



**Written Testimony of Bobby Schindler
In Favor of House Bill No. 284,
“An Act Providing that Consent to Physician Aid in Dying is
Not a Defense to a Charge of Homicide”
March 20, 2019**

Dear Chair Regier and Members of the Committee:

My name is Bobby Schindler, and I serve as President of the Terri Schiavo Life & Hope Network. I submit this testimony on behalf of that organization as well as Americans United for Life, America’s original and most active pro-life advocacy organization. My work as a disability rights advocate began with fighting for the life of my sister, Terri Schindler Schiavo. Advocating for Terri’s life began in 2000, and lasted five long years until she was starved and dehydrated to death by court order at the demand of her husband in 2005. Terri was simply a disabled American; she had been neither actively dying nor near death, but death was intentionally caused by the denial of her basic care, food and water. I have spoken extensively throughout the United States and internationally about Terri, her case, and countless thousands of individuals facing the prospect of similar forms of denial of basic care.

For the past decade acting as a patient advocate, it has become disturbingly evident to me that protections for medically vulnerable persons—elderly, disabled, chronically ill, and those with forms of depression or other treatable health issues—are slowly being eroded, thereby increasing the risk of patients facing an encouraged or imposed premature death by laws, policies, and healthcare systems. While Oregon legalized “physician assisted suicide” in 1996, the experiences of states that have enacted regimes of legal suicide underscore the deep concerns opponents of suicide-enabling laws have long expressed that legal permission for certain forms of suicide will naturally result in the expansion of the so-called “right to suicide.” H.B. 284 will keep Montana from adopting suicide as a right, and will empower the state to legitimately regulate the practice and thus to ensure individual protection from abuse.

Abuses and Coercion of Vulnerable Patients

Any language that incorporates vague or over-broad interpretations of the law will lead to abuse of the sort that will be impossible to prove. Persons who are made to feel unwanted or unloved, particularly persons with disabilities and the elderly, will be at serious risk by the expanded suicide regime now under consideration.

The introduction of legalized suicide in Oregon has not stopped the abuse of the elderly and infirm in that state. In 2016 alone, nearly 4,000 Oregonians were victims of elder abuse.¹ Every similar case in the future will be exacerbated in Oregon and wherever else suicide at a doctor's hands is enacted. Instead of diminishing protections, the state should prioritize protecting all vulnerable individuals. This is why I oppose suicide in all its forms, whether by physician or through other means. The relative or subjective quality of one's daily experiences in life does not determine the objective and fundamental value of one's life. No state should follow Oregon and others down the path of enshrining suicide and death as a legitimate alternative to living with disability or a terminal disease.

American Medical Association Opposes Suicide by Physician

Leaders in the fields of bioethics, law and policy, and medicine share serious and fundamental concerns regarding abuses and failures in states that have embraced forms of suicide as a legitimate social policy.² This would include a lack of reporting and accountability, as well as the failure to assure the competency of the requesting individual.³

Perhaps most noteworthy is that the American Medical Association (AMA) opposes suicide by physician, even in "end of life" scenarios. This is because the AMA believes that "permitting physicians to engage in assisted suicide would ultimately cause more harm than good." Furthermore, suicide by physician "is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."⁴

In a recent article, a neuroscientist identified three reasons why patients often recover from what might be a seemingly hopeless prognosis: (1) their will to live, (2) support from family, and (3) love. Similar studies conclude that those contemplating forms of suicide almost always are suffering emotionally or psychologically, and often lose their will to live or lack family support.⁵ Expanding assisted suicide necessarily increases the vulnerability of already-vulnerable persons who are not genuinely terminal and who would benefit from authentic care and treatment.

Encouraging new forms of suicide would do nothing to provide the sort of care and treatment that thousands of vulnerable Montanans would benefit from each year. What people who allegedly "want to die" need is encouraging life-affirming care, comfort, and compassion.

¹ Zarkhin, & Terry, (2017) *Kept in the Dark: Oregon hides thousands of cases of shoddy senior care*, www.oregonlive.com/health/index.ssf/2017/04/senior_care_abuse_neglect_poor_care_hidden.html.

² Washington State Death with Dignity Act Report (2018), <https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2017.pdf>.

³ Disability Rights Education & Defense Fund (DREDF), *Why Assisted Suicide Must Not Be Legalized*, <https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/#safeguards>.

⁴ AMA Code of Medical Ethics Op. 5.7 (Physician-Assisted Suicide), <https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-5.pdf>.

⁵ Owen, Adrian M OBE, Ph.D., *When a Vegetative-State Patient Returns to Tell the Tale*, <https://www.psychologytoday.com/us/blog/the-gray-zone/201902/when-vegetative-state-patient-returns-tell-the-tale>.

Because H.B. 284 encourages vulnerable individuals to embrace hope, not suicide, as an option, I respectfully ask you to pass this life-affirming bill.

Sincerely,

A handwritten signature in blue ink that reads "Bobby Schindler". The signature is written in a cursive, flowing style.

Bobby Schindler, President
Terri Schiavo Life & Hope Network
bschindler@lifeandhope.com
855-300-HOPE (4673)