

HB 1141 (2021)

EXPANDS THE STATE ASSISTED-SUICIDE LAW

“NO” TO SAME-DAY DEATH

*A webinar presented to legislative members and staff
for Human Life of Washington on January 18, 2021*

Alex Schadenberg, Executive Director
Euthanasia Prevention Coalition

Email: alex@epcc.ca

▶ **History of the bill:**

- ▶ **HB 1141 (2021)** is sponsored by the same State Representatives who sponsored HB 2419 in 2020.
- ▶ **HB 2419** was a bill asking the state government to fund a study to be conducted at the UW to determine how to expand the state assisted-suicide law, also known as the “Death with Dignity” act.
- ▶ Governor Inslee vetoed the bill due to budget concerns in light of Covid-19.

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- ▶ HB 2419 (2020) was to “examine” the expansion and the elimination of "safeguards" in the assisted suicide law.
- ▶ This study would not only have influenced Washington State.

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- ▶ **HB 2419** sought to “examine” through a study:
 - ▶ (a) A lack of “awareness” of the Washington “Death with Dignity” act and its provisions;
 - ▶ (b) “Burdens” for qualified patients to meet the fifteen-day waiting period;
 - ▶ (c) Concerns that inhibit the participation of health care providers in the provisions of this chapter;
 - ▶ (d) Hospital, medical, hospice, and long-term care providers' policies that “restrict” the participation in and the distribution of information about the provisions of this chapter;

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- ▶ (e) Limited “geographic access” to compounding pharmacies or other pharmacies that dispense medications under this chapter;
- ▶ (f) “Restrictions” based on the requirement that the medications under this chapter be “self-administered”;
 - ▶ A note of critical distinction: In current in law, “restrictions” of “self-administering” it necessarily comprises what is “assisted-suicide”. Outside of that “restriction” (hence, administered by another), it becomes euthanasia.
- ▶ (g) Lack of insurance coverage for the services and medications necessary to participate in the provisions of this chapter;
- ▶ (h) The need for improvements to the data collection system; and
- ▶ (i) Any other “barriers” identified in the course of performing the study.

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- ▶ Clearly the authors of HB 2419 (2020) were interested in expanding assisted suicide to:
 - ▶ Eliminate or reduce the 15-day waiting period,
 - ▶ permit non-physicians from approving and prescribing,
 - ▶ and permit euthanasia.

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▶ **HB 1141:**

- ▶ Expands the list of who can prescribe lethal drugs by changing the requirement from physician to "qualified medical provider."
- ▶ A "qualified medical provider" is defined as a physician, or a licensed physician assistant, or a osteopathic physician, or and advanced registered nurse practitioner.
 - ▶ This lessens the qualification to approve and prescribe lethal drugs.

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- ▶ **HB 1141:**
- ▶ Expands the list of who is legally able to counsel a person,
 - ▶ if or when the qualified medical provider questions the ability of the person to consent. Those who would be qualified to offer counseling would include: a state licensed psychiatrist or, psychologist, independent clinical social worker, advanced social worker, mental health counselor, or psychiatric advanced registered nurse practitioner.

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- The current “Death with Dignity” law fails to emphasize screening for depression which would mitigate assisted-suicide, and provide patients with hope to live.
- The current “Death with Dignity” law fails to train physicians to identify depression, a probable cause of requesting assisted-suicide.
- Patients **do** change their minds!

(Will to live in the terminally ill - The Lancet: Chochinov H, Tataryn D, Clinch JJ, Dudgeon D. Will to live in the terminally ill. *Lancet*. 1999; 341: 816-819)

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- It only expands death.
- It has no concern for preventative.
- It removes hope.
- Deaths are climbing under the current law. This bill would hasten more deaths prematurely.
- In 2018, only **10** patients out of **267** “applications/requests” were referred to counseling.
- **Patients do change their minds!**
 - (Will to live in the terminally ill - The Lancet: Chochinov H, Tataryn D, Clinch JJ, Dudgeon D. Will to live in the terminally ill. Lancet. 1999; 341: 816-819)

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An estimated 90% of suicides in the U.S. are associated with mental illness, most commonly depression.

Diagnosing depression can be challenging, even in patients with cancer and other serious illnesses.

A survey of 1109 cancer patients and their physicians reported that the physicians accurately classified only 20 of the 159 moderately to severely depressed patients, and rated 78 of these patients as having essentially no depressive symptoms.

In other words, the patients' cancer physicians were accurate in diagnosing moderate or severe depression only 13% of the time.

Update on Death with Dignity Participation 2009-2017

Since the last Death with Dignity report was published in February of 2018, the department received additional information on participants from prior years. *Figure 2* shows the known number of participants and the number of deaths as of May 17, 2019, for 2009 through 2018. The status of the remaining participants in 2009, 2011, 2013, 2014, 2015, 2016, 2017, and 2018 remains unknown. These participants may have died, but no documentation of the death has been received.

Figure 2. Number of Death with Dignity participants and known deaths, 2009-2018

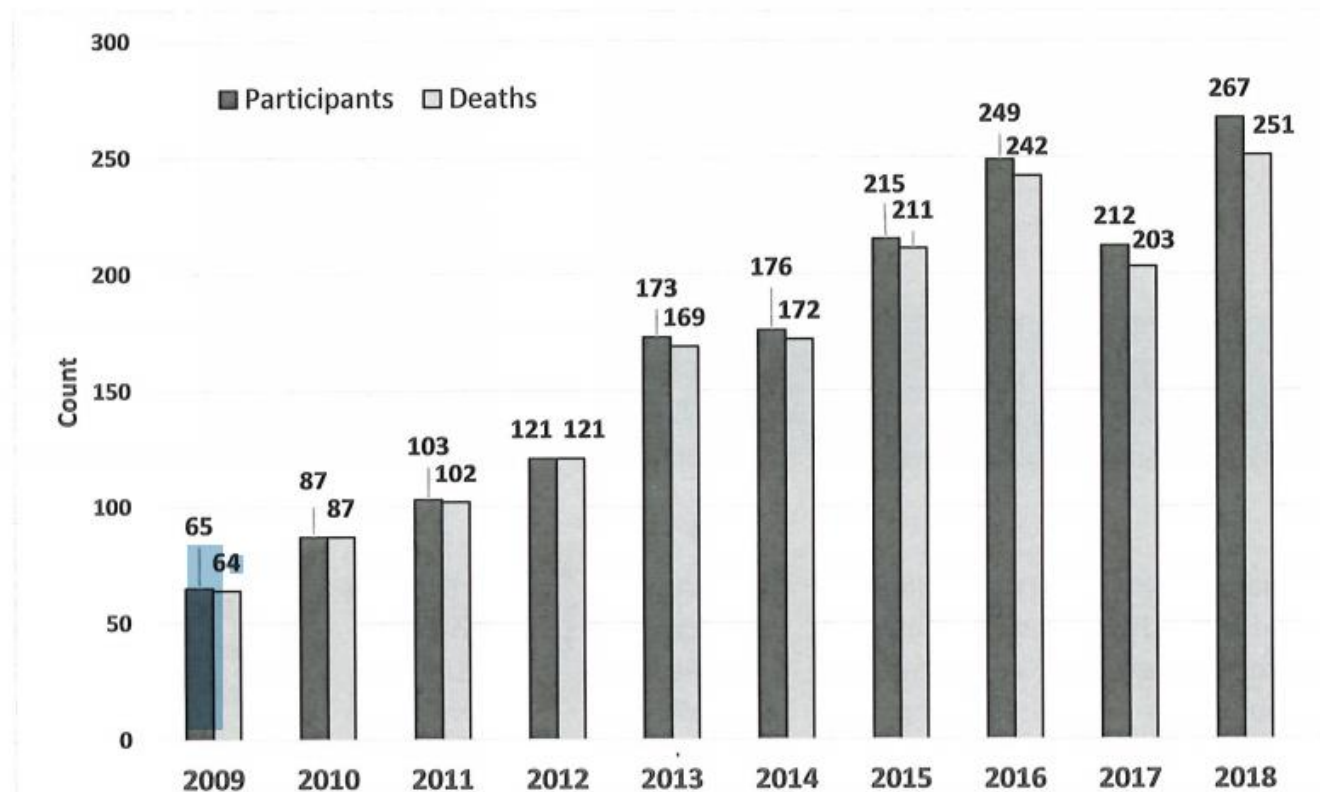


Table 3. Death with Dignity Act process for participants who died, 2016-2018

	2018		2017 ¹		2016 ¹	
	Number	%	Number	%	Number	%
Family and Psychiatric/Psychological involvement						
<u>Referred for psychiatric/psychological evaluation</u>	10	4	-- ⁷	--	11	5
Patient informed family of decision ³	222	92	174	94	224	95
Medication⁴						
Secobarbital	56	22	66	34	77	32
Phenobarbital/Chloral Hydrate Combination	0	0	0	0	106	44
Morphine sulfate	195	78	130	66	53	22
Other	0	0	0	0	5	2
Timing						
Duration of patient-physician relationship⁵						
<25 weeks	118	50	94	51	125	52
25 weeks – 51 weeks	25	11	21	11	25	10
1 year or more	90	38	71	38	88	37
Unknown	5	2	0	0	2	1
Range (min – max)	<1 wk – 23 yrs		<1 wk – 38 yrs		<1 wk – 31 yrs	
Duration between first oral request and death⁶						
<25 weeks	200	86	167	90	209	88
25 weeks or more	27	12	18	10	28	12
Unknown	5	2	0	0	0	0
Range (min – max)	2 wks –115 wks		2 wks – 81 wks		2 wks –112 wks	

- ▶ **HB 1141**
- ▶ Eliminates the 15-day waiting period and replaces it with a 72-hour waiting period before the second request is made.
- ▶ The 72 hour waiting period can be waived if the qualified medical provider believes that the person may be dying.
- ▶ This allows a same day death.
- ▶ Peer-reviewed studies of people who are dying conclude that the will to live fluctuates. Removing the waiting period removes choice at the end of life.
- ▶ **A person's bad day becomes the last day.**

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A FLAWED SYSTEM: Only one individual--with no accountability

- ▶ The existing approval and reporting system:
 - ▶ Already denies effective oversight of the law.
 - ▶ Then allows the same physician to approve assisted-suicide.
 - ▶ Then, prescribe the assisted-suicide lethal drugs.
 - ▶ Then, the same physician is the one who reports the assisted-suicide.
 - ▶ This is a self-reporting system that protects the physician who participates in assisted-suicide and supposedly makes effective oversight of the law impossible.

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“CONTROLLED SUBSTANCES”

NO LONGER “*CONTROLLED*”; OKAY TO SHIP

- ▶ HB 1141 allows the lethal prescription to be delivered to the person, rather than requiring the lethal drugs to be accessed by the person who is approved or the physician.
- ▶ We have heard a lot of news about delivery packages being stolen.



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- ▶ The Washington State report indicates that there were almost 25% more* assisted-suicide deaths in 2018. The data in the report indicates:
 - ▶ 203 Reported assisted-suicide deaths (up from 164 in 2017)
 - ▶ 267 Lethal prescriptions dispensed (up from 212 in 2017)
 - ▶ 29 Known natural deaths
 - ▶ 19 Unknown deaths (which may have been unreported assisted-suicide deaths)
 - ▶ 16 Death status was pending
- ▶ *Evidently, a 25% increase was not good enough, so proponents of assisted-suicide and euthanasia sought to expand deaths even more. The result: 2020 (HB 2419), and 2021 (HB 1141).

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COMPLICATIONS OF LETHAL DOSES OF DRUGS

- ▶ There were more complications in Washington State in 2018, likely related to the new lethal drug cocktail experiments.
- ▶ The report states that 8 people reportedly experienced complications, which was up from 4 in 2017. Also, 62 people died more than 90 minutes after taking the lethal drugs and the range of time to die ranged from 7 minutes to 30 hours.

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“Death with Dignity”

Is cruelty for patients.

It is callous disregard.

Washington can and should do better!

The Medical Express reported on September 8, 2020:

- ▶ “A little-known secret, not publicized by advocates of aid-in-dying, was that while most deaths were speedy, others were very slow. Some patients lingered for six or nine hours; a few, more than three days.”
- ▶ **Assisted-suicide is not what it appears to be.**
- ▶ Many people support assisted-suicide based on the fear of dying a bad death.
- ▶ However, assisted-suicide can cause a bad death.

Table 2. End of life concerns of participants who died, 2016-2018

End of Life Concerns ^{2, 3}	2018		2017 ¹		2016 ¹	
	Number	%	Number	%	Number	%
Loss of autonomy	203	85	167	90	208	87
Less able to engage in activities making life enjoyable	199	84	162	87	201	84
Loss of dignity	165	69	135	73	157	65
Burden on family, friends/caregivers	121	51	105	56	122	51
Losing control of bodily functions	108	45	86	46	102	43
Inadequate pain control or concern about it	90	38	70	38	97	40
Financial implications of treatment	22	9	19	10	18	8

Table 2 Notes

1. Data published in 2017 report:
www.doh.wa.gov/DataandStatisticalReports/VitalStatisticsData/DeathwithDignityData.aspx.
2. Data are collected from the After Death Reporting form. At the time of publication, data were available for 238 of the 251 participants in 2018 who died.
3. Participants may have selected more than one end of life concern, thus the totals are greater than 100 percent.

- ▶ The lethal drug cocktails that were developed to lower the cost are known to cause side-effects. The Seattle Times reported in March 2017:

“The first Seconal alternative turned out to be too harsh, burning patients’ mouths and throats, causing some to scream in pain. The second drug mix, ... has led to deaths that stretched out hours in some patients — and up to 31 hours in one case.”

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▶ An article published in the Atlantic (January 2019) stated:

“An advocacy organization called End of Life Washington briefly advised prescribing a drug mixture with the sedative chloral hydrate to about 70 patients. “We know this is going to put you to sleep, and we’re pretty sure it’s going to kill you,” Robert Wood, a medical director at the organization, says they told the patients. It worked, but with a tragic catch: In a few cases, the chloral hydrate burned people’s throats, causing severe pain just at the time they expected relief.”

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- ▶ The assisted suicide promoters and practitioners developed the lethal drug cocktail by doing human trials rather than animal trials first.
- ▶ The team appeared concerned with the lethal efficacy and cost of the lethal cocktail as opposed to the possible negative consequences with the use of these drugs.

Question: Were these human trials done with full consent of the participants?

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SUMMARY

- ▶ It reduces the 15-day waiting period to 72 hours and then it allows that to be waived, permitting a Same-Day Death,
- ▶ It allows for lesser-qualified medical providers to approve and prescribe lethal drugs.
- ▶ HB 1141 creates a dangerous precedent that may be followed by other jurisdictions that have legalized assisted-suicide.
- ▶ It is not necessary.

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