

January 21, 2024

To Whom it May Concern

My name is David D Goodwin. I am a family doctor who over the last 11 years has worked exclusively with the elderly and the infirm. In my almost 30 years of practice I have been at the bedside of many dying patients.

Contrary, to the current narrative, this is an incredibly important time for family, friends, and mostly for the loved one grappling with his or her finitude.

It is so ironic to me that those who are pushing for physician assisted suicide are mostly not physicians.

Surely, there are some physicians that may advocate for PAS. However, HF 1930/SF 1813 is propagated by elected officials that do not have the support of the majority of physicians that they represent.

Why? Who do our representatives represent?

At what point will our legislators then mandate physicians to assist in death regardless of the physician's own personal, professional and ethical standards? Be very afraid of a state that decides individual fates.

Your bill seems to support only for those who have made that decision to end their life before the final day..but does it really?

Why allow for natural death in MN? I have many examples and reasons that I'd ask you to consider. (All names changed to honor anonymity)

Leonard. In his 80's. Wife in memory unit. A very consistent, reliable spouse. There every day for her.

He then became ill with an ailment with no good options. He asked me to end his life. He did not want to suffer. I told him that he wouldn't suffer. That I would keep him comfortable and allow from him to die peacefully. He did. What came of those final weeks went with him.

Helen. 69 yo. Lung disease. Vascular disease. Mental illness. On Hospice.

She had a probable vascular event that signaled the end is coming. Family wanted to give her "something" to end her life. To end her suffering. In fact, with the appropriate use of end of life medication, good nursing, and continued follow up, Helen was made so comfortable. Family from Hawaii made it home to be with her. Old hurts and grievances were forgiven and this family brought together at their matriarch bedside could heal. Reunite.

One more.

Lu. 70's. Prolonged hospitalization for sepsis with ventilator supported respiratory failure. No improvement. None. Extubated and breathed with labor on her own.

She was discharged to my Transitional Care Unit on hospice for end of life care.
Lu had no response or meaningful engagement.
None. We provided for her daily cares and needs.
She awoke. One week later.

Lu lived 5 more years. Attended weddings, family gatherings, holidays...and even returned to playing the piano.
Assisted suicide would have robbed her and her family of that joy.

Those are only some of my experiences.

Here are some of my reasons why the state should not interfere with Doctor Patient relationships.

1. The state should be abhorrent to even trying to intervene at the end of one's life.
2. The state should trust that a doctor can completely care for a patient all through life, even to their final breath
3. The vast majority of our Minnesotans love life, and will cling to it until their final breath
4. Physician assisted suicide is an oxymoron. Physicians are called to be healers. Please do not arbitrate or negate our sacred profession or dismiss our oath.
5. All life has value. Even if someone else doesn't think so.

I ask you to respectfully uphold the physician patient relationship and vote no on HF 1930/SF 1813.

Respectfully,
David D Goodwin, MD