

1/24/2024

Dear Minnesota Legislators,

I thank you for your dedicated service to your constituents and to the State of Minnesota. With your help, all of us Minnesotans can make a difference in providing better for the common good of everyone in our communities. As a lifelong resident of Minnesota, currently living in Roseville (MN House District 66A), and a licensed mental health provider in the State of Minnesota, I wish to share testimony pertaining to HF 1930 in the hopes of contributing to the common good of all Minnesotans.

As I contemplate what contributes to the common good of fellow Minnesotans, the first condition of providing anything rests on recognizing the value of human life. Indeed, the authors of the Declaration of Independence established a foundational principle for this country that everyone is created equal and possesses an unalienable right to life. Given this natural starting point of human rights and our own nation, myself and no small number of other Minnesotans have serious objections to HF 1930, which is expressly purposed for legalizing the intentional and direct termination of human life. Because of this objective, this bill undermines the very foundation of this state and nation, the idea of health care as a service to promote healing of Minnesotans who are suffering, and human dignity everywhere.

We must be honest and clear with ourselves and each other, whatever euphemisms might be used to sanitize physician-assisted suicide (e.g. "aid in dying"), it is very plainly still suicide. That is, it is the direct and intentional termination of human life. It doesn't matter if that person's life will come to its natural end in a relatively short period of time, physician-assisted suicide is not health care. Health care is the promotion of healing, or at least providing sufficient comfort for someone until death naturally overtakes them. Physician-assisted suicide does not embrace health. Rather, it embraces death by causing it. This is bound to disrupt the trust between Minnesotans and health care providers if intentionally ending someone's life is disguised as a healing remedy.

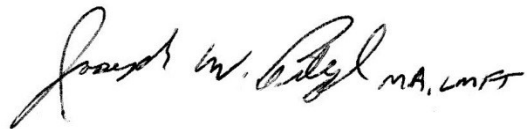
One of the reasons I object so strongly to this bill is that in my work as a licensed mental health provider, perhaps the most important component of my job is to assess individuals for the risk of suicide. The public naturally and rightly anticipates that mental health providers will be well positioned to detect whether someone is at such risk, and intervene to prevent it. I do some level of suicide risk assessment with all of the people to whom I provide professional care. When my assessment might demonstrate that an individual is at risk of suicide, it is not only ethically necessary for me to take steps that will hopefully ensure that person's safety, but I could be held liable under the law for not providing appropriate care that would preserve a person's life. This is the expectation even when someone wants to end their life. No one reasonably opposes this expectation of mental health providers because suicide is intuitively, for all of us, not just mental health professionals, understood and felt as a tragic loss by those who lose or even think about losing someone to suicide.

We must be honest about HF 1930: it is a bill that directly and intentionally facilitates suicide. What's more, by celebrating it as somehow humane and appropriate health care, it actually promotes suicide and thereby speaks in opposition to human life as having inherent value. It is set in diametric opposition to the foundational principles of this nation, and the very intentions of the provision of health care in the State of Minnesota. A bill such as this pushes Minnesota further along in celebrating death as a form of health care. Minnesotans cannot grow in compassion for one another if our answer to suffering is to treat life as disposable.

All the grief we experience as we see a rise in suicide in our communities in recent years, and the resources we've dedicated to identify those at risk to prevent suicide and provide lifesaving care, or just to provide comfort care for those who are near the natural end of their life, will be undermined by any bill like HF 1930. As a mental health care provider, the work that I and many thousands of others do in the State of Minnesota, will be diminished. We will find the law standing directly opposed to our efforts to do what the State has every interest in promoting: compassionate care that honors the value of life by reflecting that life has meaning at every moment. For those who are experiencing terrible suffering, mental health providers, and frankly all of us, are called to come to the side of those persons and not let them be alone in their hours of need. We are not called to actively and intentionally abandon them to death. This is counter to human nature and health care itself.

I respectfully ask that Minnesota legislators reject all manner of physician-assisted suicide.

Sincerely,

A handwritten signature in black ink that reads "Joseph W. Pribyl MA, LMFT". The signature is written in a cursive style with a large, sweeping initial "J".

Joseph W. Pribyl, MA, LMFT