MEMORANDUM

TO: Mayor Bowser and the Council

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

RE: B21-38: The "Investigation" Amendments Don’t Work; The Bill Should be Reconsidered, Rejected or Deferred to Allow Further Study

DATE: November 12, 2016

INDEX

I. INTRODUCTION ................................................. 1

II. DEFINITIONS ...................................................... 2

A. Physician-Assisted Suicide; Assisted Suicide; and Euthanasia .............................................. 2

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

III. PATIENTS MAY HAVE YEARS OR DECADES TO LIVE .................................................. 3

A. Treatment Can Lead to Recovery .................................................. 3

B. Predictions of Life Expectancy Can be Wrong .................................................. 4

C. If the District of Columbia Follows Oregon’s Interpretation of Terminal Disease, “Terminal Patients” Will Include Those with Chronic Conditions Such as Insulin Dependent Diabetes .................................................. 4

IV. THE BILL .......................................................... 6

A. How the Bill Works .................................................. 6

B. B21-38 Will Create New Pats of Elder Abuse .................................................. 6
1. Elder abuse is a pervasive problem, which includes the abuse, financial exploitation and murder of older adults. .................................................. 6

2. "Even if a patient struggled, 'who would know?" ........................................... 7

C. The Patient May Not Have the Ability to Rescind ........................................ 8

D. B21-38 Allows Euthanasia ................................................................. 9

1. Generally accepted medical practice allows a doctor, or a person acting under the direction of a doctor, to administer medication ........................................ 9

2. B21-38 describes medical aid in dying as a "medical practice" ......................... 10

3. Allowing someone else to administer the lethal dose to a patient is euthanasia .......... 10

E. B21-38 Does Not Prohibit Euthanasia .................................................. 11

F. The Cause of Death "Shall" Be a Medical Condition ....................................... 11

G. The Actual Cause of Death Will Not be Disclosed on the Death Certificate ........ 12

H. The Office of Chief Medical Examiner and Insurers May Not Have Access to Information Needed to Investigate ................................. 12

I. The Death will Still Be Due to a Medical Condition ...................................... 13

V. THE CLAIM THAT OREGON'S LAW WORKS CANNOT BE INDEPENDENTLY VERIFIED .................................................. 13

A. Any Studies Claiming That Oregon's Law is Safe, are Invalid .......................... 13

B. Oregon's Data Cannot be Verified .................................................. 14
VI. TRAUMA TO INDIVIDUALS AND FAMILIES ........................................ 14
   A. Physician-Assisted Suicide Can Be Traumatic for Family Members .......... 14
   B. Trauma to Patients and Family Members in Oregon and Washington State .... 15

VII. OTHER CONSIDERATIONS ............................................................. 16
   A. "It Wasn’t the Father Saying That He Wanted to Die” .......................... 16
   B. The Thomas Middleton Case ...................................................... 16

VIII. COMPASSION & CHOICES .......................................................... 17
   A. Compassion & Choices’ Mission is to Promote Suicide ....................... 17
   B. “Beware of Vultures,” Compassion & Choices’ Mission is Financial, Involving “Millions, Maybe Billions of Dollars” ...................... 18

IX. CONCLUSION .............................................................................. 19

APPENDIX
I. INTRODUCTION

I am an attorney in Washington State where assisted suicide is legal.¹ Our law is based on a similar law in Oregon. Both laws are similar to B21-38.²

B21-38 seeks to legalize “medical aid in dying,” a euphemism for physician-assisted suicide and euthanasia.³ The term is also misleading. B21-38 is not limited to dying people. “Eligible” persons may have years or decades to live.

B21-38 is sold as assuring patient choice and control. The bill is instead stacked against the patient. Proposed amendments regarding investigations don’t work; euthanasia is allowed and not necessarily on a voluntary basis. The suicide promotion group, Compassion & Choices, is the push behind passage. Don’t be fooled. I urge you to reconsider, reject, or vote to defer passage of B21-38 so that there can be further study.

¹ 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 the Washington State Court of Appeals. I am 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 and www.choiceillusion.org My CV is attached hereto, at A-1 through A-4.


II. DEFINITIONS

A. 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." The AMA gives this example:

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

"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.

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, withdrawing treatment will not necessarily cause a patient’s death. Consider this quote

---

4 The AMA Code of Medical Ethics, Opinion 2.211, Physician-Assisted Suicide. (Attached hereto at A-28).

5 Id.

6 The AMA Code of Medical Ethics, Opinion 2.21, Euthanasia. (Attached hereto at A-29).
regarding a man removed from a ventilator:

[I]nstead of dying as expected, [he] slowly began to get better.  

III. PATIENTS MAY HAVE YEARS OR DECADES TO LIVE

B21-38 applies to patients with a "terminal disease," meaning those predicted to have less than six months to live. Such persons may actually have years or decades to live. This is true for three reasons.

A. Treatment Can Lead to Recovery

In 2000, Jeanette Hall was given a terminal diagnosis of six months to a year to live. This was based on her not being treated for cancer. She made a settled decision that she would use Oregon's law. Her doctor convinced her to be treated instead. In a 2016 declaration, she states:

I decided to fight the cancer. I had both chemotherapy and radiation. I am so happy to be alive!

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

---

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 at A-30; quote attached at A-32).

8 B21-38, § 2(16), attached here to at A-8.


10 Id.

11 Id.

12 Declaration of Jeanette Hall, ¶ 4, attached here to at A-40.
B. Predictions of Life Expectancy Can Be Wrong

Patients may also have years to live due to misdiagnosis and because predicting life expectancy is not an exact science.\(^{13}\) Consider John Norton, diagnosed with ALS (Lou Gehrig’s disease) at age 18 or 19.\(^{14}\) He was told that he would get progressively worse (be paralyzed) and die in three to five years.\(^{15}\) Instead, the disease progression stopped on its own. 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.\(^{16}\)

C. If the District of Columbia Follows Oregon’s Interpretation of Terminal Disease, “Terminal Patients” Will Include Those with Chronic Conditions Such as Insulin Dependent Diabetes

B21-38 defines “terminal disease,” as follows:

> “Terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within 6 months.\(^{17}\)

Oregon’s law has a nearly identical definition, as follows:

> “Terminal disease” means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical

---

\(^{13}\) See e.g., Jessica Firger, “12 million Americans misdiagnosed each year, CBS NEWS, 4/17/14 (attached at A-41); and Nina Shapiro (at A-30 to A-32).


\(^{15}\) Id., §1.

\(^{16}\) Affidavit of John Norton, §5, attached at A-43.

\(^{17}\) The bill, §2(16), attached at A-8, lines 76 to 78.
judgment, produce death within six months.\textsuperscript{18}

In Oregon, this nearly identical definition is interpreted to include chronic conditions such as "chronic lower respiratory disease" and "diabetes mellitus" better known as diabetes.\textsuperscript{19}

Oregon doctor, William Toffler, explains:

\begin{quote}
In Oregon, people with chronic conditions are "terminal," if without their medications, they have less than six months [to] live. (Emphasis added).\textsuperscript{20}
\end{quote}

Dr. Toffler elaborates

\begin{quote}
This is significant when you consider that a typical insulin-dependent 20 year-old-year will live less than a month without insulin.

Such persons, with insulin, are likely to have decades to live: in fact, most diabetics have a normal life span given appropriate control of their blood sugar. (Emphasis changed, spacing changed).\textsuperscript{21}
\end{quote}

If the District of Columbia enacts B21-38 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. As noted by Dr. Toffler, such persons can have “decades to live.”\textsuperscript{22}

\begin{footnotes}
\footnote{Or. Rev. Stat. 127.800 s.1.01(12), attached at A-47.}
\footnote{Sec, for example, the most recent statistical report for Oregon’s law (listing "chronic lower respiratory disease" and "diabetes mellitus" as qualifying underlying illnesses). Attached hereto at A-53 and A-54.}
\footnote{Declaration of William Toffler, MD, ¶ 4, attached at A-45 to A-46.}
\footnote{Id., at A-46.}
\footnote{Id.}
\end{footnotes}
IV. THE BILL

A. How the Bill Works; the Amendments

B21-38 has an application process to obtain the lethal dose, which includes a lethal dose request form. Once the lethal dose is issued by the pharmacy, there is no oversight. No witness, not even a doctor is required to be present at the death.

Amendments regarding investigations provide that the Office of the Chief Medical Examiner, and insurance providers, may conduct investigations into patient deaths. It is, however, unclear that they will be allowed access to the information necessary to do the investigations. It is also unclear as to what the investigations will be allowed to accomplish given that no matter what, the death certificate will list a medical condition as the cause of death.

B. B21-38 Will Create New Paths of Elder Abuse

1. Elder abuse is a pervasive problem, which includes the abuse, financial exploitation and murder of older adults

Elder abuse is a problem in the District of Columbia and throughout the United States.\(^23\) 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 change their wills or to liquidate their assets.\textsuperscript{24} Victims may even be murdered.\textsuperscript{25} Amy Mix, of the AARP Legal Counsel of the Elderly, states:

[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.\textsuperscript{26}

Elder abuse is prevalent in part because victims do not report it.\textsuperscript{27} The D.C. Department of Human Services states:

Typically, the abuser is a relative, frequently an adult child of the victim . . . Some don’t want to report their own child as an abuser.\textsuperscript{28}

2. "Even if a patient struggled, 'who would know?'"

B21-38 has no required oversight at the death.\textsuperscript{29} The drugs used for assisted suicide and euthanasia are water and alcohol

\textsuperscript{24} Met Life Mature Market Institute, supra.

\textsuperscript{25} Id., p. 24.


\textsuperscript{27} Id.

\textsuperscript{28} "Adult Abuse," Department of Human Services, as of July 23, 2015. (Attached hereto at A-57). See also http://dhs.dc.gov/service/adult-abuse

\textsuperscript{29} See B21-38 in its entirety (including proposed amendments), attached hereto at A-5 to A-25.
soluble, such that they can be administered to a restrained or sleeping person without consent.\textsuperscript{30} Alex Schadenberg, Executive Director for the Euthanasia Prevention Coalition, puts it this way:

With assisted suicide laws in Washington and Oregon [and with B21-38], perpetrators can . . . take a “legal” route, by getting an elder to sign a lethal dose request. \textit{Once the prescription is filled, there is no supervision over administration} . . . \textit{Even if a patient struggled, “who would know?”} (Emphasis added).\textsuperscript{31}

\section*{C. The Patient May Not Have the Ability to Rescind}

B21-38 says that patients have an opportunity to rescind a request for the lethal dose at any time.\textsuperscript{32} The patient, however, may not have the ability to do so. Consider, for example, a patient who obtained the lethal dose without necessarily intending to take it ("just in case things get bad"). If the patient would later become incompetent, be sedated, or simply be

\begin{flushright}
\textsuperscript{30} The drugs used for assisted suicide in Oregon and Washington include Secobarbital and Pentobarbital (Nembutal), which are water and alcohol soluble, such that they can be injected without consent. See "Secobarbital Sodium Capsules, Drugs.Com, at \url{http://www.drugs.com/pr/seconal-sodium.html} and \url{http://www.drugs.com/pro/nembutal.html} See also Oregon’s government report, page 6, attached at A-53 (listing these drugs).


\textsuperscript{32} B21-38, § 4(a) states:

[T]he attending physician shall: . . . .

(8) Inform the patient that he or she has an opportunity to rescind a request for the covered medication at any time and any manner . . .

Attached hereto at A-12.
sleeping, he or she would not have the ability to rescind. Someone else would be able to administer the lethal dose to the patient, in private, without consent.

D. B21-38 Allows Euthanasia

1. Generally accepted medical practice allows a doctor, or a person acting under the direction of a doctor, to administer medication

Generally accepted medical practice allows a doctor or a person acting under his or her direction to administer medication to a patient.\(^{33}\)

A person acting under the direction of a doctor may be a healthcare professional or a non-medical person.\(^{34}\) A common example of a non-medical person is a mother who administers medication to her sick child in a home setting under the direction of a doctor.\(^{35}\) Another common example is an adult child who administers medication to his or her parent in a home setting.

\(^{33}\) Dr. Kenneth Stevens testifies:

Generally accepted medical practice allows a doctor, or a person acting under the direction of a doctor, to administer prescription drugs to a patient. Common examples of persons acting under the direction of a doctor, include: nurses and other healthcare professionals who act under the direction of a doctor to administer drugs in a hospital setting; parents who act under the direction of a doctor to administer drugs to their children in a home setting; and adult children who act under the direction of a doctor to administer drugs to their parents in a home setting. (Emphasis added).

Declaration of Dr. Kenneth Stevens, MD, 01/06/16, at A-62, ¶10, 34 Id.

\(^{34}\) Id. 35 Id.
This is normal medical practice.\textsuperscript{37}

2. **B21-38 describes medical aid in dying as a "medical practice"**

B21-38 describes "medical aid in dying" as a medical practice in which a qualified patient obtains a prescription for a "covered medication" (the lethal dose).\textsuperscript{38}

With medical aid in dying a "medical practice," a doctor or other person acting under the direction of a doctor is allowed to administer the medication to a patient.\textsuperscript{39} B21-38 allows a doctor or an adult child to administer the lethal dose.

3. **Allowing someone else to administer the lethal dose to a 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).\textsuperscript{40}

\[36\] Id.

\[37\] Id.

\[38\] See e.g., B21-38, § 2(15)(B), which states:

"'Qualified patient' means a patient who: ... satisfies the requirements of this act in order to obtain a prescription for a covered medication."

Attached at A-7, lines 72 to 75.


\[40\] The AMA Code of Medical Ethics, Opinion 2.21, Euthanasia. (Attached hereto at A-29).
E. B21-38 Does Not Prohibit Euthanasia

B21-38 appears to prohibit euthanasia, which is another name for “mercy killing.” This prohibition is defined away in the next sentence. B21-38 states:

(a) Nothing in this act may be construed to authorize a physician or any other person to end a patient’s life by lethal injection, mercy killing, active euthanasia or any other method or medication not authorized under this act.

(b) Actions taken in accordance with this act do not constitute ... mercy killing [another name for euthanasia] ... . (Emphasis added).

F. The Cause of Death “Shall” Be a Medical Condition

B21-38 says:

The cause of death listed on a death certificate shall identify the decedent’s underlying medical condition consistent with the International Classification of Diseases without reference to the fact that a qualified patient ingested a covered medication. (Emphasis added).

The significance of listing a medical condition as the cause of death on the death certificate is that it creates a legal inability to prosecute: The official legal cause of death is a medical condition (not murder) as a matter of law.

---

41 See definition at A-58 (“mercy killing” is “another term for euthanasia”).

42 B21-38, § 16, attached hereto at A-21, lines 374 to 379.

43 Amendment, attached hereto at A-23.
G. The Actual Cause of Death Will Not be Disclosed on the Death Certificate

B21-38 provides that the actual cause of death (the lethal dose) will not be disclosed on the death certificate.\(^\text{44}\) The significance is an official legal cover up.

H. The Office of Chief Medical Examiner and Insurers May Not Have Access to the Information Needed to Investigate

As noted previously, B21-38 provides for investigations by the Office of the Chief Medical Examiner and insurance providers, but it is unclear that these entities will have access to the information needed to investigate.\(^\text{45}\) This is true for two reasons. First, the death certificate will not disclose when a death under the law has occurred. Second, data collected by the Department of Health may be off limits. B21-38 states:

> The information collected by the Department pursuant to this act shall not be a public record and may not be made available for inspection by the public under the Freedom of Information Act . . . or any other law. (Emphasis added).\(^\text{46}\)

\(^\text{44}\) B21-38 says:

> The cause of death listed on a death certificate shall identify the decedent's underlying medical condition consistent with the International Classification of Diseases without reference to the fact that a qualified patient ingested a covered medication. (Emphasis added).

Amendment at A-23

\(^\text{45}\) Id, lines 6-14 regarding the Office of the Chief Medical Examiner; and A-24m regarding insurers.

\(^\text{46}\) B21-38, § 15(b), available at Committee Print, lines 370 to 373. (Attached hereto at A-21).
In Oregon, similar language bars law enforcement from obtaining information about individual cases. See the “Declaration of Testimony” from Oregon attorney Isaac Jackson, which is attached hereto at A-73 to A-78, especially A-66.

I. The Death will Still Be Due to a Medical Condition

B21-38 does not provide for a change in the death certificate status if certain facts are found, for example, to allow charges to be filed against a predator. With this situation, it’s unclear what the proposed investigations are supposed to accomplish.

V. THE CLAIM THAT OREGON’S LAW WORKS CANNOT BE INDEPENDENTLY VERIFIED

A. Any Studies Claiming That Oregon’s Law is Safe, are Invalid

During a Montana legislative hearing in 2011, State Senator Jeff Essmann made the following observation about Oregon’s law, that any study claiming that it’s safe is invalid. He observed:

[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. (Emphasis added).^{47}

B. Oregon’s Data Cannot be Verified

In Oregon, the Oregon Health Authority publishes annual statistical reports about the people who died under Oregon’s law.^{48} Much of this data cannot be verified due to a lack of record keeping and the destruction of source documentation.

According to the Oregon Health Authority:

The identity of participating physicians is coded, but the identity of individual patients is not recorded in any manner. Approximately one year from the publication of the Annual Report, all source documentation is destroyed. (Emphasis added).^{49}

VI. TRAUMA TO INDIVIDUALS AND FAMILIES

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

In 2012, a European research study addressed trauma suffered by persons who witnessed legal physician-assisted suicide in Switzerland.^{50} The study found that one out of five family


48 The most recent annual statistical report for 2015 is attached to Dr. Toffler’s declaration, which is submitted herewith at A-48 through A-54.


members or friends present at an assisted suicide was traumatized. These people,

experienced full or sub-threshold PTSD (Post Traumatic Stress Disorder) related to the loss of a close person through assisted suicide.51

B. Trauma to Patients and Family Members in Oregon and Washington State

In Oregon and Washington State, I have had two cases where there was trauma suffered in connection with legal assisted suicide.52 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 at the suicide party for my client’s father told my client that his father refused to take the lethal dose when it was delivered, stating, "You're not killing me, I'm going to bed." The man also told my client that his father took the lethal dose the next day when he (the father) was intoxicated on alcohol. The man who related this information later changed his story.

51 Id.

52 To protect the privacy of the persons involved, I am not identifying which case occurred in which state.
My client, although he was not present at the death, was traumatized over the incident, and also by the sudden loss of his father.

VII. OTHER CONSIDERATIONS

A. "It Wasn't the Father Saying That He Wanted to Die"

Consider also this letter from my former client, Juan Carlos Benedetto:

My wife and I operate two adult family homes in Washington State where assisted suicide is legal.

Our assisted suicide law was passed via a ballot initiative in November 2008. During the election, that law was promoted as a right of individual people to make their own choices. That has not been our experience. We have also noticed a shift in the attitudes of doctors and nurses towards our typically elderly clients, to eliminate their choices.

Four days after the election, an adult child of one of our clients asked about getting the pills (to kill the father). It wasn't the father saying that he wanted to die.

Someday, we too will be old. I, personally, want to be cared for and have my choices respected. I, for one, am quite uncomfortable with these developments. Don't make our mistake.\(^53\)

B. The Thomas Middleton Case

In Oregon, there is the Thomas Middleton case in which physician-assisted suicide was used to facilitate a fraud against

\(^{53}\) Letter from Juan Carlos Benedetto to the Montana Board of Medical Examiners, posted July 1, 2012 on Montanans Against Assisted Suicide. (Copy attached at A-73).
an elderly man. An article from KTVZ.com states:

State and court documents show Middleton, who suffered from Lou Gehrig’s disease, moved into Sawyer’s home in July 2008, months after naming her trustee of his estate . . . . Middleton deeded his home to the trust and directed her 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 . . . for more than $200,000[, which] . . . was deposited into an account for [Sawyer’s benefit]. (Emphasis added).  

VIII. COMPASSION & CHOICES

A. Compassion & Choices' Mission is to Promote Suicide

The push to enact B21-38 is being spearheaded by the suicide advocacy group, Compassion & Choices.

Compassion & Choices was formed in 2004 as the result of a merger/takeover of two other organizations.  One of these organizations was the former Hemlock Society, originally formed by Derek Humphry.

In 2011, Humphry was the keynote speaker at Compassion &

---


56 Id.
Choices’ annual meeting here in Washington State.\(^{57}\) He was also in the news as a promoter of mail-order suicide kits.\(^{58}\) This was after a depressed 29 year old man used one of the kits to kill himself.\(^{59}\) Compassion & Choices’ newsletter, promoting Humphry’s presentation, references him as “the father of the modern movement for choice.”\(^{60}\) 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 the motives of Compassion & Choices. Senator Fielder states:

I found myself wondering, “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

\(^{57}\) Compassion & Choices Newsletter, regarding Humphry’s October 22, 2011 speaking date, at https://choiceisanillusion.files.wordpress.com/2016/10/humphry-keynote.pdf (Attached hereto at A-75.)

\(^{58}\) 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)

\(^{59}\) Id.

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.61

IX. CONCLUSION

Proposed amendments regarding investigations don’t work. The bill creates new paths of elder abuse (murder), which are legally protected by requiring the death certificate to list a medical condition as the cause of death.

B21-38 is sold as providing choice and control for dying individuals. In the fine print, the bill also applies to people with years or even decades to live. People with years to live are encouraged to throw away their lives.

I respectfully urge you to reconsider, reject and/or put off the vote on B21-38 so that there can be further study. Don’t make Oregon and Washington’s mistake. Thank you.

Respectfully submitted this 12th day of November 2016,

Margaret Dore, Esq., MBA
Law Offices of Margaret K. Dore, P.S.

Choice is an Illusion, a nonprofit corporation

www.margaretdore.com
www.choiceillusion.org

1001 4th Avenue, Suite 4400
Seattle, WA 98154
206 389 1754 main reception
206 389 1562 direct line
206 697 1217 cell