

January 25, 2024

Rep. Tina Liebling
Chair, Health Finance and Policy Committee
MN House of Representatives
477 State Office Building
St. Paul, MN 55155

Dear Chair Liebling and Committee Members:

Thank you for holding this hearing and taking an important vote on this critical legislation that can impact every Minnesotan.

For years as a nursing ethics professor, after years caring for critically ill people, I invited proponents and opponents of medical aid in dying to speak to undergraduate and graduate nursing students. Students posed thoughtful questions to both sides. After debate and discussion, students voted on whether or not versions of the End of Life Options Act, which has been at the legislature since 2015, should become law. Without fail, they overwhelmingly recognized the autonomy of people who are dying, who want to - but cannot - escape their imminent death. They questioned why such a flawed healthcare system as the one we have should insist that people suffer instead of having the control they rightfully and reasonably request to decide when in their dying process they can self-administer the medicine that can shorten the slow death they are suffering.

Similarly the nursing profession does not oppose laws like this, as long as dying people who choose this option self-administer the medication. That is because nurses advocate for patients' autonomy, insist on ongoing informed consent, and because we do not abandon patients at the end of their lives.

Among the most unfair and, frankly insulting, arguments pushed by opponents of this end of life option is to call it suicide. Patients who want this end of life option are not suicidal in the honest sense. They would rather live, but they are sadly dying, terminally ill. Experts on true suicide at the American Association of Suicidology state unequivocally that suicide is not the same as medical aid in dying. Suicide is the end result for patients of inadequately treated psychiatric illness who no longer want to live. People who choose MAID have thorough psychiatric evaluations to assure the decision to choose this option is not based in psychiatric pathology.

Please respect the dignity, value, and autonomy of dying patients by allowing them this option if they so choose.

Thank you.

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