

My name is Chase Soukup. I live in Maple Grove and am a constituent of legislative district 37. As a University of Minnesota medical student and future practicing physician in our state, I am adamantly opposed to the End-of-Life Option Act. The proposal to legalize physician-assisted suicide by means of prescription medicine provided to terminally ill patients makes a mockery of medicine itself. The very etymology of the word medicine means 'to heal' or 'to cure'. Physician-assisted suicide does neither of these. It does not restore the patient to health but simply eliminates their suffering by eliminating the patient.

The American Medical Association is also opposed to physician-assisted suicide because it is "fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks." The Hippocratic Oath, historically a standard of ethics in medicine, also firmly rejects providing lethal drugs to patient even if requested for severe pain. A prominent concern regarding physician-assisted suicide among the medical community is that the practice transforms medicine from a discipline that seeks to renew health into its opposite. A lethal medication, regardless of by whom it is administered, is not a treatment of a disease or even of pain but is rather an artificial 'therapy' to relieve pain by hastening death. Physicians desire to offer treatments to alleviate patients' sufferings and are therefore often uncomfortable when there is no treatment to offer or inadequate therapy available. It would be incongruous to claim that a lethal medication is a lasting solution to any malady. It is simply ersatz treatment.

Proponents of the End-of-Life Option Act tout the bill in the name of 'progress' but they must ask themselves toward what end they are progressing. The top two reasons patients provide for choosing physician-assisted suicide (i.e. lost autonomy and an inability to engage in enjoyable activities of life) harbor the underlying assumption that some lives are not worth living. This calls into question particular special populations such as the elderly, poor, stigmatized, and disabled. Many arguments could be made that these populations have impaired autonomy as well as difficulty engaging in most activities widely held as enjoyable. Children with severe autism, patients experiencing homelessness, and children with severe physical or mental handicaps are prime examples of such populations. Are the impaired autonomy and diminished ability to participate in activities reasonable considerations for a parent to choose physician-assisted suicide or euthanasia for their child? These groups have diminished agency which makes them vulnerable to abuse and coercion. Many organizations that advocate for the disabled are thus opposed to the practice.

In Leo Tolstoy's *The Death of Ivan Ilyich*, the principal character Ivan lies in bed close to death. The physician enters the room to inform Ivan's wife that Ivan is quickly declining and the only remedy to ease Ivan's terrible sufferings is opium. The narrator retorts, "The doctor said that his physical sufferings were terrible, and that was true; but more terrible than his physical sufferings were his moral sufferings, and these were his chief torment." For Ivan, his suffering went well beyond his terminal illness. It was not his future suffering that pained him but his past regrets. An integral part of medicine is, in many ways, accompaniment. Physicians should seek to accompany the suffering and persevere in the face of imperfections and unknowns in medicine. Regardless of suffering, visible or invisible, all people have an intrinsic and equal dignity. Medicine should avoid the temptation toward the easy road of alleviating suffering by eliminating the patient rather than their pain or disease. I would like to thank the committee for their time in hearing my testimony.