
Thank you for allowing me to testify.

I have also submitted **a written** statement.

My name is **Thaddeus Pope**

I am **Director**
of the Health Law Institute
and a **Professor**
at Mitchell Hamline
School of Law.

I specialize in legal and ethical issues
in **end-of-life**
medical treatment.

I have **published**
over **100 articles** in this area,
including in the *New England Journal of Medicine,*
JAMA,
Chest,
and the *New York Times.*

The **bill** you are considering
has been extensively **tested.**

A basically **identical** law has been in effect
in Oregon since 1997
in Washington since 2008
and in Vermont since 2013

It becomes effective in California
in June 2016

That is **30 years**
of combined experience.

There is no **better**
or more relevant
track record

on which to **evaluate**
the bill before you.

There are an overwhelming number of **safeguards**
in this bill
that **control**
access
to aid in dying medication

The patient must be an **adult**.

Must be a **resident** of Minnesota.

The patient must have an incurable and irreversible illness
anticipated to cause death within **six months**.

Must have **decision making capacity**.

This must be **confirmed**
by **both**
an attending
and a consulting physician

If **either** suspects
that the patient is suffering from impaired judgment,
they **must refer** the patient
for mental health counseling

The attending physician must **fully inform** the patient
of her alternative options

The bill requires **two signed written requests**
They must be witnessed
They must be made 15 days apart
They must be made by the patient **herself**
This cannot be done through an advance directive,
health care agent, surrogate, or guardian.

Finally, once the patient **obtains**
the aid in dying medication,
she must ingest it **herself.**

That is why this is "**aid**" in dying
not "euthanasia."

These are the **same** safeguards
in Oregon, Washington, Vermont, and California.

Multiple independent studies
have uniformly concluded
that they are **effective**
and that there has been no abuse.

The health authorities in Oregon and Washington
have collected decades of data

---

(1) Very few patients use the law.

Last year, 132 Oregonians
ingested aid in dying prescriptions.

That is less than **one-half of one percent**
of the Oregonians who die each year.

---

(2) The **demographics**
of that narrow population.

show that aid in dying is not being **foisted**
onto minorities or the vulnerable.

Instead,
it is overwhelmingly used
by **educated, insured, white cancer patients.**

99%	Health insurance
97%	White
90%	Age > 65
72%	College educated

And these patients did not use aid in dying
As an **alternative** to hospice

Over **92%** used it
with hospice.

This is why **one-third** of patients
who **get** aid in dying prescriptions
never **ingest** the medication

The bill provides **opt-outs**
to accommodate physicians
who have an objection

But this does **not** mean that participation
Will be concentrated
in just a few physicians

The 218 prescriptions written in Oregon in 2015
were written by **106 different physicians**.

Opponents point to cases in **Belgium**
As evidence of a **slippery slope.**

Some Belgians have obtained aid in dying
even though they are **not** terminally ill.

But this argument is misplaced.

Belgium is a very different medico-legal culture.
Assisted death was **already** prevalent
before the practice was legalized there.

Belgium never "slipped"
from being **less** permissive
to being **more** permissive of aid in dying.

Belgium was always **more** permissive.

There is **no** slipping
in the **United States** either

No U.S. state has ever enacted legislation
with different,
fewer,
or weaker safeguards.

There is **no evidence**
that physicians have failed to comply with safeguards.

not a single criminal case.

not a single health licensing board action.

Neither has Disability Rights Oregon,
the state's Protection and Advocacy System,
received any complaint of exploitation or coercion
of any individual with disabilities

More than **two decades** ago,
the Minnesota Legislature
confirmed the **right**
of Minnesotans
to refuse life-sustaining treatment.

Every day,
chronically and critically ill patients
across the state

hasten their deaths
by withholding or withdrawing
dialysis, mechanical ventilation, and other interventions.

But **some** terminally ill patients
are **not** dependent on any such technologies.

This bill gives these patients
The same **freedom**
To control the manner of their death

Thank you
