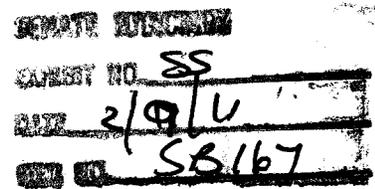


Dallas Erickson Testimony
Senate Bill 167
Senate Judiciary Committee
February 9, 2011



Mr. Chair and Members of the Committee,

Assisted suicide seems, at first glance, like a good thing to have available. But on closer inspection, there are many reasons legalization is a very serious mistake. Supporters often focus solely on shallow issues of choice and self-determination. It is important to look deeper.

We must separate our private wishes for what we each may hope to have available for ourselves some day and, rather, focus on the significant dangers of legalizing assisted suicide as public policy in this society as it operates today. Assisted suicide would have many unintended consequences.

One of those is that assisted suicide is likely to accelerate the decline in quality of our health care system. A 1998 study from Georgetown University's Center for Clinical Bioethics underscores the link between profit-driven managed health care and assisted suicide. The research found a strong link between cost-cutting pressure on physicians and their willingness to prescribe lethal drugs to patients, were it legal to do so. The study warns that there must be "a sobering degree of caution in legalizing [assisted suicide] in a medical care environment that is characterized by increasing pressure on physicians to control the cost of care" (Sulmasy et al., 1998).

An example is this documented case where a patient with disseminated breast cancer who had rejected the possibility of euthanasia had her life ended because, in the physician's words: "It could have taken another week before she died. I just needed this bed."

Many people fear that physician-assisted suicide will create a climate in which some people are pressured into committing suicide. The very old, the very poor, or minorities and other vulnerable populations might be encouraged to hasten death, rather than to "burden" their families or the health care system. Again, this is not a genuine choice, but a social issue, one that stems from how our society cares for its elders and for the poor, and whether minority groups can get good health care. In either case, making suicide available does not solve the underlying social problem. Even for those who have adequate financial and social resources, having physician-assisted suicide available could create a troubling new situation. Seriously ill and disabled persons could feel that they had to justify a choice to stay alive. They could feel that suicide is, in some sense, "expected" by family or friends. As a society, we have never asked people to justify their being alive, and it seems likely that asking them to do so would run risks of being quite difficult or demeaning.

The movement for legalization of assisted suicide is driven by stories of people who suffer greatly in the period before death. But the overwhelming majority of these stories describe either situations for which legal alternatives exist today, or situations in which the individual would not be legally eligible for assisted suicide. It is legal in every U.S. state for an individual to create an advance directive that requires the withdrawal of treatment under any conditions the person wishes. It is legal for a patient to refuse any treatment or to require any treatment to be withdrawn. It is legal to receive sufficient painkillers to be comfortable, even if they might hasten death. And if someone who is imminently dying is in significant discomfort, it is legal for the individual to be sedated to the point that the discomfort is relieved.

This bill would cause many of these unintended consequences. Please give this bill a Do Not Pass.

Thank you,

Dallas D. Erickson, Montana Citizens for Decency through Law, P.O. Box 708, Stevensville MT 59870
(406)7775862 modi@accessmtwildblue.com