

My name is Emily Spurrell. Licensed Clinical Psychologist. Faculty Women Mental Health Fellowship, Women and Infants' Hospital, Providence, RI. I am speaking in support of the Lila Mansfield Sapinsley Compassionate Care Act (H7760) which allows for medical aid in dying in Rhode Island.

As a clinical psychologist, I frequently work with individuals who are depressed and suicidal. I have also worked with individuals confronting their own mortality from a terminal diagnosis, and the intense grief that accompanies this. I can appreciate the discomfort people may have with the idea of medically assisted dying for individuals with a terminal illness and their concern that it might be a form of self-harm or suicide. It is natural for us to have concern that with intense grief we might languish and become depressed. How can we protect vulnerable individuals from acting from a place of self-harm, rather than self-care? We can do this when we understand the key differences between grief and depression. While unremitting sadness is clearly a shared element with grief and depression, individuals who are depressed feel hopeless and powerless. A lack of agency is key here, where an individual feels defeated, and unable to impact their own life circumstance when in fact this is not the case. Terminally ill people, on the other hand are making a realistic assessment of their future. As a therapist I help people regain agency and identify aspects of their life and circumstances that are within their control. I hope that you can see why choices for someone with a terminal illness, including how they want to die, reduce depression. Sometimes, just knowing you have the choice, is enough to give a person agency. The statistic is that even in states where there is a law allowing for medical assistance in dying, less than 1% of deaths are individuals who choose this option. Of those who seek medical assistance in dying as high as 39% ultimately chose not to take the medication. In these states, patients report that they derive invaluable piece of mind simply from knowing they have the option if their suffering becomes too great. I think the strength of the law is the compassion it shows for 100% of us that want to feel we have the ability, if this is our circumstance, to have agency in the choices of our life. In the face of a terminal illness, having choices, even painful ones, offers peace and a sense of control instead of powerlessness, allowing us to focus on what we can do to meet our needs as best as we are able.

Please support this bill.

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