

## Roberta DiMezza

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**From:** regular joe <drsinger59@hotmail.com>  
**Sent:** Tuesday, May 5, 2026 6:01 AM  
**To:** House Judiciary Committee; Rep. McEntee, Carol Hagan  
**Cc:** Rep. Boylan, Jennifer; Sen. Lauria, Pamela J.  
**Subject:** Support for H7760

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To: Chair McEntee and members of the House Judiciary Committee.  
From: Joseph B. Singer MD  
Re: support for H7760  
May 4, 2026

Chair McEntee and honorable members of the House Judiciary Committee:

My name is Joseph B Singer MD and I live in Barrington. I have been an attending physician for 30 years and have cared for people at the end of life and helped their families with challenging end of life decisions. I am writing to urge you to support H7790 which would establish the process to provide a legal mechanism whereby a terminally ill patient may choose to end their life using medications prescribed by a physician. This bill will mitigate suffering, offering those at the end of their lives the opportunity to protect themselves from unnecessary and avoidable pain and/or suffering.

I'd like to review four major principles of medical ethics and how they apply here.

The first major principle of medical ethics is Autonomy. This principle is focused on the patient's independence or liberty. A competent adult has the right to make decisions about what happens to his/her body. The person must be capable of rational thought and not be manipulated or coerced into any decision. An adult can refuse medical care or treatment or accept treatment when recommended. That person lives with the consequences of that decision.<sup>1</sup>

The next is beneficence which states a physician must act in the best interests of the patient. Doctors are required to promote their patient's health and wellbeing. Most doctors agree that healing is the main purpose of modern medicine. Beneficence means that doctors must help patients.<sup>2</sup> When healing or cure isn't possible, wellbeing becomes more about pain relief, relief of fear, spiritual and emotional support.

Nonmaleficence – First do no harm. Physicians must not harm a patient through carelessness, malice, vengeance, or dislike or even through treatments intended to help.<sup>3</sup>

Justice refers to fairness with respect to the distribution of medical resources. This principle draws upon ethics, the law, and public policy.<sup>4</sup>

It seems clear to me that this law provides autonomy for patients. The patient must be competent. Beneficence is also in the law. There will be occasions when living terminally with pain and/or suffering isn't in the patient's best interest. Going back to autonomy, the patient should get to decide what is in his/her best interest. Not a proxy, not the doctor, not anyone else. So, if a person decides to do this, could this harm someone else? Their loved ones will be sad, which is likely already the case. Rigidly considered, nonmaleficence might be an ethical principle against this law, but again, consider – is this harm? This is a patient that is going to die. Would a greater harm be to keep this person from relief? I don't see how the ethical principle of justice would apply here.

While enacting laws about this is relatively new, people have been suffering and dying as long as there have been people. This law offers people choice, agency, potential relief.

Thank you for your attention and your work for the people in our state.

JS

1,2,3,4 Medical Ethics for Dummies, Jane Runzheimer MD, Linda Johnson Larson. Wiley Publishing 2011 page 11.