

Testimony in FAVOR of H7100 Lila Manfield Sapinsley Compassionate Care Act before the House Judiciary Committee Feb 2024

My name is Jessie Kingston. I'm retired, live in Providence and am testifying in favor of this bill. This bill is one of those whose time has come. To me, it's a quality of life issue that I don't think requires money from our state budget to make it happen.

As a new RI resident in 2014, this same bill, in one of its earlier forms, was the first piece of legislation that caught my attention and drew me into the State House for the first time. It is modeled on Medical Aid in Dying legislation already codified into law in eleven states, including Maine and Vermont. Like this bill, they were carefully crafted to explicitly include language to address and ensure against concerns that some voters, patients, their families, physicians, pharmacists and others had or may have. Similar legislation is currently pending in various stages in multiple other states besides RI.

A few things this bill is NOT about: it is not assisted suicide, it is not physician assisted suicide, it is not euthanasia, it is not physician aid in dying. What this bill allows for is called: medical aid in dying.

As we used to say in Hospice in Connecticut where I volunteered for four years, "Death is not optional". For an informed and mentally competent patient who has gone through numerous steps to qualify to obtain the medication, who can ingest the medication themselves, who is facing down an unrelenting decline, allowing this option adds compassion and psychological comfort for those whose incurable condition makes them otherwise feel they have no control over anything anymore.

Statistics from the state of Oregon where the law has been in effect for **25 years** shows 37% of patients end up never ingesting the medication after going through all the steps required to obtain it; just knowing it was available gave them immeasurable peace of mind.

Some of my time at Hospice was spent simply keeping company with a patient who had no family or no one who could be present with them while they were "actively dying". That is a phrase used in Hospice (and undoubtedly other medical settings); it is appropriate because a natural death, even with pain relief, under the care of medical professionals, can be hard work. Since Hospice neither prolongs life nor hastens death, it can take a few days. I remember many loving families and the patients themselves asking us or wondering aloud why it was "taking so long".

Without this legislation, for patients who simply feel they have had enough, the only other choice is to voluntarily stop eating and drinking (VSED) which is extremely harsh and much harder than it euphemistically sounds. VSED can take as many as ten days or more, depending on a number of factors.

We put a lot of effort, planning and medical aid into the labor and process required to deliver new life into this world. The same kind of individualized choice and medical aid should be available at the end of life.

A good resource for further information from a national organisation I support is : CompassionandChoices.org

From their website from a 2021 poll (the italics are mine):

- *Two out of three voters (67%) nationwide* said if they “had an incurable, terminal illness, still had a sound mind, had less than six months to live, and ... met the legal requirements,” they “would want the option of medical aid in dying,” ... with majority support in 61% of regions
- This majority support for personally wanting the option of medical aid in dying includes every demographic group measured in the survey, *including geographic region, political party, political philosophy, religious affiliation, ethnicity, gender identity, education level and age range:*
- Voters are more than 8 times “more likely” (51%) than “less likely” (6%) to vote for a candidate for the state legislature if they sponsor or support medical aid-in-dying legislation.

I feel there is no more personal decision than how one wishes to depart this world. The most vulnerable point in one's life is not the time to impose our own values, preferences or religious beliefs on anyone else.

If you have formerly been opposed to or undecided about this issue, I hope you will make some time to study the provisions of this bill as well as the Compassion and Choices website to see why 67% of voters want this option. Thank you for your time and attention.