

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 the proposed bill, SB 261.²

The proposed bill seeks to legalize physician-assisted suicide and euthanasia as those terms are traditionally defined. The bill sells these practices as a promotion of self-determination. The bill is instead stacked against the patient and a recipe for elder abuse.

The bill applies to persons with years or decades to live. Passage will encourage people with years or decades to live to throw away their lives. I urge you to vote "No" on SB 261.

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."³ For example:

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 SB 261 is attached hereto at A-101 through A-132.

³ The AMA Code of Medical Ethics, 2016, Opinion 5.7, "Physician-Assisted Suicide. (Attached hereto at A-5).

[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 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. CURRENT STATUS

A. Few States Allow Assisted Suicide

Oregon and Washington State legalized physician-assisted suicide via ballot measures in 1997 and 2008, respectively. Since then, just three states and the District of Columbia have passed similar laws (Vermont, California and Colorado). These

⁴ Id.

⁵ AMA Code of Medical Ethics, 2016, Opinion 5.8, "Euthanasia," attached hereto 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 at A-6, quote at A-8.

laws also allow euthanasia.⁷

B. Last Year, New Mexico Overturned Assisted Suicide

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.⁸ Physician-assisted suicide is no longer legal in New Mexico.

C. Other States Have Strengthened Their Laws Against Assisted Suicide

In the last six years, five states have strengthened their laws against assisted suicide. Those states are Arizona, Louisiana, Georgia, Idaho and Ohio.⁹

IV. THE BILL

A. 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.¹⁰ One of the witnesses is allowed to be the

⁷ Consider Washington's law, which was sold to voters as limited to assisted suicide in which a patient would self-administer the lethal dose; the term, "self-administer," is specially defined to allow someone else to administer the lethal dose to the patient, which is euthanasia. Cf. Margaret Dore, "'Death with Dignity': What Do We Advise Our Clients?," at A-9 to A-11.

⁸ *Morris v. Brandenburg*, 376 P.3d 836 (2016). (Excerpt attached at A-12).

⁹ 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>

¹⁰ The form can be viewed at SB 261, § 13, attached hereto at A-106 to A-108. The witness section can be viewed at A-108.

patient's heir who will financially benefit from the patient's death.¹¹

After the lethal dose is issued by the pharmacy, there is no oversight. No doctor, not even a witness, is required to present at the death.¹²

B. A Comparison to Probate Law

When signing a will, having an heir act as one of two witnesses can support a finding of undue influence. Washington's probate code, for example, provides that when one of two witnesses inherits under a will, there is a rebuttable presumption that the inheritance was procured "by duress, menace, fraud, or undue influence."¹³

The bill's lethal dose request process, which allows an heir to act as one of two witnesses on the lethal dose request form, does not promote self-determination. It invites coercion.

C. The Bill Creates a New Path of Elder Abuse

1. Elder abuse is a widespread problem that includes the financial exploitation and murder of older adults

Elder abuse is a problem in Nevada and throughout the United

¹¹ Id.

¹² See SB 261 in its entirety, attached hereto at A-101 to A-132.

¹³ Wash. Rev. Code Ann. § 11.12.160(2), attached hereto at A-17.

States.¹⁴ 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.¹⁵

Perpetrators can also be calculating criminals. Consider Melissa Ann Shepard, the "Internet Black Widow," who preyed on 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.¹⁶

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

The proposed bill has no required oversight at the death. In addition, the drugs used are water or alcohol soluble, such that they can be injected into a sleeping or restrained person without consent.¹⁷ Alex Schadenberg, Executive Director for the

¹⁴ See: Geoff Dornan, "Working to stop senior exploitation," *Nevada Appeal*, June 25, 2015, attached hereto at A-18 to A-19; 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>

¹⁵ Id.

¹⁶ 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-20 through A-22; quote at A-21).

¹⁷ The drugs used for assisted suicide in Oregon and Washington 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-23 (listing these drugs). Phenobarbital, which is soluble in alcohol, is also used. See id. and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2977013>

Euthanasia Prevention Coalition, elaborates:

With assisted suicide laws in Washington and Oregon [and with the proposed bill], 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 know?" (Emphasis added).¹⁸

D. The Death Certificate Will List a Terminal Condition as the Cause of Death, Which Will Prevent Prosecution for Murder

The proposed bill states:

The person who signs the medical certificate of death of a patient who dies after self-administering a controlled substance that is designed to end the life of the patient in accordance with the provisions of sections 3 to 26, inclusive, of this act shall specify the terminal condition with which the patient was diagnosed as the cause of death of the patient. (Emphasis added).¹⁹

The significance of requiring a terminal condition to be listed as the cause of death is that it creates a legal inability to prosecute. The official legal cause of death will be a terminal condition (not murder) as a matter of law. More to the point, perpetrators will be let off the hook: The bill will create the perfect crime.

¹⁸ 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.margaretstore.com/info/October_Letters.pdf

¹⁹ SB 261, § 1.3, attached hereto at A-104, lines 28-33.

E. "Eligible" Persons Can Have Years or Decades to Live

The bill applies to persons with a "terminal condition" who are predicted to have less than six months to live. Such persons may, in fact, have years or decades to live. This is true for three reasons:

- 1. The bill will apply to people with chronic conditions such as insulin dependent diabetes**

The bill states:

"Terminal condition" means an incurable and irreversible condition that cannot be cured or modified by any known current medical therapy or treatment and which will, in the opinion of the attending physician, result in death within 6 months.²⁰

Oregon's law has a similar 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.²¹

In Oregon, this similar definition is interpreted to include chronic conditions such as "diabetes mellitus," better known as diabetes.²² 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-

²⁰ Id., § 10, attached hereto at A-105, lines 18 to 22.

²¹ Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-27.

²² See Declaration of William Toffler, MD, at A-24 to A-25, ¶¶ 2-4.

dependent 20 year-old will live less than a month without insulin.²³

Dr. Toffler adds:

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.²⁴

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

[T]he Nevada definition also applies to [patients] with chronic conditions such as insulin dependent diabetes. This is because treatments such as insulin do not reverse, cure or modify the underlying disease or condition. . . .

Patients, instead, are able to function [with treatment]. This is especially true with diabetes in which treatment with insulin can allow [patients] to live happy, healthy and productive lives.²⁵

If Nevada enacts the proposed bill, assisted suicide and euthanasia will be allowed for people with chronic conditions such as insulin dependent diabetes. Such persons can have years or decades to live.

2. Predictions of life expectancy can be wrong

Eligible persons may also have years or decades to live because predictions of their life expectancies can be wrong.

²³ Id., at A-25, ¶ 5.

²⁴ Id., at A-25, ¶ 6.

²⁵ Id., at A-25 to A-26, Dr. Toffler's quote begins at ¶ 8. See also ¶ 7 (setting forth the Nevada definition of "terminal condition").

This is due to misdiagnosis.²⁶ Predictions are also wrong because predicting life expectancy is not an exact science.²⁷

Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.²⁸ He was told that he would get progressively worse (be paralyzed) and die in three to five years.²⁹ Instead, the disease progression stopped on its own.³⁰ 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.³¹

3. Treatment can lead to recovery

Jeanette Hall was diagnosed with cancer in 2000 and made a settled decision to use Oregon's law.³² Her doctor, who did not believe in assisted suicide, convinced her to be treated instead.³³ In a 2016 declaration, she states:

²⁶ Cf. Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14, attached hereto at A-31.

²⁷ 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-9).

²⁸ Affidavit of John Norton, attached hereto at A-32 to A-34.

²⁹ Id., ¶ 1.

³⁰ Id., ¶ 4, attached hereto at A-33.

³¹ Id., ¶ 5.

³² 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.

³³ Id.

This July, it will be 16 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.³⁴

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

F. Voluntariness and Consent Are Not Required When the Lethal Dose is Administered

The proposed bill does not require administration of the lethal dose to be voluntary.³⁵ There is also no language requiring consent to administration.³⁶ Without these requirements, the bill's promotion of patient self-determination is a big fat fib.

G. "Self-Administer" Does Not Mean Voluntary or Consensual

The bill refers to the lethal dose as being self-

³⁴ Declaration of Jeanette Hall, ¶4, at A-42.

³⁵ The bill uses the word "voluntary" in relation to a request for the lethal dose, not administration. See SB 261 in its entirety, attached hereto at A-101 to A-132.

³⁶ The bill uses the word, "consent" just once, in the context of the obtaining the lethal dose from a pharmacist, not administration. See the bill, § 16.2, which merely states:

After an attending physician prescribes a controlled substance that is designed to end the life of a patient, the attending physician shall, with the written consent of the patient, contact a pharmacist and inform the pharmacist of the prescription. After the pharmacist has been notified, the attending physician shall give the prescription directly to the pharmacist or electronically transmit the prescription directly to the pharmacist. (Emphasis added).

Attached hereto at A-109.

administered, which is a different concept than voluntary or consensual administration. Consider, for example, a man intoxicated on alcohol, who drinks another shot without being aware that it contains the lethal dose. He would be self-administering the lethal dose, but would not be engaging in voluntary or consensual administration.

H. If Nevada Follows Washington State, There Will Be an Official Legal Cover Up

The proposed bill states:

The person who signs the medical certificate of death of a patient who dies after self-administering a controlled substance that is designed to end the life of the patient in accordance with the provisions of sections 3 to 26, inclusive, of this act shall specify the terminal condition with which the patient was diagnosed as the cause of death of the patient. (Emphasis added).³⁷

[and]

Death resulting from a patient self-administering a controlled substance that is designed to end his or her life in accordance with the provisions of sections 3 to 26, inclusive, of this act does not constitute suicide or homicide. (Emphasis added).³⁸

In Washington State, similar, albeit less wordy language is interpreted by the Washington State Department of Health to require the death certificate to list a natural death without even a hint that the actual cause of death was assisted suicide

³⁷ SB 261, Section 1.3, attached hereto at A-104, lines 28-33.

³⁸ SB 261, § 22.1, attached hereto at A-112, lines 8 to 11.

or euthanasia. The only relevant inquiry is whether Washington's law was "used." Compliance with patient protections such as a second doctor is irrelevant.

Washington'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 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.)³⁹

³⁹ A copy of the Washington State Department of Health death certificate instruction is attached hereto at A-43.

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If Nevada enacts the proposed bill and follows Washington, death certificates will not even hint that the actual cause of death was assisted suicide or euthanasia. This will happen as long as the bill was "used" and without compliance with patient protections. There will be an official legal cover up.

I. Mercy Killing and Euthanasia Are Not Prohibited

The bill appears to prohibit mercy killing, which is another name for euthanasia.⁴⁰ Mercy killing (euthanasia) also a form of homicide.⁴¹ The bill states:

The provisions of sections 3 to 26, inclusive, of this act do not: . . .

Condone, authorize or approve mercy killing, euthanasia [homicide] (Emphasis added).⁴²

This prohibition is defined away in another part of the bill, which states that deaths under the bill do not constitute homicide. The bill states:

Death resulting from a patient self-administering a controlled substance that is designed to end his or her life in accordance with the provisions of sections 3 to 26, inclusive, of this act does not constitute . . . homicide. (Emphasis added).⁴³

⁴⁰ The Free Dictionary ("Mercy killing" means "euthanasia"), attached hereto at A-44.

⁴¹ FindLaw Homicide Definition ("Homicides include all killings of humans"), attached hereto at A-45.

⁴² SB 261, § 25, attached hereto at A-113, lines 5-12.

⁴³ Id. § 22, attached at A-112, lines 8 to 11.

V. 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.⁴⁴ Even law enforcement does not have access to the information collected.⁴⁵ Source documentation is destroyed.⁴⁶ The bottom line, Oregon's official data cannot be verified.

VI. OTHER CONSIDERATIONS

A. Compassion & Choices' Mission is to Promote Suicide

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.⁴⁷ One of these

⁴⁴ 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 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); 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.

⁴⁵ Id.

⁴⁶ Id.

⁴⁷ 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-57 ("Years later, the Hemlock Society would become End of Life Choices and then merge with Compassion in Dying to become Compassion & Choices").

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organizations was the former Hemlock Society, originally formed by Derek Humphry.⁴⁸

In 2011, Humphry was the keynote speaker at Compassion & Choices' annual meeting in Washington State.⁴⁹ He was also in the news as a promoter of mail-order suicide kits.⁵⁰ This was after a depressed 29 year old man used one of the kits to kill himself.⁵¹ Compassion & Choices' newsletter, promoting Humphry's presentation, references him as "the father of the modern movement for choice."⁵² Compassion & Choices' mission is to promote suicide.

B. 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

⁴⁸ Id.

⁴⁹ Compassion & Choices Newsletter, regarding Humphry's October 22, 2011 speaking date. (Attached hereto at A-57.)

⁵⁰ 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.") (Attached hereto at A-58 to A-59) (Emphasis added)

⁵¹ Id.

⁵² Compassion & Choices Newsletter, at A-57.

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suicides. Consider the following:

Oregon's assisted suicide act went into effect "in late 1997."⁵³

By 2000, Oregon's conventional suicide rate was "increasing significantly."⁵⁴

By 2007, Oregon's conventional suicide rate was 35% above the national average.⁵⁵

By 2010, Oregon's conventional suicide rate was 41% above the national average.⁵⁶

By 2012, Oregon's conventional suicide rate was 42% above the national average.⁵⁷

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.⁵⁸

C. The Swiss Study: Physician-Assisted Suicide Can Be Traumatic for Family Members

In 2012, a European research study addressed trauma suffered

⁵³ Oregon's assisted suicide report for 2014, first line, at <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf>

⁵⁴ 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)

⁵⁵ Report excerpt at A-62

⁵⁶ Oregon Health Authority Report, attached at A-64.

⁵⁷ Attached at A-65.

⁵⁸ See report at A-.

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by persons who witnessed legal physician-assisted suicide in Switzerland.⁵⁹ 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.⁶⁰

D. 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 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 it the next night when he was

⁵⁹ "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-68)

⁶⁰ *Id.*, at A-68.
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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 also by the sudden loss of his father.

E. The Felony for Undue Influence Is Illusory and Unenforceable

The bill has a felony for "undue influence," which is not defined. The bill, § 24(b) (1), states:

It is unlawful for any person to:
(b) Coerce or exert undue influence on a person
to:
(1) Request a controlled substance that is
designed to end the life of the person⁶¹

The bill also allows a patient's heir to be one of two witnesses on the lethal dose request form, which as noted above provides proof of undue influence.⁶²

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

VII. CONCLUSION

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

The bill is sold as voluntary, but does not even have a provision requiring administration of the lethal dose to be

⁶¹ Attached hereto at A-112.

⁶² Again, see Washington State's probate statute attached hereto at A-17.

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voluntary. 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 condition as the cause of death. This will prevent prosecution for murder, no matter what the facts. The bill, if passed, will create the perfect crime.

I urge you to vote "No" on SB 261.

Respectfully Submitted,

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