Currently, assisted suicide is a crime in Hawaii. Any person who intentionally assists another to commit suicide commits the offense of manslaughter, a class A felony. [Haw. Rev. Stat. § 707-702 (1)(b)]

H.B. 806, called the "Death with Dignity" Act, is modeled on Oregon's assisted-suicide law. It would transform the crime of assisted suicide into a medical treatment.

HAWAII'S ASSISTED-SUICIDE BILL:

⚠ Does not require that the lethal drugs be self-administered.

Unlike Oregon's assisted-suicide law, the Hawaii bill requires a "monitor." The monitor "shall be present at the time of the actual administration of the medication to the patient." [§ 41 (a)] [Emphasis added] According to the proposal, the monitor will have the power to "stop the administration" if it hasn't been carried out and if it seems that the patient has had a change of mind. [§ 41 (a)] This provision implies that someone other than the patient may administer the lethal drugs.

⚠ Allows someone who will benefit from the patient's death to play a key role in signing the patient up for an assisted-suicide prescription.

A patient's written request for assisted suicide must be witnessed by two people. [§ 22 (a)] One of those witnesses may not be a relative or a person who would inherit the patient's property or an owner, operator or employee of the health care facility where the patient is being treated. [§ 22 (b)] But this means that one of the witnesses may fall into those categories. Then, that person could select a personal friend or acquaintance to be the second witness.

It allows those who will benefit from the patient's death to play a key role in facilitating an assisted-suicide prescription, setting the stage for elder abuse and premature transfer of assets. According to the National Center on Elder Abuse, between 1 and 2 million Americans, 65 and older, are abused each year by someone they depend on for care and protection.¹

⚠ Lets doctors help depressed or mentally ill patients commit suicide without providing any type of counseling or psychological evaluation.

A referral for counseling is only necessary "if, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological disorder causing impaired judgment." [§ 33] [Emphasis added] So, while a person may be depressed or mentally ill, a referral for counseling is necessary only if the physician believes the patient's judgment is impaired (i.e., the patient is unable to make decisions regarding personal, interpersonal, financial and/or medical affairs). Many people who are depressed or mentally ill are capable of making such decisions.
According to Oregon's tenth annual assisted-suicide report, not one patient was referred for a psychological or psychiatric evaluation before receiving an assisted-suicide prescription. Yet a recent Oregon Health & Science University study found that one in four Oregonians who request assisted suicide are likely to be clinically depressed, and the assisted-suicide law may fail to protect these patients.3

Let a doctor help a patient commit suicide even after the patient is found to have impaired judgment.

If a patient is found to have impaired judgment, the assisted-suicide bill does not prohibit a health care provider, family member or other person from arranging for the patient to be evaluated by other counselors until one is found who will declare the patient qualified for assisted suicide.

In Oregon, it has been noted that "a psychological disorder – senility, for example – does not necessarily disqualify a person" from receiving assisted suicide. An Oregon woman who was suffering from early dementia died of assisted suicide even though her own physician declined to provide the lethal prescription. When counseling to determine her capacity was sought, a psychiatrist determined that she was not eligible for assisted suicide since she was not explicitly seeking it, and because her daughter seemed to be coaching her to do so. She was then taken to a psychologist who determined that she was competent but possibly under the influence of her daughter who was "somewhat coercive." Finally, a managed care ethicist, who was overseeing her case, determined that she was qualified for assisted suicide, and the drugs were prescribed.4

Gives government health programs, managed care programs and others the opportunity to cut health care costs by encouraging vulnerable patients to request assisted suicide.

Tragically, elder abuse is a common occurrence in today's society. Elderly patients could easily be pressured by family members or unscrupulous health care providers into requesting assisted suicide. Although the bill specifically states that it prohibits coercing or using undue influence on a patient to request the deadly drugs [§ 52 (b)], nothing in the bill prohibits managed care providers, insurance companies or others from suggesting assisted suicide to a patient or from encouraging a patient to request a lethal prescription.

During debate on a similar proposal in California, Sen. Joe Dunn (D-Santa Ana) cast the deciding "No" vote to defeat the bill because the "power of money" would influence HMO's, health insurers and the state to save money while cutting back on patient care.5

In Oregon, some patients have been told by their health insurance provider that a costly drug prescribed by a doctor to treat the patient's illness would not be covered but inexpensive lethal drugs for assisted suicide would be.6

Let a doctor write an assisted-suicide prescription for a patient without seeing the patient in person after diagnosis of a terminal condition is made.

The bill requires patients to make three requests for assisted suicide – two oral requests which do not need to be witnessed and one written witnessed request. [§ 36] However, none of those requests must be made in person. The two oral requests could be made by telephone and the written request could be sent by mail or fax.
允许将处方邮寄给药房，然后由药房分发致命药物给家庭成员、朋友或指定代理人。

法案不要求药物直接提供给患者。[§ 31 (12) (B) (ii)] 在已知的俄勒冈州辅助自杀死亡案例中，患者通过联邦快递获得了致命过量剂量。[7]

在夏威夷的提案中，联邦快递可以是“指定的代理人”来将药物送到患者手中。

迫使医院、疗养院和其他护理设施允许在设施内进行辅助自杀转介。

法案规定，提供者无须承担任何参与辅助自杀的义务。[§ 51(a) 和 (b) (1) (2)] 然而，法案明确指出转介不构成参与。[§ 51(b) (3) (2)(C)]

不包含任何调查不准确、不完整和误导的报告或调查辅助自杀死亡的滥用的条款。

尽管辅助自杀倡导者声称俄勒冈州的官方报告关于辅助自杀的实践证明没有问题或滥用，这些说法至多是误导。

根据数据，由援助与选择组织——辅助自杀倡导组织——提供的数据，该组织参与了俄勒冈州辅助自杀死亡的四分之三。[8]

俄勒冈州最大的报纸将这一情况描述为“主要由少数人管理的项目，少数医生和其他人决定公众可以知道什么。”[9]

就像俄勒冈州辅助自杀法律一样，夏威夷的法案要求写辅助自杀药物处方的医生向州报告案件[§ 42]，但在俄勒冈州的法律中，没有因未报告或报告不准确或不完整而受罚的条款。

从俄勒冈州法律生效之日起，州官员已经承认了“很难，如果不是不可能准确地检测报告的准确度”[10]。州官员已经承认，他们“假设，但是，医生们像往常一样仔细和精确地报告他们参与辅助自杀的情况。”[11]

一位俄勒冈州官员解释说，调查潜在的辅助自杀不合规性的调查不能进行，因为“我们没有资源进行调查，也没有法律授权将我们插入进来。”[12]

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1 Nation Center on Elder Abuse, "Fact Sheet: Elder Abuse Prevalence and Incidence” (2005), page 1.


6 *KATU TV*: Portland, OR; July 31, 2008.


12 Testimony of Dr. Katrina Hedberg before the House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, *Assisted Dying for the Terminally Ill Bill [HL], Volume II: Evidence*. Apr. 4, 2005, p. 266, question 615.

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