

DIOCESE OF MANCHESTER

February 3, 2020

Hon. Marjorie Smith, Chair
and Members, House Judiciary Committee
LOB Room 208
Concord NH 03301

Re: HB 1659 (Assisted Suicide)

Dear Rep. Smith and Members of the Committee:

As Director of Public Policy for the Roman Catholic Diocese of Manchester, and on behalf of Bishop Peter Libasci, I want to register our opposition to HB 1659. Although the bill is couched in terms of compassion, the bill actually would take New Hampshire across a perilous threshold.

We are one of the members of the NH Coalition Against State-Approved Suicide. The wide diversity of the coalition membership – comprising as it does health care providers, advocates for veterans, the elderly, and people with disabilities, and so on - speaks to the breadth of the danger that this bill represents to some of our most at-risk citizens.

The problems with the bill are manifold, and you will be hearing about many of those failings in the course of the oral and written testimony that the Committee is going to receive. I would like to touch on just several of them.

First, the concept that underlies HB 1659 could hardly be more at odds with the public health crisis that is suicide in New Hampshire today. As the members of the Committee undoubtedly know, the legislature has passed a number of initiatives over the course of the last several years in order to combat the suicide crisis, an emergency that is especially acute among groups such as at-risk teens, veterans with traumatic brain injury, first responders, and people with living with disabilities. In 2008, for example, the legislature created the NH Suicide Prevention Council, which has adopted a state suicide prevention plan for 2017-2020. The plan sets a goal of Zero Suicide and recognizes that “effective suicide prevention is comprehensive.” In sharp contrast, HB 1659 would normalize suicide as a form of medical care and send a message that dangerously contradicts these prevention efforts: the message that suicide is an acceptable option under certain circumstances.

Second, it is important to note what the HB 1659 Statement of Purpose says. While the text of the bill substantively applies only to people with terminal illnesses who have less than six months left to live, the Statement of Purpose section is couched in broad terms of individual autonomy, and refers to concerns such as loss of control, lack of independence, and

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“embarrassing indignities”. Thus, the Purpose section can (and undoubtedly will) be read as being the foundation for an even more far-reaching application of this sort of law in the future. Experience with similar laws elsewhere in North America and in Europe is instructive in showing that assisted suicide laws inevitably expand over time.

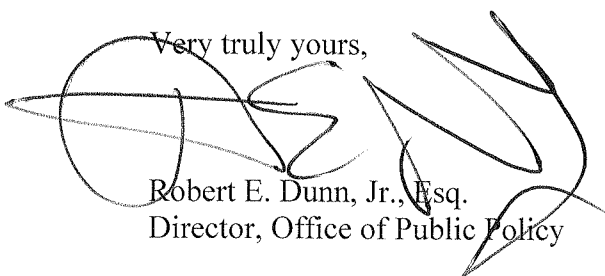
Third, through the work of Catholic hospitals and nursing homes, the Catholic Church in New Hampshire has long and extensive experience in caring for the sick and the elderly, especially those who are poor. Based on this experience, we believe that the passage of an assisted suicide law would clearly invite abuse. It is sadly the case that financial exploitation of the elderly is a significant problem in New Hampshire. The State Plan on Aging (promulgated in June 2019 by the State Committee on Aging) identified exploitation of the elderly as second only to self-neglect as a subject of investigations done by NH Adult Protective Services. The enactment of HB 1659 would put a new and lethal weapon into the hands of those who seek to financially exploit the elderly – the opportunity to persuade someone to use the assisted suicide law.

By insisting that the way to “die with dignity” is to resort to suicide, HB 1659 holds out a false premise to people who are acutely in need. Indeed, falsity is expressly built into the bill, which (among other things) makes the spectacular declaration that the taking of one’s own life is not suicide. In reality, human dignity is honored by the sort of care provided every day by New Hampshire hospitals and nursing homes and in other settings, care which allows even the frailest and neediest of our citizens to live, and to die, in a truly humane and dignified way. *This* is care that does not have to travel under a pseudonym.

If we as a society want to provide those who are sick and dying with the compassion they deserve, we must care for them, not kill them. We urge you to vote ITL on HB 1659.

Thank you for your kind consideration of our views.

Very truly yours,



Robert E. Dunn, Jr., Esq.
Director, Office of Public Policy