

Vote for HB 477

Representative of the House Judiciary Committee,

I am here to ask you to hear what the proponents of a bill to legalize assisted suicide will not tell you and to urge you to vote for HB 477. You will hear it stated repeatedly, how well the Oregon law is working--- that there have been no problems, there have been no complications, this is only for those in the last 6 months of life and implied, only for the elderly, but this is not so.

First, let me tell you there is no medical meter that indicates one has 6 months or less to live. In fact, studies have shown that cancer patients, expected to die within 6 months, live longer.

Senator Barrett touts the track record in Oregon as being stellar. However, I am introducing testimony today that exposes the shroud of secrecy that surrounds both the Oregon and Washington laws and some statistics that we need to know.

In Washington, instructions for Medical Examiners, Coroners, and Prosecuting Attorneys states:

If you know the decedent used the Death with Dignity Act, you must state

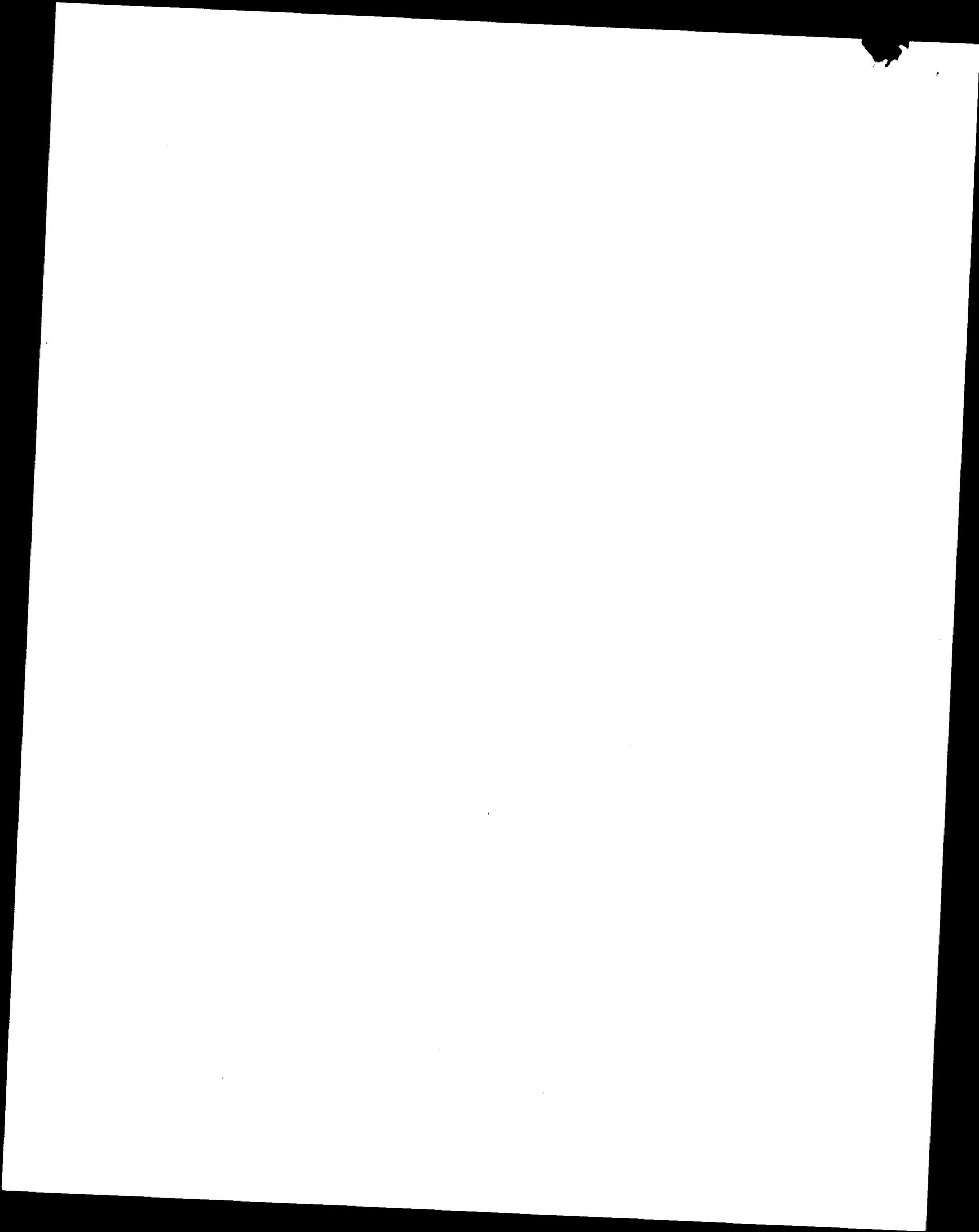
1. The underlying terminal disease as the cause of death.
2. The manner of death must be marked as "Natural."
3. The **cause of death** section **may not** contain any language that indicates Death with Dignity was used, such as:
 - a. Suicide
 - b. Assisted suicide
 - c. Physician-assisted suicide
 - d. Death with Dignity
 - e. I-1000
 - f. Mercy killing
 - g. Euthanasia
 - h. Secobarbital or Seconal
 - i. Pentobarbital or Nembutal

The Washington State Registrar will reject any death certificate that does not adhere to these requirements and will ask for a correction.

DWD forms and data are not public records; they do not fall under the retention schedule; the data for their reports is completed and then destroyed after one year.

<http://www.choiceillusionoregon.org/p/oregon-data-access-retention.html>

In Oregon, staff is told to neither confirm nor deny whether a particular person used the act; the deaths are not handled through regular channels; non-complying employees are subject to immediate termination. [See e.g. this Oregon Health Dept Memo issued December 12, 1997, at <https://choiceisanillusion.files.wordpress.com/2014/10/confidentiality-memo-1997.pdf> ("You will neither



confirm nor deny if a death has occurred in your county" . . . "these records will not be handled through regular channels" and any "staff . . . that reveals any information that they are not authorized to release, will immediately be terminated." . . .] **I urge you to read this document, as the language is strong.**

You don't hear the story of the man who experienced difficulty during his assisted suicide death and his brother-in-law had to *help* him die. "It doesn't go smoothly for everyone," he said. "It would not have worked without help." [*Oregonian*, 1/17/99 and 3/11/99] What kind of help was given and whose choice was that?

In another case, after a man took the drugs intended to induce death, his physical symptoms were so disturbing that his wife called 911. He was taken to a hospital where he was revived. [*Oregonian*, 3/23/00] Whose choice was that? Where is the compassion?

An Oregon resident whose husband was seriously ill, overheard his doctor giving him a sales pitch for AS saying "think of what it will spare your wife; we need to think of her." The doctor was not only trying to decide what was best for her husband, but also what was best for her. She was afraid to leave her husband alone after that. [Letter from Oregon resident, Kathryn Judson, Published in the Hawaii Free Press, February 15, 2011.] Whose choice was that? Where was the compassion?

Oregon's Medicaid system has a list of diseases they will treat and they have a cutoff. If I have cancer and I take treatment but I have only a 5% chance of survival in 5 years, they will not pay for the treatment. I may be able to live 3 years but they will not pay, if that is the case. This is an actual Oregon case; however, they would pay for the patient's assisted suicide. Whose choice is that? Where is the compassion?

These are just a few of the accounts that are out there. With C & C controlling and "cherry picking" information, a distortion of reality becomes the official story line. I ask you why this veil of secrecy on something that is legal and supposedly completely above board.

Proponents of DWD, say pain as the primary motivation. However, the current 2014 Oregon DWD report agrees with previous years, stating "the three most frequently mentioned end-of-life concerns were: loss of autonomy (91.4), decreasing ability to participate in activities that made life enjoyable (86.7%), and loss of dignity (71.4%). Less than 30% stated pain or "**fear** of pain" as being their motivator. Only 3 of the 105 patients who died in 2014 were referred for a psychiatric or psychological evaluation. Oregon's AS incidents were up 44% this past year. The report shows that the range in time from first request to death varied from 15-439 days, well over the 6-month requirement. There is no life expectancy meter.

Research studies show most people change their minds and want treatment they rejected in an advance directive when confronted with the actual situation. However, Barbara Coombs Lee, President of Compassion and Choices, stated, "a cornerstone goal of ours is to **persuade policymakers** to declare any treatment that intentionally goes against a patient's informed healthcare decision to be exempt from reimbursement through Medicare or Medicaid. Private insurers would soon follow this policy as well." Where is the choice; where is the compassion?

In the 2011 legislative session, Senator Anders Blewett introduced a bill in response to Baxter, to legalize AS. During the hearing Senator Blewitt conceded that assisted-suicide was not legal under *Baxter*. saying "" there's nothing to protect the doctor from prosecution." Dr. Stephen Speckart said similarly "most physicians feel significant dis-ease with the limited safeguards and possible risk of criminal prosecution after the Baxter decision." [To view a transcript, see: <http://www.montanansagainstaassistedsuicide.org/p/to-see-print-version-click-here.html>]



Instructions for Medical Examiners, Coroners, and Prosecuting Attorneys: Compliance with the Death with Dignity Act

Washington's Death with Dignity Act (RCW 70.245) states that "...the patient's death certificate...shall list the underlying terminal disease as the cause of death." The act 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 the Death with Dignity Act, 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 Death with Dignity Act was used, such as:
 - a. Suicide
 - b. Assisted suicide
 - c. Physician-assisted suicide
 - d. Death with Dignity
 - e. I-1000
 - f. Mercy killing
 - g. Euthanasia
 - h. Secobarbital or Seconal
 - i. Pentobarbital or Nembutal

The Washington State Registrar will reject any death certificate that does not properly adhere to the requirements of the Death with Dignity Act.¹ If a death certificate contains any reference to actions that might indicate use of the act, the Local Registrar and Funeral Director will be instructed, under RCW 70.58.030, to obtain a correction from the medical certifier before a permit to proceed with disposition will be issued.

Call the Department of Health's Center for Health Statistics (360-236-4307) for guidance on how to proceed if you have any questions regarding compliance with cause of death reporting under the Death with Dignity Act.

¹ Under state law, the State Registrar of Vital Statistics "shall prepare and issue such detailed instruction as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. ... The State Registrar shall carefully examine the certificates received monthly from the local registrars, county auditors, and clerks of the court and, if any are incomplete or unsatisfactory, the State Registrar shall require such further information to be furnished as may be necessary to make the record complete and satisfactory." RCW 43.70.160.

Confidentiality of Death Certificates

OREGON DEPARTMENT OF HUMAN RESOURCES
HEALTH DIVISION

(503) 731-4412 Center for Health Statistics
FAX (503) 731-4084 P.O. Box 14050
TDD-Nonvoice (503) 731-4031 Portland, OR 97293-0050

December 12, 1997

TO: County Vital Records Registrars and Deputies
FROM: Sharon Rice, Manager, Registration Unit Center for
 Health Statistics

SUBJECT: CONFIDENTIALITY—DEATH WITH DIGNITY

This memo is to insure your continued support of the Vital Records strict code of confidentiality on all birth and death certificates.

You received a memo dated November 18, 1997 from Edward Johnson, II, State Registrar. In this memo he discussed the necessity of protecting the privacy of all parties when a death occurs by means of Oregon's death with dignity law.

I have received several calls from different counties asking for more information. After discussing these concerns with the Registrar and physicians within the Health Division the following rules will apply to all physician assisted deaths.

You will neither confirm nor deny if a death has occurred in your county. If this question is asked by employees within your own Health Department, those calls should be referred to Edward Johnson, II, State Registrar (503) 731-4109 or Katrina Hedberg, M.D. (503) 731-4024. If you are asked for information from any other source on this specific topic, those callers will be referred to Katrina Hedberg, M.D., Oregon Health Division, (503) 731-4024. Do not refer callers to me as I am not at liberty to discuss this topic, and I would only have to refer the caller again.

We will begin asking funeral directors to direct report all physician assisted death certificates to this office thus eliminating the registration through the county office. This will assist in maintaining the confidentiality in your office. Only limited staff in records will be aware of this type of death, as these records will not be handled through regular channels. We will also be controlling the issuance of certified copies making sure the family is aware of the new abbreviated copies and recommending they receive this type of certified copy.

If the funeral home chooses to forward the death record to your office, you may forward it to this office for registration. You should not maintain a white copy of the death record for six months nor should you issue certified copies.

If you do register the death locally then you may not maintain a six-month copy of the death record. Before issuing any certified copies of the death record you will need to contact this office for special permission to do so. There are three people in this office that can grant that permission:

Edward Johnson, II—State Registrar (503) 731-4109

Carol Sanders, Manager, Certification Unit 731-4416

Sharon Rice, Manager, Registration Unit 731-4412

Since we do not anticipate a large number of these cases, the different rules for the handling, these deaths should not adversely affect your work. You may never have this type of death occur within your county.

If you haven't by now determined the seriousness of this, let me add one additional statement so you will know how seriously this matter is being taken by the State Health Division. Any staff within the Center for Health Statistics that reveals any information they are not authorized to release, will immediately be terminated. Any county vital records staff, releasing information will have their registrar-deputy registrar commissions immediately revoked, thus eliminating you from having any contact with vital records within your county.

Remember if you are asked if any physician assisted deaths have occurred in your county you may neither confirm nor deny their occurrence. This may put you in a difficult position if you are being asked from Personnel within your own health department. Again, you will need to explain that you have been told you are not to discuss this topic with anyone, and refer the caller as mentioned earlier in this memo.



Bobbie Hafer <bkhafer@gmail.com>

[alert] C&C wants the government to refuse payment for any treatment refused in an advance directive.

1 message

Sara Buscher <sarabus@milwpc.com>

Mon, Nov 10, 2014 at 11:48 AM

To: "alertagainst1000@googlegroups.com" <alertagainst1000@googlegroups.com>

From C&C via email 11-10-14, entitled STOP Unwanted Medical Treatment today!

According to the Agency for Healthcare Quality and Research, most people change their minds and want treatment they rejected in an advance directive when confronted with the actual situation. See attached report at page 4 which says "Both patients with and patients without a living will were more likely to change their preferences and desire increased treatment once they became hospitalized, suffered an accident, became depressed, or lost functional ability or social activity."

This C&C proposal will not honor people's true choices.

Dear Sara,

If we accomplished just one thing in our campaign to end unwanted medical treatment, we would spare countless patients and families the trauma of invasive, costly procedures that fill a person's final hours with agony.

What is that one thing? To withhold payment for treatments that knowingly violate a patient's expressed wishes, including an advance directive, living will, or a "do not resuscitate" (DNR) order.

That's why a cornerstone goal of ours is to persuade policymakers to declare any treatment that intentionally goes against an adult patient's informed healthcare decision to be exempt from reimbursement through Medicare or Medicaid. Private insurers would soon follow this policy as well.

If we remove the financial reward for connecting dying patients to intrusive machines, or inserting rough tubes down fragile throats, maybe — finally — we can force a broken system to put patients' wishes first.

**Your support can help us push for this dramatic change.
Please, strengthen our critical effort to end unwanted
medical treatment with a generous gift today.**

Policymakers can and should use both the carrot and the stick to encourage providers to honor patients' directives. That includes financial incentives for doctors to make time to ask about and listen to their patients' wishes. And it includes financial disincentives for willfully disregarding those clearly expressed wishes.

Compassion & Choices calls upon The Center for Medicare and Medicaid Services (CMS) and private insurers to deny payment where there is clear evidence that specific treatments were unwanted — just as CMS already does for treatment that is unnecessary or never should have happened.

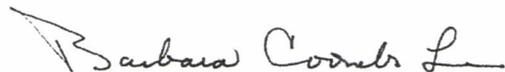
Patients have a right to expect care in line with their stated wishes. And the payment system

should put those wishes above all else. "Did the patient give informed consent for this treatment," should be the first criteria for payment.

Compassion & Choices has made ending the scourge of unwanted treatment one of our highest priorities. But it's an ambitious undertaking that requires a massive commitment from our members—even to accomplish this *one important thing*.

Your gift today will do so much good. Please — for yourself, for your family — support our campaign to end unwanted medical treatment today.

Sincerely,



Barbara Coombs Lee, PA, FNP, JD
President

P.S. Over the last few weeks, Compassion & Choices and the death-with-dignity movement have been the topic of conversation in news stories heard by tens of millions of people all over the world. Combatting the plague of unwanted medical treatment is an essential part of that movement. **Help us to continue to build on this momentum with a special gift to Compassion & Choices today.** Thank you!

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Sara Buscher
Appleton, WI
(920) 882-1334

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You received this message because you are subscribed to the Google Groups "Alert Against 1000" group. To unsubscribe from this group and stop receiving emails from it, send an email to alertagainst1000+unsubscribe@googlegroups.com. To post to this group, send email to alertagainst1000@googlegroups.com. Visit this group at <http://groups.google.com/group/alertagainst1000>. For more options, visit <https://groups.google.com/d/optout>.

 **Advance Care Planning-AHRQ RIA Issue 12.pdf**
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