

# **One Hundred Fifth Legislature - First Session - 2017**

## **Introducer's Statement of Intent**

### **LB450**

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**Chairperson: Senator Laura Ebke**

**Committee: Judiciary**

**Date of Hearing: March 15, 2017**

The following constitutes the reasons for this bill and the purposes which are sought to be accomplished thereby:

Legislative bill 450 is denominated the Patient Choice at end of Life Act and provides that actions taken in compliance with the Act “shall not, for any purpose constitute suicide, assisted suicide, mercy killing, homicide or elder abuse.”

Its sole aim is to allow a person to choose a manner of dying (when death is certain and imminent) that is peaceful, humane and dignified.

When it comes to the most significant and portentous decision in a dying person’s life, no third party – including the government – has the right to interfere with, impede or countermand the wishes of the person.

Pointless, needless pain – wholly useless agony — and suffering and the loss of personal dignity is neither “good” or “ennobling”, nor does it comport with the concept of human dignity.

For the government to withhold from such a person the right and means to carry out his or her final decision is totally unjustified, inexcusable and unacceptable.

For a person so situated to be deprived of the right to face death in the manner of his or her choosing because others find the decision to “not set well with them,” is not only insensitive and wantonly cruel, it constitutes moral perversion.

The Act is “planted thick” with rules, regulations, protections and safeguards to prevent and severely punish any abuse or violation of its provisions that result in harm to the person seeking to use its provisions. For example, it is a Class III felony for anyone to forge a request for a prescription of life-ending medication for another person or to conceal or destroy the rescission of a request for such medication written by another person.

Everything involved in the process must be totally voluntary and uncoerced in any form, fashion or manner.

The patient must express his or her request for life-ending medication, both orally and in writing and must self-administer the medication **WITHOUT THE ASSISTANCE OF ANY OTHER PERSON.**

An attending physician, as well as a consulting physician, must concur (and document their belief) that the patient is competent to make medical decisions and is acting voluntarily. Otherwise no prescription can be written.

Any reference to “physician-assisted suicide” is inaccurate on both counts. As noted, no person may “assist” a person in the administering of the medication.

Suicide is the negation of, or “giving up on” life. The patient, here, is neither negating nor giving up on life but, rather, choosing the manner of his or her inexorable, inevitable, imminent death. Meaningful “life”, both as to quality and duration, is not an option.

A person in such circumstances is not dealing with abstract speculation, but is in the inescapable embrace of impending Death and may be experiencing a type and degree of mental and physical suffering which equates to torture and – if inflicted by the State or the U.S. government as punishment for a crime – would be prohibited by the United States and Nebraska Constitutions on the basis of its being both “cruel” and “unusual” punishment.

The only thing the suffering, dying patient has done to “deserve” such a wantonly cruel fate is to have lived and contracted the condition that is slowly and excruciatingly draining away, not only life, but human dignity and peace of mind.

All of those who find the relief provided by the Patient Choice at End of Life Act to be abhorrent, are completely free to reject it for themselves – but they have no right to stand in the way of others seeking the solace they may obtain therefrom.

**Principal Introducer:** \_\_\_\_\_

Senator Ernie Chambers