Monday, January 22, 2024

Here we go again. The wealthy, white, disproportionately powerful lobby groups rabidly promoting doctor prescribed suicide for people with disabilities are back at it in Minnesota. So bold, they even buy advertisement in our disability rights publications to woo people into supporting their very own demise. Don’t let them fool you. They do not want “equity at the end of life” or equity at any time during the lives of people with disabilities. They are not out promoting the ADA Integration Mandate. They are not out assuring that our rights as people with disabilities and their families are realistically living the Olmstead Decision in their daily lives. I have never seen them side by side with any of us demanding that Minnesota fixes the catastrophic staffing crisis. I have never seen them wheeling next to my son and demanding that people have actual choice in where they live, who they live with, and who provides their care.

Compassion & Choices members and other groups want to be able to end their lives with a doctor’s prescription before they become people with disabilities. Many people with disabilities live in poverty without power to resist this privileged lobby. People with physical disabilities lack even the staff to get them up and out of bed and provide transportation to attend press conferences or to testify in Minnesota, or they live in congregate care facilities that just won’t do this.

Doctor and Practioner prescribed suicide will weaponize an already biased medical community even further against my son Kylen, and his peers. We are already looked at as a burden to society and a drain on resources and finances. Let’s be clear and agree that it is poverty, not pain, that drives people to doctor prescribed suicide. It is lack of direct staff care providers to help people with disabilities to bathe, and get dressed, transfer, and position themselves that lead people to want to kill themselves so that they are not a “burden to their family”.

After 25 years of assisted suicide in Oregon: DWDA 2022 Data Summary Report (oregon.gov) Oregon Public Health reports that people want assisted suicide for these reasons:

1. Less able to engage in enjoyable activities

2. Losing autonomy

3. Loss of dignity

4. Burden on family/friends

5. Losing control of bodily functions

6. Pain Control

7. Financial burden

Six out of Seven of the reasons for seeking a doctor’s prescription to kill oneself are attributes of people with disabilities. These reasons are all ameliorated by implementing the ADA Integration Mandate and assuring the Olmstead Decision is available to everybody with disabilities. People with disabilities lose autonomy without staff. People with disabilities lose autonomy when they are forced to live in a congregate care institutional facility that the State calls “community” living. People with disabilities feel like a burden on their mom, dad, sister, brother, spouse, siblings, and friends when they do not have staff. People with disabilities feel like a financial burden when the system forces them to live in poverty and their family members cannot be gainfully employed because there are no staff to provide the direct care for activities of daily living. People cannot enjoy activities in their lives without staff to assist them. People with disabilities experience incontinence. The stigma, embarrassment, and fear of incontinence and bodily functions can be reduced or eliminated with the right staff to provide this assistance verses a spouse or adult child. Incontinence does not equal an undignified life. If you are a person that believes that incontinence is undignified; then you are telling me and my son that his life is undignified. That fits the very definition of ableism. Minnesota Department of Employment & Economic development predicts that Minnesota requires an increase of about 60,000 direct support positions to support people with disabilities. There can be NO discussion of the medical community providing prescriptions for suicide during a catastrophic staffing crisis. There can be NO discussion of doctor prescribed suicide when there is no equity and no power for the most marginalized group in Minnesota that are people with disabilities.

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