

I am strongly opposed to HB 5898. It is a dangerous, ill-conceived act. It most certainly does not expand choice.

Physician assisted suicide or “aid in dying,” as its proponents call it, presents a clear and present danger to the many people who struggle to access quality healthcare either due to affordability or because they are part of a group that faces medical biases, latent or otherwise.

People do have the right to choose among different types of treatment offered or to refuse treatment altogether. This is an essential element of personal autonomy and a reflection of the fact that a doctor’s approach may be wrong in a specific case. So-called “aid in dying” is different. It is based on the social assumption that life is so burdensome for some individuals that their death should be actively hastened before natural death. It expands the role of a doctor from providing healthcare, be it curative, rehabilitative or palliative, to include providing lethal means to cause death. Doctors as causative agents are front and center.

If the selective writing of lethal prescriptions was a valid medical practice, as proponents assert that is there would be no reason for laws to immunize medical professionals from suffering any consequences from doing so. What is being proposed in HB 5898 would amount to a radical change in medical culture. Causing death could be viewed as an option in the “care” of some patients.

Dr. Ira Byock, a palliative care specialist, has aptly observed,” When doctor-induced death becomes an accepted response to the suffering of dying people, logical extensions grease the slippery slope.” (1)

Legalized assisted suicide could be used for-profit entities for their own purposes. There have been cases in Oregon of insurers denying payments for new treatments but offering to pay for lethal drugs. This is an issue that is totally ignored by HB 5898.

The minimal “safeguards” in HB 5898 don’t guarantee equal access to health services. They can’t prevent mistakes in prognosis. They can’t stop suggestions from being made to vulnerable people. They don’t change prejudices. Moreover, the bill’s focus is on the parameters of permissible medical behavior and not on patient protection. Thus, the minimal criteria written into the bill apply only to the prescribing of the lethal drugs, and not to their use. How would we know, for example, in any particular case, if the drugs were self-administered?

HB 5898 would subject many people who already struggle to get a fair shake in the health care system to risk. It must not become law

Lisa Blumberg, West Hartford, CT 06107

1.<http://irabyock.org/wp-content/uploads/2014/06/Byock-Maryland-Medicine-vol-17-4-January-2017.pdf>