1/22/24

Health Finance and Policy Committee:

I am a resident physician working in Rochester, MN, and I am writing to you in strong opposition to HF 1930. This bill would legalize physician-assisted suicide (PAS)/medical-aid-in dying (MAID) in Minnesota, and I believe this would be a significant detriment to the way medicine is practiced in Minnesota. The long-recognized purposes of medicine is to restore health, not to destroy life. The supporters of this bill are undoubtedly well-intentioned in their desire to relieve suffering for terminally ill patients. But although their intentions are good, the means that they would legalize are highly unethical and should not be condoned by the state. Simply put, it is unethical for a physician or other healthcare worker to actively intend and work toward the death of a patient, just as it would be unethical to intend and work toward the death of any other person.

Should the Committee decide to endorse this bill, I hope you will consider two amendments first.

1. **Protection for conscientious objectors**- Section 3 grants extensive protections to health care workers who engage in PAS and protects them from retaliation from employers and licensing bodies. These same protections should be extended to providers who conscientiously choose *not* to participate in PAS. Physicians who uphold the traditional ethical prohibition against taking life deserve as much protection as those who participate in PAS. No physician or other healthcare worker should feel that their employment or license is dependent on participating in PAS.
2. **Truthfulness in death certificates**- Section 7 legally requires providers to make inaccurate statements on death certificates. If a patient dies via PAS, Section 7 requires a provider to list a patient’s underlying terminal condition as the cause of death (even though the true cause of death would be the pharmaceutical which was administered). I sincerely hope that those who respect science and the scientific method can acknowledge the following scientific fact: if a lethal drug is intentionally administered and causes cardiorespiratory arrest, the administration of the drug (not an underlying terminal condition) is the cause of death. If this committee feels that legalizing PAS is the best policy decision for Minnesota, I hope it will have the intellectual honesty and integrity to fully acknowledge what it is legalizing and allow death certificates to reflect this truth.

Thank you for your consideration of this testimony. Please note that this testimony reflects my own views and does not necessarily reflect the views of my employer or educational program.

Sincerely,

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Tyler Benning, M.D, M.S