

Testimony of Philip G. Johnson
Deacon, Seminarian.
Diocese of Raleigh, North Carolina

Judiciary Committee
March 18, 2015
Legislative Office Building, Room 2C

HB 7015, *"An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients"*

Good Afternoon Members of the Judiciary Committee,

My name is Philip Johnson and I am a cancer patient. I graduated from the United States Naval Academy in 2006 and served during two deployments to the Northern Arabian Gulf. Towards the end of my last deployment at the age of 24, I began to have seizures and was diagnosed with a fast-growing inoperable Grade 3 brain cancer. I was told that the median survival time for my cancer was 18-24 months. I received radiation and chemotherapy for over three years, and I continue to be monitored by doctors, as this cancer almost always recurs in a more serious way.

I am now a Catholic seminarian about to be ordained a deacon. The Catholic opposition to physician-assisted suicide is well-known and has already been expressed by our bishops. While I agree with their support for respecting life until natural death, I am not here as a representative of the Catholic Church, but rather as a terminally-ill cancer patient. I have headaches and seizures. I constantly worry as the next doctor appointment approaches. But I still live a life full of joy, as my illness has provided the opportunity for my family and friends to rally around me in support, and for me to better empathize with the sick. I suffer, but this suffering has unleashed love into my life in ways that I could have never imagined.

As a patient, the possibility of physician-assisted suicide scares me, even if it remains optional, as the bill states. Just the name, "physician-assisted suicide," is an oxymoron. Physicians promise to cure the sick, not to hand them the instrument of their death. We can use all of the euphemisms that we want to make it seem acceptable, but the truth is that a doctor is prescribing poison to someone to hasten their own death. This is not medical care, and it is not love.

As a seminarian I have taken a special interest in working with the sick - especially those who are terminally ill. They are often ignored and are afraid of being abandoned. They feel, as I have often felt, that they are a burden on their families and on society, so an earlier death becomes a temptation. This is not a mindset where someone should be presented by society and the law to consider taking their own life. On the contrary, in my experience ministering to the sick, I have noticed

that once they are surrounded by those who love them and have adequate pain management, they stop wanting to die. Suffering is certainly difficult, but with true love and true medical care, patients want to live.

If physician-assisted suicide becomes widespread, drug and insurance companies in our profit-driven society will not spend adequate time and money to improve palliative care, and since it will be cheaper if the patient were to die sooner, research dollars will be driven toward developing methods and locations for patients to kill themselves. It is also quite conceivable that doctors will one day be forced to prescribe these life-ending drugs, even if it is against their consciences, possibly at the risk of losing their medical licenses. Furthermore, there will be added pressure and stress upon the elderly and most vulnerable patients to end their lives, almost forcing them to choose suicide even when they want to live. We only need to look at countries where physician-assisted suicide is legal to see the many abuses that will come if our country goes down this same path.

It is often said that a civilization can be judged by how it treats its weakest members, and the terminally ill are among the most vulnerable in our society. I urge you not to pass this bill, as the weakest among us deserve the most attention and care, not help in ending their own lives by ingesting poison. Instead, please support life at all stages, and pass legislation that gives true respect and dignity for the weakest among us and that will be an impetus for science and culture to develop ways to surround the vulnerable with love and care, not abandonment and suicide.

Deacon Philip G. Johnson
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