

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 HF 1885 and SF 1572, which seek to legalize assisted suicide and euthanasia as those terms are traditionally defined.²

The bills are sold as a promotion of patient choice and control, which is not true: The bills are stacked against the patient and a recipe for elder abuse.

The bills also apply to persons with years or decades to live. Passage will encourage such persons to throw away their lives. I urge you to reject HF 1885 and SF 1572.

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

¹ I am an elder law and appellate attorney licensed to practice law in Washington State since 1986. I am also a former Law Clerk to the Washington State Supreme Court. I am president of Choice is an Illusion, a nonprofit corporation opposed to assisted suicide and euthanasia. My CV is attached hereto at A-1 to A-4. See also www.margaretdore.com, www.choiceillusion.org

² HF 1885 is attached at hereto at A-101 through A-111. SF 1572, which has identical text, is attached hereto at A-112 through A-122.

act.”³ For example:

[T]he 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 an assisting person is not necessarily a physician. Euthanasia is the direct administration of a lethal agent to cause another person’s death.⁵

B. Withholding or Withdrawing Treatment

Withholding or withdrawing treatment (“pulling the plug”) is not euthanasia if the purpose is to remove burdensome treatment, as opposed to an intent to kill the patient. More importantly, the patient will not necessarily die. Consider this quote from Washington State regarding a man removed from a ventilator:

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

III. FEW STATES ALLOW ASSISTED SUICIDE

A. This Year, the South Dakota Legislature Passed a Nearly Unanimous Resolution Opposing Assisted Suicide

This year, the South Dakota Legislature passed Senate

³ The AMA Code of Medical Ethics, Opinion 5.7, “Physician-Assisted Suicide,” attached hereto at A-5.

⁴ Id.

⁵ Id, Opinion 5.8, “Euthanasia,” attached at A-5 (lower half of the page).

⁶ 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*, 01/14/09; article attached hereto at A-6, quote is attached at A-8.

Concurrent Resolution 11, opposing physician-assisted suicide.⁷

The vote was 32 to 3 in the Senate and 67 to 1 in the House.⁸

The vote to pass was nearly unanimous.⁹

**B. Last Year, the New Mexico Supreme Court
Overturned Assisted Suicide in New Mexico**

Last year, the New Mexico Supreme Court overturned a lower court decision that had recognized a right to physician aid in dying, meaning physician assisted suicide.¹⁰ Physician-assisted suicide is no longer legal in New Mexico.

**C. Five Other States Have Strengthened Their
Laws Against Assisted Suicide**

In the last six years, five other states have strengthened their laws against assisted suicide. Those states are Arizona, Louisiana, Georgia, Idaho and Ohio.¹¹

D. Few States Allow Assisted Suicide

Oregon and Washington State legalized assisted suicide via ballot measures in 1997 and 2008, respectively. Since then, just three states and the District of Columbia have passed similar

⁷ See Bill History, South Dakota Senate Concurrent Resolution 11, "Opposing physician-assisted suicide," attached hereto at A-9.

⁸ Id.

⁹ Id.

¹⁰ *Morris v. Brandenburg*, 376 P.3d 836 (2016). (Excerpt attached at A-12)

¹¹ See: AP, "Brewer signs law targeting assisted suicide," *Arizona Capitol Times*, 04/30/14, attached at A-13; AP, "La. assisted-suicide ban strengthened," *The Daily Comet*, 04/24/12, attached at A-14; Georgia HB 1114, attached at A-15; "Idaho Strengthens Law Against Assisted Suicide," attached at A-16 ("The law explicitly provides that causing or aiding a suicide is a felony"); and Ohio HB 470, at <https://choiceisanillusion.files.wordpress>

laws (Vermont, California and Colorado). In the fine print, these laws also allow euthanasia.

IV. ELDER ABUSE

Elder abuse is a prevalent and largely hidden problem throughout the United States, including Minnesota.¹² 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.¹³ Perpetrators can also be calculating criminals. Consider Melissa Ann Shepard, the "Internet Black Widow," who preyed on lonely older men. A 2016 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 with a car and left him dead on a dirt road.¹⁴

V. THE BILLS

The bills provide a process to terminate an individual's life via a lethal dose of medication. Once the lethal dose is issued by the pharmacy, there is no oversight. No witness, not

¹² See: Met Life Mature Market Institute, *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> and Dan Browning, "Minnesota elder abuse reports increasing," *Star Tribune*, June 10, 2016, attached at A-10 & A-11.

¹³ *Id.*

¹⁴ 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. (Excerpt attached hereto at A-17 to A-19)

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even a doctor, is required to be present at the death.

VI. DECADES TO LIVE

The bills apply to persons with a "terminal illness," meaning those predicted to have less than six months to live.¹⁵ Such persons may, in fact, have years or decades to live. This is true for three reasons:

A. The Six Months to Live Will Likely Be Determined Without Treatment

The bills state:

"Terminal illness" means the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient's death within six months.¹⁶

Oregon's law has a similar definition, as follows:

"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

In Oregon, this similar definition is interpreted to include chronic conditions such as chronic lower respiratory disease and diabetes mellitus (better known as "diabetes").¹⁸ Oregon doctor, William Toffler, explains:

¹⁵ HF 1885 & SF 1572, Subd. 2(u), line 3.19 and Subd. 3(a)(3), lines 3.22 to 3.26, attached hereto at A-103 & A-114.

¹⁶ Id., Subd. 2(u), line 3.19, attached at A-103 & A-114.

¹⁷ Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-23.

¹⁸ These conditions are listed in Oregon government reports regarding its law. For more information, see Declaration of William Toffler, MD, attached hereto, A-20 through A-27.

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[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.¹⁹

Dr. Toffler adds:

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; in fact, most diabetics have a normal life span given appropriate control of their blood sugar. (Emphasis added).²⁰

Dr. Toffler also addresses the Minnesota definition, as follows:

[T]his definition would also apply to a person with a chronic condition such as insulin dependent diabetes. This is because the final stage of the disease itself is a failure to produce insulin, such that the affected person is dependent on insulin treatment to live.²¹

If Minnesota enacts the proposed legislation and follows Oregon's interpretation of terminal disease, assisted suicide and euthanasia will be allowed for people with chronic conditions such as insulin dependent diabetes. Such persons, with insulin, can have years or decades to live.

¹⁹ Id., ¶ 7.

²⁰ Id., ¶¶ 7 & 8.

²¹ Id., at A-22, ¶ 10.

B. Predictions of Life Expectancy Can Be Wrong

Eligible persons may also have years to live because predictions of life expectancy can be wrong.²² Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.²³ He was told that he would get progressively worse (be paralyzed) and die in three to five years.²⁴ Instead, the disease progression stopped on its own.²⁵ 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.²⁶

C. Treatment Can Lead to Recovery

Consider also Oregon resident, Jeanette Hall, who was diagnosed with cancer in 2000 and made a settled decision to use Oregon's law.²⁷ Her doctor convinced her to be treated instead.²⁸ In a 2016 declaration, she states:

²² Cf. Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14, attached hereto at A-31, 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*, 01/14/09. (Excerpts attached at A-6 to A-8).

²³ Affidavit of John Norton, attached hereto at A-32 to A-34.

²⁴ *Id.*, ¶ 1.

²⁵ *Id.*, ¶ 4, attached hereto at A-33.

²⁶ *Id.*, ¶ 5.

²⁷ Affidavit of Kenneth Stevens, MD, attached at A-35 to A-41; Jeanette Hall discussed at A-35 to A-36; Hall declaration attached at A-42.

²⁸ *Id.*

This July, it will be 16 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.²⁹

If the proposed legislation is enacted, people like Jeanette Hall, with years or decades to live, will be encouraged to throw away their lives.

VII. PATIENT CHOICE AND CONTROL IS A BIG FAT FIB

A. A Comparison to Probate Law

The bills provide a lethal dose request form with two required witnesses.³⁰ One of the witnesses is allowed to be the patient's heir who will financially benefit from the patient's death.³¹

When signing a will, having an heir act as one of two witnesses can support a finding of undue influence. Washington State's probate code, for example, provides that when one of two witnesses receive a gift under a will, there is a rebuttable presumption that the gift was procured "by duress, menace, fraud, or undue influence."³² The bills' lethal dose request form, which allows an heir to act as one of two witnesses, invites coercion.

²⁹ Declaration of Jeanette Hall, ¶4, at A-42.

³⁰ HF 1885 & SF 1572, Subds. 4 & 5, lines 4.8 to 6.2, attached at A-104 to A-106, and A-115 to A-117.

³¹ Id.

³² Wash. Rev. Code Ann. § 11.12.160(2), attached hereto at A-43.

B. Other People Are Allowed to Speak for the Patient

A person obtaining the lethal dose is required to be "capable" or have "capacity," which are specially defined terms.³³ These terms allow which another person to speak for the patient if the speaking person is "familiar with the patient's manner of communicating." The bills state:

Capable" or "capacity" means, in the opinion of the patient's attending physician, consulting physician, or licensed medical professional, if an opinion is requested by the attending or consulting physician, that the patient has the capacity to make and communicate an informed medical decision to health care providers, including communicating through a translator, interpreter, mechanical device, or a person familiar with the patient's manner of communicating. (Emphasis added).³⁴

Note that the communicating or speaking person is not required to be the patient's designated agent, for example, under a power of attorney.³⁵

Being familiar with a patient's "manner of communicating" is regardless 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

³³ See e.g., HF 1885 & SF 1572, Subd. 8(3), lines 7.1 to 7.7 (requiring a consulting physician to verify that the patient is capable), attached hereto at A-107 and A-118.

³⁴ HF 1885 & SF 1572, Subd. 2(d), attached hereto at A-101 & A-112.

³⁵ Id.

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for the patient during the lethal dose request process. With this situation, patient choice and control is far from guaranteed.

C. Patients Do Not Have the Right to Be Told About Options for Cure

Patients are to make an "informed decision," which means being fully informed of feasible alternatives and health care treatment options, "including but not limited to hospice and palliative care." The bills state:

"Informed decision" means a decision by a qualified patient to request and obtain a prescription for medication that the qualified patient may self-administer for a peaceful death, that is based on an understanding and acknowledgment of the relevant facts and after being fully informed by the attending physician of: . . .

(4) the feasible alternatives and health care treatment options, including but not limited to hospice and palliative care. (Emphasis added).³⁶

With this language, patients do not have the right to be told about options for cure. This is due to the doctrine of statutory construction, *ejusdem generis*. Per the doctrine,

the general wording of a statute must be interpreted to include only matters of the same kind or class as those specifically listed. (Emphasis added).³⁷

With the informed decision provision set forth above, its

³⁶ HF 1885 & SF 1572, Subd. 2(i), lines 2.14 to 2.22, at A-102 and A-113.

³⁷ *Wayne v. MasterShield, Inc.*, 597 N.W.2d 917, 920 (1999).

general wording, that a patient is to be "fully informed," must be interpreted to include only matters of the same kind or class as those "specifically listed," which is "hospice and palliative care. These specifically listed items concern palliation, not curative care."³⁸ For this reason, patients do not have the right to be told about options for cure. Without the right to full information, patient choice and control are not guaranteed.

D. "Even If a Patient Struggled, Who Would Know?"

The bills have no required supervision over administration of the lethal dose.³⁹ In addition, the drugs used are water and or alcohol soluble, such that they can be injected into a sleeping or restrained person without consent.⁴⁰ Alex Schadenberg, Executive Director for the Euthanasia Prevention Coalition, puts it this way:

With assisted suicide laws in Washington and Oregon [and with the proposed 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. Even if a patient struggled, "who would

³⁸ Cf. WHO Definition of Palliative Care, attached hereto at A-71.

³⁹ HF 1885 & SF 1572 in their entirety, attached hereto at A-101 to A-122.

⁴⁰ The drugs used include Secobarbital and Pentobarbital (Nembutal). 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 the Oregon government report excerpt, attached hereto at A-25 (listing these drugs at the top of the page). Phenobarbital, which is soluble in alcohol, is also used. See id., and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2977013>

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know?" (Emphasis added).⁴¹

E. The Death Certificate Will List a Terminal Illness as the Official Cause of Death, Which Will Prevent Prosecution for Murder

The bills state:

Unless otherwise prohibited by law, the attending physician may sign the qualified patient's death certificate. The qualified patient's underlying terminal illness shall be listed as the cause of death. (Emphasis added).⁴²

The significance of requiring a terminal illness to be listed 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 terminal illness (not murder) as a matter of law.

More to the point, a perpetrator will be let off the hook. The bills will create the perfect crime.

F. 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.⁴³ Common examples of persons acting under the direction of a doctor include parents who administer drugs to their children and adult children who

⁴¹ 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.margaretdore.com/info/October_Letters.pdf

⁴² HF 1885 & SF 1572, Subd. 17, lines 10.17 to 10.19, attached hereto at A-110 & A-121.

⁴³ Declaration of Kenneth Stevens, MD, January 16, 2016, attached hereto at A-28 to A-30, relevant paragraphs 9 & 10.

administer prescription drugs to their parents.⁴⁴

The bills describe prescribing the lethal dose as a "medical practice."⁴⁵ They also say that a patient may self-administer the lethal dose.⁴⁶ There is no language that administration "must" be by self-administration.⁴⁷

With prescribing the lethal dose a medical practice and self-administration not mandatory, generally accepted medical practice allows the prescribing doctor, or a person acting under his or her direction, to administer a prescription drug (the lethal dose) to the patient. Someone else is allowed to administer the lethal dose to the patient.

G. Allowing Someone Else to Administer the Lethal Dose Is Euthanasia

Allowing someone else to administer the lethal dose to the patient is "euthanasia" under generally accepted medical terminology. The American Medical Association's Ethics Opinion, "Euthanasia," 5.8 states:

⁴⁴ Id.

⁴⁵ The bills state:

"Medical aid in dying" means the medical practice of a physician prescribing medication to a mentally capable adult with a terminal illness so that the individual may decide to self-administer the medication to bring about a peaceful death. (Emphasis added).

Id., Subd. 2(j), line 2.23 & 2.24, attached hereto at A-102 & A-113.

⁴⁶ See e.g., HF 1885 & SF 1572, lines 2.15 and 2.25.

⁴⁷ HF 1885 & SF 1572 in their entirety, attached hereto at A-101 to A-122.

Euthanasia is the administration of a lethal agent by another person to a patient . . . (Emphasis added).⁴⁸

The proposed bills allow euthanasia as traditionally defined.

H. Euthanasia Is Not Prohibited

The bills appear to prohibit "active euthanasia," which is defined to include "assisting a suicide." The bills state:

Nothing in this section authorizes a physician or any other person to end a patient's life by lethal injection, mercy killing, assisting a suicide, or any other active euthanasia.⁴⁹

This prohibition is defined away in the next sentence:

Any action taken according to this section does not constitute causing or assisting another person to commit suicide. (Emphasis added).⁵⁰

I. If Minnesota Follows Washington State, There Will Be an Official Legal Cover Up

The bills state:

Death certificate. Unless otherwise prohibited by law, the attending physician may sign the qualified patient's death certificate. The qualified patient's underlying terminal illness shall be listed as the cause of death. (Emphasis added).⁵¹

As noted above, the bills also define euthanasia as assisting a

⁴⁸ Opinion 5.7, Attached hereto at A-5.

⁴⁹ HF 1885 & SF 1572, Subd. 16(a), lines 10.9 to 10.11; A-110 and A-121.

⁵⁰ Id., Subd. 16(b), lines 10.12 to 10.13; A-110 and A-121.

⁵¹ Subd. 17, lines 10.17 to 10.19; A-110 & A-121

suicide and state:

Any action taken according to this section does not constitute causing or assisting another person to commit suicide. (Emphasis added).⁵²

In Washington State, similar language is interpreted by the Washington State Department of Health ("Department") to require the death certificate to list a natural death without even a hint that the actual cause of death was assisted suicide or euthanasia. The only relevant inquiry is whether Washington's law was "used."

The Department's "Death Certificate Instructions for Medical Examiners, Coroners and Prosecuting Attorneys," state:

Washington's [law] states that "...the patient's death certificate ... shall list the underlying terminal disease as the cause of death." [Washington's 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

⁵² Id., Subd. 16(b), attached at A-110 and A-121.

that [the 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; spacing changed).⁵³

If Minnesota enacts the proposed bills and follows Washington State, death certificates will not even hint that the actual cause of death was assisted suicide or euthanasia. This will happen simply because the measure was "used" (not complied with). There will be an official legal cover up.

VIII. 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

⁵³ A copy of the Washington State Department of Health death certificate instruction is attached hereto at A-44.

⁵⁴ See: "Declaration of Testimony" by Oregon attorney Isaac Jackson, dated September 18, 2012, attached hereto at A-46 to A-51 (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 client's father had died under the law); E-mail from Alicia Parkman, Oregon Mortality Research Analyst, to Margaret Dore, dated January 4, 2012, attached at A-52 to A-53 (law enforcement cannot get access to information); Excerpt from Oregon's website at A-54 (patient identities "not recorded in any manner"); E-mail from Parkman to Dore, June 27, 2011, attached at A-55 to A-56 ("all source documentation" destroyed after one year . . . , the identity of individual patients is not recorded in any manner"); and the "Confidentiality of Death Certificates" policy issued by the Oregon Department of Human Resources Health Division, December 12, 1997, (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.

not have access to the information collected.⁵⁵ Source documentation is destroyed.⁵⁶ The bottom line, Oregon's official data cannot be verified.

IX. OTHER CONSIDERATIONS

A. The Swiss Study: 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.⁵⁷ The study found that one out of five family 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.⁵⁸

B. My Clients Suffered Trauma in Oregon and Washington State

In Washington State and Oregon, I have 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

⁵⁵ Id.

⁵⁶ Id.

⁵⁷ "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 hereto at A-57)

⁵⁸ Id.

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 he (the father) took it the next night when he was intoxicated on alcohol. The man who told this to my client subsequently changed his story.

My client, although he was not present, was traumatized over the incident, and by the sudden loss of his father.

C. Compassion & Choices Is the Former Hemlock Society

The bill's passage 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.⁵⁹ One of these organizations was the former Hemlock Society, originally formed by Derek Humphry.⁶⁰

⁵⁹ 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-58 ("Years later, the Hemlock Society would become End of Life Choices and then merge with Compassion in Dying to become Compassion & Choices").

⁶⁰ *Id.*

In 2011, Humphry was the keynote speaker at Compassion & Choices' annual meeting here in Washington State.⁶¹ He was also in the news as a promoter of mail-order suicide kits.⁶² This was after a depressed 29 year old man used one of the kits to kill himself.⁶³ Compassion & Choices' newsletter, promoting Humphry's presentation, references him as "the father of the modern movement for choice."⁶⁴ Compassion & Choices' mission is to promote suicide.

D. 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. Consider the following:

⁶¹ Compassion & Choices Newsletter, regarding Humphry's October 22, 2011 speaking date. (Attached hereto at A-58.)

⁶² See Jack Moran, "Police kick in door in confusion over suicide kit," *The Register-Guard*, September 21, 2011, attached hereto at A-58A & A-59 ("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)

⁶³ Id.

⁶⁴ Compassion & Choices Newsletter, at A-58.

Oregon's assisted suicide act went into effect "in late 1997."⁶⁵

By 2000, Oregon's conventional suicide rate was "increasing significantly."⁶⁶

By 2007, Oregon's conventional suicide rate was 35% above the national average.⁶⁷

By 2010, Oregon's conventional suicide rate was 41% above the national average.⁶⁸

By 2012, Oregon's conventional suicide rate was 42% above the national average.⁶⁹

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.⁷⁰

E. The Felony for Undue Influence Is Illusory and Unenforceable

The bills have a felony for "undue influence," which is not defined. The bills state:

⁶⁵ Oregon's assisted suicide report for 2014, first line, at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>

⁶⁶ See Oregon Health Authority News Release, 09/09/10. ("After decreasing in the 1990s, suicide rates have been increasing significantly since 2000"). (Attached at A-60)

⁶⁷ Report excerpt at A-62

⁶⁸ Oregon Health Authority Report, attached at A-64.

⁶⁹ Attached at A-65.

⁷⁰ See report at A-.

Any person who coerces or exerts undue influence on a patient to complete a request for medical aid in dying, as described in subdivisions 4 and 5 . . . is guilty of attempted murder or murder.⁷¹

The bills also specifically allow a patient's heir to be one of two witnesses on the lethal dose request form, which is conduct used to prove of undue influence in the context of a will.⁷²

How do you prove that undue influence occurred when the legislation does not define it and the measure also specifically allows conduct used to prove it in another context? You can't. The felony for undue influence is illusory and unenforceable.

VIII. CONCLUSION

Passing the proposed bills will encourage people with years or decades to live to throw away their lives.

Administration of the lethal dose is allowed to occur in private without a doctor or witness present. If the patient objected, or even struggled, who would know?

The death certificate will list a terminal illness as the cause of death. This will prevent prosecution for murder, no matter what the facts. The legislation, if enacted, will create the perfect crime. I urge you to reject HF 1885 and SF 1572.

⁷¹ Attached hereto at A-111.

⁷² Again, see Washington State's probate statute attached hereto at A-43.

Respectfully Submitted,

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