

**Vote “No” on HB 90 & SB 153  
Elizabeth Whitefield End of Life Option Act**

**January 31, 2019**

**1. The Act**

The Act seeks to legalize medical “aid in dying,” a traditional euphemism for active euthanasia and physician-assisted suicide.<sup>1</sup>

**2. Who is Especially at Risk?**

Individuals with money, meaning the middle class and above.

**3. Assisting Persons Can Have an Agenda**

Persons assisting a suicide or euthanasia can have an agenda. Consider Tammy Sawyer, trustee for Thomas Middleton in Oregon, which has a similar law. Two days after his death by legal assisted suicide, she sold his home and deposited the proceeds into bank accounts for her own benefit.<sup>2</sup> Consider also Graham Morant, recently convicted of counseling his wife to kill herself in Australia, to get the life insurance. The Court found:

[Y]ou counseled and aided your wife to kill herself because you wanted ... the 1.4 million.<sup>3</sup>

Medical professionals too can have an agenda. Michael Swango, MD, now incarcerated, got a thrill from killing his patients.<sup>4</sup> Consider also Harold Shipman, a doctor in the UK, who not only killed his patients, but stole from them and in one case made himself a beneficiary of the patient’s will.<sup>5</sup>

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<sup>1</sup> Craig A. Brandt, “Model Aid-in-Dying Act,” *Iowa Law Review*, 1989 Oct; 75(1): 125-215, (“Subject: Active Euthanasia ....”), at <https://repository.library.georgetown.edu/handle/10822/738671> and Maria T. CeloCruz, “Aid-in-Dying: Should We Decriminalize Physician-Assisted Suicide and Physician-Committed Euthanasia?,” *American Journal of Law and Medicine* 1992 (“Subject: Active Euthanasia ....”) at <https://repository.library.georgetown.edu/handle/10822/744116>

<sup>2</sup> KTVZ.com, “Sawyer Arraigned on State Fraud Charges,” at <https://choiceisanillusion.files.wordpress.com/2016/10/sawyer-arraigned-a-63.pdf>

<sup>3</sup> *R v Morant* , 11/02/18, p. 11, ¶ 78, at <https://archive.sclqld.org.au/qjudgment/2018/QSC18-251.pdf>,

<sup>4</sup> Charlie Leduff, “Prosecutors Say Doctor Killed to Feel a Thrill,” *The New York Times*, 09/07/00 (“Basically, Dr. Swango liked to kill people. By his own admission in his diary, he killed because it thrilled him.”)

<sup>5</sup> David Batty, “Q & A: Harold Shipman,” *The Guardian*, 08/25/05, at <https://www.theguardian.com/society/2005/aug/25/health.shipman>

#### 4. “Even If the Patient Struggled, Who Would Know?”

The Act has no required oversight over administration of the lethal dose, not even a witness is required to be present at the death.<sup>6</sup> The drugs used are water or alcohol soluble, such that they can be injected into a sleeping or restrained person without consent.<sup>7</sup> 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 Act], 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).<sup>8</sup>

#### 5. Cover for Murder

With the lack of witnesses to say otherwise, perpetrators will be able report deaths as “self-administered.” Per the Act, this will require death certificates to list a terminal illness as the cause of death. See the Act, Section 7, “Death Certificate - Cause of Death.” The official legal cause of death will be a terminal illness (not murder) as a matter of law.

#### 6. “Eligible” Persons May Have Years or Decades to Live

The Act applies to persons with a terminal illness, which is expected to result in death “within six months” (HB 90, as amended). Oregon’s law has a similar criteria, which is interpreted to include chronic conditions such as diabetes mellitus, better known as diabetes. This is because the six months to live is determined without treatment. Oregon doctor, William Toffler, explains:

In Oregon, people with chronic conditions are “terminal,” if without their medications, they have less than six months to live. 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, spacing changed ).<sup>9</sup>

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<sup>6</sup> See HB 90 and SB 153, in their entirety.

<sup>7</sup> In Oregon, the drugs used include Secobarbital, and Pentobarbital (Nembutal) , which are water and alcohol soluble. See <http://www.drugs.com/pr/seconal-sodium.html> and <http://www.drugs.com/pro/nembutal.html>.

<sup>8</sup> Alex Schadenberg, Letter to the Editor, “Elder abuse a growing problem,” *The Advocate*, Official Publication of the Idaho State Bar, October 2010

<sup>9</sup> Toffler, at <https://choiceisanillusion.files.wordpress.com/2019/01/toffler-decl-new-mexico-01-23-19.pdf>