

MEMORANDUM

TO: Mayor Bowser and the Council

FROM:  Margaret Dore, Esq., MBA¹
Choice is an Illusion, a nonprofit corporation

RE: The Fiscal Impact Statement for Bill 21-38 overlooked the issue of suicide contagion and its enormous financial and emotional cost.

Bill 21-38 must be rejected to prevent suicide contagion, the financial cost of which, in Oregon, is "enormous."

DATE: November 8, 2016

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¹ See Margaret Dore's CV, attached hereto at A-25 to A-28.

I. INTRODUCTION

Bill 21-38 seeks to legalize physician-assisted suicide in the District of Columbia.¹ The bill is based on a similar law in Oregon, which was enacted in 1997. Since then, there has been a significant increase in other (conventional) suicides in Oregon. This is consistent with a suicide contagion in which the legalization and promotion of physician-assisted suicide has led to an increase in other suicides. A government report from Oregon states:

The cost of suicide is enormous. In 2013 alone, self-inflicted injury hospitalization charges in Oregon exceeded \$54 million; and the estimate of total lifetime cost of suicide in Oregon was over \$677 million. (Footnotes omitted).²

The Fiscal Impact Statement for Bill 21-38 does not address the issue of suicide contagion and its potentially enormous financial cost.³ Bill 21-38 must be rejected to prevent suicide contagion.

¹ Committee on Health and Human Service Committee Report, filed October 6, 2016, page 2, 1st ¶ (regarding "physician-assisted suicide"). (Attached hereto at A-1).

² Shen X, Millet L, "Suicides in Oregon: Trends and Associated Factors 2003-2012," Oregon Health Authority, Portland Oregon, page 6, 1st ¶. (Attached hereto at A-2).

³ See Fiscal Impact Statement, dated November 1, 2016. (Attached at A-3).

II. DEFINITIONS

"Suicide" means the intentional taking of one's own life.⁴ "Physician-assisted suicide" means that a physician facilitates a person's suicide by providing the necessary means and information.⁵ For example,

a physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide.⁶

III. BILL 21-38 MUST BE REJECTED

A. Suicide is Contagious

It is well known that suicide is contagious. A famous example is Marilyn Monroe.⁷ Her widely reported suicide was followed by "a spate of suicides."⁸

With the understanding that suicide is contagious, groups such as the National Institute of Mental Health and the World Health Organization have developed guidelines for the responsible reporting of suicide, to prevent contagion. Key points include that the risk of additional suicides increases:

⁴ Definition of "suicide" by Medical Dictionary, <http://medical-dictionary.thefreedictionary.com/Suicide>.

⁵ The AMA Code of Medical Ethics, Opinion 2.211, Physician-Assisted Suicide. (Attached hereto at A-4).

⁶ Id.

⁷ Margot Sanger-Katz, "The Science Behind Suicide Contagion," *The New York Times*, August 13, 2014. (Excerpt attached hereto at A-5).

⁸ Id.

[W]hen the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.⁹

B. Lovelle Svart and Brittany Maynard

In Oregon, prominent cases of physician-assisted suicide include Lovelle Svart and Brittany Maynard.

Lovelle Svart died in 2007.¹⁰ *The Oregonian*, which is Oregon's largest paper, violated the recommended guidelines for the responsible reporting of suicide by explicitly describing her suicide method and by employing "dramatic/graphic images." Indeed, visitors to the paper's website were invited "to hear and see when Lovelle swallowed the fatal dose."¹¹ There are still photos of her online, lying in bed, dying.¹²

Brittany Maynard died from physician-assisted suicide in Oregon, on November 1, 2014.¹³ Contrary to the recommended guidelines, there was "repeated/extensive coverage" in multiple

⁹ "Recommendations for Reporting on Suicide," The National Institute of Mental Health. (Attached hereto at A-6). See also "Preventing Suicide: A Resource for Media Professionals," World Health Organization, at http://www.who.int/mental_health/prevention/suicide/resource_media.pdf

¹⁰ Ed Madrid, "Lovelle Svart, 1945 - 2007, *The Oregonian*, September 28, 2007. (Attached at A-7)

¹¹ Id.

¹² Photos at A-8 & A-9, printed from online sources, November 8, 2016.

¹³ https://en.wikipedia.org/wiki/Brittany_Maynard

media, worldwide.¹⁴ This coverage is ongoing, including before this body, where her image and story is being used to promote Bill 21-38.

C. The Young Man Wanted to Die like Brittany Maynard

A month after Ms. Maynard's death, Will Johnston MD was presented with a twenty year old patient during an emergency appointment.¹⁵ The young man, who had been brought in by his mother, was physically healthy, but had been acting oddly and talking about death.¹⁶

Dr. Johnston asked the young man if he had a plan.¹⁷ The young man said "yes," that he had watched Ms. Maynard's video.¹⁸ He said that he was very impressed with her and that he identified with her and that he thought it was a good idea for him to die like her.¹⁹ He also told Dr. Johnston that after watching the video he had been surfing the internet looking for suicide drugs.²⁰ Dr. Johnston's declaration states:

¹⁴ The worldwide coverage of Ms. Maynard in multiple media started with an exclusive cover story in *People Magazine*. A copy of the cover is attached hereto at A-10. Other media included TV, radio, print, web and social media.

¹⁵ Declaration of Williard Johnston, MD, 5/24/16, attached at A-11 & A-12.

¹⁶ *Id.*, ¶2.

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

He was actively suicidal and agreed to go to the hospital, where he stayed for five weeks until it was determined that he was sufficiently safe from self-harm to go home.²¹

The young man had wanted to die like Brittany Maynard.

D. In Oregon, Other Suicides Have Increased with Legalization of Physician-Assisted Suicide

Oregon government reports show the following positive correlation between the legalization of physician-assisted suicide and an increase in other suicides. Per the reports:

Oregon legalized physician-assisted suicide "in late 1997."²²

By 2000, Oregon's conventional suicide rate was "increasing significantly."²³

By 2007, Oregon's conventional suicide rate was 35% higher than the national average.²⁴

By 2010, Oregon's conventional suicide rate was 41% higher than the national average.²⁵

By 2012, Oregon's conventional suicide rate was 42% higher than the national average.²⁶

²¹ Id., ¶4, *infra* at page A-12.

²² "Oregon Death with Dignity Act: 2015 Data Summary," Oregon Public Health Division, February 4, 2016, p. 2 (Attached hereto at A-13).

²³ Oregon Health Authority News Release, September 9, 2010, 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 hereto at A-14).

²⁴ Suicides in Oregon: Trend and Risk Factors, issued September 2010 (data through 2007). (Excerpts attached hereto at A-15 & A-16).

²⁵ Suicides in Oregon: Trend and Risk Factors, - 2012 report (data through 2010). (Excerpts attached hereto at A-17 & A-18).

²⁶ "Suicides in Oregon: Trends and Associated Factors, 2003-2012, at A-9.

E. The Cost of Suicide

The financial cost of suicide to state and local governments includes expenditures for burial/cremation services and police investigations. In the case of attempted suicides (that fail), expenditures can include costs for hospitalizations, physical and psychological rehabilitation, and nursing home care. Consider also, "suicide by cop," which is a recognized form of suicide.²⁷ A suicidal person threatens police or civilians in order to be killed by the police, which can result in costly litigation over the use of force, and in some cases large damages paid by government bodies to the suicidal person's family.²⁸ Consider, for example, *Runnels v. City of Miami* where the family received a \$1.25 million settlement in a lawsuit against the city.²⁹

There is also a trend for suicidal people to take other people with them (murder suicide). Consider Andy Williams, a suicidal 15 year old boy who in 2001 killed two schoolmates and

²⁷ Bernard J. Farber, *Suicide by Cop*, 2007(8) *AELE Monthly Law Journal*, Civil Liability Section, August 2007, (attached hereto at A-20 & A-21; Farber bio at A-22).

²⁸ *Id.*, at A-20 to A-21.

²⁹ Farber, *supra*, writes:

That such shootings may result in substantial liability is clearly illustrated by . . . *Runnels v. City of Miami*, U.S. Dist. Ct. No. 00-2930 (S.D. Fla. 2002), the family . . . received a \$1.25 million settlement in a lawsuit against the city

Attached at A-21

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injured 13 others.³⁰ His "grand plan" was suicide by cop.³¹ He instead survived the incident and has been incarcerated in a California state prison with his first parole hearing to be held at age 65.³² Obviously, this incident caused great financial expense, which is ongoing.

Finally, there is the emotional cost of suicide. The most recent suicide report from Oregon states:

The financial and emotional impacts of suicide on family members and the broader community are devastating and long-lasting.³³

F. The Significance for the District of Columbia

The District of Columbia currently has the lowest suicide rate in the nation.³⁴ If Bill 21-38 is enacted and the District of Columbia repeats the Oregon experience, this will change. The District will have increased suicide. The District will have financial and emotional cost. As in Oregon, the total cost could be enormous.

IV. CONCLUSION

Bill 21-38 must be rejected to prevent suicide contagion and

³⁰ Rebecca Jacobson, "School Shooter: 'My Grand Plan Was Suicide by Cop,'" February 18, 2013. (Excerpt attached hereto at A-23)

³¹ Id.

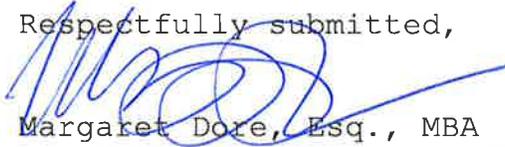
³² Id.

³³ Shen X, *supra*, attached hereto at A-19.

³⁴ Center for Disease Control and Prevention, Age-Adjusted Suicide Rates by State, 2012, attached hereto at A-24.

its potentially enormous financial and emotional cost. In the alternative, Bill 21-38 must be set over for further study. I urge you to vote "No" on Bill 21-38.

Respectfully submitted,



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