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From: Joel M Potter <jmpotter3@uaa.alaska.edu>
Sent: Monday, April 06, 2015 10:59 PM
To: Rep. Harriet Drummond
Subject: Regarding House Bill 99

Greetings,

I am writing regarding your sponsorship of House Bill 99, which would legalize physician-assisted suicide. I am a biomedical ethics professor at UAA. I appreciate your support for the expansion of Medicaid and other initiatives. While I do not doubt your good intentions in sponsoring House Bill 99, I think it is a serious mistake.

The medical profession has a responsibility both to respect the wishes of patients and to do what will benefit patients. If a medical procedure cannot be construed as a benefit to the patient, then it is inappropriate for a medical professional to perform the procedure (especially if it is something as irreversible as assisting in a person's death). Now, many people think that allowing a person to end their own life is an act of mercy that does benefit the person by ending their suffering. But this is not correct; in order for the patient to benefit, they must continue to exist. Unlike palliative care, which may benefit the patient by alleviating suffering, ending *the person* does not, since the patient no longer exists to benefit. People mistakenly think of suicide as allowing a patient to rest or be at peace, when in fact it ends the life of the patient. No one remains to enjoy rest or peace. Now if there is an afterlife, this line of reasoning would not apply, since the individual might continue to exist after death. But the State of Alaska is in no position to set policies based upon beliefs about life after death.

Some argue that even if, strictly speaking, suicide is not a benefit to the patient, physician assisted suicide is a way of respecting a patient's final wishes. But such respect is misplaced. We do not really respect an individual's capacity to make decisions when we support an action that will permanently end that individual's ability to make decisions. Instead, by supporting such actions we fail to respect the dignity that the individual possesses as a rational decision maker. Out of respect for a person's capacity to make decisions, we would not agree to administer an addictive drug like heroine that would compromise their ability to make decisions even if a person asked us to do this with full understanding of the consequences. The reason we wouldn't do this is because we respect a person's capacity to make decisions too much to give in to requests that would impair that very capacity. The same should hold for requests of assistance in committing suicide.

One might think that it is up to each individual to judge whether his or her life is good on the whole and that supporting physician assisted suicide allows individuals to make this judgment for themselves. But by allowing physician-assisted suicide the state does not remain neutral on the value of persons' lives. Rather, since it is necessary for the state to set criteria for when a person might choose to end his or her life, the state makes an implicit judgment about which lives are too valuable to permit assistance and which lives are not. Thus, under

the guise of personal autonomy and choice, the state supports the death of individuals deemed sufficiently unfit to remain alive.

Thank for your time considering the reasons I have addressed above. Life is not a right that can be waived; it is something that we must live up to.

Respectfully,

Joel Potter

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