I am Steven C Bergeson, M.D. and live in Shoreview, Minnesota, Senate District 40, and House District 40A. I have been a licensed physician for 42 years and practiced the entire time in Minnesota.

I am providing written testimony in opposition to HF 1930: End-of-life option established for terminally ill adults, as I am not able to attend the hearing in person.

Why should we oppose Physician Assisted Suicide (PAS) in Minnesota?

1. PAS is not necessary.

a. In Oregon where the practice has been legal for 30 years, only 0.6% of deaths in 2022 were due to PAS. Relief of “pain and suffering” is suggested as a reason to support PAS yet pain does not appear in the top 5 reasons people received PAS in Oregon in 2022. Scientific polls show a majority of Americans do not support ‘being ready to die’ or ‘life is a burden’ as reasons to provide justification for PAS, justifications which are on the top 5 reasons in Oregon.

b. Despite attending numerous patients as a physician at the end of life in my 42-year career, I have not seen a death where PAS would have been a better option than Hospice. Hospice and Palliative care are underused at the end of life in Minnesota and enhance the quality of life at the end of life, for patients and families. The house should be funding Hospice not PAS.

2. PAS is fundamentally opposed to the physician’s role as a healer, stances of the American Medical Association and American College of Physicians. Physicians do not want PAS, evidenced by the small minority of clinicians write prescriptions for PAS, similar to clinician involvement in capital punishment.

a. PAS irreparably changes the dynamic of the clinician-patient relationship which is one of trust, from one of always healing and advocating for health and adds killing to the ‘services’ provided.

b. Adds incredibly to the already busy workload of the clinician, thus the vast majority of clinicians will avoid it. The majority of prescriptions in Oregon are written by a small minority of Compassion and Choices clinicians.

3. PAS has the potential for harm and puts the most vulnerable Minnesotans at risk.

a. One has to believe some lives are not worth living, to support PAS, which is why in Minnesota multiple organizations of disabled persons are opposed to PAS.

b. By allowing someone the right to end their life, others or their families in similar situations could believe they have a duty to die, to reduce stress on their caregivers or to avoid the financial burdens of disability.

b. PAS may limit the ability of Minnesotans to receive care. When lifesaving care is expensive and PAS is cheap, the ability to receive care will be in jeopardy. Denial of medical care and the offer of PAS has occurred in states where this is legal and in Canada.

4. Legalizing PAS could increase the already demonstrated racial disparities in healthcare. In 2022, in Oregon, only 1 African American received PAS. Those who received PAS in Oregon, are by and large, white, highly educated and do not reflect the state’s population. We don’t need more disparities in Minnesota.

Please do not advance this bill beyond the **Health Finance and Policy Committee.**