

RABBI DR. YOSEF GLASSMAN, M.D.

June 14, 2021

Urgent

**Re: Appellate Reply Brief in *Anthony Petro, et al. v. Gurbir S. Grewal*
Docket No. A-003837-19**

Dear Supporters:

As you know, I am fighting to stop euthanasia in New Jersey. We must stop it. Assisting the suicide of another is murder, no matter what color of the coat of the assister. We can't allow murder of the weak and vulnerable and elderly.

The Superior Court initially granted my request for a temporary restraining order in August 2019 and we verifiably saved lives. Doctors who intended to poison their patients were blocked by the temporary restraining order.

Tragically, 13 days later, the Appellate Division overturned the temporary restraining order. We appealed to the Supreme Court of New Jersey which disappointingly upheld the Appellate Division.

The New Jersey Attorney General then filed a motion to dismiss the entire case which was granted in the Superior Court. We are now appealing the dismissal to the Appellate Division.

Enclosed is a copy of our appellate brief. It movingly lays out how the Superior Court ratified murder. I encourage you to read it.

I have also enclosed the opposition brief filed by the Attorney General. It's a dense 62-page opposition replete with formidable arguments challenging our position and cites numerous cases in support of those arguments. And now the death lobby, calling itself "Compassion and Choices," has filed a brief supporting the law.

We have the option to file a reply brief to refute the Attorney General's points. I don't want to let this opportunity to slip by.

My attorneys have reviewed the opposition closely and estimate that approximately 90 hours of legal research and writing will be necessary to prepare a proper and cogent reply brief to the opposition. Then there will be preparation for oral argument and oral argument.

I need your help to raise \$55,000 to enable us to file the reply brief.

I have put my career and reputation on the line to protect all the residents of New Jersey. It is vital we stop this law. As we see in other states that have adopted euthanasia, once it is established, the death lobby is always working to expand the euthanasia laws. The death lobby is well funded and we need to meet them at the pass, stop them and turn the tide to life.

As both a Rabbi and a medical doctor, I am devoted to saving lives.

You, like us, recognize the grave consequences that will result from an appellate ruling affirming the constitutionality and enforceability of the MAID Act, and ask that you help fund the reply brief.

I appreciate your prompt attention to this urgent matter.

With deep gratitude,



Yosef Glassman

[REPLY FORM]

Please Help Us Fight Against Euthanasia of the Sick and Elderly becoming the norm in America!

Yes, Dr. Glassman! I agree that euthanasia is expanding in America. It must be stopped!

I want to join with you as you appeal the wrong decision of the New Jersey Superior Court to allow euthanasia in New Jersey.

I'm hereby making a tax-deductible donation in the amount of...

\$100 \$250 \$500 \$750 \$1,000

Please send me your case updates so I can publicize the sanctity of human life while we still can!

NAME:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

EMAIL:

**Make Checks Payable to
Lifeline Legal Defense Fund, Inc.,**
a 501(c)(3) tax-exempt non-profit organization.
Your donations are tax-deductible to the extent allowed by law.

LifeLineLegalFund.com
400 Broadacres Drive, Suite 260
Bloomfield, New Jersey 07003
info@LifeLineLegalFund.com

Superior Court of New Jersey
Appellate Division

Docket No. A-003837-19T1

ANTHONY PETRO, YOSEF	:	CIVIL ACTION
GLASSMAN, M.D. and MANISH	:	
PUJARA, R.PH.,	:	ON APPEAL FROM THE
	:	FINAL ORDER OF THE
	:	SUPERIOR COURT
<i>Plaintiffs-Appellants,</i>	:	OF NEW JERSEY,
	:	CHANCERY DIVISION –
	:	GENERAL EQUITY,
vs.	:	MERCER COUNTY
	:	
	:	DOCKET NO. MER-C-53-19
	:	
GURBIR SINGH GREWAL,	:	Sat Below:
Attorney General of the State of	:	
New Jersey,	:	HON. ROBERT LOUGY, P.J.Ch.
	:	
<i>Defendant-Respondent.</i>	:	

BRIEF ON BEHALF OF PLAINTIFFS-APPELLANTS

On the Brief:
E. DAVID SMITH, ESQ.
Attorney ID# 004032001

SMITH & ASSOCIATES
Attorneys for Plaintiffs-Appellants
400 Broadacres Drive, Suite 260
Bloomfield, New Jersey 07003
(973) 365-2770
edsmith@edslaw.net

TABLE OF CONTENTS

	Page
TABLE OF JUDGMENTS, ORDERS AND RULINGS BEING APPEALED.....	ii
TABLE OF AUTHORITIES.....	iii
PROCEDURAL HISTORY.....	1
STATEMENT OF FACTS.....	3
I. The Act Facially Permits Euthanasia.....	3
II. THE ACT IS <u>NOT</u> VOLUNTARY.....	4
III. THE ACT APPLIES TO THE <u>LIVING</u> NOT ONLY THE “DYING”	10
ARGUMENT.....	11
THE TRIAL COURT’S ORDER DATED APRIL 1, 2020 MUST BE OVERTURNED AS A MATTER OF LAW. (Pa1, Pa38).....	11
A. The Fundamental Problem at Hand is the Failure to Face the Fact that the Act is a Literal Matter of Life and Death for all New Jersey residents. (Pa1, Pa38).....	11
B. The Act is Unconstitutional Because Its Title Is Deceptive and Misleading. (Pa1, Pa38).....	17
C. The Act is Unconstitutional Because it Allows Non-Voluntary Patient Killing and Allows for the Coerced Killing of Such Individuals. (Pa1, Pa38).....	18
D. The Appellants Have Standing. (Pa1, Pa38).....	19
E. This Court and Lower Court Threw Out Appellants Arguments on the Ground that the Act is Just Not a Big Deal. (Pa1, Pa38).....	20
CONCLUSION AND PRAYER FOR RELIEF.....	21

TABLE OF JUDGMENTS, ORDERS AND RULINGS BEING APPEALED

Order, Filed April 1, 2020, Granting Defendant's Motion to Dismiss Plaintiffs' Fourth Amended Complaint and Denying Plaintiffs' Motion for Preliminary Injunction.....Pa1

Order, Filed May 22, 2020, Denying *Amicus Curiae* Margaret Dore's Motion for Reconsideration.....Pa38

TABLE OF AUTHORITIES

Page (s)

Cases:

Cambria v. Soaries,
169 N.J. 1 (2000) 17

Morris v. Brandenburg,
2016-NMSC-027, 376 P.3d 836 4

People For Open Gov't v. Roberts,
397 N.J. Super. 502 (App. Div. 2008) 20

State v. Guida,
119 N.J.L. 464 (1938) 17

Statutes & Other Authorities:

N.J. Stat. Ann. § 26:16-1..... 3

N.J. Stat. Ann. § 26:16-2..... 4

N.J. Stat. Ann. § 26:16-3..... 3

N.J. Stat. Ann. § 26:16-6..... 7

N.J.S.A. 26:16-10(a) (5)..... 8

N.J.S.A. 26:16-10(a) (6)..... 8

N.J.S.A. 45:14-67.1..... 7, 10

New Jersey Constitution, Article 1, paragraph 1..... 18, 19

New Jersey Constitution, Article 4, sec. VIII,
paragraph 1 18, 19

N.J.A.C. 13:35-6.22(c)..... 7

N.J.A.C. 13:35-6.5..... 8

PROCEDURAL HISTORY

On April 12, 2019, Governor Murphy signed the Medical Aid in Dying for the Terminally Ill Act (the "Act") and the Act went into effect on August 1, 2019. (Appendix at Pa3).

On August 14, 2019, the lower court granted Appellant injunctive relief, on the ground that the Act showed a "total lack of regulation" especially for such a "C [sea] change" in "how doctors conduct their practice." (Appendix at Pa7; see generally Pa80 - Pa83; 1T- 37 - 14-16¹). The Attorney General Appealed this decision on August 20, 2019. (Appendix at Pa 114). During the pendency of this appeal Appellant Glassman filed an amended complaint in the trial court, adding Appellant Manish Pujara, a pharmacist, as an additional plaintiff. (Appendix Pa116). On August 27, 2019 this Court granted the Attorney General's request for emergent relief to dissolve the temporary restraints imposed by the decision below. (Appendix at Pa 7).

On December 30, 2019, Appellants filed their fourth amended complaint. (Appendix Pa316).

On March 20, 2020, Appellants submitted a letter to then-

¹ 1T - Transcript, dated August 14, 2019; 2T - Transcript, dated November 18, 2019; 3T - Transcript, dated March 24, 2020; 4T - Transcript, dated May 22, 2020.

presiding Judge Lougy, which, amongst other things, adopted Ms. Margaret Dore's amicus curiae argument that the Act's title is misleading and therefore unconstitutional for failure to satisfy the object in title rule, as follows:

[T]he title of the Act implies that the patient is in the process of dying when, in fact, the statute only requires a terminal diagnosis which means an estimation (more appropriately, speculation) of six months or less to live based on statistical outcomes. There is no medical assurance that the person is actually dying or will die. . . . The Act contradicts itself by claiming nothing in the Act "shall be construed to authorize a physician or another person to end a patient's life by lethal injection, active euthanasia, or mercy killing, or any act that *constitutes* assisted suicide under any law of the State," while simultaneously re-defining assisted suicide to not include the provision of poison, *i.e.*, assisted suicide....

The law permits murder and suicide but under

a medical rubric, and since the law itself also claims it is not murder and suicide then it is unassailable-truly Orwellian.

(Appendix Pa359).

On April 1, 2020, Judge Lougy issued an order dismissing the Fourth Amended Complaint. (Appendix Pa1). On April 18, 2020, Ms. Dore filed a motion for reconsideration which was denied by Judge Lougy on May 22, 2020. (Appendix Pa38). This appeal followed.

STATEMENT OF FACTS

I. The Act Facially Permits Euthanasia.

The Act permits an adult New Jersey resident, who has the capacity to make health care decisions and who has been determined by his or her attending and consulting physicians to be "terminally ill," to obtain "medication" to end his or her life. (See generally N.J. Stat. Ann. § 26:16-1 et seq.).

"Terminally ill" is defined in the Act to mean the patient is in the terminal stage of an irreversibly fatal illness, disease, or condition with a prognosis, based upon reasonable medical certainty, of a life expectancy of six months or less. (N.J. Stat. Ann. § 26:16-3).

This process of administering a lethal dose to another individual is exactly how euthanasia is traditionally defined. (Appendix Pa279). Indeed, the Act's name contains the phrase "Aid in Dying," which is a traditional euphemism for euthanasia. (See Appendix Pa284). The Act permits euthanasia plain and simple.

II. THE ACT IS NOT VOLUNTARY

The promise in the Act's preamble that the Act is "entirely voluntary" - which the Court below and this Court wrongly believed - is simply not true. As the Supreme Court of New Mexico said facing a similar issue:

[W]e agree with the legitimate concern that recognizing a right to physician aid in dying will lead to voluntary or involuntary euthanasia because if it is a right, it must be made available to everyone, even when a duly appointed surrogate makes the decision, and even when the patient is unable to self-administer the life-ending medication....

(*Morris v. Brandenburg*, 2016-NMSC-027, ¶ 34, 376 P.3d 836, 848).

This "legitimate concern" is on all fours with respect to the Act especially because it expressly recognizes "the right" to physician aid in dying.¹ (N.J. Stat. Ann. § 26:16-2). First,

¹ Indeed, one in four Dutch doctors, where voluntary euthanasia (a/k/a "physician assisted suicide") is legal, have admitted to

once the poison is provided by the pharmacy, the Act affords no oversight as to how it is administered - potentially, anyone can administer it to anyone, even by coercion. One unfortunately common instance of coercive administration is through elder abuse, an acknowledged problem in New Jersey.² As Alex Schadenberg, Executive Director for the Euthanasia Prevention Coalition, explains:

With assisted suicide laws in Washington and Oregon [laws analogous the New Jersey Act], perpetrators can . . . take a "legal" route, by getting an elder to sign a lethal dose request. Once the prescription is filled, there is no supervision over administration. Even if a patient struggled, "who would know?"

(Emphasis added).³ Perpetrators are often family members or "friends" looking to exploit the relationship and inherit their

killing their own patients without their consent. (See Appendix Pa323).

² Dansky Katz Ringold York, Attorneys at Law, Marlton New Jersey, "How to Spot and Prevent Elder Financial Abuse," April 27, 2016, at <https://njlegalhelp.com/how-to-spot-and-prevent-elder-financial-abuse>, and

Beth Fitzgerald, "New Jersey Considers Law to Prevent 'Granny Snatching,'" New Jersey Spotlight News, MAY 21, 2012 <http://www.njspotlight.com/stories/12/0520/2037/>

³ Alex Schadenberg, Letter to the Editor, "Elder abuse a growing problem," *The Advocate*, Official Publication of the Idaho State Bar, October 2010, page 14.

victims.⁴ As Amy Mix, of the AARP Legal Counsel of the Elderly, reports:

[Perpetrators] are family members, lots are friends, often people who befriend a senior through church We had a senior victim who had given her life savings away to some scammer who told her that she'd won the lottery and would have to pay the taxes ahead of time. . . . The scammer found the victim using information in her husband's obituary.⁵

Under the Act, this is all very achievable because it simply affords no safeguards against such abuse.

Relatedly, the Act provides that "the attending physician shall ensure that all *appropriate* steps are carried out in *accordance* with the provisions of P.L.2019, c.59 (C.26:16-1 et al.) before writing a prescription for medication that a qualified terminally ill patient may choose to self-administer pursuant to P.L.2019, c.59 (C.26:16-1 et al.), including such actions as are necessary to:

⁴ MetLife Mature Market Institute, "Broken Trust: Elders, Family and Finances, A Study on Elder Abuse Prevention," March 2009, available at <https://www.giaging.org/documents/mmi-study-broken-trust-elders-family-finances.pdf>, p. 4.

⁵ Kathryn Alfisi, "Breaking the Silence on Elder Abuse," Washington Lawyer, February 2015, available at https://choiceisanillusion.files.wordpress.com/2015/08/5-breaking-silence_001.pdf

(1) make the initial determination of whether a patient is terminally ill, is capable, and has voluntarily made the request for medication pursuant to P.L.2019, c.59 (C.26:16-1 et al.”⁶ The Act does not define the emphasized terms, which effectively leaves the victim subject to whatever safeguards the attending physician personally feels in appropriate.

Second, not only does the Act allow for the coercion of the patient, but it also allows for the coercion of the medical professionals to assist in the killing of the patient.

The Act forces physicians' participation by way of N.J.A.C. 13:35-6.2214 and §17(c) and forces owner-operator pharmacists' participation by way of N.J.S.A. 45:14-67.1, as more fully discussed below.

N.J.A.C. 13:35-6.22(c) provides as follows:

c) In order to terminate a licensee-patient relationship, a licensee shall:

1) Notify the patient, in writing, that the licensee shall no longer provide care to the patient as of a date certain. The notification required by this

⁶ N.J. Stat. Ann. § 26:16-6 (emphasis supplied).

paragraph shall be made no less than 30 days prior to the date on which care is to be terminated, and shall be made by certified mail, return receipt requested, or other proof of delivery, sent to the patient's last known address;

2) Provide, all necessary emergency care or services, including the provision of necessary prescriptions, until the date on which services are terminated. The provision of any such emergency care or services shall not be deemed to manifest any intention to reestablish a licensee-patient relationship; and

3) Comply with all transfer requirements set forth in N.J.A.C. 13:35-6.5 for access to and transfer of patient records.

While a minimum of 30 days' notice is required, that is double the required 15-day period by which a patient may complete the poison requests process under the Act. N.J.S.A. 26:16-10(a)(5),6). Therefore, should a physician wish to terminate the relationship but the patient wishes to proceed under the Act, that termination process may not be completed for a minimum of 30 days, compelling the physician to continue.

Moreover, should participation in the Act be deemed emergent, subsection (2) above requires the provision of "necessary prescriptions", which includes the prescriptions contemplated by the Act. Participation by the physician is therefore mandatory in these circumstances.

Further yet, even if it is the patient who terminates the relationship under subsection (e) (thereby not triggering the requirements under subsection (c)(1) above), the physician's participation under the Act is still rendered mandatory by a patient's request under subsection (f):

(f) When requested by the patient, the licensee *shall* make reasonable efforts to assist the patient in obtaining medical services from another licensee qualified to meet the patient's medical needs. These efforts may include, but are not limited to, providing referrals to the patient.

(emphasis supplied).

Further still, the Act includes a specific statutory records-transfer mandate directed to all "non"-participating physicians, for the direct, sole purpose of furthering the Act. Transfers of patients' records under the Act are not simply ministerial or administrative acts for routine, innocuous

purposes; they enable and facilitate the infliction of death.

The Act similarly is not voluntary on the part of pharmacists. Under N.J.S.A. 45:14-67.1, entitled *Duty of Pharmacy to Fill Certain Prescriptions*," if an owner-operated pharmacy such as Appellant Pujara's carries the prescribed drug, it must fill the prescription under 1(a); if it does not stock the drug, it must either obtain the drug under 1(b)(1) or locate a pharmacy that does under 1(b)(2), without delay. Even if the pharmacy does not carry the drug, it must locate a pharmacy that does under 1(c); violations are reportable under 1(d).

Clearly, that what the legislature calls "entirely voluntarily" is in fact not.

III. THE ACT APPLIES TO THE LIVING NOT ONLY THE "DYING"

The Preamble's promise that that Act applies only to dying people is also not true. Instead, the Act applies to any person who is prognosed to have no more than six months to live but, for a variety of reasons, may in fact live a lot longer. One such reason is the existence of effective treatment. Take for instance Jeanette Hall. (Appendix at Pa245). She testifies that in the year 2000, she was diagnosed with having six months to live and therefore opted for death under Oregon's analogous

Death with Dignity Act. (*Id.*) Her doctor however convinced her to be treated for cancer instead. (*Id.*) That treatment cured Ms. Hall, and for that reason she still lives today, twenty years later.

Moreover, doctors, like all humans, can make mistakes. In fact, "upward of 12 million Americans see a physician and come away with a wrong diagnosis." (Appendix Pa235). And of course, a mistake in diagnosis that leads a patient to make use of the Act is irreversible.

ARGUMENT

THE TRIAL COURT'S ORDER DATED APRIL 1, 2020 MUST BE OVERTURNED AS A MATTER OF LAW. (Pa1, Pa38)

A. The Fundamental Problem at Hand is the Failure to Face the Fact that the Act is a Literal Matter of Life and Death for all New Jersey residents. (Pa1, Pa38)

The Appellate Division, in previously reviewing, and unfortunately dissolving the temporary restraining order entered by J. Innes of the trial court, portrayed the Act as eminently safe and voluntary and the religious objections of Appellants as *de minimus*. (Appendix Pa114). This portrayal of the Act echoed the language of the proponents of the Act, particularly the lobby organization, Compassion and Choices. However, shortly

after the Appellate Division decision, the National Council of Disabilities, a non-partisan council representing the entire spectrum of viewpoints, political and philosophical, of disability organizations issued a damning report exposing the literally fatal flaws of euthanasia programs. (Appendix Pa134). The report held up the very Act at issue in this case as a "best practices" example and showed it to be deadly and without safeguards. In fact, the Act's safeguards are illusory and it actually permits the non-voluntary murder of NJ residents. This critical and uncontroverted evidence, which this Court was unaware of when it lauded the Act, exposes the true nature of the Act - New Jersey permitting the killing of its own residents. The lower court as well made the mistake of buying hook, line and sinker that the Act was voluntary, despite having the benefit of the uncontested evidence presented below through the report that for many victims it may not be voluntary. Crucially, and as discussed below, the non-voluntary nature of the Act underscores the legislature's violation of the single object rule and also makes clear that all Appellants have standing. And even if the Act were voluntary (which it is not), what could be of greater public interest than a legislation

giving New Jersey residents the right to take their own lives on the say-so of a doctor who decided he is terminally ill? The fact that court has held that there is no standing on this case only highlights how the court has downplayed the gravity of this issue - which is literally a matter of life and death.

This Court, and the court below, also improperly marginalized the significance of the Appellants' arguments that the Act violates their religious beliefs by minimizing the significance of the burden the Act places on Appellants. Shockingly, the Court found the Act to have such an insignificant impact on Appellants religious rights that it found Appellants do not even have standing to challenge the Act. In other words, the Court jumped to a conclusion about the burden on Appellants without even giving the Appellants standing to be heard about the burden.

This disregard could only occur for two reasons: 1) the Court reached its conclusion without even inquiring from Plaintiffs as to the nature and degree of the burden and 2) the Court does not understand the significance of the burden, because the court does not understand the Act to be what it really is, an Act to legalize the murderous elimination of those

told by a doctor that they are ill, and statistically may not live longer than six months.

The Court need only read the affidavits of the Appellants dated September 19, 2019, to grasp the deep offense the Court's words, which mirrored those of the Appellee, caused to the Appellants. To quote, Dr. Glassman said: "I think it is absurd that there is even a question about standing. If [I] wanted to represent chickadees in the Meadowlands afraid of the expansion of the Turnpike, I would have an easier time being heard in Court than I do advocating for my patients who will be eliminated with "voluntary" euthanasia, which I submit is not voluntary at all. Did the people who jumped off the World Trade Center have a choice? Was it voluntary? Is it more voluntary when a doctor paints a picture of impending doom and that life might be better off ended now?" (Appendix Pa217). Mr. Pujara said, "I am also a practicing Hindu. The Attorney General in his opposition brief states flatly the Act does not infringe upon my religious rights. Whether or not he is ignorant of my religious beliefs and duties, he, as a representative of the State, has no right to trivialize, minimize or insult them. In accordance with those duties (and along with my duties as a

pharmacist), I simply cannot take part in any way in the furthering of the death of another because I was taught, and believe in accordance with my religion, that life is sacred." (Appendix Pa 126). This Court and the lower Court presumed the burden to be *de minimus* without inquiry as to the actual burden.

The bottom line is that the Act is the long-sought objective of the euthanasia and eugenics movement in America. (Appendix Pa 322). Since the 1800s, the elimination of the unproductive, ill and elderly has been the goal. In 1939, the Euthanasia Society of America promoted the "voluntary euthanasia" of the terminally ill and disabled children. (Appendix Pa322). Adolf Hitler, simultaneously implemented the T4 program to accomplish the same goal in Germany among the German non-Jewish population, and even he emphasized the "voluntary" at the outset seeking patient and parental consent. (Appendix Pa321-Pa 322).

Marketing considerations forced the death lobby in the United States to change the branding from "voluntary euthanasia" to "physician assisted suicide" to "medical aid in dying." (Appendix Pa322). But it's all the same. It just sounds less disgusting to the unsuspecting public, legislators and jurists.

The "white-coating" of murder/suicide is the key. A white-coat is empowered to pronounce the death sentence determining that the helpless victim is "terminally ill" and then murderously assists in the suicide of the victim. But the aid is not medical and the victim may not have been dying, yet he is certainly dead as a result of the Act. And just like in Germany, the death certificates are fabricated to hide the act of murder/suicide and list a natural cause.⁷ (Appendix Pa351).

This process should be repugnant to every human being, as even Hippocrates was horrified at the murderous potential of the student of the medical arts and fought to prevent doctors from facilitating the murder/suicide process. And, in fact, it violates the very fundamentals of the Appellants religious beliefs to be even remotely and tangentially involved with this murder/suicide regime. Requiring the doctor Appellant to provide his patient file to a murdering doctor is a religious impossibility. Requiring the pharmacist Appellant to direct the victim to a poisoning pharmacy is a religious impossibility. And yet, the Act demands this of the Appellants.

⁷ This not only sugar coats the murder/suicide as "natural" but it makes it nearly impossible for a medical examiner or law enforcement to investigate the murder/suicide.

Thus, this Court is called upon to re-examine its assumptions about benefits and safety of the Act and reverse its own quick assumptions about burden on the Appellants.

B. The Act is Unconstitutional Because Its Title Is Deceptive and Misleading. (Pa1, Pa38)

The New Jersey Constitution sets forth the object in title rule, as follows:

To avoid improper influences which may result from intermixing in one in the same act such things as have no proper relation to each other, every law shall embrace but one object, and that shall be expressed in the title.
(Emphasis added).

Article 4, Section VII, paragraph 4. The New Jersey Supreme Court has explained that the object in title rule is designed to protect against "matters which are ...misleading or deceptive'." *Cambria v. Soaries*, 169 N.J. 1, 11 (2000). Under the rule, an act's title must "express its object in a general way so as to be intelligible to the ordinary reader..." *State v. Guida*, 119 N.J.L. 464, 465-466 (1938).

As Ms. Dore argued below, the Act's title - "Medical Aid in Dying for the Terminally Ill Act" - fails the object in title test. An "ordinary reader" would think that dying means dying, not a mere life expectancy of six months. Yet, the Act applies

to people with a life expectancy of "six months or less" and are actually not dying, but instead have years or decades to live, which was exactly the case with Jeanette Hall.

Moreover, the Act contradicts itself by claiming nothing in the Act "shall be construed to authorize physician or any other person to end a patient's life by lethal injection, active euthanasia, or mercy killing, or any act that constitutes assisted suicide under any law of this State", while simultaneously re-defining assisted suicide to not include the provision of poison, i.e., assisted suicide. The Act both says it is permitting assisted suicide but not permitting assisted suicide because the law "says" you can no longer define what it perceives as assisted suicide. These are the dishonest mind and word games the single object rule seeks to prevent.

For these reasons, the Act's title describing an Act legalizing physician assisted suicide fails the object in title rule and must therefore be found unconstitutional.

C. The Act is Unconstitutional Because it Allows Non-Voluntary Patient Killing and Allows for the Coerced Killing of Such Individuals. (Pa1, Pa38)

The New Jersey Constitution, Article 1, paragraph 1, states:

All persons are by nature free and independent, and have certain natural and unalienable rights, among which are those of enjoying and defending life and liberty, of acquiring, possessing, and protecting property, and of pursuing and obtaining safety and happiness. (Emphasis added).

As described supra, the Act affords opportunistic individuals - including family members and friends - to cajole and coerce the victim to obtain, and once obtained, to ingest, the "medication" for their own selfish benefit. Likewise, the Act, allows for circumstances where the physician and/or pharmacist are coerced into participation in the murder regime of this Act. The Act thereby violates Article 1, paragraph 1 of the New Jersey Constitution, which gives all persons - including Appellants - the right to "enjoy life" as well as the right to "defend life." For these reasons as well, the Act is unconstitutional.

D. The Appellants Have Standing. (Pa1, Pa38)

The lower court erred by holding that Appellants do not have standing in this case. As discussed, the Act allows physicians, and at times coerces physicians and/or pharmacists, to impose a non-voluntary death upon NJ residents such that all the Appellants are personally subject to and at risk of either

killing or being killed pursuant to the Act, respectively. Accordingly, the Appellants have standing in this matter, particularly given New Jersey's broad definition of standing. See *People For Open Gov't v. Roberts*, 397 N.J. Super. 502, 510 (App. Div. 2008) ("[I]t takes but slight private interest, added to and harmonizing with the public interest to support standing to sue.") (internal citations omitted).

E. This Court and Lower Court Threw Out Appellants Arguments on the Ground that the Act is Just Not a Big Deal. (Pa1, Pa38)

Below, Appellants sought declaratory and injunctive relief via eleven causes of action, based on Appellee's violation of their constitutional and statutory rights as well as Appellee's failure to meet its obligation to enact constitutional and unambiguous legislation. In a sentence, the lower court and this court dismissed all of Appellants claims for relief by refusing to acknowledge that the enactment of such deathly legislation is of the highest concern to and will have the highest possible impact upon all New Jersey residents individually and collectively.⁸ Faced with legislation that puts to death people

⁸While the Court expended much words to appear to address some of the issues, that is illusory. A court that cannot see

who the state used to protect - the courts effectively said "Eh. This is just not a big enough deal. Why should we undo such hard work and drafting of the New Jersey legislature to help one terminally ill person protect his life and a couple of medical professions abide by their faith?" This state's and this country's constitutions do not support this attitude and neither should we.

CONCLUSION AND PRAYER FOR RELIEF

The Court below and this Court in its earlier opinion, concluded that every New Jersey resident can be murdered/suicided but no one has standing to challenge it. It is violation of the Court's duty to secure the Life, Liberty and Pursuit of Happiness of the residents of this State, the very raison d'etre of the Court, by concluding that no one has the standing to challenge an Act that will eliminate their Life and require them to participation in violation of their Liberty and Pursuit of Happiness.

The Court must overturn the rulings below and reinstate the temporary restraining order. During the duration of the

plaintiffs' standing, does not grasp the import and effect of the Act.

temporary restraining order lives were verifiably saved. In the one year after the dissolution of the TRO, 12 people died directly at the hands of the Act.

Dated: December 14, 2020

Respectfully submitted,

A handwritten signature in black ink that reads "E. David Smith". The signature is written in a cursive style with a large, stylized "E" and "S".

E. David Smith