January 19, 2024

MN House Of Representatives Health Finance & Policy Com

Representative Tina Liebling, Chair

477 State Office Building

St. Paul, MN 55155

re.: HF 1930

Dear Rep. Liebling & Committee Members:

I am writing to you to express my opposition to this bill and the practice of assisted suicide in general. The last several years have seen an increase in suicide in our state and nation. While this is tragic, it has also helped bring attention to the topic, which has in turn lead to an increase in resources available to help those who are struggling and hurting and increased awareness of those resources.

I believe this bill, by making suicide a more available and easier option, flies the face of all of those efforts to help hurting individuals. It will only hurt them further, by adding official weight to the narrative that “your life is worth less, there’s no hope for you, you’d be better off dead.” That is the last thing that people in these situations need to hear.

My own father suffers from advanced dementia and is in a skilled nursing facility. He recently developed a urinary tract infection (UTI). While discussing treatment options, one option that was presented to us was that if left untreated, the UTI would develop into sepsis, he would be given medication to make him comfortable, and eventually he would “just go to sleep.” I think this option was presented as a way to “end his suffering” and make us feel like it was okay to do so. I felt like we were even being encouraged to see this as the “best” way to care for him. The alternative was to treat the infection with a common, inexpensive, easily-available antibiotic. We chose the latter option. As the UTI cleared, my father showed dramatic improvement, becoming more lively and talkative. He was clearly happy, comfortable, and able to find joy in his life.

I appreciate the thought that was given toward making my father comfortable and easing his suffering. I believe that there should be strong emphasis on palliative care options and those options should be available to all people, especially those suffering with terminal illnesses. This experience, however, made it clear to me how easy it is for the distinction between supportive care and direct action to end a life to become blurred. If passed, I believe this bill would significantly increase the pressure placed on those suffering with terminal illness, as well as their caregivers, to end their lives, rather than seek palliative care. Such action devalues the individual and contributes to a utilitarian approach to healthcare, rather than one based on caring for health.

My father’s condition is terminal. He will never recover and in fact, he will continue to decline. Thanks to receiving assisted care, however, he has had more time to be alert and interacting with others—staff, visitors, and family members. Does he always remember who those people are, including family members? No, but he still enjoys talking with and spending time with them. That is precious and worthy life time that could very easily never have taken place if a decision had been made that it would be better to end his life.

Minnesota has a strong reputation as a destination for quality healthcare and medical innovation. I feel we should focus our attention on continuing to develop those resources to help care for and support those in difficult life and medical situations. Assisted suicide is not that kind of care. It is a short cut strategy that preys upon the weak and vulnerable, rather than supporting them. Please do not create a legal justification for that kind of mistreatment by passing this bill.

Thank you for your time and consideration.

Sincerely,

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Reed Heidelberger

17000 Co Rd 28

Villard, MN 56385