



TESTIMONY IN OPPOSITION TO 2026 – H7760
AN ACT RELATING TO HEALTH AND SAFETY – ASSISTED SUICIDE
PUBLIC HEARING IN FRONT OF THE HOUSE COMMITTEE HEALTH, EDUCATION AND WELFARE
THURSDAY, APRIL 30, 2026

Honorable Chairperson and Members of the Committee,

While proponents now prefer to call it by another name, House Bill 7760 seeks to legalize a practice presently described in the Rhode Island Criminal Code as “Assisted Suicide” (RIGL 11-60). Assisted Suicide is bad medicine and bad public policy that puts vulnerable persons at risk. It is a recipe for exploitation and abuse of the elderly and the disabled.

I will highlight just some of the many dangerous provisions of this bill:

- While this bill states that witnesses to the written request must attest that the patient appeared to “be free from duress or undue influence at the time the request was signed,”ⁱ those words have a narrow legal meaning and can be very difficult to prove.ⁱⁱ **This bill in no way prohibits family members, health care providers, or other interested parties, from suggesting, encouraging or exerting subtle pressure on vulnerable individuals to request assisted suicide.** Since victims of domestic abuse, including elder abuse, are extremely vulnerable to persuasion from their abusers, it takes little imagination to understand how this bill could put abused individuals at grave risk.
 - Worse, this written request for the lethal drug prescription does not need to be made in the presence of a physician; it could be signed in the patient’s residence and mailed in. **And while the bill requires two witnesses, one of these could be a relative who would gain financially from the patient’s death, while the other could be the best friend of this potential heir... and no one would ever know.**ⁱⁱⁱ
- Under this bill, patients are considered capable of requesting Assisted Suicide not only by communicating the decision on their own but also by “communication through persons familiar with the patient’s manner of communicating if those persons are available.”^{iv} **There is no requirement that such communication assistance be independently verified. This could lead to a patient’s wishes being misunderstood, misinterpreted, or even disregarded. Who will know if the person communicating on behalf of the patient is doing so accurately?**
- Under this bill, a physician does not need to refer the patient for counseling unless the physician, who may have no prior relationship whatsoever with the patient, believes the patient has “impaired judgment,” defined only as an insufficient understanding or appreciation of the “relevant facts” (not defined) necessary to make an informed decision.^v **Severely depressed or mentally ill patients could receive a lethal prescription under this bill without having any form of counseling. It is not even necessary to consult the patient’s primary care physician!**^{vi}

- **Under this bill, no independent witness is required at the time of death.** Did the patient self-administer the lethal dose or was it administered to them while they were sleeping? Was the prescription taken willingly or did the patient struggle? Under this bill, nobody would ever know?
- Under this bill, before writing a lethal drug prescription, a doctor must inform the patient of “the range of treatment options” and “all feasible end-of-life services...”^{vii} **However, “informing” someone of all options does not mean the patient will have the ability to access those options. It only means the person must be told about them.** If physician assisted suicide becomes just another treatment option, and a cheap option at that, the standard of care and provision of care changes. There will be less focus on extending life and eliminating pain, and more focus on the inexpensive treatment option of a lethal drug prescription. Patients may find that their insurance will not cover the “feasible alternatives” the doctor told them about but, instead, will only pay for assisted suicide, as has already been reported.^{viii}

The Rhode Island State Right to Life Committee believes that the concern of the State of Rhode Island should be to improve access to legitimate care for all Rhode Islanders, especially those who are most vulnerable. We ask you to oppose this assisted suicide bill.

Respectfully submitted,
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Executive Director

ⁱ §23-4.15-3 (a) (4).

ⁱⁱ *Black's Law Dictionary* (6th ed.) defines duress as “any unlawful threat or coercion used... to induce another to act [or not act] in a manner [they] otherwise would not [or would].” In regard to the making of a will and other such matters, undue influence is persuasion carried to the point of overpowering the will, or such a control over the person in question as prevents him from acting intelligently, understanding, and voluntarily, and in effect destroys his, and constrains him to do what he would not have done if such control had not been exercised... Undue influence consists (1) in the use, by one in whom a confidence is reposed by another, or who holds a real or apparent authority over him, of such confidence or authority, for the purpose of obtaining an unfair advantage over him; (2) in taking an unfair advantage of another’s weakness of mind; or (3) in taking a grossly oppressive and unfair advantage of another’s necessities or distress.

ⁱⁱⁱ §23-4.15-3 (a) (4).

^{iv} §23-4.15-2 (2), definition of “capable.”

^v §23-4.15-3 (8).

^{vi} §23-4.15-3 (a) (9).

^{vii} §23-4.15-3 (a) (6) (iii & iv).

^{viii} See, for example, *When Insurance Companies Refuse Treatment “Assisted Suicide” Is No Choice At All*, at: <https://www.aapd.com/when-insurance-companies-refuse-treatment-assisted-suicide-is-no-choice-at-all/> (accessed 3/21/18); *Death Drugs Cause Uproar in Oregon*, available at: <http://abcnews.go.com/Health/story?id=5517492&page=1> (accessed 3/21/18); or *Assisted Suicide Is No Choice At All*, at: <https://www.realclearpolicy.com/articles/2017/12/13/assisted-suicide-is-no-choice-at-all-110447.html> (accessed 3/21/18).