

Chairman Weisz and members of the House Human Services Committee,

North Dakota Right to Life is dedicated to protecting the lives of every human from conception to natural death. We stand at 2,500 members strong who whole-heartedly believe this mission statement. Every human at every stage of life. I feel that our organization is often associated with our dedication to fighting for the unborn, but I wanted to take this opportunity to talk about the importance of protecting individuals as they age until they experience natural death. Recently, I was reading an article by Wesley Smith in the National Review that discussed the point of view from a doctor in New Jersey. His grandfather, at the age of 103 years old, did not qualify for assisted suicide but wanted to hasten his death due to the isolation he felt during COVID-19. Here is a direct paragraph taken from this article.

“I described another option to Grandpa: he could voluntarily stop eating and drinking. He’d never considered this possibility (which reminded me again how one’s family members and clinicians contribute to inequities in end-of-life care). The option intrigued Grandpa, and during subsequent visits he reinforced his plan to pursue it. I insisted that he first move into my home. I wanted to ensure the quality of his care, knowing that I could enroll him in my health system’s hospice program. But I also wished to test his resolve, reasoning that his mind might change once his isolation ended.”

To further summarize this article, after the grandfather had moved into his grandson’s home, he changed his opinion on starvation and was thriving in his new environment. After a few weeks, he decided to continue forward with death by starvation and to make the decision easier, his grandson sedated him to stop any urges to resist.

The most interesting part of this is the reasoning behind the decision to request physician assisted suicide. Based on a study performed in Canada in 2018 on 112 patients who requested physician assisted suicide, one of the top reasonings for this request was due to loss of purpose they felt in their life or the inability to accept their diagnosis. Given this information, what options do we have to provide hope and comfort to our loved ones who are suffering? Listen to these individuals and find ways to alleviate the physical, mental, or emotional pain that they are feeling. Offer to document preferences and values regarding the patient’s end of life care. Understand the important religious or cultural practices that each individual holds in order to remain true to their wishes. And lastly, be there for them to support them in their final days which helps reduce the feelings of isolation experienced by so many.

Let us focus on raising awareness of the danger to our older generations of physician assisted suicide and euthanasia. Please check out the article below which was referenced in this section for further information.

I strongly encourage all to vote in favor of this bill in order to give long-term care patients the ability to have comfort in a designated caregiver during times of a disaster or emergency. Please vote for a DO PASS recommendation on SB 2145.

Article referenced: <https://www.nationalreview.com/corner/suicide-by-starvation-and-expanded-assisted-suicide-promoted-in-new-england-journal-of-medicine/>