



May 15, 2015

Senator Eric L. Brakey
Representative Drew Gattine
Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333

RE: LD 1270, "An Act Regarding Patient-directed Care at the End of Life"

Dear Sen. Brakey, Rep. Gattine and Members of the Health and Human Services Committee:

I offer this testimony on LD 1270 "An Act Regarding Patient-directed Care at the End of Life" on behalf of Disability Rights Maine, Maine's designated protection and advocacy agency for people with disabilities. I thank you for the opportunity to do so as this bill if enacted would have serious impact upon the lives of vulnerable individuals with disabilities.

Despite the title's reference to care at the end of life, what this bill is truly about is the termination of both care and life. It does this by allowing physicians to prescribe lethal doses of medication for self administration. The bill states that it limits its applicability to a class of individuals of adult capable individuals who do not have impaired judgment, who have a terminal illness, who are expected to die within 6 months and who make an informed voluntary choice to end their lives. The bill does include protections that are heightened in comparison to a similar bill proposed and rejected in 2013. But these protections are not guarantees. Indeed the bill's grant of immunity to physicians who act in good faith under the law is acknowledgement that there are no guarantees that individuals for whom lethal doses of medication are prescribed do in fact have a terminal illness, are indeed capable, or are making a truly voluntary choice.

There is also the worry that the act could be the first step on a very slippery slope such as has occurred in some European countries. (Permitting euthanasia of children in Belgium and the Netherlands; euthanizing non-terminally ill individuals who have dementia or chronic depression in the Netherlands).

But even if we could *guarantee* the limited applicability and stem any tide towards expanding the law, the question remains would this bill, just as it is, reflect appropriate public policy.

The individuals covered by the Act would meet the definition of individuals with a disability as defined under the Maine Human Rights Act a substantial portion of whom would be elderly. These are two classes of individuals known to be especially vulnerable to abuse and neglect whom the state has pledged by policy and law to protect. But this law would send the message that some lives are not worthy of that protection.

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MAINE'S PROTECTION AND ADVOCACY AGENCY FOR PEOPLE WITH DISABILITIES

We know that proponents of right to die laws believe that laws such as what LD 1270 proposes enhance dignity and choice. But the statistics reflect a much darker truth. In 2014, 40% of individuals who died by lethal ingestion of medication prescribed in accordance with the Oregon assisted suicide law reported that they were choosing, at least in part, to hasten their deaths out of concern that they would become a burden to their families. In 2013, the last year for which the state of Washington has reported statistics 61% reported wanting to avoid becoming a burden to their families. 13% had financial concerns. These reported beliefs reflect an internalized acceptance that some lives are not worth living if those lives may be burdensome to others. LD 1270, if enacted, would project the same powerful message.

So in answer to the question would this bill, just as it is, reflect appropriate public policy for Maine, Disability Rights Maine offers that no, it does not. Maine already has a very serious problem with suicide which significantly exceeds the national average.¹ We should not be adopting laws that reflect a public policy that it is an acceptable choice for some. Instead we should be working toward lessening the burdens of familial care and expanding options for true end of life care.

Once again, we at Disability Rights Maine thank you for the opportunity to testify on this important piece of legislation.

Sincerely,

Helen M. Bailey
General Counsel

¹ <http://www.afsp.org/understanding-suicide/facts-and-figures>. National age adjusted rate: 12.6 per 100,000. Maine age adjusted rate: 17.4 per 100,000.