

House Health, Finance and Policy Committee

Chair Liebling and Members of the Committee

I am David Plimpton, a retired physician, who practiced Internal Medicine and Gastroenterology at Abbott-Northwestern Hospital for forty years. I support the legislation before you, as I have had to deny requests for Medical Aid in Dying by suffering, terminally-ill patients.

As a member of the Minnesota Medical Association (MMA), I served on the MMA's 2016 Task Force on Physician Aid in Dying. After an exhaustive review of the facts, input from experts, experience from authorized states and member surveys, the Task Force developed the current MMA policy which the Board of Trustees authorized in 2017 and reaffirmed in 2022.

According to that policy, the MMA respects that principled, ethical physicians can hold different and opposing views on Medical Aid in Dying. Therefore, since preservation of the doctor-patient relationship is of the utmost importance, as long as appropriate guidelines are in place, the MMA will not oppose Medical Aid in Dying legislation.

These guidelines include the following:

- 1) Must not compel physicians or patients to participate against their will.
- 2) Must limit procedure to adults with a terminal illness who have decision-making capacity.
- 3) Must self administer the medication.
- 4) Must require mental health referral of patients with a suspected psychological or psychiatric condition.
- 5) Must provide legal protection for physicians who participate.

The Minnesota End of Life Options Bill covers those concerns, and honors the foundational principles of patient autonomy, informed consent, and beneficence. In the states where Medical Aid in Dying is authorized the law works as well as a law can work. Thank you

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