



# American Academy of Medical Ethics

P.O. Box 7500 Bristol, TN 37621

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Matthew Y. Suh, MD MPH (NJ State Director)

7 February 2019

Testimony at the New Jersey Senate Health Committee

## **OPPOSITION to S1072 “Aid in Dying for the Terminally Ill Act”**

Honorable Committee Chair and Committee members,

My name is **Matthew Y. Suh, MD MPH**, a liver and pancreas surgeon practicing in Morris county. I am a diplomate of the American Board of Surgery. I also serve with the American Academy of Medical Ethics.

Along with many concerned citizens before you, I am here today to speak in OPPOSITION to S1072, a bill that proposes to legalize physician assisted suicide in New Jersey. This is NOT the first time that the New Jersey legislators have considered such a bill. In fact, this very committee held a hearing on this same bill on 8 December 2014 and on 3 November 2016. I have personally testified before both the Assembly and the Senate since 2014, as have many other concerned citizens before you.

So, senators, WHAT has changed since the last time we were here?

- Since legalization in Oregon, more and more patients are choosing to take the lethal prescription. In 2015 and 2016, record high number of patients received lethal prescriptions under law (218 and 204), and record high number of patients died from it (135 and 133). **For 2017** (the last year for which statistics is currently available), this same trend continues, with **218 patients receiving lethal prescriptions** and **143 patients dying from ingesting lethal dose**, a new high record. While choosing to die with lethal prescription is becoming more popular every year, the state of Oregon continues to have difficulty even keeping track of whether those patients who were prescribed the lethal prescription took it or not. In 2016, the state of Oregon did NOT know in 44 cases of 204 cases (more than 20%) whether those patients, who had died, took those lethal prescription. **Again, in 2017, the state of Oregon did NOT know in 44 cases (20%) whether those patients took those lethal prescription.** In a state where this practice has been legal for 22 years now and safety has been touted, “I don’t know” for 20% of the cases is NOT an acceptable answer for the medical community nor for the public.



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- For the purposes of public safety, the state of Oregon is required to collect the data on occurrence of complications, duration of time from ingestion to unconsciousness, and duration of time from ingestion to death. **In 2016, 106 of 133 confirmed cases of death (~80%), the state of Oregon simply did NOT have any data. In 2017, 105 of 143 confirmed cases of death (73%), the state of Oregon did NOT have this data.** “I don’t know” for 73-80% of the cases is again NOT an acceptable measure of public safety.
- Since legalization in Oregon, it is CRYSTAL CLEAR that **the issue at hand is NOT PAIN nor INTOLERABLE PHYSICAL SUFFERING.** There have been numerous testimonies before this body in the past noting the advancements in palliative care. In 2016, the #1 reason for seeking the lethal prescription in Oregon was “loss of autonomy” (89.5%) and “loss of joy.” (89.5%). Again in 2017, the #1 reason for seeking the lethal prescription was “loss of autonomy” (87.4%) and “loss of joy” (88.1%). **Inadequate pain control (or even concern about it) was the second least likely reason for seeking lethal prescription, accounting ONLY for 21%.**
- In 2016, cancer was the number #1 diagnosis for those dying with lethal prescription (79%). In 2017, cancer was again the number #1 diagnosis for those dying with lethal prescription (76.9%). While it has been well known that those with cancer has 10X risk of depression than those without cancer, the referral rate for psychiatric evaluation of patients requesting lethal prescription has NEVER been greater than 5% in Oregon. **Again, the most recent data in 2017 shows that only 3.5% were referred.** Literally, **ONLY 5** of 143 patients who died were referred for psychiatric evaluation. WHERE is the safety measure? Who is looking out for these patients?

While the proponents of physician assisted suicide have cited Oregon as a model of safety, the great experiment in Oregon does NOT MEET the STANDARD of CARE for SAFETY in the eyes of this doctor.

So, again, I stand opposed to S1072, which seeks to legalize physician assisted suicide.

S1072 is NOT SAFE for my patients with cancer. S1072 is NOT SAFE for New Jersey.

Sincerely,

Matthew Y. Suh, MD MPH