



Testimony of Ruthie Poole, M-POWER Board President
Oral Testimony In Opposition to H.2381/S.1384
“An Act relative to end of life options”
October 1, 2021

Chairs Comerford and Decker, Members of the Committee:

My name is Ruthie Poole, and I am the president of M-POWER, a statewide group made up of people with lived experience of mental health diagnosis, trauma, and addiction.

As people with psychiatric disabilities, M-POWER members feel passionately about the right to self-determination. However, that is not what this bill is about.

It is not uncommon for people with disabilities and elders who may not be physically well to feel like they're a burden on their families. Prescribing doctors in Oregon last year reported that more than half of program suicides felt like a burden on family, friends, or caregivers. Sadly, if physician assisted suicide were to become law in Massachusetts, some people may be coerced, either subtly or more obviously, by their families to agree to this.

The bills have a provision requiring people requesting assisted suicide to have a counseling appointment to determine that the person “is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.”

Historically, people with psychiatric diagnoses have been subjected to all forms of legal and extra-legal coercion, often abetted by these same professionals. Gatekeeping professionals continue to underestimate our capabilities and block us from living our own lives. Based on these experiences, we cannot trust that counselors will have our best interests in mind when evaluating our motives for requesting assisted suicide.

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At the same time, people in the midst of a severe depression can usually present as “unimpaired,” especially in a single meeting with an unknown counselor.

Those of us in M-POWER know that depression is insidious. We know that *depression does impair judgment*. As a therapist once told me, depression does not cause black and white thinking; it causes black and blacker thinking. Absolute hopelessness and seeing no way out are common feelings for those of us who have experienced severe depression. Personally, as someone who has been suicidal in the past, I can relate to the desire for “a painless and easy way out.” However, depression is treatable and reversible. Suicide is not.

We applaud the Joint Committee on Public Health and legislators who have worked to expand funding for suicide prevention efforts. Passing this bill would be a slap in the face of those efforts. Suicide contagion is real. Any assisted suicide program will send the message to people in mental distress – old, young, physically ill or not – that suicide is a reasonable answer to life’s problems. It isn’t.

We urge you to give this bill an “ought not to pass.”

Thank you.