

Roberta DiMezza

From: Peter Colosi <peter.colosi@salve.edu>
Sent: Thursday, February 15, 2024 8:24 PM
To: Rep. Craven, Robert E.; Rep. McEntee, Carol Hagan; Rep. Knight, Jason; Rep. Ajello, Edith H.; Rep. Batista, Jose F.; Rep. Bennett, David A.; Rep. Caldwell, Justine A.; Rep. Casimiro, Julie A.; Rep. Corvese, Arthur J.; Rep. Cruz, Cherie L.; Rep. Dawson, Matthew S.; Rep. Felix, Leonela; Rep. Noret, Thomas E.; Rep. Place, David J.; Rep. Roberts, Sherry; House Judiciary Committee
Subject: RE: H7100 OPPOSE

Follow Up Flag: Follow up
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My name is Peter J. Colosi and I live in Narragansett and work in Newport. I urge you to vote against H7100. Please consider:

The Lila Manfield Sapinsley Compassionate Care Act (H7100 - 2024) would bring about a 180-degree shift in law, medicine and society by rejecting the principle that doctors will never apply their medical knowledge to willfully cause the death of a patient and replace that with its opposite by enshrining in law the principle that doctors will employ their medical knowledge to willfully cause the death of a patient.

Because MAiD is actually a willful act of killing, a large percentage of this bill is spent reassuring doctors, patients, family members and health care facilities who participate in it that they will not be prosecuted under other long-standing sections of Rhode Island law. One example is that if you are present and watch a person die after ingesting the lethal dose, you will not be prosecuted for “not rendering aid” to a person “in grave physical harm.” To avoid triggering that prosecution this bill simply asserts that a person who takes this lethal dose and is dying in front of you “shall not be considered to be a person exposed to grave physical harm.” Which is obviously false. There are many other examples of wordsmithing exceptions to established homicide, suicide and insurance laws throughout the bill. Verbal gymnastics of this sort cannot bode well for the consistency of Rhode Island law.

Once legalized the range of people given access to PAS will expand, eventually even to those who are not terminally ill. In Holland psychiatric euthanasia is legal, in Canada a woman was legally euthanized due to loneliness from the lockdowns and in Ireland there is a call for assisted suicide to be available for everyone. The pro-legalization side responds to this concern, known as “the slippery slope,” by saying that the safeguards built into the law will protect against what they call abuses.

But this response is a red herring based on an equivocation on the term “abuse.” What the pro-legalization side means by an abuse is the MAiD of any patient who has not fulfilled one or more of the requirements. But the truth is that to deliberately cause the death of anyone, including the people who meet all the requirements, is already the abuse. The reason why MAiD laws always expand is not because people are weak at sticking to the requirements. Rather, it is because we have taken the fateful step to enshrine willful killing into our laws and medical procedures. At that point, tussling over requirements becomes a relatively minor

matter; indeed, the original restrictions begin to seem unfair to those who want MAiD but do not meet one or more of them; gradually the restrictions are removed one by one. This always happens.

We should promote palliative and hospice care that respects the preciousness of every person by recognizing the difference between staying with a patient and loved one until their natural death versus abandoning them to suicide.

In the book “Being Mortal,” Atul Gawande describes many imaginative, beautiful and successful examples of health care facilities that have focused on relieving the boredom, loneliness and helplessness that often accompany old age and illness. Let’s make Rhode Island into a State where vulnerable people can confidently trust they’ll be surrounded by quality care, true community and love until dying a natural death.

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