

Submitter: Dr. Joseph Harvey MD MPH and TM  
On Behalf Of:  
Committee: Senate Committee On Rules  
Measure, Appointment or Topic: SB1003

As a family practice physician practicing for 30 years, I have cared for thousands of patients in the later stages of their life. Never once have I been unable to provide adequate relief from suffering for those who seem to be close to death. Often our best estimates about how long a person has to live are wrong. I have seen numerous miraculous cures and unexpected improvements, in patients thought to be dying, which even when temporary, have resulted in time for significant healing in relationships and better closure for both the patient and friends and family. Dignity in dying should not include taking actions to end that person's life, even when that is what they request. The problem with this bill is it will expand the inordinate pressure patients, providers, family & friends alike feel to end their life prematurely. Assisted suicide is a euphemism for murder, taking another person's life. Hospitals and nursing homes should be a place of comfort, care, and cure, promoting life to the fullest, until the end, not a two-tiered system where some people come to prolong their lives, and others come to accelerate their death.