My name is Alexander Pralea. I am a third-year medical student at Brown who is testifying in support of Bill H7760, the Lila Manfield Sapinsley Compassionate Care Act.

As a graduate of Catholic middle and high school, I understand that some people of faith may express reservations about this bill. My Catholic education has directly molded my desire to serve patients at the most vulnerable moments of their lives: when they are suffering, dying, and grappling with the unknown. I am also not alone in my support for this issue. A majority of Catholics (59%) believe that medical aid in dying (MAID) is either morally acceptable or do not view it as a moral issue based on data from Pew Research Center, a highly reputable nonpartisan think tank.[1] They join majorities of Jewish, Protestant and religiously unaffiliated Americans. MAID is also a bipartisan issue: majorities of Republicans and Democrats alike agree that MAID is not morally wrong.[1] This is an issue that your constituents want to see legalized.

Medical aid in dying is fundamentally about giving people choices when all other choices are taken from them. Patients who would qualify for MAID represent a small sliver of the population: they must be terminally ill adults with prognoses of six months or less, they must make two oral requests of their physicians more than two weeks apart, they must make a separate written request, they must be informed of *all* treatment options, they must be cleared by a second physician, and they must be cleared by a mental health professional who assesses them as having decision-making capacity. The dozen proposed safeguards are sufficient to ensure that vulnerable groups (including people with disabilities) are protected from exploitation. In Oregon, where MAID has been legal since 1997 and whose Death with Dignity Act is the basis of the Compassionate Care Act, more than 90% of recipients are white, more than 80% are aged 65 years or older, and more than 75% have at least some college education.[2] Perhaps most importantly, 90% die at home as patients most often intend to, versus 30% for the general population.[2,3] Notably, when asked about their reasons for choosing MAID, 90% of Oregonians point to loss of autonomy or inability to enjoy life, while only 30% and 6% emphasize physical pain or financial implications of treatment.[2] Oregon and other states that have legalized MAID demonstrate that almost 90% of MAID recipients also receive hospice or palliative care.[4] Palliative care is a critical tool in allowing patients and families to cope with the emotional and physical burden of illness, but palliative care cannot help a patient with amyotrophic lateral sclerosis (ALS) regain the ability to speak, swallow, or breathe.

As a medical student, I feel that this issue is particularly personal. I am writing this after two weeks rotating on intensive care units (ICU), where we treat the sickest patients. ICUs are sites of heroic recoveries, of patients who beat all the odds. I carry hope that all my patients will be miracles. And yet, I know that too often they will not be. 20% of Americans will end up dying in an ICU.[5] For some patients, a death in the ICU is value-concordant–we can hold off cardiac death, thereby allowing additional time for family members to grieve and say goodbye. For other patients, the medicalized death embodied by the ICU–the constant beeps, the plethora of screens, tubes, vents, and blue sterile drapes–is not how they envision their last moments. Some of these patients may wish to have a demedicalized death, at home, surrounded by their loved ones, *before* they deteriorate to the point of being deeply sedated and intubated. We should allow both groups of patients to realize their end-of-life wishes.

Currently Rhode Islanders who wish to access MAID must spend the last months of their lives navigating bureaucracy in a state like Vermont. In the time that they would have otherwise spent with family and friends, they must travel to an outside state. They are not allowed to die in their homes.

Medical aid in dying is the only issue that I am aware of in which we deny decisionally competent adults the right to make their own healthcare decisions. Delaware, Illinois and New York are the most recent states to recognize this contradiction and all have legalized MAID over the past year. Please vote in support of the Compassionate Care Act to make Rhode the 14th state (other than D.C.) that gives terminally ill adults a tiny bit of autonomy in the face of immeasurable suffering.

Sincerely,
Alexander Pralea
Resident of Providence, Rhode Island

Citations:

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