Assisted Suicide is Threatening and Unnecessary

The End of Life Options Act, at its core, determines whose lives are less valuable than others, and authorizes doctors to help those people kill themselves. It legalizes a bleak and utilitarian view of human lives, one that causes me great concern for my vulnerable patients.

To say that Medical Aid in Dying is not suicide because it is a rational decision implies doctors must agree that the patient is better off dead. Physician-assisted suicide (PAS) is the most precise language for what this is. The bill details whose lives are acceptable to kill—for now—until "safeguards" are deemed "barriers to access" and removed, expanding whose lives we will allow to terminate.

Dr. Steinbach, (August 9), lists polls and groups in favor of PAS. Because something <u>is</u> done doesn't mean it <u>should be</u> done, as history clearly shows. He says how safe it is, states only contain doctors' self-reports. Not a single PAS law has any means of verifying or investigating this particular medical treatment. They are designed to be safe for doctors, not patients.

Ms Bacon (August 9) is right that she can choose to refuse burdensome medical treatment, but she is wrong in demanding that her doctor help her kill herself. And she clearly hasn't read the reports that show patients receive lethal prescriptions from doctors that they have only known for a few months, if that.

At the hearing, we heard emotional stories of horrendous suffering when people died, and that was why we need PAS. Why did they have such terrible care, and why didn't they get another doctor? State reports and studies show virtually no one requests PAS because of physical suffering. Instead, PAS is demanded by white, wealthy, educated people who are strikingly unreligious and have an inordinate need for control. They want PAS because they have lost their autonomy and control, not because of physically suffering. This Oregon study found:

"Physicians described requesting patients as having strong and vivid personalities characterized by determination and inflexibility. These individuals wanted to control the timing and manner of death and to avoid dependence on others. These preferences reflected long-standing coping and personality traits. Physicians perceived that these patients viewed living as purposeless and too effortful, and that they were ready for death. The requests, which were forceful and persistent, could occur at any point after diagnosis of the terminal illness, and were paralleled by refusal of medical interventions including palliative treatments. Many family members were reluctant to support these requests until they recognized the strength of the preference." (Ganzini, Dobscha, Heintz, & Press, 2003)

Many doctors and lawmakers fit this description; one can imagine Compassion & Choices (C&C) to be an organization of people just like this. They think when a person no longer has good health, they no longer have a good life, so killing themselves is a "rational" decision. They are pushing for these laws for themselves without thinking about the vulnerable patients they indirectly harm.

C&C testified that safeguards are burdens in Hawai'i, where it took a man 60 days to access PAS; in Oregon, they successfully removed the required waiting period. The problem to them is the absurd idea that a patient might die before he can kill himself. Only someone bent on controlling his death sees this as a problem.

Disability groups are warning us of the dangers in this. While they may not be coerced into PAS, doctors already try talking them out of receiving care to hasten their deaths. The views promoted by PAS will make this much worse, and it will put that same pressure on elders. The documentary film *Fatal Flaws* clearly shows this.

Diane Rehm spoke in favor of PAS at the hearing, though her testimony showed that PAS is unnecessary. Her husband had Parkinson's disease and lost his autonomy; he wanted PAS could not get it, and this angered him. He chose Voluntary Stopping Eating and Drinking (VSED) in which he refused all medical treatment, food, and water until he died. While Ms Rehm made it sound bad in front of the committee, an Oregon study showed VSED was preferred 2 to 1 over PAS by hospice patients, and the hospice nurses rated it an 8 out of 10 for a good death.

Personally, I have a strong moral objection to VSED because it is suicide. But that does not matter so long as it is a completely individual and autonomous decision that does not involve a doctor or anyone else. It is legal and available to everyone.

Most importantly, it does not put vulnerable patients at risk by legalizing the view that that some lives are less valuable than others the way the End of Life Options Act does.

Kristine Correira, PA-C
37 Smith Road
Charlton, MA
508.654.1798

Physician Assistant
121 Lincoln Street
Worcester, MA
508.756.0514