

## AID IN DYING BILL SPURS EMOTIONAL TESTIMONY FROM BOTH SIDES

By Andy Metzger, STATE HOUSE NEWS SERVICE

A specialist in kidney diseases who opposes efforts to legalize medical aid in dying, Dr. William Lawton has cared for patients facing end of life decisions for 50 years, he told lawmakers Tuesday.

This June the 74-year-old Sutton physician received a diagnosis of incurable cancer of the pancreas, and as he faces the final stages of life he wants to "remain alive for as long as I can," he told the Public Health Committee.

"I want to just put a personal face to this a little bit," Rep. Chris Walsh told the panel, "in terms of someone you know, myself, stage four lymphoma. I am not ready to go here yet. But it's the type of thing that I would want, as a person who's rational and thinking about my life and my family, that I would want to have the option. I think I'll leave it at that."

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"We have been grateful for each new dawn, a new appreciation for enjoying the moment," said Lawton, who said the grim diagnosis has given new "depth" to his marriage. He urged lawmakers to support palliative and hospice care rather than giving doctors the ability to prescribe medication to end a terminally ill patient's life.

Five years after voters narrowly defeated an effort to legalize it, supporters say there is more support for medically assisted dying. Rep. Louis Kafka, a Stoughton Democrat who sponsored medical aid in dying legislation, said the bill he filed this session includes "more safeguards" than the 2012 ballot question.

"A lot has changed with the issue and the movement," said Kim Callinan, chief program officer of Compassion & Choices, a national group that supports giving terminally ill people a sanctioned option for ending their lives.

Medically assisted dying is legal in California, Colorado, Montana, Oregon, Vermont, Washington and Washington, D.C., she said.

Rep. Chris Walsh, a 66-year-old Framingham Democrat who is battling lymphoma, said that while he does not have a terminal diagnosis and is receiving state-of-the-art treatment, he would want the option to choose how he dies if it came to that.

"I had to come to terms with this idea when I got this diagnosis, which is: Am I afraid of dying?" Walsh

told the News Service. He said, "I'm much more afraid of not living well."

There are few more existential questions that lawmakers are asked to address than whether physicians should be allowed to assist someone in their own death.

Under the (H 1194/S 1225) bill Kafka sponsored with Sen. Barbara L'Italien, a patient who wanted to avail themselves of life-ending medication would need to have an "incurable and irreversible" disease deemed likely to kill them within six months, Kafka said. The patient would need to be informed of the prognosis, request the life-ending drug orally and in writing in the presence of witnesses, and the patient must be determined capable of making the decision by a mental health professional – something that was not in the ballot question language, Kafka said.

Voters defeated the ballot question 48.9 percent to 51.1 percent five years ago.

Opponents have expressed concern that if physicians are allowed to prescribe life-ending medication, people could be pressured into ending their life early and some might see suicide as a relatively cheap way to handle people with complex medical needs.

"Please beware of the law of unintended consequences. Physician-assisted sterilization is not new; physician-assisted infanticide is not new; physician-assisted denial of care for people with disabilities is not new. In fact it has a very painful track record in this state and around this country," said Timothy Shriver, president of the Joseph P. Kennedy Jr. Foundation. "There's a pattern of injustice and intolerance that makes people with intellectual and developmental differences deeply vulnerable to being treated unjustly and intolerantly in their life."

L'Italien, who cares for her autistic son and cared for her mother who had Alzheimer's disease, said the bill "does not in any way devalue the lives of people with disabilities," and people who have legal guardians would be disqualified from medical aid in dying.

Michael Martignetti, a 58-year-old Lexington man who has the nervous system disease Friedreich's ataxia, said sanctioned suicide in Oregon, where legal medical aid in dying was pioneered decades ago, has not led people to coerce others to end their lives. He said he wants to have that option for himself.

"I know well the ravages of this disease and what awaits me at the end of my life is more than I can handle," Martignetti told the committee.

Giving physicians the ability to prescribe life-ending drugs would cause ethical dilemmas and fly in the face of the state-sponsored efforts to tamp down on prescriptions to dangerous opioids, said Dr. Barbara Rockett, former president of the Massachusetts Medical Society.

"Isn't that schizophrenic?" she asked.

The Massachusetts Medical Society has opposed physician-assisted suicide since 1996 but its membership is "presently engaged in debate on this issue," the society told the committee. The society is surveying members, and expects results this year, but the feedback from members "will not necessarily dictate a change" to its opposition to the proposal, the society said.

The National Association of Social Workers (NASW) code of ethics "emphasizes the ethical principle of self-determination while recognizing the inherent dignity and worth of all people," NASW Massachusetts

President Allison Scobie-Carroll told the committee. "Those facing a prognosis of death in just a matter of months, secondary to an illness that will erode their personal agency and quality of life should be afforded the ability to decide the manner in which they wish to die."

Giving the terminally ill a sanctioned means for ending their own life could lead to a "slippery slope" where a "'right to die' easily becomes a 'duty to die,'" wrote Deanna Wallace, staff counsel for Americans United for Life. She said that in the Netherlands, physicians have recommended death to their patients and 8 percent of infants who died in that country "were euthanized by doctors."

"Life is a gift from God," said James Driscoll, executive director of the Catholic Conference, who said society should work to prevent suicide.

Rep. Alan Silvia recounted suicide cases he responded to as a detective in Fall River's major crimes division. "That wasn't dignity. And if that wasn't dignity, how is there dignity when a doctor writes a prescription to do the very same thing?" [Photo: Sam Doran/SHNS]

L'Italien, an Andover Democrat exploring a bid for Congress next year, said she has volunteered at a suicide-prevention phone line and believes in an afterlife. She said, "I'm a person of faith. I believe that there's more after life."

The suicide rate in Massachusetts increased in the decade ending in 2014, according to a Department of Public Health report, which found there were 608 suicides in 2014, nearly double the number of motor vehicle deaths that year.

Rep. Hannah Kane, a Shrewsbury Republican, questioned MC Sullivan, the chief healthcare ethicist and palliative care director for the Archdiocese of Boston, about how taking a pill to end a life is different from a do-not-resuscitate order – which essentially tells physicians to let a patient die under certain circumstances.

"Both are intentional decisions," Kane said.

Sullivan said the difference is between asking doctors not to interfere and taking a drug to end someone's life.

The hearing, which took place before co-chairs Sen. Jason Lewis and Rep. Kate Hogan, drew broad interest.

Dan Diaz's late wife Brittany Maynard chose to end her life in Oregon after being diagnosed with an aggressive and incurable brain tumor that would have killed her and advocated Tuesday for others to have that ability.

"To be clear, a terminally ill individual that applies for this option is not deciding between living and dying. This is not a right-to-life or right-to-choose issue," Diaz told the committee Tuesday. "The option of living is no longer on the table for her. Brittany's only option is between two different methods of dying. One is gentle. The other would be terrifying and filled with unrelenting pain."

Michael Martignetti, who has a nervous system disease, said that "what awaits me at the end of my life is more than I can handle."