

Pamela Daly Testimony against H2381 10-1-21

Eighteen months ago, if you'd asked me if I supported a doctor assisted suicide bill I would have answered, sure, why not, choice is good. And I would have believed that I could control whether I opt in or not.

Since then, I've put two and two together and found that an assisted suicide bill does not add up to a choice I can live with. In fact, if the bill is passed, and the trend continues, the odds of my dying prematurely and without my consent are surprisingly high.

My disability puts me into a category of people who are systematically marginalized by the healthcare system. I share this realm with many poor, elderly, and people of color. I experience inequities in the form of inaccessible exam tables, mammography equipment and weight scales, and discriminatory practices such as when I broke my femur my doctor told me he wouldn't bother operating because "I don't walk anymore"; when I didn't get weighed at my oncologist's office even though there was a big sign posted on the office wall that read "All patients must be weighed"; I also wasn't weighed before receiving nine months of chemotherapy even though dosage is determined partially by a patient's weight. Is this in line with the Hippocratic oath? Take a look at our Crisis Standards of Care to see what's on the minds of our healthcare industry today.

What does it say when Mass General Hospital, the number 5 rated hospital in the country, after 20 years is still not fully ADA compliant? What does it say about our American culture when it fails to soothe our fears of being left out, not considered, essentially not worth the trouble?

People have always been afraid of disability and the "perceived" loss of dignity that comes with it. In fact, loss of dignity polls as the number one reason for wanting assisted suicide legalized. If loss of dignity means having to lean on a family member or a home health care worker for eating, bathing, and toileting, if it means being inconvenienced and ashamed by incontinence or memory loss, well then at least all of humanity is in the same boat and we can look forward to losing our dignity together because the very act of living means we are aging, our bodies are breaking down and at some point we will be in the need of care from others.

You could say we are all becoming more disabled with each passing day. Maybe we should think about normalizing aging and disability by reevaluating the meaning of the term "loss of dignity." We could embrace those in need of care by extending access to health and palliative care. We could focus in on easing the inevitability of becoming frail in order to rid people of their guilt of being a burden so they won't conclude that their best option is to be dead. Many doctors discriminate based on their own fears of being in the need of others and we have proof that they can foist those beliefs onto their patients and patient's families both overtly and surreptitiously. In other words, the decision to die is not actually ever just the patient's decision. There is always a doctor involved.

Are we going to allow a false notion of upholding dignity push us to the brink of suicide? Are we serving the greater good by granting doctors, whom we might not even know, the right to decide if a life meets their matrix for saving? I believe that doctors should never be in the business of deciding who they will let die. Never, ever. There are plenty of ways of dying in this world without our doctors' encouragement. Our doctors should remain cleanly on that side of this argument.

Thank you,
Pamela Daly
Charlestown, MA