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To: House Human Services Committee
From: Christopher Dodson, Executive Director
Subject: House Bill 1415 - Physician-Assisted Suicide
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The North Dakota Catholic Conference opposes House Bill 1415. HB 1415 legalizes physician-assisted suicide and makes the people of North Dakota complicit in the taking of innocent human life. It is contrary to building a culture of life. It is contrary to our commitment to the common good and the least among us. It is contrary to good public policy to prevent suicide.

“I have set before you life and death, the blessing and the curse. Choose life, then, that you and your descendants may live.” (Dt. 30:19). This invitation from Moses is not just a call to choose life at an individual level. It is the basis for building a culture of life, one where all of society, including our laws and practices, affirm life and reject anything that intentionally kills an innocent person before natural death.

HB 1415 legalizes assisting a suicide. Euphemisms and legalese cannot hide what the bill actually does. The act of taking the prescribed medication under HB 1415 is an act of suicide. Assisting in the provision of that medication is assisting a suicide.¹ The reason assisting a suicide is a crime in North Dakota is because of our commitment to the principle that every human life matters. HB 1415 embraces the culture of death rather than the culture of life.

HB 1415 is contrary to our commitment to the common good and the least among us. In fact, it abandons a subset of our population. If enacted, the state of North Dakota would essentially be saying that it will protect everyone’s life — but not those facing a terminal illness. HB 1415 says that those lives are not worthy of protection. Once we abandon them and say not only that it is okay for them to take their own lives but that, with the state’s approval, those who assist them can do so with impunity, what incentive is there for the state and society to put resources into hospice, palliative care, pain management, and mental health services?

Proponents will argue that HB 1415 does not abandon North Dakotans, but provides compassion in their suffering. HB 1415, however, does not require the person receiving assistance to take their life be in pain or have any type of suffering.² Despite the appearance of “safeguards” and “restrictions” the only real criterion for qualifying for assisted suicide under HB 1415 is that person have a disease that “within reasonable medical judgment, will produce death within six months.” In other words, be dying.

All of us, however, are dying. Our lives are no less worthy because we may die six months from now, seven months from now, or seventy years from now. Nor are our lives deserving of less respect because we might have a diagnosed terminal illness. HB 1415 abandons that subset of our population for no other reason than they are possibly dying within six months.

Once we abandon that subset of our population, what segment of our population would be next? Those with Alzheimer's or dementia? Those with intellectual disabilities? What about those who have intractable pain? The list could go on. Whether we look at it from the perspective of rights or protection, there is no logical reason to limit assisted suicide to one particular group.

Finally, HB 1415 is contrary to the state's public policy against suicide and undermines our efforts to prevent suicide in our state. Suicide is the first leading cause of death for North Dakotans of ages 10-24 and the second leading cause of death for ages 25 - 34. On average, one person dies by suicide every 60 hours in the state.³ We cannot in good faith say that North Dakota wants to prevent suicide while permitting one segment of the population to commit suicide with physician assistance. It is illogical and counterproductive.⁴

The people of North Dakota deserve better than House Bill 1415. It embraces a culture of death, rather than life. It violates our commitment to the common good. It contravenes our state's efforts to prevent suicide. It has no place in North Dakota law or policy.

We urge a **Do Not Pass** recommendation.

¹ N.D.C.C. sec. 12.1-16-04.

² The absence of any requirement that the individual be suffering from any pain is just one of the many flaws in the bill. Others include:

- No requirement for a mental health assessment. Even if a mental health assessment occurs, the existence of a psychological or psychiatric disorder or depression is not itself a bar to receiving assisted suicide. Only if, in the opinion of the psychologist or psychiatrist, those conditions lead to "impaired judgment" would it be a bar to receiving the medication. However, since there is no requirement that the attending physician refer the patient for a mental health consultation, that restriction could be bypassed.
- No requirement for family notification;
- No requirement that someone be present and witness the taking of the drug;
- No requirement that a health care professional be present at the taking of the drug;
- No requirement that the suicide not occur in a public place, such as a school, public park, or mall;
- Limited and cumbersome conscience protection provisions; and
- Possible requirement for insurance coverage for assisted suicide.

³ Statistics compiled by the American Foundation for Suicide Prevention based on Center for Disease Control data. <https://aws-fetch.s3.amazonaws.com/state-fact-sheets/2020/2020-state-fact-sheets-north-dakota.pdf>

⁴ In fact, research indicates that legalization of physician-assisted suicide leads to an increased inclination to suicide in others; Jones DA, Paton D. *How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?* South Med J. 2015 Oct;108(10). <https://pubmed.ncbi.nlm.nih.gov/26437189/>