

SENATE BILL No. 149

March 7, 1991, Introduced by Senators HONIGMAN, CISKY, SCHWARZ, CARL, CONROY, STABENOW, FAXON, POLLACK, VAUGHN, KELLY, BERRYMAN, EMMONS, DUNASKISS, PRIDNIA, GEAKE, CHERRY and HART and referred to the Committee on Family Law, Criminal Law, and Corrections.

A bill to create the Michigan commission on death and dying; to prescribe its membership, powers, and duties; and to provide for the development of legislative recommendations concerning certain issues related to death and dying.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1 Sec. 1. The legislature finds that the voluntary
2 self-termination of human life, with or without assistance,
3 raises serious ethical and public health questions in the state.
4 To study this problem and to develop recommendations for legisla-
5 tion, the Michigan commission on death and dying is created.

6 Sec. 2. As used in this act:

7 (a) "Commission" means the Michigan commission on death and
8 dying.

9 (b) "Patient" means a person who engages in an act of
10 voluntary self-termination.

1 (c) "The voluntary self-termination of life", "voluntary
2 self-termination", and "self-termination" mean conduct by which a
3 person expresses the specific intent to end, and attempts to
4 cause the end of, his or her life, but do not include the admin-
5 istration of medication or medical treatment intended by a person
6 to relieve his or her pain or discomfort, unless that administra-
7 tion is also, independently, and specifically intended by the
8 person to cause the end of his or her life.

9 Sec. 3. (1) Each of the following may, in accordance with
10 its own rules and procedures, appoint 1 member, and 1 alternate
11 member, of the commission, pursuant to subsection (2):

12 (a) American association of retired persons.

13 (b) Citizens for better care.

14 (c) Hemlock of Michigan.

15 (d) Michigan association of suicidology.

16 (e) Michigan department of public health.

17 (f) Michigan hospice organization.

18 (g) Michigan house of representatives committee on the
19 judiciary.

20 (h) Michigan house of representatives committee on public
21 health.

22 (i) Michigan house of representatives committee on mental
23 health.

24 (j) Michigan psychiatric society.

25 (k) Michigan psychological association.

26 (l) Michigan senate committee on family law, criminal law,
27 and corrections.

1 (m) Michigan senate committee on health policy.

2 (n) Michigan senate committee on mental health.

3 (o) Michigan state medical society.

4 (p) National association of social workers, Michigan
5 division.

6 (q) Right to life of Michigan, inc.

7 (r) State bar of Michigan.

8 (2) A majority of commission members appointed constitute a
9 quorum.

10 (3) The commission shall convene its first meeting within
11 90 days after the effective date of this act, at which the mem-
12 bers shall elect a member as chairperson.

13 (4) Following its first meeting, the commission shall meet
14 as often as necessary to fulfill its duties under this act.
15 Either the chairperson or a majority of the appointed members may
16 call a meeting upon 7 days' written notice to the commission
17 members.

18 (5) In its deliberations, the commission shall provide for
19 substantial involvement from the academic, health care, legal,
20 and religious communities, as well as from members of the general
21 public.

22 Sec. 4. Within 2 years after the effective date of this
23 act, the commission shall develop and submit to the legislature
24 recommendations as to legislation concerning the voluntary
25 self-termination of life. In developing these recommendations,
26 the commission shall consider each of the following:

1 (a) Current data concerning voluntary self-termination,
2 including each of the following:

3 (i) The current self-termination rate in the state, compared
4 with historical levels.

5 (ii) The causes of voluntary self-termination, and in par-
6 ticular each of the following:

7 (A) The role of alcohol and other drugs.

8 (B) The role of age, disease, and disability.

9 (iii) Current state law concerning voluntary
10 self-termination, including the status of persons who assist a
11 patient's self-termination.

12 (iv) The laws of other states concerning voluntary
13 self-termination, and in particular the effect of those laws on
14 the rate of self-termination.

15 (b) The proper aims of legislation affecting voluntary
16 self-termination, including each of the following:

17 (i) The existence of a societal consensus in the state on
18 the morality of the voluntary self-termination of life, including
19 the morality of other persons assisting a patient's
20 self-termination.

21 (ii) The significance of each of the following:

22 (A) The attitudes of a patient's family regarding his or her
23 voluntary self-termination.

24 (B) The cause of a patient's act of self-termination,
25 including apprehension or existence of physical pain, disease, or
26 disability.

1 (iii) Whether to differentiate among the following causes of
2 voluntary self-termination:

3 (A) Physical conditions, as distinguished from psychological
4 conditions.

5 (B) Physical conditions that will inevitably cause death, as
6 distinguished from physical conditions with which a patient may
7 survive indefinitely.

8 (C) Withdrawing or withholding medical treatment, as distin-
9 guished from administering medication, if both are in furtherance
10 of a process of voluntary self-termination.

11 (iv) With respect to how the law should treat a person who
12 assists a patient's voluntary self-termination, whether to dif-
13 ferentiate based on the following:

14 (A) The nature of the assistance, including inaction; non-
15 causal facilitation; information transmission; encouragement;
16 providing the physical means of self-termination; active partici-
17 pation without immediate risk to the person assisting; and active
18 participation that incurs immediate risk to the person assisting,
19 such as suicide pacts.

20 (B) The motive of the person assisting, including compas-
21 sion, fear for his or her own safety, and fear for the safety of
22 the patient.

23 (C) The patient's awareness of his or her true condition,
24 including the possibility of mistake or deception.

25 (v) The relevance of each of the following:

26 (A) The legal status of suicide.

1 (B) The legal status of living wills.

2 (C) The right to execute a durable power of attorney for
3 health care, as provided in section 496 of the revised probate
4 code, Act No. 642 of the Public Acts of 1978, being section
5 700.496 of the Michigan Compiled Laws.

6 (D) The common-law right of a competent adult to refuse med-
7 ical care or treatment.

8 (E) Constitutional rights of free speech, free exercise of
9 religion, and privacy, and constitutional prohibitions on the
10 establishment of religion.

11 (c) The most efficient method of preventing voluntary
12 self-terminations, to the extent prevention is a proper aim of
13 legislation. In particular, the commission shall consider each
14 of the following:

15 (i) The costs of various methods of preventing voluntary
16 self-terminations, including the use of any of the following:

17 (A) Public health measures, such as crisis therapy and sui-
18 cide counseling services.

19 (B) Tort law.

20 (C) Criminal law, including the desirability of criminali-
21 zing suicide or attempted suicide.

22 (D) Civil sanctions, including the denial of inheritance and
23 requirements of community service and mandatory counseling.

24 (ii) The likely effect of any of the methods listed in sub-
25 paragraph (i) on the self-termination rate, and in particular the
26 probability that a particular method might cause the
27 self-termination rate to increase.

1 (iii) The impact of any of the methods listed in
2 subparagraph (i) on the practice of medicine and the availability
3 of health care in the state.

4 (iv) Whether current state law is adequate to address the
5 question of voluntary self-termination in the state.

6 (d) Appropriate guidelines and safeguards regarding volun-
7 tary self-terminations the law should allow, including the advis-
8 ability of allowing, in limited cases, the administering of medi-
9 cation in furtherance of a process of voluntary
10 self-termination.

11 (e) Any other factors the commission considers necessary in
12 developing recommendations for legislation concerning the volun-
13 tary self-termination of life.

14 Sec. 5. The business of the commission shall be conducted
15 in compliance with the open meetings act, Act No. 267 of the
16 Public Acts of 1976, being sections 15.261 to 15.275 of the
17 Michigan Compiled Laws.

18 Sec. 6. A writing prepared, owned, used, in the possession
19 of, or retained by the commission in the performance of an offi-
20 cial function shall be made available to the public in compliance
21 with the freedom of information act, Act No. 442 of the Public
22 Acts of 1976, being sections 15.231 to 15.246 of the Michigan
23 Compiled Laws.