

SECOND THOUGHTS TESTIMONY

Eileen Feldman, March 6, 2012

HI thank you for this opportunity. I am Eileen Feldman, a lifelong disAbility rights activist, and I've been living with multiple disabilities since birth. In fact, when i was 6 weeks old, my family was informed, in no uncertain terms, by a team of the best specialists, that I would be lucky if I lived 6 months.

So here I am, living proof that even a team of specialists can get it 50-plus years wrong.

Now, the consequences to leading an untimely life are increased medical emergencies. I've even been given two additional terminal diagnosis. But one of those diagnoses was wrong, and I needed to switch to a team of doctors who weren't burying their heads in order to learn more about what was what.

So it's not a stretch for me to testify that the arts of diagnosis and of prognosis are not so reliable. We need our laws to fully support dignity and quality-of-life choices for all Massachusetts residents -- irregardless of medical contingencies. With this bill, and in our culture of a greedy profit-driven medical system, it is easier for a low-income Massachusetts resident to doctor-shop for a lethal dose than it currently is, for that same patient, to get a weekly 90-minute massage paid for.

Along with my colleagues, I want to emphasize three points.

1, Even for the most self-determined person, a terminal diagnosis creates a new reality. We're adaptive beings, and sometimes, even those who love us alot will be ambivalent about waiting around, watching us suffer until our last natural breath. This bill opens a door for our loved ones to help us choose suicide without fully exploring other available options for quality of life. And there's also the harsher reality: people who are in longterm care facilities may certainly be competent, but are so deeply marginalized and isolated, and often dependent upon people who don't have their best interests at heart. Assisted suicide may be a way out, and this bill opens the door for such abusers to legally administer that last dose.

2nd, There are no safeguards in this bill to allow all patients to overturn this irreversible decision at the last moment. Consider the patient who, at the last moment, whispers, "i don't want it." If that dose is due to be administered by another person, there's nothing in this bill to make it a certainty that that patient will be heard.

3rd, with or without this bill, competent dying patients do have the methods to choose suicide. We can always find a doctor who will give us all sorts of drugs. Competent patients can legally choose to stop eating and drinking. We can get medicines to diminish our pain, and even stockpile them. We have advance directives and health care proxies. The methods and choices for competent patients to choose their death don't change with this bill.

THE ONLY PEOPLE SAFEGUARDED by this bill **ARE** the physicians who prescribe that lethal dose -- and the person that may administer it.

So in conclusion, please know how important it is to advance and increase Massachusetts patients' rights to quality of life treatments, and self-determined, life-affirming choices.

But a law that leaves the door wide open for our most vulnerable patients to be given a lethal dose? Let's put this one on the shelf while we give it some Second Thoughts. Thank You.