

READERS' LETTERS

End of life bill is the right option

Newport state legislators Lauren Carson and Dawn Euer deserve our thanks and support for joining with other Rhode Island legislators in sponsoring bills to bring compassionate end-of-life options to our state. Rep. Carson has co-sponsored House bill H7297 and Sen. Euer is co-sponsoring Senate bill S2443, the Lila Manfield Sapinsley Compassionate Care Act.

Rhode Islanders, their families and doctors should be able to make the end-of-life care decisions that are right for them in the final stages of a terminal illness. If one's suffering has become unbearable, that person should have the option of requesting a prescription from their doctor for medication they can decide to take to end their pain-ridden dying process peacefully.

Compassionate care is not "assisted suicide." Certainly, it raises some difficult issues and our lawmakers should carefully consider the proposed act. But the General Assembly should ensure

that the people of Rhode Island should have the options a bill such as the Compassionate Care Act would provide.

The act will be opposed by people whose views on such choices are driven by their religious beliefs, and they have a right to their opinions. Ultimately, though, the end-of-life choices of the terminally ill are a deeply personal matter. The religious views of some should not dictate the choices of those who do not share those views. In this, I stand with the 59 percent of Christian Americans and 70 percent of Americans of other religions who agree that, when a person is faced with a painful terminal illness, it is morally acceptable to ask for a physician's aid in taking his or her own life.

Join me in supporting Rep. Carson and Sen. Euer in their efforts to pass the Lila Manfield Sapinsley Compassionate Care Act.

Chuck Flippo, Newport

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Bill that was introduced should be renamed 'Assisted Suicide Act'

In Tuesday's Daily News, a letter from Chuck Flippo urges support for a bill introduced into the General Assembly misleadingly entitled the "Compassionate Care Act." Mr. Flippo assures us that "Compassionate care is not assisted suicide."

However, he is dead wrong. I have read the bill, and it should be entitled the "Assisted Suicide Act" or, more precisely, the "Physician Assisted Suicide Act." If you don't think this is a bill to legalize assisted suicide in Rhode Island, read it yourself. Just Google "RI Senate 2018 S 2443" and it should be the first document that comes up.

The bill contains a lot of verbiage about how carefully everyone must act in end-of-life situations, but it states plainly that physicians are allowed to prescribe a medication that will hasten death to patients with a "terminal condition." That means an incurable and irreversible disease that would,

within reasonable medical judgment, result in death within six months or less, although the bill also says that "the patient could live longer than the time predicted."

So what's wrong with that, if the patient is going to die soon and is in a lot of pain? Maybe you remember the widely-publicized case of 17-year-old Michelle Carter, who last year was found guilty of involuntary manslaughter in a Massachusetts court. All she did was repeatedly send text messages to her severely depressed 18-year-old boyfriend urging him to commit suicide until he did it.

Of course, there are a lot of differences between urging an 18-year-old to commit suicide and providing deadly medicine to an elderly terminally-ill patient. But they also have one very disturbing similarity. The boy probably wouldn't have killed himself, even with those texts, if he hadn't been depressed.

A lot of old, sick people are depressed too. They may go in and out of depression. They may be depressed some nights when sleep doesn't come for hours. But if they take that doctor's pill, they won't wake up the next morning, see the sun shining, and decide that maybe life is worth living after all.

That Massachusetts teenager also had a malicious girlfriend. Do elderly people ever have, maybe not malicious, but fatigued care-givers? Are they ever made to feel that they are just a burden? Does it ever happen that even well-meaning relatives, who would never hurt a hair on Grandpa's or Grandpa's head, might feel that there is an easy way out?

This is a pernicious bill. Rather than urge everyone to support it, I would ask that everyone think carefully about its ramifications. Sometimes there really is a "slippery slope" from good intentions to really bad consequences.

Roland F. Chase, Newport

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