

Testimony Opposing the Aid in Dying Act (A2451) by
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We oppose A2451 because physician assisted suicide is a direct threat to anyone viewed as a significant cost liability to a healthcare provider. In an era of cost control and managed care, patients with lingering illnesses may be branded as an economic liability, and decisions to encourage death could be driven by cost. The facts are clear – in states that passed assisted suicide bills insurance companies have denied individuals healthcare coverage but offered them low cost drugs to end their life:

In **California**, Stephanie Packer was denied coverage for chemo therapy but offered coverage for suicide drugs: <https://youtu.be/hwLs3D062Vk>

In **Vermont**, Sarah Barton's Grandma was in a nursing home after falling and she was not terminally ill – yet she was repeatedly offered drugs to end her life:
<https://drive.google.com/file/d/0By50uHSXVsNYY20xSVB2YXINM2s/view?usp=sharing>

In **Oregon**, an insurance company denied Randy Stroup chemo therapy but offered to pay for drugs for him to kill himself: https://www.youtube.com/watch?v=5_WtvktyxkA

In **Oregon**, A HMO offered Barbara Wagner drugs to kill herself but would not pay for medication to try to stop the growth of her cancer:
<https://www.youtube.com/watch?v=2rrNVesLuFg>

We oppose A2451 because a six-month prognosis for a terminal illness is not always accurate. Listen to Bernie Ernst who in 1992, as a result of a work-related injury, was given the prognosis of death within a few months. Twenty-four years later he is alive and happy that he lived to enjoy his grandkids.

<http://www.trentonmonitor.com/main.asp?SectionID=5&SubSectionID=42&ArticleID=4914>

We oppose A2451 because the bill would allow the death certificate to list the cause of death as the underlying terminal disease – not assisted suicide. That misstatement on a legal document is the filing of a fraudulent report. The cause of death should be listed as self-administered drugs that ended life. Why not tell the truth? A2451 would authorize assisted suicide.

We oppose A2451 because it would send the wrong message to our troubled youth and to our military. If we pass a law that says it is OK to end your life if you have pain – physical or psychological - what would we be telling our youth who are troubled - would we be saying – it's OK to take the path of suicide. In 2012, more active duty military members committed

suicide than were killed in combat. What would A2451 be telling our veterans suffering from post-traumatic stress disorder?

With much success, society works to reduce the incidence of suicide especially among teens and military personnel. Unfortunately, we often fail to prevent the vulnerable from taking their own life. A2451 would encourage the vulnerable to end their life.

Just a few months ago on July 27th, Governor Christie signed into law two bills focused on preventing suicide among college students – the Madison Holleran bills (S2808 and S2809). The new laws require New Jersey colleges to make a mental health professional available around the clock to counsel students. When the bill was signed, Senator O’Toole, one of the sponsors said:

"Although we cannot erase the pain of losing a child to suicide, we can prevent the future loss of life by providing college students who are struggling right now with access to lifesaving support, 24 hours a day, seven days a week,

Members of the Committee, A2451 would undermine the good intentions of the Madison Holleran bills – before the ink is hardly dry.

Let us never forget that medical science is called to eradicate the illnesses from which we suffer; not to eradicate the patients who suffer the illnesses. Our duty is to assist those who are dying- not kill them. Physicians put their knowledge and skills at the service of healing those who are ill. If medical doctors were to use their skills to help people kill themselves – they would be violating their sacred oath.

The tools to alleviate pain and to bring physical, psychological and spiritual comfort to terminally ill patients are available today more than ever before - through Palliative and Hospice Care. As a society, we need to increase our efforts to inform both the medical community and the general public about the wonderful advances in Palliative and Hospice Care. In 2014, the State of New Jersey established the *New Jersey Advisory Council on End-of-Life Care* with a mandate to submit a report with recommendations on end of life care to the Governor and the legislature.

I urge the legislature to work with the New Jersey Advisory Council on End-of-Life Care rather than passing A2451.

Thank you Mr. Chairman and Members of the Committee.