

Quick Facts About DC Act 21-577

By Margaret Dore, Esq., MBA¹
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1. The Act

The Act legalizes assisted suicide and euthanasia, termed “ingestion of a covered medication.”

2. Assisted Suicide and Euthanasia

Assisting suicide means providing the means and/or information for another person to commit suicide. When a physician is involved, the practice may be called physician-assisted suicide. Euthanasia is the direct administration of a lethal agent with the intent to cause another person’s death.

3. Legal Overview

The Act is based on a law in Oregon passed by a ballot measure in 1997. In Washington State, a similar law was passed by another ballot measure in 2008 and went into effect in 2009.

The Oregon and Washington laws were sold to voters as limited to physician-assisted suicide. In the fine print, these laws also allow euthanasia.² Since then, just three other states have enacted similar laws. (Vermont, Colorado and California).

In the last six years, five states have strengthened their laws against assisted suicide. These states are: Arizona, Idaho, Georgia, Louisiana and Ohio. Last year,, the New Mexico Supreme Court overturned a decision recognizing a right to physician aid in dying, meaning physician-assisted suicide. Physician-assisted suicide is no longer legal in New Mexico.

4. Suicide Contagion

In Oregon, that state’s conventional suicide rate has increased with legalization of physician-

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² See, for example, Margaret K. Dore, "Death with Dignity": What Do We Advise Our Clients?," King County Bar Association, *Bar Bulletin*, May 2009 (noting that in Washington State’s law, the term, “self-administer,” is specially defined to allow someone else to administer the lethal dose to the patient, which is euthanasia).

assisted suicide, including for young people.³ This is consistent with a suicide contagion in which legalization of physician-assisted suicide has encouraged other suicides.⁴ The financial and emotional cost is “enormous.”⁵

5. The Act Applies to People With Years or Decades to Live

The Act applies to a person with a “terminal disease,” which means having a prognosis of less than six months to live.⁶ Such persons, in fact, can have years or decades to live due to misdiagnosis and because predicting life expectancy is not an exact science.⁷

In Oregon, which has a nearly identical terminal disease criteria, the six months to live is determined *without treatment*.⁸ For this reason, chronic conditions such as insulin dependent diabetes qualify.⁹

Consider also Oregonian Jeanette Hall, who was given a prognosis of six months to a year to live, in 2000. This was based on her not being treated for cancer.¹⁰ She made a settled decision to use Oregon’s law, but her doctor convinced her to be treated instead. In a 2016 declaration, she states:

³ See http://www.choiceillusiondc.org/2017/01/in-oregon-other-suicides-have-increased_86.html See also Memo from Margaret Dore, Esq., MBA, to Members of Congress and the Senate, and the President of the United States, “Reject District of Columbia Act 21-577: Prevent Suicide Contagion, Including for Young People; Stop the Potentially Enormous Financial and Emotional Cost,” January 12, 2017, available at https://choiceisanillusion.files.wordpress.com/2017/01/dore-contagion-memo_001.pdf and <https://choiceisanillusion.files.wordpress.com/2017/01/dore-contagion-attachments-01-12-17.pdf>

⁴ Id.

⁵ Id.

⁶ Memo from Margaret Dore, Esq., MBA, to Members of Congress and the Senate, and the President of the United States, “Reject District of Columbia Act 21-577: Stop Assisted Suicide; Stop Euthanasia; Prevent Legal Elder Abuse; Preserve Government Transparency and Integrity; Don’t Let the District of Columbia Become Corrupt Like Oregon,” January 12, 2017, p. 4, available at <https://choiceisanillusion.files.wordpress.com/2017/01/memo-final-for-01-12-17.pdf> and <https://choiceisanillusion.files.wordpress.com/2017/01/act-21-577-memo-attachments-01-03-17.pdf> - See also <http://www.choiceillusiondc.org/p/dore-legal-memorandum-opposing-dc-act.html>

⁷ Id., at pp. 4-5

⁸ Id.

⁹ Id., at pp. 5-6.

¹⁰ Id., at p. 4.

This July, it will be 16 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.¹¹

6. The Act Is a Recipe for Elder Abuse

The Act allows a patient's heir, who will financially benefit from the patient's death, to actively participate in signing the patient up for the lethal dose.¹²

Once the lethal dose is issued by the pharmacy, there is no oversight over administration. The death is allowed to occur in private without a witness or doctor present. Even if the patient struggled, who would know?

7. The Death Certificate Prevents Prosecution for Murder

The Act requires the death certificate to report the cause of death as a medical condition, as opposed to the actual cause of death, a lethal drug. The significance is an inability to prosecute murder as a matter of law.

8. The Death Certificate Creates an Official Cover-Up

The Act § 6(h) does not allow the death certificate to reference the lethal drug. This creates an official legal cover up.

9. Mandatory Oversight by the Office of the Chief Medical Examiner Is a Sham

The Act, § 6(i)(1), features oversight by the Office of the Chief Medical Examiner, which is charged with reviewing "each death." There is, however, no mechanism in the Act for the Office of the Chief Medical Examiner to be informed of each death.¹³ The death certificate will not disclose it. There is no alternative method provided. The purported mandatory oversight is a sham.

10. The Act Is a Black Hole

The Act charges the Department of Health with collecting data concerning people who use the Act. However, even law enforcement will have no access to this information. The Act, § 17, states:

¹¹ Id.

¹² Id., pp. 6 -7.

¹³ Id., at pages 15-16.

The information collected by the Department pursuant to this act . . . may not be made available for inspection . . . under the Freedom of Information Act . . . , or any other law. (Emphasis added).¹⁴

The Act is a black hole.

11. Malpractice and Medical Predators

The Act gives the attending physician near complete control over the death process, including explicit authorization to sign the death certificate. See the Act, § 6 (g). Doctors will be able to use the Act to hide malpractice. The door will also be open to give cover to medical predators, such as a Dr. Michael Swango, who just liked to kill people.¹⁵

12. A National and International Security Implication

The Act applies to a person who “resides” in the District of Columbia, which includes members of Congress and the Senate, and certainly the President of the United States.¹⁶ Foreign government nationals such as ambassadors also reside in the District of Columbia. With this circumstance, political motivations, both here and abroad, could come into play with the prospect of a perfect crime in which even law enforcement is blocked from obtaining information. The Act has national and international security implications. For this reason alone, the Act must be rejected.

¹⁴ Id., at page 20.

¹⁵ https://en.wikipedia.org/wiki/Michael_Swango

¹⁶ See memo supra at note , page 7.