not one of them was peaceful. They all struggled to breath, gasping for breath, slowly choking to death, and the helpless feeling that comes over you as you pray for them to be relieved of their suffering. It's a courageous decision to choose how you die. Will you be able to make a decision to die on your own terms? Will you choose to let nature take its course and risk the suffering that can take place while you lose the capacity to communicate how fearful and painful dying has become. It's so important for individuals to be able to make this decision legally and with dignity. To protect the doctors who are willing to assist with advice and guidance. And to allow someone like my father to choose when, where and how he will die. For everyone who has the courage to choose to die on their own terms, when the illness they face is so painful and robs them of any quality of life, we must pass this measure.

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Subject: *Submitted testimony for SB1129 on Feb 28, 2017 11:30AM*
Date: Monday, February 27, 2017 5:31:23 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Melissa Crisostomo	Individual	Oppose	No

Comments:

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From: mailinglist@capitol.hawaii.gov
To: [JDL Testimony](#)
Cc:
Subject: Submitted testimony for SB1240 on Mar 2, 2017 09:30AM
Date: Tuesday, February 28, 2017 6:04:22 AM

SB1240

Submitted on: 2/28/2017

Testimony for JDL on Mar 2, 2017 09:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Paul Blessington	Individual	Support	No

Comments: It makes me proud that legislators like yourself are taking positive steps in protecting the aquatic wildlife of our reefs. The decline in reef fish is not due to pollution of other environmental causes, but by reef fishermen harvesting vast amounts of our natural wildlife. Please re-estate SB1240 that defines sustainable practices and real limits as the last committee deleted the moratorium. It is time Hawaii takes a stance in protecting its reefs. Mahalo, Paul Blessington

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Subject: *Submitted testimony for SB1129 on Feb 28, 2017 11:30AM*
Date: Tuesday, February 28, 2017 10:13:33 AM

SB1129

Submitted on: 2/28/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Rachel L. Kailianu	Individual	Support	Yes

Comments:

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Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 6:38:52 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Ryan Malloy	Individual	Oppose	No

Comments: As a healthcare professional, I strongly oppose SB 1129 in regard to physician assisted suicide...legislation if this type is always abused and exploited...individuals with terminal illnesses are routinely pressured to end their lives because they feel that they are a burden to their family members or other care takers...The language of the bill refers to "mentally competent" adults, which is complete non-sense...The will to live and the respect of one's own life is inherent to EVERY individual that can be deemed "mentally competent"...someone who wishes to destroy their own life is never "mentally competent"...on the contrary, every individual who has such suicidal desires is mentally/ emotionally incompetent and has been affected by some negative influence...i.e pain, despair, outside pressure or compulsion etc.

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LATE TESTIMONY

From: Scott Moon
To: JDL Testimony
Subject: Physician Letter in opposition of SB 1129, SD1
Date: Tuesday, February 28, 2017 7:01:23 AM

I am a Radiation Oncologist practicing full-time at Kona Community Hospital.

I strongly urge you to defeat the SB 1129, SD1 doctor-assisted suicide bill. It is unnecessary and isn't why most patients choose to use it in Oregon. Pain can be managed by modern medicine. Suicide is not medical treatment and never should or could be as it is not a treatment – it is killing.

It devalues a patient's dignity. Fear of becoming a burden is the most common reason for assisted suicide in Oregon. Good pain management and comfort care, including new methods of pain control, palliative care, hospice, and treatment, if depression is present, are far more likely to lead to dignity than a cheap suicide.

Safeguards in Oregon-- as proposed in Hawaii bill-- protect no one. HMO administrators have overruled their physicians to authorize PAS in Oregon. Doctors have given suicide drugs to depressed patients they met only 2 weeks earlier. In clear violation of the law, a family member administered suicide drugs to his brother. Nurses have openly admitted they killed their patient and are still practicing.

It is dangerous because it is cheaper than good medical care and eliminates treatment options for the poorest and most vulnerable. This could potentially create a path for insurance providers to basically force a patient to choose suicide over medical care using cost as a driver.

Many, many independent experts, state legislatures, state courts, and the United States Supreme Court have all rejected PAS.

Elder abuse is a real concern. Who is to say the request is not coerced? Once a family member has secured the suicide drugs, no one is required to witness the death. If the elderly patient changes his/her mind, they could be force-fed the drug for financial gain or other nefarious motives.

Again, I strongly urge you to defeat this dangerous bill. It is the perfect example of a wolf in sheep's clothing.

Scott D.M. Moon, MD

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LATE TESTIMONY

From: Sue
To: [JDL Testimony](#)
Subject: Medical Aid in Dying
Date: Monday, February 27, 2017 8:07:00 PM

I support medical aid in dying on humanitarian grounds. I would like to have a choice about when and how I die if I get a fatal disease. We are compassionate enough to do this for our pets so they won't suffer unduly. I would like to extend the same compassion to human beings.

Susan Coan

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From: mailinglist@capitol.hawaii.gov
To: JDL Testimony
Cc:
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 10:40:29 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Terry Yoshinaga	Individual	Oppose	No

Comments: Our government should find ways to support life while eliminating suffering rather than enabling suicide which does not promote a hopeful view that society can achieve better solutions for terminally ill patients.

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LATE TESTIMONY

February 14, 2017

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

RE: SENATE BILL NO. 1129

My name is Dr. Vivien Wong. I am a board certified diagnostic radiologist with medical license to practice in the State of Hawaii and California.

I oppose SB 1129 because it is asking a physician to treat an individual for the purpose of accelerating his or her death. Physicians are trained to provide the best of medical care available (standard of care). This includes offering various options in treatment with thorough discussion of the benefits and risks of each treatment. A physician always respects each individual rights to choose not to undergo treatment even knowingly that he or she may die without such treatment. However, I do not believe that any physician can predict when the patient would die with or without treatment. Even with incurable and irreversible disease, it is impossible for a physician to medically confirm that a disease will produce death within 6 or fewer months.

If this bill is passed, close oversight and monitoring are needed to assure that all the steps are followed as outlined in the bill. Once the prescription is given to the requested patient, the physician is not required to be present when the patient takes the medication or to monitor the effect of the medication if taken. What if the medication was not effective and death is prolonged? Won't this be more inhumane and undignified? The bill also allows the patient the option of not notifying the next of kin. What if, while the patient self-administered the medication, a next of kin walks in and discovers the status of the patient? The next of kin, not knowing the patient's intent, may immediately seek emergency medical care. Without third party observer, how can we be sure that the requested patient has free will to self administered without coercion from another individual? When the prescription is filled but the patient decided not to take the medication, how can we be sure that the patient will discard the medication properly so that it is not accessible for abusive use by another individual? How can we be sure that it is not accessible to children?

Please oppose SB1129. Otherwise, place more safeguards to this bill to ensure that the questions and concerns stated above are addressed.

Respectfully,

Vivien C. Wong, MD, MPH

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From: mailinglist@capitol.hawaii.gov
To: [JDLTestimony](#)
Cc:
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 7:09:14 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
William Won, MD, FACS	Individual	Oppose	No

Comments: I vehemently oppose assisted suicide.

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Cc: membership@hawaiiphysicians.org
Subject: Submitted testimony for SB1129 on Feb 28, 2017 11:30AM
Date: Monday, February 27, 2017 5:49:35 PM

SB1129

Submitted on: 2/27/2017

Testimony for JDL on Feb 28, 2017 11:30AM in Conference Room 016

Submitted By	Organization	Testifier Position	Present at Hearing
Zora Bulatovic MD	Individual	Oppose	No

Comments: Do we want a future society that celebrates assisted suicide deaths?...and publicizes for strategic purposes the very intimate, private, and personal experiences of individuals and families dealing with terminal illness in a hopeless manner? Where is the sensitivity and respect? There appears to be an unimpeachable euthanasia goal in small steps to not alarm the general public, primarily using highly emotional personal testimonies. To combat this we would have to bring out highly personal stories that are best kept private out of respect for the families struggling with the death of a loved one. Why should they have to prove a moving and beautiful experience of a highly personal nature by a patient just trying to do the best they can in a difficult situation? Do we want to end up with people having to beg for treatment in a harsh world that seeks a simple solution to a complex problem. We seek a solution to the issue of pain and suffering that is good for the society-- without this proposal to kill patients for the patients 'own good'. This is a question of how to live life well. In the states that allow it pain and suffering is not the reason most people utilize the death medications, they utilize it for the same reason claimed by the proponents--they just don't want to be a burden. How can you more clearly say to them you might very well be a burden than by offering the death medication and a blessing?

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