

**To the State of Minnesota**

John Lyberg

**House Health Finance and Policy Committee**

January 24, 2024

To the members of the State of Minnesota House Health Finance and Policy Committee: my name is John Lyberg. I am a 23-year-old resident of the Uptown neighborhood of Minneapolis. This is House District 61A, represented by Rep. Frank Hornstein. This is a written testimony expressing my opinions on and support of bills HF 1930 and SF 1813: the Minnesota End-of-Life Option Act. Thank you in advance for taking the time to read this testimony, and I hope you will take my opinion into account while you weigh your decision throughout this legislative process.

In early 2021, my 80-year-old grandfather was diagnosed with esophageal cancer, a diagnosis deemed terminal by his physicians. At the time of his diagnosis, he was estimated to have between 18 and 24 months left to live. By April of that year, he began chemotherapy treatment, with the hope it would prolong his life to that 24-month benchmark and allow him to spend more time with his family and friends. His body began to respond poorly to the treatment after only two months. In the last week of June in 2021, my grandfather was no longer able to take a shower, go to the bathroom, or walk to his bed without the assistance of someone in our family. While this development was disheartening to our family, it was even more so to my grandfather, as he was feeling a loss of privacy and decency, regularly asking "how much longer will I have to do this".

This was a development none of us saw coming because, along with the diagnosis of 18-24 months, my grandfather had been playing golf weekly all the way up to that final week of June.

His condition continued to decrease rapidly when, on the morning of Sunday June 27<sup>th</sup>, 2021, I received a phone call from a family member that my grandfather was being driven to a local hospital by my father and uncle. Behaving very out of character, and seemingly incoherent of where he was, my grandfather was given an IV which subdued to him an almost entirely unresponsive state. My family and I spent the morning and early afternoon with doctors and nurses, who made us aware that my grandfather did not have much time left. From 4pm until 10pm that day, my father, mother, and myself stayed by my grandfather's bedside while he was sedated and unresponsive. At midnight, he passed away.

The unexpectedness of his passing, and the state in which he was in when he passed away, allowed for no formal goodbye. No reminiscing together with him as a family. My grandfather's humorous, witty demeanor was missing while my family had a one-sided farewell with him.

My grandfather was a resident of and died in the state of Wisconsin which, like Minnesota, currently has no active legislation allowing for Medical Aid in Dying. I share this story of my grandfather because, although he was not a Minnesota resident, Medical Aid in Dying

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was not something we ever discussed with him as a family. Simply, because it was not an option, much like it currently is not an option in our state. It was something I was fully aware of throughout my grandfather's terminal illness, but never spoke about as it would not have made a difference if I did.

There are a countless number of residents in the State of Minnesota who have faced, are facing, and will face a similar, yet unique, situation to my grandfather, and we are getting so close as a state to providing them a greater range of options for how they wish to finish the final months of their lives with the Minnesota End-of-Life Options Act.

Each person has a "good" or "reasonable" way they would like to die. And however that may be for each person, they should be entitled to explore what their desired path could look like. These possible ways of dying exist on a spectrum, and as a state, we have the opportunity to extend this spectrum to include an option that 73.2% of Minnesotans (as shown in the House of Representatives 2023 State Fair Poll) are in favor of.

Medical Aid in Dying is not a choice between taking one's life and dying. It allows for an extension of this spectrum to include more options for how one can choose to die because, in the case of a terminal illness, there is no option to live. By passing the Minnesota End-of-Life Options Act, terminally ill adults will have a greater autonomy provided in order to choose and execute on what they deem is a "reasonable" way for them to die.

Had Medical Aid in Dying been an option for my grandfather throughout his illness, I have no knowledge as to whether or not that would have been a path he would have chosen for himself. If the 24-month diagnosis held true, it is likely there would have been a great more deal of suffering and loss of autonomy for him. I am thankful that was not something he had to go through.

I do know that as a 23-year-old, which I have come to discover is somewhat of an outlier of an age when it comes to advocacy for Medical Aid in Dying, that I likely have many years of life ahead of me which will inevitably be filled with the death of many loved ones. With the support of the State of Minnesota House Health Finance and Policy Committee for the Minnesota End-of Life Options Act, those adults who will unfortunately face a terminal diagnosis in their lifetime will be given the relief of an additional option for how they spend their final time with their loved ones.

Thank you again for your time and consideration of my opinion.

Sincerely,

John Lyberg