MEMORANDUM

TO: The Maryland Senate Judicial Proceedings Committee.

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

RE: Vote "No" SB 418; No Assisted Suicide/Euthanasia

HEARING: Thursday, February 25, 2016, 1:00 pm

MEMO DATE: February 22, 2015

INDEX

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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.[2] Both laws are similar to the proposed bill, SB 418.[3]

The proposed bill seeks to legalize physician-assisted suicide and euthanasia as those terms are traditionally defined. The bill calls these practices, "aid in dying." The bill does not, however, require that a patient be dying. Indeed, "eligible" patients may have years or even decades to live.

The bill also legalizes undue influence as that term is traditionally defined. The bill is otherwise stacked against the patient and a recipe for elder abuse. I urge you to vote "No" on SB 418. Don't be fooled.

II. FACTUAL AND LEGAL BACKGROUND

A. Definitions: Physician-Assisted Suicide; Assisted Suicide; and Euthanasia

The American Medical Association (AMA) defines physician-assisted suicide as occurring when "a physician facilitates a

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1 I am an elder law attorney licensed to practice law since 1986. I am also a former Law Clerk to the Washington State Supreme Court and a former Chair of the Elder Law Committee of the American Bar Association Family Law Section. I am president of Choice is an Illusion, a nonprofit corporation opposed to assisted suicide and euthanasia. See www.margaretdore.com and www.choiceillusion.org.

2 Margaret Dore, "'Death with Dignity': A Recipe for Elder Abuse and Homicide (Albeit not by Name)," Marquette Elder's Advisor, Vol. 11, No. 2, Spring 2010 (regarding the Washington and Oregon laws), available at http://www.margaretdore.com/pdf/Recipe_for_Elder_Abuse.pdf.

3 SB 418 is attached in the appendix, at pages A-1 through A-22.

patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act."[4] The AMA gives this example:

> [A] physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide.[5]

"Assisted suicide" is a general term in which the assisting person is not necessarily a physician. "Euthanasia," by contrast, is the direct administration of a lethal agent with the intent to cause another person's death.[6]

B. Withholding or Withdrawing Treatment is Not Assisted Suicide or Euthanasia

Withholding or withdrawing treatment ("pulling the plug") is not assisted suicide or euthanasia if the purpose is to withhold or remove burdensome treatment -- as opposed to an intent to kill the patient. More importantly, the patient does not necessarily die. Consider this quote from an article in Washington state regarding a man removed from a ventilator:

> [I]nstead of dying as expected, [he] slowly began to get better.[7]

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4 The AMA Code of Medical Ethics, Opinion 2.211, attached at A-23.

5 Id.

6 Opinion 2.21, Euthanasia. (Attached hereto at A-24).

7 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*, January 14, 2009. (Article attached at A-25; quote attached at A-27).

C. The AMA Rejects Assisted Suicide and Euthanasia

The AMA rejects assisted suicide and euthanasia, stating they are:

> [F]undamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.[8]

D. Elder Abuse is an Under Recognized and Uncontrolled Problem

"Elder abuse is an under recognized problem."[9] 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 sign over deeds to their homes, to change their wills or to liquidate their assets.[10] Victims may even be murdered.[11] Amy Mix, of the AARP Legal Counsel of the Elderly, explains why older people are especially vulnerable:

> The elderly are at an at-risk group for a lot of reasons, including, but not limited to diminished capacity, isolation from family and other caregivers, lack of sophistication when it comes to purchasing property, financing, or using computers . . . .

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8 AMA Code of Medical Ethics, Opns 2.211 and 2.21, supra at A-23 and A-24.

9 Maryland Legal Aid Bureau in conjunction with the National Center on Elder Abuse/NCEA, "Elder Abuse Fact Sheet," available at http://www.mdlab.org/wp-content/uploads/ElderAbuseFactSheet.pdf.

10 MetLife Mature Market Institute Study: "Broken Trust: Elders, Family and Finances," March 2009, at p. 14, available at https://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf.

11 Id., p. 24.

> [D]efendants are family members, lots are friends, often people who befriend a senior through church . . . . We had a senior victim who had given her life savings away to some scammer who told her that she'd won the lottery and would have to pay the taxes ahead of time. . . . The scammer found the victim using information in her husband's obituary.[12]

Elder abuse is prevalent in part because victims do not report.[13] "One study estimated that only 1 in 14 cases ever comes to the attention of the authorities."[14] In another study, it was 1 out of 25 cases.[15] Reasons for this include the following:

> Many who suffer from abuse . . . don't want to report their own child as an abuser.[16]

E. Assisters Can Have Their Own Agendas

People who assist a suicide or euthanasia can have their own agendas. In Oregon, there is the Thomas Middleton case, in which legal physician-assisted suicide was part of an elder abuse

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12 Kathryn Alfisi, "Breaking the Silence on Elder Abuse," *Washington Lawyer*, February 2015. https://www.dcbar.org/bar-resources/publications/washington-lawyer/articles/february-2015-elder-abuse.cfm (Attached hereto at A-28 to A-29, quotes at A-29).

13 See e.g., National Center on Elder Abuse, Administration on Aging, http://www.ncea.aoa.gov/Library/Data, p.2.

14 Id.

15 Id.

16 "Adult Abuse," Department of Human Services, as of July 23, 2015. (Attached hereto at A-30.) See also http://dhs.dc.gov/service/adult-abuse.

fraud.[17] Consider also *People v. Stuart* where an adult child killed her parent under circumstances that "dovetail[ed]" with the child's financial interests.[18] The Court observed:

> [F]inancial considerations [are] an all too common motivation for killing someone.[19]

III. BILL OVERVIEW

The bill has an application process to obtain the lethal dose, which includes a written lethal dose request form. Once the lethal dose is issued by the pharmacy, there is no required supervision over its administration. After the death, the death certificate is required to reflect a natural death via a terminal disease.

IV. BILL HIGHLIGHTS

A. Patients May Have Years, Even Decades, to Live

The bill applies to persons diagnosed with a "terminal

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17 See "Sawyer Arraigned on State Fraud Charges," KTVZ.com, 07/14/11, which states:

> Middleton deeded his home to the trust and directed [Sawyer] to make it a rental until the real estate market improved.
>
> Instead, Sawyer signed documents that month to list the property for sale, two days after Middleton died by physician-assisted suicide. The property sold in October of that year for more than $200,000, the documents show, and it was deposited into [accounts for Sawyer's benefit]. (Emphasis added.)

Attached at A-31.

18 *People v. Stuart*, 67 Cal.Rptr.3d 129 (2007).

19 Id., at 143.

illness," as defined by the bill.[20] Such persons may have years, even decades, to live due to the following reasons:

1. If Maryland follows Oregon's interpretation of "terminal disease," assisted suicide and euthanasia will be legalized for persons with chronic conditions such as insulin dependent diabetes.

The bill states:

> "Terminal illness" means a medical condition that, within reasonable medical judgment, involves a prognosis for an individual that likely will result in the individual's death within 6 months.[21]

Oregon's law has a similar definition of "terminal disease," 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.[22]

In Oregon, this similar definition is interpreted to include chronic conditions such as "chronic lower respiratory disease" and "diabetes mellitus." See the Oregon government report attached hereto at A-38 and A-39 (listing these conditions as "underlying illness[es]" for the purpose of assisted suicide).[23] Oregon doctor William Toffler explains:

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20 The bill applies to a "qualified individual," defined in part as a person with a terminal illness. See SB 418, § 5-6A-01(p)(4).

21 SB 418, § 5-6A-01(s), attached at A-7.

22 Or. Rev. Stat. 127.800 s.1.01(12), attached hereto at A-32.

23 The entire report is attached infra at A-33 to A-39.

> Persons with these conditions are considered terminal if they are dependent on their medications, such as insulin, to live.[24]

If Maryland enacts the proposed bill and follows Oregon's lead, assisted suicide will be legalized for people with chronic conditions such as insulin dependent diabetes.

2. Doctor predictions of life expectancy can be wrong

Patients may also have years to live because doctor predictions of life expectancy can be wrong. This is due to misdiagnosis and the fact that predicting life expectancy is not an exact science.[25] Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.[26] He was told that he would get progressively worse (be paralyzed) and die in three to five years.[27] Instead, the disease progression stopped on its own.[28] 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.[29]

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[24] Published Letter to the Editor, William Toffler MD, New Haven Register, February 24, 2014, ¶2. (My private copy is attached hereto at A-40. I verified the accuracy of the content with Dr. Toffler).

[25] See Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, 4/17/14 (attached at A-41); and Nina Shapiro, supra at footnote 7.

[26] Affidavit of John Norton, ¶ 1 (Attached hereto at A-42).

[27] Id., ¶ 1.

[28] Id., ¶ 4.

[29] Id., ¶ 5.

3. Treatment can lead to recovery

Patients may also have years to live because treatment can lead to recovery. Consider Oregon resident, Jeanette Hall, who was diagnosed with cancer in 2000 and made a settled decision to use Oregon's law.[30] Her doctor convinced her to be treated instead.[31] In a 2012 affidavit, she states:

> This last July, it was 12 years since my diagnosis. If [my doctor] had believed in assisted suicide, I would be dead.[32]

B. 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.[33] Common examples include parents who administer drugs to their children and adult children who administer drugs to their parents.[34]

The proposed bill implies that only the patient is allowed to administer the lethal dose.[35] This interpretation is contrary

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30 Affidavit of Kenneth Stevens, MD, attached at A-45 to A-51; Jeanette Hall discussed at A-52 to A-53.

31 Id.

32 Affidavit of Jeanette Hall, ¶¶ 5-9. attached at A-52 to A-53. Jeanette is still alive today, 15 years later.

33 Declaration of Dr. Kenneth Stevens, MD, 01/06/16, at A-56, ¶¶ 9-10.

34 Id.

35 See, for example, § 5-6A-01(p)(5), which states that a "qualified individual" means an individual who "has the ability to self-administer medication."

to generally accepted medical practice as set forth above. This interpretation is also contrary to the bill's definition of "self-administer," which paradoxically allows someone else to administer the lethal dose to the patient. The bill states:

> "Self-administer" means a qualified individual's act of taking medication prescribed under §5-6A-07(a) of this subtitle. (Emphasis added.)[36]

The bill does not define "taking."[37] Dictionary definitions include "consume as food, drink, medicine, or drugs."[38] With this situation, someone putting the lethal dose in a patient's mouth qualifies as "self-administration" because the patient will be "taking" the lethal dose, *i.e.*, consuming it as "medicine, or drugs." Someone else putting the lethal dose in a patient's feeding tube will also qualify because the patient will be "taking" the lethal dose, *i.e.*, consuming it as "medicine, or drugs." Gas administration, similarly, will qualify because the patient will be consuming the lethal dose as "medicine, or drugs."

With "self-administer" defined as "taking," someone else is allowed to administer the lethal dose to the patient. Patients are not necessarily in control of their fate.

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36 SB 418, § 5-6A-01(r), attached at A-7.

37 See SB 418 in its entirety, attached at A-1 through A-22.

38 Google search (take definition), attached hereto at A-57.

C. Allowing Someone Else to Administer the Lethal Dose to the Patient is Euthanasia

Allowing someone else to administer the lethal dose to a patient is euthanasia under generally accepted medical terminology. The AMA Code of Ethics, Opinion 2.21, states:

> Euthanasia is the administration of a lethal agent by another person to a patient . . . . (Emphasis added.)[39]

D. The Bill Does Not Prohibit Euthanasia

The bill appears to prohibit "euthanasia," also known as "mercy killing."[40] The bill, § 5-6A-12(d), states:

> This subtitle does not authorize a licensed physician or any other person to end an individual's life by lethal injection, mercy killing, or active euthanasia.[41]

This prohibition is defined away in the next sentence:

> Actions taken in accordance with this subtitle do not, for any purpose, constitute . . . mercy killing [another for word for euthanasia] . . . .[42]

E. There is No Oversight Over Administration of the Lethal Dose

If for the purpose of argument, the bill does not allow euthanasia, patients are still at risk to the actions of other

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39 Attached at A-24.

40 See http://medical-dictionary.thefreedictionary.com/mercy+killing (defining "mercy killing" as euthanasia).

41 § 5-6A-12(d)(1), attached at A-17, lines 21-23.

42 § 5-6A-12(d)(2), attached at A-17, lines24-26.

people. This is because the bill does not require a doctor or even a witness to be present when the lethal dose is administered.[43] There is a complete lack of oversight at the death.[44]

Without oversight, the opportunity is created for someone else to administer the lethal dose to the patient; the drugs are water and alcohol soluble, such that they can be injected into a sleeping or restrained person.[45] Even if the patient struggled, who would know? Alex Schadenberg, chair for the Euthanasia Prevention Coalition, International, elaborates:

> With assisted suicide laws in Washington and Oregon [and with the Maryland 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. . . . [I]f a patient struggled, "who would know?" (Emphasis added.)[46]

F. The Death Certificate Is Required to List a Terminal Illness as the Cause of Death

The bill requires a death via the lethal dose to be reported as "terminal illness." The bill states:

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[43] See SB 418 in its entirety, attached hereto at A-1 to A-22.

[44] Id.

[45] 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 Oregon's government report, page 5, attached at A-38 (listing these drugs).

[46] 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.

> For all legal rights and obligations, record-keeping purposes, and other purposes governed by the laws of the state, whether contractual, civil, criminal, or otherwise, the death of a qualified individual by reason of the self-administration of medication prescribed under this subtitle shall be deemed to be a death from natural causes, specifically as a result of the terminal illness from which the qualified individual suffered.[47] (Emphasis added.)

The significance is a legal inability to prosecute criminal behavior, for example, in the case of an outright murder for the money. The cause of death, as a matter of law, will be a terminal illness.

G. If Maryland Follows Washington State, the Death Certificate Will Not Even Hint That the True Cause of Death was Assisted Suicide or Euthanasia

The bill also states:

> Actions taken in accordance with this subtitle do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide.[48]

In Washington State, similar 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 true cause of death was assisted suicide or euthanasia. The Department's "Death Certificate Instructions for Medical Examiners, Coroners and Prosecuting Attorneys," states:

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47 § 5-6A-11(a), attached hereto at A-17, lines 1-7.

48 § 5-6A-11(d)(2), attached hereto at A-17, lines 24-26.

> Washington's [law] states that "...the patient's death certificate ... shall list the underlying terminal disease as the cause of death." The [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 [Washington's 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.)[49]

If Maryland enacts the proposed bill and follows Washington's example, death certificates will not even hint that the true cause of death was assisted suicide or euthanasia. The significance is a lack of transparency.

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[49] A copy of the Washington State Department of Health death certificate instruction is attached hereto at A-58.

H. The Bill Legalizes Undue Influence as that Term is Traditionally Defined

In Maryland, the Court of Appeals has identified seven elements to be considered when determining whether undue influence exists in the context of a will.[50] These elements include the following:

> (2) the will contains substantial benefit to the beneficiary; (3) the beneficiary caused or assisted in effecting execution of [the] will; . . . and (7) the testator was highly susceptible to the undue influence.[51]

In the proposed bill, however, these same factors reflect clearly permissible behavior. Undue influence, as that term is traditionally defined, is legalized by the proposed bill. Please consider the following:

1. The patient's heir is allowed to actively participate in obtaining the patient's death.

The bill allows an heir, who will benefit financially from the patient's death, to actively participate in the lethal dose

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50 *Geduldig v. Posner*, 129 Md.App. 490, 510, 743 A.2d 247 (1999), quoting *Moore v. Smith*, 321 Md. 347, 353, 582 A.2d 1237 (1990).

51 All seven factors are set forth below:

> (1) the benefactor [testator] and beneficiary are involved in a relationship of confidence and trust; (2) the will contained substantial benefit to the beneficiary; (3) the beneficiary caused or assisted in effecting execution of will; (4) there was an opportunity to exert influence; (5) the will contains an unnatural disposition; (6) the bequests constitute a change from a former will; and (7) the testator was highly susceptible to the undue influence.

Geduldig v Posner, at 510-11.

request process to obtain the death. Indeed, an heir is specifically allowed to be one of two witnesses on the patient's lethal dose request form.[52]

In the context of a will, similar conduct can instead create a presumption of undue influence.[53]

2. The bill allows the patient to have compromised health, a factor traditionally used to support a finding of undue influence.

Under the bill, a terminal illness creates "eligibility" for the lethal dose. In the context of a will, by contrast, a terminal illness is an indicator of compromised health, which supports a finding of undue influence.[54] Once again, the bill allows a factor normally used to prove undue influence as that term is traditionally understood.

I. The Felonies for Undue Influence are Unenforceable.

The bill creates two felonies for "undue influence," a term not defined in the bill.[55] The bill also allows conduct normally

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52 See § 5-6A-03(b)(allowing one of two witnesses on the lethal dose request form to be an heir "entitled to any benefit on the individual's death") (attached at A-8, lines 10-15).

53 Consider, for example, Washington's probate statute, RCW 11.12.160, which creates a presumption of undue influence when one of two witnesses on a will is an heir). A copy of the statute is attached hereto at A-59.

54 See *Moore*, 321 Md. at 354 (element No.7) and 356-7 (describing the testator's compromised health in connection with his "susceptibility" to undue influence).

55 § 5-6A-12(c)(3), attached at A-17, lines 10-18, and § 5-6A-16(b), attached at A-21, lines 25-30.

used to prove undue influence. How do you prove the crime of undue influence when it is not defined and the bill allows conduct normally used to prove it? You can't. The proposed felonies are unenforceable as a matter of law.

V. OTHER CONSIDERATIONS

A. Compassion & Choices' Mission is to Promote Suicide, Assisted Suicide and Euthanasia

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.[56] One of these organizations was the former Hemlock Society, originally formed by Derek Humphry.[57]

In 2011, Humphry was the keynote speaker at Compassion & Choices' annual meeting here in Washington State.[58] He was also in the news as a promoter of mail-order suicide kits.[59] This was

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[56] 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-60 ("Years later, the Hemlock Society would become End of Life Choices and then merge with Compassion in Dying to become Compassion & Choices").

[57] Id.

[58] Compassion & Choices Newsletter, regarding Humphry's October 22, 2011 speaking date. (Attached hereto at A-60.)

[59] 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.")(Emphasis added)

after a depressed 29 year old man used one of the kits to kill himself.[60] Compassion & Choices' newsletter, promoting Humphry's presentation, references him as "the father of the modern movement for choice."[61] Compassion & Choices' mission is to promote suicide, assisted suicide and euthanasia.

B. Any Study Claiming that Oregon's Law is Safe, is Invalid

In 2011, the lack of oversight over administration of the lethal dose in Oregon prompted Montana State Senator Jeff Essmann to observe that any studies claiming that Oregon's law is safe are invalid. He stated:

> [All] the protections end after the prescription is written. [The proponents] admitted that the provisions in the Oregon law would permit one person to be alone in that room with the patient. And in that situation, there is no guarantee that that medication is [taken on a voluntary basis].
>
> So frankly, any of the studies that come out of the state of Oregon's experience are invalid because no one who administers that drug . . . to that patient is going to be turning themselves in for the commission of a homicide.[62]

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60 Id.

61 Compassion & Choices Newsletter, at A-60.

62 Hearing Transcript for the Montana Senate Judiciary Committee on SB 167, February 10, 2011, at http://www.margaretdore.com/pdf/senator_essmann_sb_167_001.pdf.

C. The Oregon Health Plan Steers Patients to Suicide

It is well documented that Oregon's Health Plan (Medicaid) steers patients to suicide via coverage incentives.[63] Under the proposed bill, private insurance companies and providers will have this same ability. Being steered to suicide is not "choice." Once again, a patient under the bill will not necessarily be in control of his or her fate.

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. Please consider the following:

> Oregon's assisted suicide act went into effect "in late 1997."[64]
>
> By 2000, Oregon's conventional suicide rate was "increasing significantly."[65]

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63 See Susan Donaldson James, "Death Drugs Cause Uproar in Oregon," ABC News, August 6, 2008 (attached at A-61); KATU TV Web Staff, "Letter noting assisted suicide raises questions," July 30, 2008 (attached at A-6); and Affidavit of Kenneth Stevens, MD (attached at A-46, ¶8 through A-51).

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

65 *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-72)

> By 2007, Oregon's conventional suicide rate was 35% above the national average.[66]
>
> By 2010, Oregon's conventional suicide rate was 41% above the national average.[67]

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.[68]

If Maryland, with its larger population, legalizes assisted suicide and has the same experience as Oregon, the financial cost could be larger.[69]

E. Legal Physician-Assisted Suicide Can Be Traumatic for Family Members

In 2012, a research study was released addressing trauma suffered by persons who witnessed a legal assisted suicide in Switzerland.[70] The study found that one out of five family

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66 *Id.*

67 Oregon Health Authority Report, Suicides in Oregon, Trends and Risk Factors (2012 Report), at A-77.

68 See report at A-78.

69 Maryland's estimated population for 2015 is 5,773,552; Oregon's estimated population is 4,028,977. United States Census Bureau at http://www.census.gov/quickfacts/table/PST045215/00.

70 "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 at A-65).

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.[71]

F. My Clients in Washington and Oregon.

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

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[71] Id.

VI. CONCLUSION

The proposed bill creates new paths of lethal elder abuse, which will be legally sanctioned and hidden from view. If enacted, healthcare care systems will be empowered to steer patients to suicide via coverage incentives, and patients and their families will be traumatized. Even if you are for the concept of assisted suicide and euthanasia, not this bill. I urge you to vote "No" on SB 418.

Respectfully Submitted,

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