

Dear Honorable Committee Members;

I've often heard people say "I just want to die in my sleep, peacefully, in my own bed." And I think "Yes, that would be so nice! If only our wishes could make it come true." Death is a certainty for all of us. I believe one of the greatest human freedoms is to be able to choose how we live; true to our personal desires, beliefs, and values. I believe we should also have this freedom at the end of our lives.

The most frequently reported end of life concerns are; the loss of self-determination, the decreasing ability to enjoy life, and the loss of dignity. Under this law, those who have obtained the life-ending medication, have widely expressed the sense of comfort it has given them to know the option was there if they needed it. Above all, this feeling of control and comfort is the intended purpose of the Death with Dignity law.

Medical advances have enabled Doctors to keep patients alive for longer than ever before; often involving an array of equipment and medications, including breathing and heart pacing devices. I believe that a patient's death is not a medical failure. I believe that a medical success is providing patients with accurate Risk and Benefit information, whereby the patient and their doctor decide on a course of treatment, together.

Medical-aid-in-dying is an intensely personal decision, and not for everyone. This bill is laser focused on adults who are terminally ill, competent, and able to self-administer the medication and request the option. It might be hard to imagine ourselves in a situation where we would want this option, but we know that for some dying patients, in their last months, weeks, and days; have come to a place where their death is accepted and welcomed.

New Hampshire, has done a good job providing end-of-life laws including Advance Directives, Health Care Proxy, and (POLST) Providers Orders for Life Sustaining Treatment. It is now time for more movement forward. I believe medical-aid-in-dying, should be an accessible and legal option for NH patients.

Our immediate neighboring states, Vermont & Maine have both adopted Death with Dignity-statutes modeled after the Oregon law. There are NH residents who work and have health care coverage from those states, and also have friends and relatives in those states. It's time for New Hampshire to offer this to to residents. We can't be first in the nation, but we could be 10<sup>th</sup>.

My fervent hope is that when my death is near, that I may have the option to obtain the legal means to die relatively quickly and comfortably at a time of MY CHOOSING.

I ask you to Please support this bill for New Hampshire residents. Thank you.

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I know there are many who do not agree with this particular end of life option. Unfortunately, their viewpoint erroneously frames Death with Dignity as suicide, euthanasia or a slippery path to prescribing death for the disabled, the elderly, or by evil family members. This is law is NOT any of those things. It is a personal choice and it has incorporated proven safeguards, and only available to qualified terminally ill adults near death. It is not for the disabled, mentally ill, or the extremely old.

Death with Dignity is coming and I believe it will be the law of the land someday, as a civil rights issue.... Not unlike women's voting rights, right to public education, and marriage equality.

Cheri Bach – I live in Portsmouth, NH and I'm a grassroots volunteer.  
15 Wibird Street  
Portsmouth NH

Good afternoon, Representative Smith, Representative Keans, and members of the House Judiciary Committee. My name is Bob McCown, from Hampton Falls, NH, and I am a member of the fledgling, all volunteer, grass-roots NH Death with Dignity, supporting HB 1659, the NH Death with Dignity Act.

Having spoken with many people who support Death with Dignity legislation, I find that these people all have one thing in common: a story about witnessing a relative or friend die a painful, anguishing death. And it effected them so intensely, that they decided to commit themselves to make sure the same fate wouldn't happen to others in the future. Or even to themselves.

I have family and friend stories, too. But, having worked in LTC for 10 years, I have *dozens* of additional stories. Patients with terminal prognoses – patients who could be your grandmother or your parent- who *begged* me repeatedly to do something to relieve their pain. Palliative care had helped but it was no longer effective and these poor people were in pain 24 hours a day. Just stop for a moment and think about that. Unceasing, 24 hour pain.

HB 1659 would restore autonomy and control to terminal patients who are competent and able to self-medicate and thus relieve pain and restore dignity to an imminent and inevitable death. Some have argued that this is another example of the government intruding into our lives. I would disagree because the law gives the individual – not the government – freedom to make his or her choice. And doesn't that speak to the free-will spirit of NH? "I Decide."

There are multiple built-in layers of safeguards to prevent abuse of the law and it has worked successfully for over 40 cumulative years in 8 states and the District of Columbia.

An adult does not qualify under the Act solely because of age or disability. The law does allow that patients, doctors, and pharmacists who do not want to participate, do not have to. But please allow patients who do want to access the law, the option to die a dignified death – allowing the patient to decide when and where. Polls have shown approx. 75% of the public supports Death with Dignity legislation. That is a big number. With that in mind, let me pose a question: with all due respect, should the 25% who do not believe in medical aid in dying, deny its access to the 75% who do believe in it. If you don't want to use it for yourself that's fine, but please don't deny access to patients who are dying from a terminal illness and desperately need both a personal choice at the end of life and peace of mind. Wouldn't you want this choice for a loved one --- or even for yourself?

To quote Gov. Jerry Brown of California, a former Jesuit student, upon his signing California's Death with Dignity bill:

"In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."

Very powerful words, ladies and gentlemen. Please consider these words and support HB 1659.

I truly thank you for your time and your attention.

Testimony on HB 1659

Feb. 12, 2020

Rebecca Brown, 80 Post Road, Sugar Hill, NH 03586

I am here because of my husband.

Because of my and my family's experience with his death.

My husband Harry grew up on a farm here in NH, left to join the military, and served our country for 20 years, including in Vietnam. He came home and then spent over two decades serving NH in the state parks system, managing Cannon Mt and The Flume and then spending much time here in Concord. He was a tough guy, a man's man, independent and decisive. He was an outdoorsman, and served in about every civic role one can, He was also a gifted leader of people. He helped people see in themselves qualities and confidence they weren't even aware of.

About six years ago, I was in the Legislature then - Harry developed a neuromuscular disease that started robbing him of his mobility. His life shrank to a small sphere, and he lived in constant discomfort if not outright pain. And there were no answers to making him better: this was the course of the rest of his life.

At a certain point, it became inevitable that Harry would have to go into a care facility. The risk of falls, and his immobility was making home care unrealistic and even dangerous.

It was then that Harry took back control over his own life. He took back the control that was steadily being taken from him by his disease. On a gorgeous spring afternoon, taking the last strength he had, he shot himself.

Harry chose the time and place of his death, and its manner, but it was an incredibly violent way to go. No one should have to make that choice. No one should have to die the violent death Harry did, or starve themselves to death, which is what he would have done had he gone into a nursing home.

Harry did not welcome death. Tough as he was, he found the idea of death - his or anyone else's - very difficult to face, and to talk about. I was astonished then, when a close friend revealed a few weeks before he died, he told her that I would do something important around death with dignity.

What's important? There's a lot that's important about this law, this movement, but I'll name just one thing. It's having conversations. After Harry's death, I was forthright about why and how he did it. And many people thanked me because they said it helped them start a conversation with their loved ones. Conversations about death, yes, but really about how we

want to live, the quality of experience we want to have as we face the end, and how we experience our final moments.

Having these conversations can be a great relief to the terminally person, for they feel they're not alone in their process, and can ask for what they want without fearing that it will put their loved ones in a compromised position of - as the law says now - aiding suicide. It can be a great relief for families and other loved ones for the same reason, they can be with the ill person in the way that person desires, without fear. You might call these state-approved conversations at most profound and intimate times of our lives.

Death with Dignity is about valuing life. It's about the ability of terminally ill people - no matter our abilities or our disabilities - to exercise autonomy, to take back control that many have lost, and make the most profound decision of our lives. If this is not in integrity to what you believe, that's fine: it's your decision.