



DIOCESE OF MANCHESTER

February 7, 2024

Hon. Robert Lynn, Chair
and Members of the House Judiciary Committee
LOB Room 208
Concord NH 03301

Re: **HB 1283 (Assisted Suicide)**

Dear Mr. Chair and Members of the Committee:

As Director of Public Policy for the Roman Catholic Diocese of Manchester, and on behalf of Bishop Peter Libasci, Catholic Medical Center, and Catholic Charities New Hampshire, I want to respectfully register our opposition to HB 1283. In spite of the undeniably good intentions of the bill's sponsors, we are convinced that HB 1283 would take New Hampshire across a perilous threshold.

Assisted suicide is invariably presented as a question of individual autonomy. But we want to ask you instead to look at HB 1283 against the backdrop of the principle that Part 1 Article 1 of the New Hampshire Constitution says is the foundation of our body politic: the common good.

The diversity of the coalition that opposes this bill— including for instance health care providers, anti-suicide activists, and advocates for people with disabilities, veterans, and the elderly - speaks to the breadth of the dangers that an assisted suicide law poses. The price of an assisted suicide law will be paid not only by the people who choose to end their lives under such a law, but by the many other people whose lives will be placed at risk or compromised if such a law is passed. To touch on just some of the reasons why HB 1283 should be rejected:

First, experience with similar laws elsewhere in North America and in Europe (not to mention the inherently incremental nature of how legislation works) shows that assisted suicide laws can never be confined to the “boundaries” that the initial version of the law establishes. Where does the “death with dignity” philosophy end? When this very Committee last considered an assisted suicide bill (HB 1659 in 2020 - a 6-month bill like this one), one of the members of the Committee suggested that a future bill might perhaps consider adding in ALS, Multiple Sclerosis, and Alzheimer's as qualifying conditions. *See* House Judiciary Committee Work/Executive Session of 9/1/20. The terminal illness restriction has already been eliminated in Canada, for example. Common sense alone will tell us that once a locked door has been opened, there is nothing to stop it from opening up as far as it will go.

Second, HB 1283 is entirely at odds with efforts to combat the suicide crisis in New Hampshire today. At a time when the State is striving to end suicide, HB 1283 would *normalize* suicide as a form of medical care. Moreover, as the HB 1659 example shows, it is certain that succeeding legislative sessions would be confronted with bill after bill seeking to expand the law: a constant drumbeat exalting suicide as an answer.

Third, by advancing the idea that the way to “die with dignity” is to resort to suicide, HB 1283 holds out a mistaken premise to people who are acutely in need. A right to die easily becomes an obligation to die. Even those who do not choose to use this law will be forced to justify in their own minds or to others why they are not ending their lives this way. And the mere existence of a cheap alternative to often costly types of health care will almost surely result in a *diminishing* of the resources and funding that should be available for people in need. If you believe that the poor and the vulnerable get the short end of the stick in today’s health care world, how do you think it will go for them when assisted suicide is introduced into the mix?

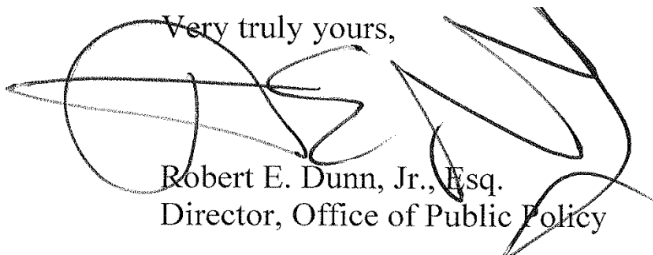
Fourth, the passage of an assisted suicide law would invite abuse. It is sadly the case that exploitation of the elderly is a significant problem in New Hampshire. The enactment of HB 1283 would put a new and lethal weapon into the hands of would-be exploiters—the opportunity to persuade someone to use the assisted suicide law.

And finally, HB 1283 - which uses the euphemism “medical aid in dying” and makes the astonishing declaration that the taking of one’s own life is not suicide – is utterly wrong in its claim of what death with dignity is. We all know what death with dignity really is because we see it every day in the way the dying are cared for by New Hampshire families and in hospitals, nursing homes and other settings. This is 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 feel the need to travel under a pseudonym.

History counsels that we should never let the state decide what quality of life merits death. 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 help them to kill themselves. We urge you to recommend ITL on HB 1283.

Thank you as always for your kind consideration of our views.

Very truly yours,

A handwritten signature in black ink, appearing to read 'R. E. Dunn, Jr.', is written over the typed name and title. The signature is fluid and somewhat abstract, with large loops and a long horizontal stroke.

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