

January 24, 2024

Dear Rep. Tina Liebling and members of the Health Finance and Policy Committee,

My name is Amy Smith and I live in Minneapolis, District 63B. I am opposed to HF1930 for a long list of reasons, with the first being that I am a medical provider. I have been working as a Physician Assistant (PA) in the Emergency Department (ED) for over 20 years. I have been taught how to care for patients and how to save their lives. I have been taught to “do no harm” to my patients. The greatest harm I can imagine is being responsible for ending my patient’s life, even at their own request. This proposed legislation goes against the fact that a healthcare providers' obligation is to care for their patients, not to assist in killing them, no matter the circumstance.

The second reason I oppose assisted suicide is personal. My dad ended his own life when I was 12 years old and my mom died at age 62 of Amyotrophic Lateral Sclerosis (ALS). Most people would probably say that my dad ending his own life at age 35 was a tragedy and we should try our best to prevent this kind of tragedy, and I agree. However, this legislation tells us that it would not have been a tragedy for my mom, with the assistance of her medical provider, to end her own life prematurely. This legislation is saying that it would be the caring thing to do. I would argue that both of these situations are absolute tragedies and that we should protect both of them from prematurely ending their own life, whether it be at their own hands or the hands of their medical provider. Both of their lives are worthy to be cared for until the time of their natural death.

My district representative and probably most, if not all, of those writing this legislation argue that autonomy is the reason we need this legislation passed. They would argue that those with a terminal illness should be able to be assisted with an early death to prevent their suffering and that evaluation will be done to evaluate their mental capacity. I would argue that anyone going through a terminal illness has some level of depression and/or anxiety and therefore, are incapable of making such a serious decision. Why even give them this option? Minnesota has some of the best healthcare in the world. We have wonderful hospice and palliative care available in our State to care for these patients until their natural death. It has been shown that in places where assisted suicide is legal- hospice care has fallen below national standards and progress in palliative care has stagnated.

It is also evident that in places where limits on assisted suicide are legislated, in time they are eroded away. The law begins for those with terminal illness and a 6 month life expectancy; however, in countries like Belgium, Netherlands, and Canada, people with depression, poverty, disability and chronic pain are assisted with suicide. This is a slippery slope where the government makes decisions on who lives and who dies. Those that are a burden on our healthcare system due to their chronic illness, cancer diagnosis, mental illness will be encouraged to end their lives prematurely, or worse yet, forced to do so. Allison Ducluzeau is from Canada. She was diagnosed with cancer and Canada refused care for her cancer. She was given only the option of their euthanasia program. She had to go out of the country for care, where the provider never considered her to be a poor candidate and she received life saving treatment. I promise you that if you allow for this legislation to pass, we will be doing the same to the people of Minnesota. We will be refusing them care because killing them is much cheaper than caring for them. Is that how we want to care for patients in Minnesota? As a PA, my answer is a resounding ‘No’.

I appreciate you taking the time to read what I have to say on a topic that is extremely important to me as a healthcare provider, a Catholic, a wife and mother, as well as an orphan daughter. Thank you.