

Theresa DeGraffenreid-Citizen Lobbyist

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Nevada Senate Committee Health & Human Services

OPPOSITION to SB 239

Tuesday, March 14, 2023

My name is Theresa DeGraffenreid; I am a Citizen lobbyist, testifying on behalf of myself and all the vulnerable citizens of Nevada that in the future may be faced with a decision like the one that you are proposing! I'm passionate about decreasing suffering and have traveled as a missionary to Haiti to work side by side with Missionaries of the Poor to help alleviate the suffering of the mentally and physically vulnerable people of Haiti. Basically, the kind of people who would "have a right to suicide themselves."

I believe allowing doctors and others who are even less qualified to give lethal prescriptions to their terminally ill patients is just too dangerous for Nevada.

SB239 is dangerous for medical personnel. It wrongly assumes that medical personnel are the best moral agents. They are not! It takes no great skill and very little time to write a lethal prescription, but it takes consummate skill and lots of effort to provide good end-of- life care.

Allowing lethal prescriptions also gives the physician too much power.

They would be judge, jury and assistant executioner in end-of-life

decisions. The power is not in the patient's hands. This is not about giving patients the "right to die" but giving physicians the right to kill.

SB239 is dangerous for families. Could you imagine visiting your parent in a nursing home and finding their bed empty? When you ask, you find that their physician or another medical person gave them a lethal prescription and they took it without saying anything to you. I know how I would feel: Guilty-How did not see signs? Angry-how could their doctor do this without bringing me into the discussion? And I would feel profound sadness. The proposed law does not require family notification.

SB239 is also dangerous for patients. The "right to die" will soon become the duty to die!

My father-in-Law, Richard, was in the hospital at age 84. He was very ill and knowing that he was becoming a financial burden to his wife there were times when he said to her, "You should take me out"! We refused to give up hope that he would get better and come home. Richard did die and do you think we enjoyed watching him suffer NO. I would have done anything to alleviate his suffering. Anything, except taking a pillow and putting it over his face Like Richard, many elderlies feel a duty to just die not be a financial burden to their loved ones.

Depression is the reason 95 percent of the elderly take their lives. Studies show that doctors do not recognize the signs of depression in the terminally ill. Yet, there are not sufficient safeguards proposed in this bill such as an evaluation by a psychiatrist before any decision is made. In 2014, only 2 percent of the 155 patients in Oregon who killed themselves were referred for evaluation.

This bill is dangerous for patients because mental or physical suffering precludes rational decision-making. The medical definition for "suicidal" is "impaired cognition and distorted judgment" (incapable of thinking straight or making good decisions), but this bill proposes that such a person takes his/her own life. If we deal with the physical and mental suffering, the suicidal ideation almost always resolves itself. We don't have to kill the patient to kill the suffering.

SB239 is dangerous for society because it takes away real compassion for human life. We need to pour our efforts into eliminating the suffering, not eliminating the patient. We can do this through pain and symptom management, better end-of-life care, and hospice care workers whose mission is to help the patients and their families by supporting them emotionally, spiritually, and physically in their last days. A handful of lethal pills is not compassion; it is an escape from the duty of compassion.