

January 24, 2024

Dear House Health Finance and Policy Committee:

I am writing in support of HF1930 the Minnesota End-of-Life Options Act. Although I am not able to testify in person, I would like to provide the following support letter.

As a Chaplain and end-of-life doula. I have seen many people who have died in extreme pain, including my sister-in-law who died at the age of 55 from Multiple Myeloma. A disease that ravages the bones and left her with hundreds of fractures and bulging tumors in her tiny body. It was excruciating to watch her die slowly and in so much pain. As the hospice nurses said, "her body is broken, but her heart is still only 55, so this will take a while." Pain meds given every 15 minutes still didn't seem to reduce her suffering.

It's unbelievable to me that we can show more compassion for our animals than we can for our human loved ones.

I support the Minnesota End-of-Life Options Act, which authorizes medical aid in dying. This is a very specific, clinical practice that must abide by the following criteria:

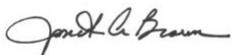
- An individual must be an adult suffering from a terminal disease with a prognosis of six months or less to live. They must be able to make their own medical decisions and give informed consent. Euthanasia administration by a clinician and judgment by a guardian or healthcare agent are both prohibited.
- Two providers (at least one physician, but one may be a nurse practitioner) must affirm that the patient qualifies. Either provider may request a mental health consultation to evaluate decision-making capacity.
- Ten states and D.C. authorize medical aid in dying. There are decades of data and experience from hundreds of clinicians showing that the laws work. Patients diagnosed with terminal cancer, ALS, and heart/lung diseases use this option to end their terminal suffering.
- No individual, including doctors, nurses, pharmacists, or any healthcare professional, is required to participate.

Do not believe misinformation being circulated by opponents. It has been well-proven in other states that this compassionate end-of-life option has not been abused.

- Medical aid in dying is patient-centered care provided in a safe, supportive healthcare setting by experienced compassionate clinicians.
- U.S. medical aid-in-dying laws are nothing like the Canadian or European laws.
- Despite anecdotes based on misinformation or fear, there is no evidence of abuse or mistreatment of any vulnerable population due to medical aid in dying.

I request you support Medical Aid in Dying as a way to protect bodily autonomy at a vulnerable and sacred time in people's lives. I am asking you to support HF1930 - Minnesota End-of-Life Options Act.

Thank you,
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