

My name is Tricia Borg, and I live in District 46 in Edina, Minnesota. I ardently oppose bill HF 1930/SF 1813.

As an adult-geriatric nurse practitioner, I oppose this legislation. I have years of experience caring for adults who have struggled with multiple comorbidities and various health concerns. They struggle with fear, confusion, pain, isolation, addiction and terminal diagnoses. I took an oath as a provider to do no harm, and it is my job to care for patients and help to improve their quality of *life*-not to be obligated to suggest, or free to encourage them, to end their lives. The mounting pressures of fear and uncertainty prohibit anyone from making a legitimate choice.

As the daughter of a father with terminal cancer, I oppose this legislation. Over the past two and half years, my father has been battling a rare form of metastatic cancer for which there is no cure. Uncertain about the future, he made end of life arrangements while simultaneously enduring grueling chemotherapy and a bone marrow transplant. Laden with fear, he experienced true suffering and despair. To suggest that he should choose death during this vulnerable time delegitimizes his choice as pressures surmount and is not compassionate. True compassion does not lie in trying to do the impossible of eliminating suffering; but rather, compassion literally means "to suffer with". It is my privilege to suffer alongside my father as I accompany him and help to bear the load of the burdens cancer has inflicted upon him. With this legislation, if caught up in a moment of despair and weakness, my father could opt for death and there would be nothing his doctor, family, friends or even his power of attorney could do to stop it.

As the mother of a child with disabilities and chronic illnesses, I oppose this legislation. My child has had dismal prognoses and countless travails: respiratory failure requiring ventilator support and oxygen, renal failure requiring daily dialysis and transplant, dual cancer diagnoses requiring intense chemotherapy and difficult surgical interventions...the list goes on. At one point, he was given a 2-5% survival rate, and a physician said something to me that I will never forget: Someone has to be in that 2-5%, why can't it be him? *Hope is a powerful medicine*. In moments of fear and uncertainty, our providers offered us hope and remedies that could cure or improve my son's conditions instead of offering or encouraging us to end his life. We have utilized the incredible care model of palliative care, an interdisciplinary medical caregiving approach that gives my son an extra layer of support to optimize his comfort and quality of life as he lives with disabilities and chronic illnesses. My son may never live a normal or productive life by the world's standards, but his life has dignity. He has an unshakable joy in spite of all he endures. This legislation will try to take away that joy, hope and dignity and will make him even more vulnerable and at risk to becoming a victim of physician-assisted suicide. We cannot let this happen in our state.

As a relative of a love one who died by suicide, I oppose this legislation. Ten years ago, a beloved family member took his own life after battling depression. The aftermath is far from the picture of peace and relief that he hoped he and everyone else would experience when he was gone. The waves of his insecurities crashed against him over and over again until finally it created a tidal wave that overcame him. This action was not freely chosen for he was bound by the mounting pressures of fear, anxiety, depression, despair and isolation, and he could no longer stand against it. He left behind a wake of sadness, anger, fear, anxiety, and depression that family and friends still grapple with today as they struggle to cope with his actions. Dying by suicide, whether by one's own hand or by the assistance of a physician, perpetuates mental health disorders and disregards the dignity and worth of every human life. We should prevent suicide, not prescribe it.

HF 1930/SF 1813 would open wide the doors to expanding regulations to include longer-term prognoses, non-terminal illnesses, and mental health conditions as we have seen actualized in other countries and states. It makes individuals with disabilities, chronic illnesses and mental health conditions vulnerable and at risk. Physician-assisted suicide is more than just a slippery slope. It is a dangerous cliff, and Minnesota should not set this precedent. As a nurse practitioner, daughter, mother, family member, friend and concerned constituent, I implore you to oppose this legislation.

Sincerely,

Tricia Borg, AGNP-C