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From: Michael McCarthy <mmccarthy@s.icom.edu>
Sent: Tuesday, February 13, 2024 9:59 PM
To: House Judiciary Committee
Subject: Written Testimony against Bill H7100

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Dear Esteemed Representatives,

I write you today to provide written testimony against Bill, H7100, the supposed “Compassionate Care Act,” which would allow physician assisted suicide in the state of Rhode Island. As a physician, I find this bill to be deeply troubling, both with regards to the vague wording of various terms in this bill as well as the likelihood that this legislation will have its largest and most negative impact on the most vulnerable among us. Particularly, I find it to be glaringly obvious that such an action as assisting patients in ending their lives to be a direct violation of the Hippocratic Oath to “do no harm” to our patients.

First of all, the wording of this bill seems overly vague and in significant ways impossible to interpret or apply in any repeatable, uniform or coherent manner. The definition of a “terminal condition” spans a mere 20 words, which falls comically short of truly defining what such a condition may be, leading to an astoundingly large loophole that nearly any condition could be molded to fit. An “irreversible” disease as the bill states is such an overly broad category that it is practically impossible to further clarify in any measurable or meaningful way, and may range from Stage IV pancreatic cancer to conditions as nebulously defined or understood as fibromyalgia. Equally troubling in the poor wording of this bill and the definition of a “terminal condition” is the use of a “medical judgment” for the specific estimated remaining life of “6 months.” Anyone with an even cursory familiarity with medicine understands that prognoses of an estimated remaining life are not like in the movies or TV shows, where the doctor can tell you down to the day when you will pass away. Rather, estimated remaining lifespans are routinely off by months or even years. Tacking on an acknowledgement that the patient “may live longer” than this period seems a disingenuous effort to ignore using an often unreliable estimate on a life-ending decision.

Yet another portion of this bill that I found to be troubling is rather what it does not say. While the bill focuses on ensuring a number of oral requests were made by the patient to the physician, this sequence of events is unrealistic and does not reflect how actual decision making takes place between physicians and patients. Specifically, this bill ignores the concept of shared decision making, when the physician and patient collaborate on care decisions, which is the current standard of medical care and what is taught in all medical schools and residencies with regards to capacity and medical decision making. As common sense suggests, unlike the wording of this bill, these actions will assume input from both parties, and adds yet another moral quandary of a physician potentially suggesting suicide as an option to a patient, which in reality will be an eventuality should this bill become law.

Another deeply flawed aspect of this bill is the ways it is in direct contradiction to the standard of care for suicidal patients. We are trained that any patient who demonstrates suicidal ideation should be treated for this, with medications and therapy, rather than encouraged in the behavior - regardless of the medical or psychosocial factors the patient also presents with. In fact, any patient who has suicidal ideation, intent, and a concrete plan is to be involuntarily committed to medical care in order to protect this patient. The paradigm shift of encouraging suicidal behavior based on an individual physician’s potentially limited opinion, in the context of an amorphous and overly vague law, is frankly a terrifying and dystopian concept.

We do not need to look far for dystopian examples of assisted suicide in countries or states that have already legalized similar laws. In Canada, their “right to die” laws have been grossly misused, with large numbers of people dying in their MAiD program coming from economically disadvantaged backgrounds. Several Canadians suffering from economic instability and depression have come forward to the press after their physicians shockingly suggested suicide as an option for these problems. Just this week, a troubled 28 year old Dutch woman named Laura Hoeve suffering from autism and “myalgic encephalomyelitis” - another name for chronic fatigue syndrome - sent out a comical meme as she died via assisted suicide, illustrating a lack of seriousness and a likely lack of true understanding of what happened. As they have in places where this has already been legalized, these laws will target the most vulnerable.

I urge you to examine the full picture of what you are voting for, and to examine your conscience and to vote against this bill. It is sad to see physicians inexplicably supporting such poorly worded and overly morally reprehensible legislation. As stated in the Hippocratic Oath, “neither will I administer a poison to anybody want us to do so, nor will I suggest such a course.”

Thank you for your time.

Sincerely,
Dr. Michael McCarthy, DO
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