

Dear House Human Services Representatives:

I oppose House Bill 1415.

House Bill No. 1415 would establish legal Physician Assisted Suicide (PAS). The North Dakota Medical Association considers PAS unethical as Resolution No. 4 (see attached) was passed unanimously by NDMA on Friday October 6, 2017:

***RESOLVED**, that the North Dakota Medical Association formally adopt the position against Physician-assisted suicide and euthanasia in that they are fundamentally incompatible with the physician's role as healer*

1415 is unnecessary for terminally ill people since North Dakota has superb hospice and palliative care capabilities.

People with dementia are particularly at risk since decisional capacity is suspect in all. Depending on other person's memory of "what he would like" is extremely problematic.

People with a terminal medical condition are significantly at risk for anxiety, depression and coercion.

1415 severs the trusted "do no harm" bond between physicians. Physicians intentionally dispatch patients. Do patients know which physician would end their life?

North Dakota "...has seen the second highest rise in suicide rates since 2000 in the U.S...: InForum reported on July 26th 2020
<https://www.inforum.com/newsmd/health-news/6588770-North-Dakota-had-second-highest-rise-in-suicide-rates-from-2000-to-2018-study-says> This begs the issue of sending a strong negative message to those North Dakotans struggling with suicidal thoughts and intentions. Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in non-assisted suicides.

The history of PAS in other countries have documented advancing suicide initiatives in many age groups and reasons other than terminal disease and including persons 18 and older.

The Journal of the American Medical Association published on December 7, 2020 documents the long term effect of PAS (attached); "*Patient despair and suffering should be met with human connection and support to relieve suffering and improve quality of life, not a rush to put an end to things to reduce collective distress at the confrontation with finitude.*"

Raymond Gruby, M.D., F.A.C.S.

Resolution No. 3

Introduced By: Raymond Gruby, MD

Subject: Physician Assisted Suicide

1 **WHEREAS**, Physician-assisted suicide occurs when a physician facilitates a patient's death
2 by providing the necessary means and/or information to enable the patient to perform the life-
3 ending act (e.g., the physician provides sleeping pills and information about the lethal dose,
4 while aware that the patient may commit suicide); and

5 **WHEREAS**, Euthanasia is the administration of a lethal agent by another person to a patient
6 for the purpose of relieving the patient's intolerable or incurable suffering; and

7 **WHEREAS**, Physician-assisted suicide and euthanasia are fundamentally incompatible with
8 the physician's role as healer, would be difficult or impossible to control, and would pose
9 serious societal risks; and

10 **WHEREAS**, permitting physicians to engage in either would ultimately cause more harm
11 than good, sending a message that suicide or euthanasia is a socially acceptable response to
12 aging, terminal illness, disabilities, depression and financial burdens; and

13 **WHEREAS**, instead of engaging in either physician-assisted suicide or euthanasia,
14 physicians must firmly respond to the needs of patients at the end of life while respecting
15 patient autonomy. They must provide good communication, emotional support, adequate pain
16 control, and appropriate comfort care while never abandoning the patient; and

17 **WHEREAS**, the American Medical Association has established policy against both
18 physician assisted suicide and euthanasia, which has been re-endorsed many times as per
19 AMA Principles of Medical Ethics 5.7 and 5.8. **THEREFORE**,

20 **BE IT RESOLVED**, that the North Dakota Medical Association formally adopt the position
21 against Physician-assisted suicide and euthanasia in that they are fundamentally incompatible
22 with the physician's role as healer.

*Adopted October 6, 2017
Joshua Ranum, MD
Speaker of the House*