

MEMORANDUM

TO: Utah House Health and Human Services Interim Committee

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

RE: Vote "No" on HB 264 (Assisted Suicide/Euthanasia)
State Capitol, Room 445

WHEN: Wednesday, July 13, 2016, at 1:15 pm

MEMO
DATE: July 12, 2016

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I. INTRODUCTION

I am an attorney in Washington State where assisted suicide and euthanasia are legal.¹ Our law is based on a similar law in Oregon. Both laws are similar to the proposed bill, HB 264.²

The proposed bill is called the "End of Life Options Act." Eligible persons are not, however, required to be at the end of life. They can have decades to live.

The bill is sold as assuring patient choice and control. The bill is instead stacked against the patient and a recipe for elder abuse. Indeed, eligible persons can be legally murdered. Don't be fooled. I urge you to vote "No" on HB 264.

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

¹ I am an elder law/appellate 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. In addition, I am president of Choice is an Illusion, a nonprofit corporation opposed to assisted suicide and euthanasia. For more information, see www.margaretdore.com and www.choiceillusion.org

² The bill is attached hereto in the Appendix at A-1 through A-8.

³ The AMA Code of Medical Ethics, Opinion 2.211, Physician-Assisted Suicide. (Attached hereto at A-9).

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

"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, for example, by lethal injection.⁵ Euthanasia is sometimes called "mercy killing."⁶

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.⁷

C. The AMA Rejects Assisted Suicide and Euthanasia.

The AMA rejects assisted suicide and euthanasia, stating

⁴ Id.

⁵ AMA Opinion 2.21, Euthanasia. (Attached hereto at A-10).

⁶ See definition attached hereto at A-21 ("Mercy Killing (Medicine) another term for euthanasia.")

⁷ 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 hereto at A-11; quote attached at A-13).

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.⁸

D. Elder Abuse Includes the Neglect, Financial Exploitation and Murder of Older Adults

Elder abuse is a pervasive problem in Utah and throughout the United States.⁹ Perpetrators are often family members who start out with small crimes, such as stealing jewelry and blank checks, before moving on to larger items or to coercing victims to sign over deeds to their homes, to change their wills or to liquidate their assets.¹⁰

Perpetrators can also be calculating criminals. Consider Melissa Ann Shepard, the "Internet Black Widow" who preyed on older men. Her crimes include: (1) killing one of her husbands when he was "heavily drugged;" (2) administering a "noxious substance and failing to provide the necessaries of life" to

⁸ See AMA Code of Medical Ethics, Opinions 2.211 and 2.21, supra at A-8 and A-9.

⁹ Patty Henetz, "Stealing senior's assets costs Utah \$52 million annually," *The Salt Lake Tribune*, February 20, 2011, available at <http://archive.sltrib.com/story.php?ref=/sltrib/news/51258777-78/says-financial-utah-abuse.html.csp>; "The 2011 Economic Cost of Elder Financial Exploitation," available at <http://victimsofcrime.org/docs/default-source/financial-fraud/2011-economic-cost-of-financial-exploitation.pdf>; Marjorie Cortez, "Case is a reminder to watch for signs of elder abuse," *Deseret News* (2015) (Attached at A-14) Cala Byram, "Abuse, neglect of elderly growing in Utah," *Deseret News*, September 27, 1997 (attached at A-15); and Met Life Mature Market Institute, *Broken Trust: Elders, Family and Finances*, March 2009, at <https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>;

¹⁰ Id.

another husband; and (3) suspicious circumstances surrounding the death of yet another husband.¹¹ A recent article states:

[These men] sought companionship and found instead[:] someone who siphoned their savings, slipped drugs into their food and, in the case of one man, ran him over . . . and left him dead on a dirt road.¹²

E. Victims Rarely Report Abuse

Elder abuse is a largely hidden problem, in part, due to the reluctance of victims to report. It is estimated that only 1 in 14 cases ever comes to the attention of the authorities.¹³ In another study, it was 1 out of 25 cases.¹⁴ Reasons for the lack of reporting include that victims fear:

The abuser will retaliate. The relationship with the abuser will be lost, and the victim is dependent on the abuser. The abuser will get into trouble.¹⁵

III. THE BILL

A. Patients May Have Decades to Live

The bill applies to persons with a "terminal disease" who

¹¹ Cassie Williams, CBC News, "Internet Black Widow Melissa Ann Shepard arrested in Halifax," April 12, 2016, attached hereto at A-16 & A-17.

¹² Yanan Wang, "This 80-year-old 'Black Widow,' who lured lonesome old men to horrible fates, is out of prison again," *The Washington Post*, March 21, 2016. (Attached hereto at A-18 through A-20).

¹³ Nat'l Center on Elder Abuse, <http://www.ncea.aoa.gov/Library/Data/>

¹⁴ Id.

¹⁵ Navigating Your Rights: The Utah Legal Guide for Those 55 and Older, Chapter 3, "Preventing and Protecting Yourself from Abuse," p. 32, available at http://legalguide55.utah.gov/pdf/navigating_03.pdf

are predicted to have less than six months to live.¹⁶ Such persons may, in fact, have decades to live. This is true for three reasons:

1. The six months to live is determined without treatment

The bill 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.¹⁷

Oregon's similar law has this same definition:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months.¹⁸

In Oregon, this same definition is interpreted to include chronic conditions such as "diabetes mellitus," better known as diabetes.¹⁹ Oregon doctor, William Toffler, explains:

[P]eople with chronic conditions are "terminal" [for the purpose of Oregon's law] if without their medications, they have less than six months to live. This is significant when you consider that a typical insulin-dependent 20 year-old . . . will live less than a month without insulin. Such persons, with insulin, are likely to have decades to live (Emphasis changed).²⁰

¹⁶ The bill, § 75-2c-103(1)(d), attached hereto at A-3, lines 108 to 115.

¹⁷ § 75-2c-102(13), attached hereto at A-3, lines 103 to 105).

¹⁸ Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-24.

¹⁹ Declaration of William Toffler, MD, ¶3, at A-22.

²⁰ Id., ¶4, attached hereto at A-23 to A-24.

If Utah enacts the proposed bill and follows Oregon's interpretation of "terminal disease," assisted suicide and euthanasia will be legalized for people with chronic conditions such as insulin dependent diabetes. People who, with their medications, can have decades to live.

2. Doctor predictions of life expectancy can be wrong

Eligible persons may also have years to live because doctor predictions of life expectancy can be wrong. This is due to misdiagnosis and the fact that predicting life expectancy is not an exact science.²¹ Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.²² He was told that he would get progressively worse (be paralyzed) and die in three to five years.²³ Instead, the disease progression stopped on its own.²⁴ 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.²⁵

²¹ See Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14 (attached at A-27); and Nina Shapiro, *supra*, attached at A-11 to A-13.

²² Affidavit of John Norton, ¶ 1 (Attached hereto at A-28).

²³ *Id.*, ¶ 1.

²⁴ *Id.*, ¶ 4.

²⁵ *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 use Oregon's law.²⁶ Her doctor convinced her to be treated instead.²⁷ In a 2016 affidavit, she states:

This July, it will be 16 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.²⁸

B. How the Bill Works

The bill has an application process to obtain the lethal dose, which includes a written lethal dose request form with two required witnesses.²⁹ One of the witnesses is allowed to be the patient's heir, who will benefit financially from the patient's death.³⁰ After the lethal dose is issued by the pharmacy, there is no required supervision over its administration.³¹

C. A Comparison to Probate Law

When signing a will, having an heir act as a witness on the will is a "suspicious circumstance" that can be sufficient to

²⁶ Affidavit of Kenneth Stevens, MD, attached at A-31 to A-37; Jeanette Hall discussed at A-31 to A-32. Affidavit of Jeanette Hall, attached at A-38.

²⁷ Id.

²⁸ Affidavit of Jeanette Hall, ¶4, at A-38.

²⁹ § 75-2c-122, attached hereto at A-7 to A-8, lines 393 to 433.

³⁰ Id.

³¹ See the bill in its entirety, attached hereto at A-1 through A-8.

support a finding of undue influence. Consider, for example, this official Comment to the Utah Probate Code:

A substantial devise by will to a person who is one of the witnesses to the execution of the will is itself a suspicious circumstance, and the devise might be challenged on the grounds of undue influence.³²

Other states have similar law. Consider this quote from a Pennsylvania case:

It will weigh heavily against the proponent [of the will] on the issue of undue influence when the proponent was . . . present at [its] dictation"33

The bill's lethal dose request process, which allows an heir to act as a witness on the lethal dose request form, does not promote patient choice. It invites undue influence.

D. Patients Lose the Right to be Told of Alternatives for Cure

Under current Utah law, patients making a health care decision have the right to "informed consent."³⁴ This includes the right to be fully informed:

not only of risks that might occur from the particular treatment in question, but also any alternative treatments . . . (Emphasis added).³⁵

³² Uniform Law Comment [UPC § 2-505], attached hereto at A-39.

³³ *Burns v. Kabboul*, 595 A.2d 1153, 1163 (Pa. Super. Ct. 1991).

³⁴ UCA § 78B-3-406(1)(f), attached hereto at A-40, and *Unthank v. US*, 732 F.2d 1517 (1984) (discussing Utah statutes and caselaw), excerpt attached hereto at A-41.

³⁵ *Unthank*, at 1521, at A-41

Under the bill, patients instead have the right to an "informed decision."³⁶ Instead of having the right to be told of "any" alternative treatments, the patient has the right to be told of "feasible alternatives," all of which have to do with death and disability. The bill, § 75-2c-102(7), states:

"Informed decision" means a decision . . . that is based on an appreciation of the relevant facts and after being fully informed . . . of . . .

(e) the feasible alternatives, including palliative care, comfort care, hospice care, disability resources available in the community, and pain control.
(Emphasis added).³⁷

With this language, the patient no longer has the right to be told of "any" alternative treatments, for example, to cure cancer. This is due to the rule of statutory construction, *ejusdem generis*.

Under the rule, a general reference in a statute only applies to the same kind of things specifically listed.³⁸ The bill, § 75-2c-102(7), has a general reference to "feasible alternatives" and also refers to a list of specific alternatives:

palliative care, comfort care, hospice care,
disability resources available in the
community, and pain control.

Per the rule, these specific alternatives, all having to do with

³⁶ See § 75-2c-108, attached hereto at A-4, lines 188 to 191.

³⁷ § 75-2c-102(7) can be viewed in its entirety at A-2, lines 83 to 91.

³⁸ See <http://dictionary.law.com/Default.aspx?selected=607>

dying and disability, limit "feasible alternatives" to dying and disability. Patients no longer have the right to be told of "any" alternatives. With the bill, they lose that right. So much for empowering patient choice and control.

E. Someone Else is Allowed to Speak for the Patient

The bill requires a patient requesting the lethal dose to be "capable."³⁹ This is a relaxed standard in which other people are allowed to communicate for the patient so long as they are "familiar with the patient's manner of communicating." The bill states:

"Capable" means that . . . a patient has the ability to . . . communicate health care decisions . . . including communication through individuals familiar with the patient's manner of communicating . . . (Emphasis added).⁴⁰

Being familiar with the 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

³⁹ Bill, § 75-2c-102(11) ("Qualified patient" means a capable adult . . ."). (Attached hereto at A-2, line 98).

⁴⁰ The bill states:

"Capable" means that in the opinion of the patient's attending physician or consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate health care decisions to health care providers, including communication through individuals familiar with the patient's manner of communicating if those individuals are available. (Emphasis added).

Bill, § 75-2c-102(3), attached hereto at A-2, lines 70 to 74.

communicating" in Spanish, but she, herself, does not understand Spanish. That, however, would be good enough for her to speak for the patient during the lethal dose request process.

With someone else allowed to communicate for the patient, the patient's choice is not guaranteed.

F. Individual "Opt Outs" are Not Allowed

The proposed bill does not allow an individual to opt out of its 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 the son will be disinherited if she dies under the bill. No such provision, however, is valid.

The bill states:

No provision in a contract, will, or other agreement, whether written or oral, to the extent the provision would affect whether an individual may make or rescind a request for medication to end the individual's life in a humane and dignified manner, shall be valid.
(Emphasis added).⁴¹

Once again, personal choice and control are not enhanced.

G. There is a Complete Lack of Oversight at the Death

The bill does not require a doctor or even a witness to be present when the lethal dose is administered.⁴² There is a

⁴¹ § 75-2c-115(1), attached hereto at A-5, lines 270 to 272.

⁴² See the bill in its entirety, attached hereto at A-1 through A-8.

complete lack of oversight at the death.⁴³

Without oversight, the opportunity is created for someone else to administer the lethal dose to the patient without his or her consent, and with no one else to know what happened. The drugs used are water and alcohol soluble, such that they can be administered to a sleeping or restrained person.⁴⁴ Even if the person struggled, who would know?

Possible motivations include an inheritance - think "Melissa Ann Shepard." For an Oregon example, consider Thomas Middleton. Two days after he died of physician-assisted suicide, his trustee sold his home and deposited the proceeds into bank accounts for her own benefit.⁴⁵ She was charged with fraud, but the case did not go forward.⁴⁶ Medical professionals too, can have a motive, for example, to cover up malpractice. Darker motives include the occasional health care professional who just likes to kill

⁴³ Id.

⁴⁴ The drugs used for assisted suicide in Oregon and Washington include Secobarbital and Pentobarbital (Nembutal), which are water and alcohol soluble. 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 6, attached at A-25 (listing these drugs).

⁴⁵ KTVZ.com, "Sawyer Arraigned on State Fraud Charges," updated July 14, 2011. (Attached hereto at A-43).

⁴⁶ KTVZ.com, "State dropping Tami Sawyer fraud case: DOJ says prosecution likely would not add time behind bars," updated October 30, 2013. (Attached hereto at A-44).

people.⁴⁷ With a complete lack of oversight at the death, the patient's choice is not guaranteed.

H. If Utah Follows Oregon and Washington State, the Death Certificate Will List a Terminal Disease as the Cause of Death. The Significance Will be an Inability to Prosecute Homicide, No Matter What the Facts

The bill states:

Actions taken in accordance with this chapter shall not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide under the law.⁴⁸

The Oregon's law has similar language, as follows:

Actions taken in accordance with [Oregon's law] shall not, for any purpose, constitute suicide, assisted suicide, mercy killing or homicide, under the law.⁴⁹

In Oregon, this similar language is interpreted to require the death certificate to report a terminal disease as the cause of death.⁵⁰ In Washington State's law, which has similar language, the death certificate is also required to report a terminal disease as the cause of death. Washington's death certificate

⁴⁷ See e.g., James B. Stewart, "Blind Eye," Simon & Schuster 1999 ("Michael Swango at first seemed the model physician. Then his patients began dying under suspicious circumstances"); https://en.wikipedia.org/wiki/Michael_Swango and <http://books.simonandschuster.com/Blind-Eye/James-B-Stewart/9780684865638#sthash.sbqXh1bF.dpuf>

⁴⁸ § 75-2c-117, attached hereto at A-6, lines 283-5.

⁴⁹ ORS 127.880 s 3.14, attached hereto at A-45

⁵⁰ In 2008, "The Oregon Death with Dignity Act: A Guidebook for Health Care Professionals" suggested to physicians that "they record the underlying terminal conditions as the cause of death." (Excerpt attached hereto at A-45 to A-46. Today, this practice is standard.

instruction for medical examiners, coroners and prosecuting attorneys states:

The underlying terminal disease must be listed as the cause of death. (Emphasis added).⁵¹

If Utah enacts the proposed bill and follows Oregon and Washington, death certificates will list a natural death caused by a terminal disease. The significance will be a legal inability to prosecute homicide, even in the case of an outright murder for the money. The cause of death will be a "terminal disease" as a matter of law.

I. The Felony for Undue Influence is Unenforceable.

The bill creates a first degree felony for "undue influence," a term not defined in the bill.⁵² The bill also specifically allows conduct normally used to prove undue influence (allowing the patient's heir to be present and act as a witness on the lethal dose request form).⁵³

How do you prove the crime of undue influence when it is not

⁵¹ A copy of the Washington State Department of Health death certificate instruction is attached hereto at A-49.

⁵² The bill, § 75-2c-119(2) states:

A person who . . . exerts undue influence on a patient to request medication for the purpose of ending the patient's life . . . shall be guilty of a first degree felony.

Attached hereto at A-7, lines 374 to 376.

⁵³ See discussion supra at pp. 7-8 ("A Comparison to the Probate Code").

defined and the bill allows conduct normally used to prove it? You can't. The felony is unenforceable as a matter of law.

IV. OREGON IS NOT A VALID CASE STUDY

Oregon is not a valid case study due to a near complete lack of transparency regarding its law.⁵⁴ Even law enforcement does not have access to the information collected.⁵⁵ Source documentation is destroyed.⁵⁶ The bottom line, Oregon's official data cannot be verified.

V. OTHER CONSIDERATIONS

A. Compassion & Choices' Mission is to Promote Suicide

Passage of the proposed bills is being spearheaded by the suicide advocacy group, Compassion & Choices, which was formed in 2004 as the result of a merger/takeover of two other organizations.⁵⁷ One of these organizations was the former

⁵⁴ See: "Declaration of Testimony" by Oregon attorney Isaac Jackson, dated September 18, 2012, attached hereto at A-50 to A-55 (regarding the run-around he got when he attempted to learn whether his client's father had died under Oregon's law; the Oregon Health Authority would neither confirm nor deny whether the father had died under the law); E-mail from Alicia Parkman, Oregon Mortality Research Analyst, to me, dated January 4, 2012, attached at A-56 (law enforcement cannot get access to information); E-mail from Parkman to me, January 4, 2012, attached at A-57 ("all source documentation" destroyed after one year); and the "Confidentiality of Death Certificates" policy issued by the Oregon Department of Human Resources Health Division, December 12, 1997, attached at A-58 to A-59 (clarifying that employees failing to comply with confidentiality rules "will immediately be terminated"), as published in the *Issues in Law & Medicine*, Volume 14, Number 3, 1998.

⁵⁵ Parkman at A-56

⁵⁶ Parkman at A-57

⁵⁷ Ian Dowbiggin, *A Concise History of Euthanasia* 146 (2007) ("In 2003, [the] Hemlock [Society] changed its name to End-of-Life Choices, which merged with Compassion in Dying in 2004, to form Compassion & Choices."). Accord. Compassion & Choices Newsletter attached at A-60 ("Years later, the Hemlock Society would become End of Life Choices and then merge with Compassion in

Hemlock Society, originally formed by Derek Humphry.⁵⁸

In 2011, Humphry was the keynote speaker at Compassion & Choices' annual meeting here in Washington State.⁵⁹ He was also in the news as a promoter of mail-order suicide kits.⁶⁰ This was after a depressed 29 year old man used one of the kits to kill himself.⁶¹ Compassion & Choices' newsletter, promoting Humphry's presentation, references him as "the father of the modern movement for choice."⁶² Compassion & Choices' mission is to promote suicide.

B. "Beware of Vultures": Compassion & Choices' Mission is Financial, Involving "Millions, Maybe Billions of Dollars"

In 2013, Montana State Senator Jennifer Fielder published an article titled "Beware of Vultures," discussing Compassion & Choices.⁶³ The article said:

Dying to become Compassion & Choices").

⁵⁸ Id.

⁵⁹ Compassion & Choices Newsletter, regarding Humphry's October 22, 2011 speaking date. (Attached hereto at A-60)

⁶⁰ See Jack Moran, "Police kick in door in confusion over suicide kit," *The Register-Guard*, September 21, 2011 ("A spotlight was cast on the mail-order suicide kit business after a 29-year-old Eugene man committed suicide in December using a helium hood kit. The Register-Guard traced the \$60 kit to [the company, which] has no website and does no advertising; clients find [the] address through the writings of Humphry.") (Emphasis added)

⁶¹ Id.

⁶² Compassion & Choices Newsletter, at A-60.

⁶³ Published as Communication from Your State Senator, "Beware of Vultures," by Montana State Senator Jennifer Fielder, Sanders County Ledger, <http://www.scledger.net>, page 2, 6-4-13 (Internet re-publication is attached hereto at A-61 to A-62).

"Where does all the lobby money come from?"
If it really is about a few terminally ill people who might seek help ending their suffering, why was more money spent on promoting assisted suicide than any other issue in Montana? . . .

Could it be that convincing an ill person to end [his or her] life early will help health insurance companies save a bundle on what would have been ongoing medical treatment? . . . How much financial relief would pension systems see? . . . Would vulnerable old people be encouraged to end their [lives] unnecessarily early by those seeking financial gain?

When considering the financial aspects of assisted suicide, it is clear that millions, maybe billions of dollars, are intertwined with the issue being marketed as "Compassion and Choices." Beware.

C. Compassion & Choices' Mission is to Reduce Access to Cures

For more information, see Bradley Williams (with Margaret Dore), "Assisted suicide is not legal, not the answer," *The Missoulian*, August 21, 2014. (Attached hereto at A-63).

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

In 2012, a research study was released addressing trauma suffered by persons who had witnessed a legal assisted suicide in Switzerland.⁶⁴ The study found that one out of five family members or friends present at an assisted suicide was

⁶⁴ "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> (Cover page attached at A-64).

traumatized. These people,

experienced full or sub-threshold PTSD (Post Traumatic Stress Disorder) related to the loss of a close person through assisted suicide.⁶⁵

E. My Clients Were Traumatized by Legal Assisted Suicide in Washington State and Oregon

In Washington and Oregon, I have had two cases where my clients suffered trauma in connection with legal assisted suicide. In the first case, one side of the family wanted my client's 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's not clear that administration of the lethal dose was voluntary. A man who was present told my client that my client's father had refused to take the lethal dose when it was delivered, stating, "You're not killing me. I'm going to bed," but then he (the father) took the lethal dose the next night when he was intoxicated on alcohol. My client, although he was not present at the death, was traumatized over the incident, and also by the sudden loss of his father.

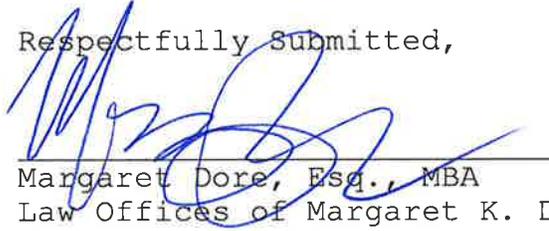
V. CONCLUSION

In the best of circumstances, victims of elder abuse are

⁶⁵ Id.

unlikely to report that they are being abused. The proposed bill allows the abuse to be taken to a whole new level to allow legal murder. Don't be fooled. Vote "No" on HB 264.

Respectfully Submitted,



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