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| *The Resistance* |

**Testimony of**

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**Not Dead Yet**

**Before the New Jersey State Senate**

**Health, Human Services and Senior Citizens Committee**

**In Opposition to S 382/ A 2270**

Brittany Maynard’s tragic death has reignited the debate about whether assisted suicide should be legalized in this country. Her beautiful and happy life was cruelly cut short, first by her brain tumor, and then cut even shorter by her assisted suicide. But as relentlessly as assisted suicide proponents flood us with images of Ms. Maynard, policy makers must broaden their focus to include countless others who would be endangered by these proposals.

The media frenzy over the Maynard story has made it almost impossible for a legitimate opposing view to be heard and most believe any opposition has to come from religious extremists or right-wing busybodies.

I am neither. As a disability rights advocate for over 40 years as well as a person living with a serious progressive disability[[1]](#endnote-1), I am deeply troubled about the Maynard media swarm. Assisted suicide legalization isn’t about Brittany Maynard. It’s about the many thousands of vulnerable ill, elderly and disabled people who will be harmed if assisted suicide is legalized.

A recent report from The Institute of Medicine[[2]](#endnote-2) calls the country’s system of caring for terminally ill people “largely broken,” “poorly designed to meet the needs of patients,” and refers to Medicare and Medicaid, health care systems designed to meet the needs of the poorest among us, “in need of major reorientation and restructuring.”

The idea of mixing a cost-cutting “treatment” such as assisted suicide into a broken, cost-conscious healthcare system, poorly designed to meet dying patient’s needs, is dangerous to the thousands of people whose healthcare costs the most, mainly people living with a disability, the elderly and chronically ill. Assisted suicide drugs cost less than $300. Compare that to the cost of treating a terminal illness.

This is one of the many reasons every major disability rights organization in the country that has taken a position on assisted suicide is opposed to legalization[[3]](#endnote-3), along with the American Medical Association, palliative care specialists and hospice workers who know better than anyone that advancements in palliative care have eliminated pain as an issue for patients who receive appropriate care.

Anyone dying in discomfort may legally today, in all 50 states, receive palliative sedation, wherein the patient is sedated and discomfort is relieved while the dying process takes place peacefully. This legal solution does not raise the very serious difficulties that legalizing assisted suicide poses.

Assisted suicide ultimately affects everyone’s healthcare. In Oregon, where assisted suicide is legal and where Maynard moved to be prescribed the lethal dose, patients have been harmed. In 2008, cancer patient Barbara Wagner was prescribed a chemotherapy treatment by her doctor, but Oregon’s state-run health plan sent a letter which denied coverage of this chemo, yet offered to cover other “treatments,” including her assisted suicide.[[4]](#endnote-4) The same scenario happened to another Oregon resident, Randy Stroup. The Oregon assisted suicide reports tell us that over 95% of those who reportedly received lethal prescriptions in Oregon had insurance, but how many got a denial like the one sent to Wagner and Stroup?

When assisted suicide is encouraged, it becomes a covered “treatment” and ultimately removes choices from patients.

Assisted suicide’s supposed “safeguards” are hollow. How would most people feel if a loved one involved in care giving mentioned that assisted suicide is an option? No matter how sympathetic the caregiver’s tone, the underlying message is hurtful. Yet nothing in the Oregon, Washington and Vermont laws prevents an heir or caregiver from suggesting assisted suicide as an option, taking the person to the doctor to sign up, and witnessing the consent form.

Once the prescription is obtained, with no further witness required, nothing in the law ensures the person’s consent or self-administration at the time of death. Yes, we saw videos of Brittany Maynard taking the lethal drugs out of her purse, showing how she was in control, but many seriously ill people must depend on others to manage medications and other aspects of their daily lives. These are the countless individuals that policy makers must focus on, no matter how many times assisted suicide advocates re-run the video of one young woman.

With the rising tide of elder abuse in this country, with one in ten elders facing abuse according to the federal Administration on Community Living,[[5]](#endnote-5) we can’t ignore the dangers to people who don’t have the loving family that cared for Ms. Maynard. The real legal import of assisted suicide laws is not the right to commit suicide, which is not illegal already, but the grant of blanket legal immunity to all the participants in an assisted suicide. Assisted suicide laws, and the immunity that goes with them, are a recipe for abuse.

When voters are given all the facts surrounding assisted suicide, they reject bills to legalize it. This was the case in Massachusetts when Question 2, which would have legalized assisted suicide in the Bay State, was on the ballot in 2012 but was defeated.

In 2014, bills again in Massachusetts, Connecticut and New Hampshire failed due to lack of support in the legislature.

Brittany Maynard’s story is incredibly heart-wrenching. When you look at assisted suicide based on one individual, it often looks acceptable. But when you examine how legalization affects the vast majority of us, especially those most vulnerable, the dangers to the many far outweigh any alleged benefits to a few.

1. <http://www.notdeadyet.org/staff> [↑](#endnote-ref-1)
2. <http://www.iom.edu/Activities/Aging/TransformingEndOfLife/2014-SEP-17.aspx> [↑](#endnote-ref-2)
3. <http://www.notdeadyet.org/disability-groups-opposed-to-assisted-suicide-laws> [↑](#endnote-ref-3)
4. <http://abcnews.go.com/Health/story?id=5517492> [↑](#endnote-ref-4)
5. <http://www.healthline.com/health-news/senior-elder-abuse-more-common-than-you-think-012714> [↑](#endnote-ref-5)