



Testimony

Rulemaking Hearing on Implementation of I-1000 Washington State Department of Health

February 12, 2009

Good morning, my name is Kim Sheley and I am testifying on behalf of the Washington State Catholic Conference (WSCC), which represents the Catholic bishops of Washington State on public policy issues.

It is our view that the codification of assisted suicide into law creates a profound cultural shift that will have devastating consequences for society. In our Catholic tradition, all life is sacred and we honor the dignity of every human person. But as time passes and our collective conscience becomes further dulled to the truly exceptional act of prematurely ending a human life, we will in the name of “dignity” or “mercy” begin to notice others among us who might “benefit” from death. Fragile senior citizens lacking financial resources or family support will become prime candidates. Disabled persons, young and old, will feel unspoken pressure to justify the financial and emotional burdens they pose to their family and society. Those facing expensive medical treatments but lacking employment and health insurance might see their own death as the best decision for their family.

The law that ushers in this brave new era becomes effective in just over three weeks. And even those supportive of this law would not deny the importance of *transparency* and *accountability* in any system that involves people facilitating the death of other people. Sadly, this law, as passed, lacks both.

A quick scan of the daily headlines reveals many instances of people causing the demise of those in their care, sometimes even their own family members. Our concern for the stripping of dignity and life itself from those in positions of weakness requires us to point out the absence of effective safeguards for a law that involves the active taking of human life.

Proponents state that I-1000 is modeled after Oregon’s assisted suicide law. This is true but with one glaring difference. Unlike Oregon, Washington physicians are not allowed to list suicide, assisted suicide, drug overdose, or even the misnomer “death with dignity,” as the cause of death on the death certificate. Instead, they may list the “underlying condition” as the cause of death. Considering the rise in elder abuse cases, does this not provide a tidy loophole to cover up a death induced by fraud?

Also of concern is WAC 246-978-010, where the term “self-administer” is defined as the “act of ingesting,” even though these are different actions. Because of the grave potential for abuse if someone other than the patient actually places medication in the patient’s mouth, language should be added to clarify the word “ingesting.”

Another dangerous omission is a requirement for a witness to the death. Proposed form DOH 422-068 only asks the physician whether he or she was present at the patient's bedside at the time of death. Should there not be reporting of all who were present at the time of death? Without such information, how can we ever detect and prevent abuse?

Reading the Reporting Requirements section of I-1000, we learn that "except as otherwise required by law," information collected is "not a public record and may not be made available for inspection by the public." With this lack of transparency, what level of accountability can we expect? How can we insure compliance with safeguards in place under Washington's Adult Protective Services law?

Moreover, the reporting that is required on DOH 422-068 requests information from the physician, after the fact, regarding concerns that may have contributed to the patient's decision to request assisted suicide. Would it not be better to have the patient's input directly, at the time they request the prescription?

And what of physicians, pharmacists and institutions that fail to report or report incorrectly? Should we not have meaningful sanctions for those that fail to accurately report what little is required under the law?

At present, a family member with concerns about fraud -- or worse -- has very little reliable information about the death of their loved one. This same lack of transparency led the *Oregonian* newspaper to point out that we cannot possibly speak to the safety of Oregon's implementation of assisted suicide due to the dearth of records kept and the difficulty in obtaining them. Are Oregon's rules truly the example that we in Washington should follow?

Our concerns with the lack of effective safeguards in Initiative 1000 are rooted in our concern for the health and well-being of all Washington citizens, particularly vulnerable people at risk of abuse. We are encouraged that the Department of Health shares this concern and urge you to exercise your purview over assisted suicide to protect the health and safety of vulnerable Washington citizens.

On behalf of the Washington State Catholic Conference, I thank you for your time today.