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Testimony in strong opposition to SB 579

Relating to Death With Dignity

Senate Committee on Judiciary

April 5, 2019

On behalf of Not Dead Yet and Second Thoughts Massachusetts

www.notdeadyet.org

Chair Prozanski, Vice Chair Thatcher, Members of the Committee:

I am the New England Regional Director for Not Dead Yet, the national disability rights group that has long opposed the legalization of assisted suicide. I am also the director of Second Thoughts Massachusetts, sister organization to Second Thoughts Connecticut. We are disabled people united against legislation and cultural messages that it's better to be dead than disabled.

I urge you to reject SB 579, "An Act Relating to Death With Dignity." For a close analysis of the bill and how it increases dangers to vulnerable people, I refer you to the testimony submitted by Not Dead Yet. Analysis of the two amendments proffered by the Bill yields the following conclusion:

Taken together, the amendments would authorize a "one-stop shop and drop" - the patient could make two oral requests and one written request and receive a prescription for lethal drugs all in a single visit, so long as a second opinion doctor is willing to pop in and sign off.

I will focus my remarks on the politics at hand. Wherever Oregon-model assisted suicide bills have been proposed, proponents stress the adoption of safeguards to protect the sanctity of individual "choice." One danger to a considered choice is that people would act on impulse, out of desperation. For example, someone who has just been diagnosed as terminal might immediately request the prescription and drugs, with the intent of immediate death.

The mandatory 15 day waiting period between first and 2nd oral request has been meant to demonstrate that the patient is of a fixed mind to die.

Now this ballyhooed safeguard is to be dismissed as so much "red tape." It raises the question of whether the 15 day waiting period was a mere tactic to reassure skeptics of the seriousness of the program.

In light of how the OHA has clarified its working definition of “terminal disease,” the danger of impulsivity gets greater. Patients may be considered “terminal” if, despite the existence of curative treatment, that treatment is denied by an insurer. Patients can become “terminal” by not affording the cost of curative or maintenance treatment. People can become “terminal” by stopping maintenance measures, such as insulin.

That means that people can find themselves or put themselves into a situation where death could be expected within 15 days, or even 2 days. And with the good faith standard, no one participating in assisting the suicide fear any investigation.

Assisted suicide already takes the lives of people who are not dying – 12%-15% of diagnosed people outlive their six-month terminal window, takes the lives of people who don’t want to die through coercion and guilt tripping (telling the patient that they are a “burden”), and takes the lives of people who will change their mind with support and options to live.

Instituting “one-stop shop and drop” will make the program even more dangerous, and give the lie to the notion that the program ensures choice and dignity.

Reject this Bill, please.

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John B. Kelly
Director

Second Thoughts Massachusetts: Disability Rights Advocates against Assisted Suicide
www.second-thoughts.org