

**MEMORANDUM**

**TO:** The Colorado Senate State, Veterans, & Military Affairs Committee.

**AND TO:** The Colorado House Judiciary Committee.

**FROM:** Margaret Dore, Esq., MBA.  
Choice is an Illusion, a nonprofit corporation

**RE:** Vote "No" on Assisted Suicide and Euthanasia  
SB 16-025 and HB 16-1054 (identical bills)

**HEARING**

**DATES:** SB 16-025: February 3, 2016, 1:30 pm  
HB 16-1054: February 4, 2016, 1:30 pm,

**MEMO**

**DATE:** January 30, 2015

**INDEX**

I. INTRODUCTION . . . . . 1

II. FACTUAL AND LEGAL BACKGROUND . . . . . 1

    A. Definitions: Physician-Assisted Suicide; Assisted Suicide; and Euthanasia. . . . . 1

    B. Withholding or Withdrawing Treatment Is Not Assisted Suicide or Euthanasia . . . . . 2

    C. The AMA Rejects Assisted Suicide and Euthanasia. . . . . 3

    D. Elder Abuse. . . . . 3

    E. Assisters Can Have Their Own Agendas. . . . . 5

III. THE BILLS . . . . . 5

    A. Patients May Have Years, Even Decades, to Live. . . . . 5

1.	People with chronic conditions such as diabetes may be "eligible" for assisted suicide and euthanasia. . . . .	6
2.	Misdiagnosis occurs; predicting life expectancy is not an exact science. . . . .	7
3.	Treatment can lead to recovery . . . . .	8
B.	"Mandatory" Patient Protections May Not Be Mandatory Due to Good Faith Immunity . . . . .	8
C.	Someone Else Is Allowed to Speak for the Patient . . . . .	9
D.	Someone Else Is Allowed to Administer the Lethal Dose to the Patient . . . . .	11
E.	Allowing Someone Else to Administer the Lethal Dose to the Patient Is Euthanasia. . . . .	12
F.	The Bills Do Not Prohibit Euthanasia . . . . .	12
G.	There Is No Oversight at the Death . . . . .	13
H.	Individual "Opt Outs" Are Not Allowed . . . . .	14
I.	The Death Certificate Is Required to List a Terminal Illness as the Cause of Death. . . . .	14
J.	If Colorado Follows Washington State, the Death Certificate Will Not Disclose the True Cause of Death . . . . .	15
IV.	OTHER CONSIDERATIONS . . . . .	17
A.	Any Study Claiming that Oregon's Law is Safe, is Invalid. . . . .	17
B.	The Oregon Health Plan Steers Patients to Suicide . . . . .	17
C.	In Oregon, Other Suicides Have Increased with Legalization of Physician-Assisted Suicide; the Financial Cost Is "Enormous" . . . . .	18

D.	Legal Physician-Assisted Suicide Can Be Traumatic for Family Members . . . . .	19
E.	My Clients and Their Patient-Fathers in Washington State and Oregon . . . . .	20
V.	CONCLUSION . . . . .	20
	APPENDIX	

## I. INTRODUCTION

I am an attorney in Washington State where assisted suicide is legal.<sup>1</sup> Our law is based on a similar law in Oregon. Both laws are similar to the proposed bills, SB 16-025 and HB 16-1054.<sup>2</sup>

The proposed bills, which have identical text, are titled the "Colorado End-of-life Options Act." The bills seek to legalize physician-assisted suicide and euthanasia as those terms are traditionally defined. "Eligible" persons may have years, even decades, to live.

The bills are sold as assuring patient choice and control. They are instead stacked against the patient and a recipe for elder abuse. I urge you to reject this measure.

## II. FACTUAL AND LEGAL BACKGROUND

### A. Definitions: Physician-Assisted Suicide; Assisted Suicide; and Euthanasia.

The American Medical Association (AMA) defines physician-assisted suicide as occurring when "a physician facilitates a patient's death by providing the necessary means and/or

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<sup>1</sup> I am an elder law attorney licensed to practice law since 1986. I am also a former Law Clerk to the Washington State Supreme Court and a former Chair of the Elder Law Committee of the American Bar Association Family Law Section. I am president of Choice is an Illusion, a nonprofit corporation opposed to assisted suicide and euthanasia. See [www.margaretdore.com](http://www.margaretdore.com) and [www.choiceillusion.org](http://www.choiceillusion.org)

<sup>2</sup> SB 16-025 and HB 16-1054. are attached hereto beginning at A-1 and A-19, respectively.

information to enable the patient to perform the life-ending act."<sup>3</sup> The AMA gives this example:

[A] physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide.<sup>4</sup>

"Assisted suicide" is a general term in which the assisting person is not necessarily a physician. "Euthanasia," by contrast, is the direct administration of a lethal agent with the intent to cause another person's death.<sup>5</sup>

**B. Withholding or Withdrawing Treatment Is Not Assisted Suicide or Euthanasia.**

Withholding or withdrawing treatment ("pulling the plug") is not assisted suicide or euthanasia if the purpose is to withhold or remove burdensome treatment -- as opposed to an intent to kill the patient. More importantly, the patient does not necessarily die. Consider this quote from an article in Washington state regarding a man removed from a ventilator:

[I]nstead of dying as expected, [he] slowly began to get better.<sup>6</sup>

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<sup>3</sup> The AMA Code of Medical Ethics, Opinion 2.211, Physician-Assisted Suicide. (Attached hereto at A-37).

<sup>4</sup> Id.

<sup>5</sup> Opinion 2.21, Euthanasia. (Attached hereto at A-38).

<sup>6</sup> Nina Shapiro, "Terminal Uncertainty - Washington's new 'Death with Dignity' law allows doctors to help people commit suicide - once they've determined that the patient has only six months to live. But what if they're wrong?," *The Seattle Weekly*, January 14, 2009. (Article attached at A-39; quote attached at A-41).

**C. The AMA Rejects Assisted Suicide and Euthanasia.**

The AMA rejects assisted suicide and euthanasia, stating they are:

[F]undamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.<sup>7</sup>

**D. Elder Abuse.**

There are more than 11,000 cases of adult abuse, including elder abuse, reported each year in Colorado.<sup>8</sup> Elder abuse perpetrators are often family members.<sup>9</sup> They often start out with small crimes, such as stealing jewelry and blank checks, before moving on to larger items or coercing victims to sign over deeds to their homes, change their wills or liquidate their assets.<sup>10</sup> Victims may even be murdered.<sup>11</sup> Amy Mix, of the AARP Legal Counsel of the Elderly, explains why older people are especially vulnerable:

The elderly are at an at-risk group for a lot of reasons, including, but not limited to

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<sup>7</sup> AMA Code of Medical Ethics, Opns 2.211 and 2.21, *supra* at A-37 and A-38.

<sup>8</sup> Denver Human Services, <https://www.denvergov.org/content/denvergov/en/denver-human-services/protection-prevention/adult-protection-elder-abuse.html> (As of January 29, 2016).

<sup>9</sup> *Id.* and MetLife Mature Market Institute Study: "Broken Trust: Elders, Family and Finances," March 2009, available at <https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

<sup>10</sup> MetLife, *supra*, at p. 14.

<sup>11</sup> *Id.*, p. 24.

diminished capacity, isolation from family and other caregivers, lack of sophistication when it comes to purchasing property, financing, or using computers . . . .

[D]efendants are family members, lots are friends, often people who befriend a senior through church . . . . We had a senior victim who had given her life savings away to some scammer who told her that she'd won the lottery and would have to pay the taxes ahead of time. . . . The scammer found the victim using information in her husband's obituary.<sup>12</sup>

Elder abuse is prevalent in large part because victims do not report.<sup>13</sup> "One study estimated that only 1 in 14 cases ever comes to the attention of the authorities."<sup>14</sup> In another study, it was 1 out of 25 cases.<sup>15</sup> According to Denver Human Services, victims are: afraid to speak up, worried about retaliation and embarrassed.<sup>16</sup> Another explanation:

Many who suffer from abuse . . . don't want to report their own child as an abuser.<sup>17</sup>

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<sup>12</sup> Kathryn Alfisi, "Breaking the Silence on Elder Abuse," *Washington Lawyer*, February 2015. (Attached hereto at A-42 to A-43, quotes at A-43). Also available at <https://www.dcbar.org/bar-resources/publications/washington-lawyer/articles/february-2015-elder-abuse.cfm>

<sup>13</sup> See e.g., National Center on Elder Abuse, Administration on Aging, <http://www.ncea.aoa.gov/Library/Data>, p.2

<sup>14</sup> Id.

<sup>15</sup> Id.

<sup>16</sup> Denver Human Services, *supra* at note 8.

<sup>17</sup> "Adult Abuse Defined," District of Columbia, Department of Human Services, as of January 25, 2016. (Attached hereto at A-44). See also <http://dhs.dc.gov/service/adult-abuse>

**E. Assistors Can Have Their Own Agendas.**

People who assist a suicide or euthanasia can have their own agendas. In Oregon, there is the Thomas Middleton case, in which legal physician-assisted suicide was part of an elder abuse fraud.<sup>18</sup> Consider also *People v. Stuart* where an adult child killed her parent under circumstances that "dovetailed" with the child's financial interests.<sup>19</sup> The Court observed:

Financial considerations [are] an all too common motivation for killing someone.<sup>20</sup>

**III. THE BILLS**

**A. Patients May Have Years, Even Decades, to Live.**

The proposed bills apply to patients with a "terminal illness."<sup>21</sup> Such persons may have years, even decades, to live.

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<sup>18</sup> See "Sawyer Arraigned on State Fraud Charges," KTVZ.com, 07/14/11, which states:

Middleton deeded his home to the trust and directed [Sawyer] to make it a rental until the real estate market improved.

Instead, Sawyer signed documents that month to list the property for sale, two days after Middleton died by physician-assisted suicide. The property sold in October of that year for more than \$200,000, the documents show, and it was deposited into [accounts for Sawyer's benefit]. (Emphasis added)

Attached at A-45.

<sup>19</sup> *People v. Stuart*, 67 Cal.Rptr.3d 129 (2007).

<sup>20</sup> *Id.*, at 143.

<sup>21</sup> The bills apply to "qualified individuals" defined as "terminally ill." See SB 16-025 and HB 16-1054, § 25-48-102(11). (Attached hereto at A-3 and A-21, line 22).

This is true for the following reasons.

- 1. People with chronic conditions such as diabetes may be "eligible" for assisted suicide and euthanasia.**

The proposed bills state:

"Terminal illness" means an incurable and irreversible illness that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.<sup>22</sup>

Oregon's law has a nearly identical definition of "terminal disease," which states:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.<sup>23</sup>

In Oregon, this nearly identical definition is interpreted to include chronic conditions such as "chronic lower respiratory disease" and "diabetes mellitus." See the Oregon government report attached hereto at A-52 and A-53 (listing these conditions as an "underlying illness" for the purpose of assisted suicide).<sup>24</sup> Oregon doctor William Toffler explains:

Persons with these conditions are considered terminal if they are dependent on their medications, such as insulin, to live.<sup>25</sup>

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<sup>22</sup> § 25-48-102(14) (defining "terminal illness"). (Attached at A-4 & A-22).

<sup>23</sup> Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-47.

<sup>24</sup> The entire report is attached at A-48 to A-53.

<sup>25</sup> Published Letter to the Editor, William Toffler MD, New Haven Register, February 24, 2014, ¶2. (My private copy is attached hereto at A-69. I verified the accuracy of the content with Dr. Toffler).

If Colorado enacts the proposed bills and follows Oregon's lead, assisted suicide will be legalized for people with chronic conditions such as insulin dependent diabetes. Dr. Toffler states:

Such persons, with treatment, could otherwise have years or even decades to live.<sup>26</sup>

**2. Misdiagnosis occurs; predicting life expectancy is not an exact science.**

Patients may also have years to live due to misdiagnosis and the fact that predicting life expectancy is not an exact science.<sup>27</sup> Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.<sup>28</sup> He was told that he would get progressively worse (be paralyzed) and die in three to five years.<sup>29</sup> Instead, the disease progression stopped on its own.<sup>30</sup> In a 2012 affidavit, at age 74, he states:

If assisted suicide or euthanasia had been available to me in the 1950's, I would have missed the bulk of my life and my life yet to come.<sup>31</sup>

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<sup>26</sup> Id.

<sup>27</sup> See Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14 (at A-54); and Nina Shapiro, "Terminal Uncertainty - Washington's new 'Death with Dignity' law allows doctors to help people commit suicide - once they've determined that the patient has only six months to live. But what if they're wrong?," *The Seattle Weekly*, 1/14/09. (at A-39).

<sup>28</sup> Affidavit of John Norton, ¶ 1 (Attached hereto at A-79).

<sup>29</sup> Id., ¶ 1.

<sup>30</sup> Id., ¶ 4

<sup>31</sup> Id., ¶ 5

### **3. Treatment can lead to recovery.**

Patients may also have years to live because treatment can lead to recovery. Consider Oregon resident, Jeanette Hall, who was diagnosed with cancer in 2000 and made a settled decision to "do" Oregon's law.<sup>32</sup> Her doctor convinced her to be treated instead.<sup>33</sup> In a 2012 affidavit, she states:

This last July, it was 12 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.<sup>34</sup>

#### **B. "Mandatory" Patient Protections Are Not Necessarily Mandatory Due to Good Faith Immunity.**

The proposed bills have an application process to obtain the lethal dose, which features patient protections described in mandatory terms, for example, that the attending physician "shall" refer the patient to a consulting physician.<sup>35</sup>

These "mandatory" protections may not actually be mandatory due to good faith immunity given to doctors and other participants in patient deaths.<sup>36</sup> See below.

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<sup>32</sup> Affidavit of Kenneth Stevens, MD, attached at A-55 to A-61; Jeanette Hall discussed at A-55 to A-56.

<sup>33</sup> *Id.*

<sup>34</sup> Affidavit of Jeanette Hall, ¶¶ 5-9. attached hereto at A-62 to A-63. Jeanette is still alive today, 15 years later.

<sup>35</sup> See SB 16-025 and HB 1054, § 25-48-106(1)(d). (Attached at A-6 and A-24, lines 13-25 ).

<sup>36</sup> The bills, § 28-48-115, give doctors and other participants good faith immunity. (Attached hereto at A-14 and A-32).

The bills do not define "good faith."<sup>37</sup> Common meanings include an honest intent to act, even when there is a lack of compliance with legal technicalities. Consider, for example, this legal dictionary definition:

[Good faith means an] honest intent to act without taking an unfair advantage over another person or to fulfill a promise to act, even when some legal technicality is not fulfilled. (Emphasis added).<sup>38</sup>

With good faith immunity, doctors and other participants in a patient's death are not required to follow a particular patient protection (a "legal technicality") as long as they are in good faith. If the attending physician failed to send the patient to a consulting physician, as required by the bills, this could be viewed as a legal technicality not required as long as the attending physician acted in good faith - if for example, he says that he did it to save the patient money.

With good faith immunity, "mandatory" patient protections may not be mandatory.

**C. Someone Else Is Allowed to Speak for the Patient.**

The bills require that the patient be "capable."<sup>39</sup> Capable is a specially defined term that allows someone else to speak for

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<sup>37</sup> See SB 16-025 and HB 16-1054 in their entirety, at A-1 through A-36.

<sup>38</sup> <http://dictionary.law.com/Default.aspx?selected=819> (Attached at A-46).

<sup>39</sup> The bills, § 25-48-102(11), define a "qualified individual" as "capable." (Attached at A-3 and A-21, lines 22-23).

the patient as long as he or she "familiar with the [patient's] manner of communicating." The bills refer to the patient as a "terminally ill individual." The bills state:

"Capable" means that, in the opinion of a "terminally ill individual's attending physician, consulting physician, psychiatrist, or licensed mental health professional, a terminally ill individual has the ability to make and communicate an informed decision to health care providers, including communication through a person familiar with the individual's manner of communicating . . . ."<sup>40</sup>

Being familiar with a patient's "manner of communicating" is a very minimal standard. Consider, for example, a doctor's assistant who is familiar with a patient's "manner of communicating" in Spanish, but she, herself, does not understand Spanish. That, however, would be good enough for her to speak for the patient to obtain the lethal dose. The patient's heir, or a complete stranger, would also be allowed to speak for the patient -- as long as they were familiar with the patient's manner of communicating.

With other people allowed to speak for the patient,

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<sup>40</sup> SB 16-025 and HB 16-1054, § 25-48-102(5), states:

"Capable" means that, in the opinion of a terminally ill individual's attending physician, consulting physician, psychiatrist, or licensed mental health professional, a terminally ill individual has the ability to make and communicate an informed decision to health care providers, including communication through a person familiar with the individual's manner of communicating if that person is available. (Attached hereto at A-1 and A-19).

including a stranger, mistake and overreaching are invited. Patient choice and control are not guaranteed.

**D. Someone Else Is Allowed to Administer the Lethal Dose to the Patient.**

Generally accepted medical practice allows a doctor, or a person acting under the direction of a doctor, to administer prescription drugs to a patient.<sup>41</sup> Common examples include parents who administer drugs to their children and adult children who administer drugs to their parents.<sup>42</sup> This is normal practice.<sup>43</sup>

The proposed bills define the lethal dose as a "medication" and say that the patient "may choose to self-administer" it.<sup>44</sup> The bills do not say that administration of the lethal dose "must" be by self-administration.<sup>45</sup>

With self-administration not mandatory under the bills, generally accepted medical practice allows someone else to administer the lethal dose to the patient.<sup>46</sup> With someone else allowed to administer the lethal dose, patient choice and control are once again, not guaranteed.

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<sup>41</sup> Declaration of Dr. Kenneth Stevens, MD, 01/06/16, at A-69, ¶¶ 9-10.

<sup>42</sup> Id.

<sup>43</sup> Id.

<sup>44</sup> See § 25-48-102 (2) (referring to the lethal dose as "medication" and stating that the patient "may choose to self-administer").

<sup>45</sup> See SB 16-025 and HB 16-1054 in their entirety, at A-1 through A-36.

<sup>46</sup> Cf. Dr. Stevens' declaration at A-66.

**E. Allowing Someone Else to Administer the Lethal Dose to the Patient is Euthanasia.**

Allowing someone else to administer the lethal dose is euthanasia under generally accepted medical terminology. The AMA Code of Ethics, Opinion 2.21, states:

Euthanasia is the administration of a lethal agent by another person to a patient . . . . (Emphasis added).<sup>47</sup>

**F. The Bills Do Not Prohibit Euthanasia.**

The bills, § 25-48-120, appear to prohibit euthanasia, also known as "mercy killing" and "lethal injection." This apparent prohibition is, however, defined away in the next sentence. The bills state:

Nothing in this article authorizes a physician or any other person to end an individual's life by lethal injection, mercy killing, or euthanasia. Actions taken in accordance with this article do not, for any purpose, constitute . . . mercy killing [another term for lethal injection and euthanasia] . . . . (Emphasis added).<sup>48</sup>

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<sup>47</sup> Attached at A-38.

<sup>48</sup> The bills, § 25-48-120, state in their entirety:

Nothing in this article authorizes a physician or any other person to end an individual's life by lethal injection, mercy killing, or euthanasia. Actions taken in accordance with this article do not, for any purpose, constitute suicide, assisted suicide, mercy killing, [another term for lethal injection and euthanasia] homicide, or elder abuse under the "Colorado Criminal Code", Title 18, C.R.S.

Attached hereto at A-17 and A-35.

**G. There Is No Oversight at the Death.**

If for the purpose of argument, the bills do not allow euthanasia, patients are still at risk to the actions of other people. This is because the bills do not require a doctor or even a witness to be present when the lethal dose is administered.<sup>49</sup> There is a complete lack of oversight at the death.

Without oversight, the opportunity is created for someone else to administer the lethal dose to the patient without his or her consent. Even if the patient struggled, who would know? And in case, I'm being too subtle, the drugs used are water and alcohol soluble, such that they can be administered to a sleeping or restrained person.<sup>50</sup> Alex Schadenberg, chair for the Euthanasia Prevention Coalition, International, elaborates:

With assisted suicide laws in Washington and Oregon [and with Colorado bills], perpetrators can . . . take a "legal" route, by getting an elder to sign a lethal dose request. Once the prescription is filled, there is no supervision over administration. . . . [I]f a patient struggled, "who would know?" (Emphasis added).<sup>51</sup>

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<sup>49</sup> Id.

<sup>50</sup> The drugs used for assisted suicide in Oregon and Washington, Secobarbital and Pentobarbital (Nembutal), are water and alcohol soluble, such that they can be injected without consent, for example, to a sleeping or restrained person. See "Secobarbital Sodium Capsules, Drugs.Com, at <http://www.drugs.com/pr/seconal-sodium.html> and <http://www.drugs.com/pro/nembutal.html>. See also Oregon's government report, page 5, attached at A-52 (listing these drugs).

<sup>51</sup> Alex Schadenberg, Letter to the Editor, "Elder abuse a growing problem," *The Advocate*, Official Publication of the Idaho State Bar, October 2010, page 14, available at [http://www.margaret-dore.com/info/October Letters.pdf](http://www.margaret-dore.com/info/October%20Letters.pdf)

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#### **H. Individual "Opt Outs" Are Not Allowed.**

The bills do not allow an individual to opt out of their provisions. Consider, for example, an older woman with a house and a bank account, concerned that her unemployed son will push her to assisted-suicide or euthanasia. A possible deterrent is a will provision stating that he will be disinherited if she dies under the proposed bills. Under the proposed bills, any such provision is invalid. The bills state:

A provision in a contract, will or other agreement, whether written or oral, that would affect whether a qualified individual may make or rescind a request for aid-in-dying pursuant to this article, is invalid.  
(Emphasis added).<sup>52</sup>

In other words, if you are a person who gets talked into things and you don't want to get talked into assisted suicide or euthanasia, you are not allowed to make legal arrangements to try and prevent it. So much for your personal choice and control.

#### **I. The Death Certificate Is Required to List a Terminal Illness as the Cause of Death.**

The bills state that when an individual dies after using the lethal dose, a terminal illness "shall" be listed as the cause of death on the death certificate. The bills state:

If a qualified individual dies after using aid-in-dying medication, the qualified individual's terminal illness shall be listed as the cause of death on his or her death

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<sup>52</sup> SB 16-025 and HB 16-1054, § 25-48-113, at A-13 and A-31, lines 11 to 15.  
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certificate."<sup>53</sup>

The significance is a legal inability to prosecute criminal behavior, for example, in the case of an outright murder for the money. The cause of death, as a matter of law, will be a terminal illness.

**J. If Colorado Follows Washington State, the Death Certificate Will Not Disclose the True Cause of Death.**

As noted above, the bills require a terminal illness to be listed on the death certificate as the cause of death.<sup>54</sup> The bills also state:

Actions taken in accordance with this article do not, for any purpose, constitute suicide, assisted suicide, mercy killing, homicide, or elder abuse under the "Colorado Criminal Code", Title 18, C.R.S.<sup>55</sup>

In Washington State, similar language is interpreted by the Washington State Department of Health to require the death certificate to list a natural death - without even a hint that the true cause of death was assisted suicide or euthanasia. The Department's "Death Certificate Instructions for Medical Examiners, Coroners and Prosecuting Attorneys" (attached at A-68), states:

Washington's [law] states that "...the

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<sup>53</sup> SB 16-025 and HB 16-1054, § 25-48-109(2). (Attached at A-10 and A-28).

<sup>54</sup> § 25-48-109(2). (Attached hereto at A-10 and A-28, lines 21-23).

<sup>55</sup> § 25-48-120. (Attached hereto at A-19 and A-35, lines 9 to 12).

patient's death certificate ... shall list the underlying terminal disease as the cause of death." The [law] also states that, "Actions taken in accordance with this chapter do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide under the law."

If you know the decedent used [Washington's law], you must comply with the strict requirements of the law when completing the death record:

1. The underlying terminal disease must be listed as the cause of death.
2. The manner of death must be marked as "Natural."
3. The cause of death section may not contain any language that indicates that [Washington's law] was used, such as:
  - a. Suicide
  - b. Assisted suicide
  - c. Physician-assisted suicide
  - d. Death with Dignity
  - e. I-1000 [Washington's law was passed by I-1000]
  - f. Mercy killing
  - g. Euthanasia
  - h. Secobarbital or Seconal
  - i. Pentobarbital or Nembutal (Emphasis added).<sup>56</sup>

If Colorado enacts the proposed bills and follows Washington's example, death certificates will not even hint that the true cause of death was assisted suicide or euthanasia.

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<sup>56</sup> A copy of the Washington State Department of Health death certificate instruction is attached hereto at A-68.

#### IV. OTHER CONSIDERATIONS

##### A. Any Study Claiming that Oregon's Law is Safe, is Invalid.

In 2011, the lack of oversight over administration of the lethal dose in Oregon prompted Montana State Senator Jeff Essmann to observe that any studies claiming that Oregon's assisted suicide law is safe are invalid. He stated:

[All] the protections end after the prescription is written. [The proponents] admitted that the provisions in the Oregon law would permit one person to be alone in that room with the patient. And in that situation, there is no guarantee that that medication is [taken on a voluntary basis].

So frankly, any of the studies that come out of the state of Oregon's experience are invalid because no one who administers that drug . . . to that patient is going to be turning themselves in for the commission of a homicide.<sup>57</sup>

##### B. The Oregon Health Plan Steers Patients to Suicide.

It is well documented that Oregon's Health Plan (Medicaid) steers patients to suicide via coverage incentives. See Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," ABC News, August 6, 2008 (attached at A-82); KATU TV Web Staff, "Letter noting assisted suicide raises questions," July 30, 2008 (attached at A-85); and Affidavit of Kenneth Stevens, MD

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<sup>57</sup> Hearing Transcript for the Montana Senate Judiciary Committee on SB 167, February 10, 2011, at [http://www.margaretdore.com/pdf/senator\\_essmann\\_sb\\_167\\_001.pdf](http://www.margaretdore.com/pdf/senator_essmann_sb_167_001.pdf)

(attached at A-56, ¶8 through A-61).

Under the proposed bills, private insurance companies and providers will have this same ability. Do you want this to happen to you or your family?

**C. In Oregon, Other Suicides Have Increased with Legalization of Physician-Assisted Suicide; the Financial Cost Is "Enormous."**

Government reports from Oregon show a positive statistical correlation between the legalization of physician-assisted suicide and an increase in other (conventional) suicides. This statistical correlation is consistent with a suicide contagion in which legalizing physician-assisted suicide encouraged other suicides. Please consider the following:

Oregon's assisted suicide act went into effect "in late 1997."<sup>58</sup>

By 2000, Oregon's conventional suicide rate was "increasing significantly."<sup>59</sup>

By 2007, Oregon's conventional suicide rate was 35% above the national average.<sup>60</sup>

By 2010, Oregon's conventional suicide rate was 41% above the national average.<sup>61</sup>

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<sup>58</sup> Oregon's assisted suicide report for 2014, first line, at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>

<sup>59</sup> See Oregon Health Authority News Release, 09/09/10, at <http://www.oregon.gov/DHS/news/2010news/2010-0909a.pdf> ("After decreasing in the 1990s, suicide rates have been increasing significantly since 2000"). (Attached at A-72)

<sup>60</sup> *Id.*

<sup>61</sup> Oregon Health Authority Report, Suicides in Oregon, Trends and Risk Factors (2012 Report), at A-77.

There is a significant financial cost associated with these other suicides. One reason is that people who attempt suicide (and fail) can injure themselves or become disabled by the attempt. A government report from Oregon states:

[T]he estimate of total lifetime cost of suicide in Oregon was over 680 million dollars.<sup>62</sup>

If Colorado, with its larger population, legalizes assisted suicide and has the same experience as Oregon, the financial cost could be larger.<sup>63</sup>

**D. Legal Physician-Assisted Suicide Can Be Traumatic for Family Members.**

In 2012, a formal research study was released addressing trauma suffered by persons who witnessed a legal assisted suicide in Switzerland.<sup>64</sup> The study found that one out of five family members or friends present at an assisted suicide was traumatized. These people:

[E]xperienced full or sub-threshold PTSD (Post Traumatic Stress Disorder) related to the loss of a close person through assisted suicide.<sup>65</sup>

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<sup>62</sup> See report at A-78.

<sup>63</sup> Colorado's estimated population for 2015 is 5,456,574; Oregon's estimated population is 4,028,977. United States Census Bureau at <http://www.census.gov/quickfacts/table/PST045215/00>.

<sup>64</sup> "Death by request in Switzerland: Posttraumatic stress disorder and complicated grief after witnessing assisted suicide," B. Wagner, J. Muller, A. Maercker; *European Psychiatry* 27 (2012) 542-546, available at <http://choiceisanillusion.files.wordpress.com/2012/10/family-members-traumatized-eur-psych-2012.pdf>

<sup>65</sup> Id.

**E. My Clients and Their Patient-Fathers in Washington State and Oregon.**

In Washington State and Oregon, I had two cases where my clients suffered trauma due to legal assisted suicide. In the first case, one side of the family wanted the father to take the lethal dose, while the other side did not. The father spent the last months of his life caught in the middle and torn over whether or not he should kill himself. My client, his adult daughter, was severely traumatized. The father did not take the lethal dose and died a natural death.

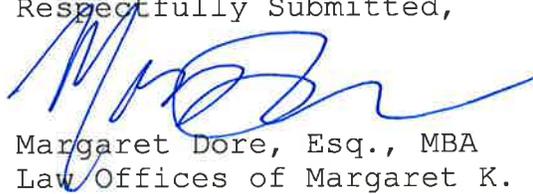
In the other case, it is not clear that administration of the lethal dose was voluntary. A man who was present told my client that my client's father refused to take the lethal dose when it was delivered, stating, "You're not killing me. I'm going to bed," but then took it the next night when he was intoxicated on alcohol. My client, although he was not present, was traumatized over the incident, and also by the sudden loss of his father.

**V. CONCLUSION**

If enacted, the proposed bills will create new paths of elder abuse, which will be legally sanctioned and hidden from view; healthcare care systems will be empowered to steer patients to suicide via coverage incentives; patients and their families, maybe you or your family, will be traumatized.

Even if you are for the concept of assisted suicide and euthanasia, the proposed bills are not what they appear to be. Don't make Oregon and Washington's mistake. I urge you to reject these bills.

Respectfully Submitted,



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