



Testimony of Ruthie Poole, MPOWER Board President

In Opposition to H 1991

“An Act affirming a terminally ill patient’s right to compassionate aid in dying”

March 14, 2016

Dear Senator Lewis, Representative Hogan and Members of the Joint Committee on Public Health:

My name is Ruthie Poole, and I am the president of MPOWER, a statewide membership organization made up of people with lived experience of mental health diagnosis.

MPOWER opposes the legalization of assisted suicide for many reasons. As people with psychiatric disabilities, MPOWER members feel passionately about the right to self-determination. However, that is not what H 1991 or other initiatives that promote physician assisted suicide are about.

It is not uncommon for people with disabilities and elders who may be frail and not physically well to feel like they’re a burden on their families. One would hope that most families would wholeheartedly disagree with this perception; but prescribing doctors in Oregon have reported that 40% of program suicides felt like a burden on family, friends, or caregivers. Sadly, if physician assisted suicide were to become law, some people may be coerced, either subtly or more obviously, by their families to agree to this.

H 1991 has a new provision requiring people requesting assisted suicide to have a counseling appointment to determine that the person “is capable and not suffering from a psychiatric or psychological disorder or depression causing impaired judgment.”

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Many of us in MPOWER have received harmful psychiatric care, and so have a healthy mistrust of mental health professionals. Historically, people with psychiatric diagnoses have been subjected to all forms of legal and extra legal coercion, often abetted by these same professionals. Gatekeeping professionals continue to underestimate our capabilities and block us from living our own lives. Well-meaning counselors, meanwhile, all too often misdiagnose us and discount clear signs of distress. Based on these experiences, we cannot trust that consulting psychologists or psychiatrists will have our best interests in mind when evaluating our motives for requesting assisted suicide. People in the midst of a severe depression can usually present as “unimpaired,” especially in a single meeting with an unknown psychologist or psychiatrist in the business of labeling suicides “rational.”

Those of us in MPOWER know that depression is insidious in how it affects thinking. Against the new provision, we know that depression does impair judgment. As a therapist once told me, depression does not cause black and white thinking; it causes black and blacker thinking. Absolute hopelessness and seeing no way out are common feelings for those of us who have experienced severe depression. Personally, as someone who has been suicidal in the past, I can relate to the desire for “a painless and easy way out”. However, depression is treatable and reversible. Suicide is not.

We applaud the Joint Committee on Public Health and other members of the Legislature who have worked hard to expand funding for suicide prevention efforts. Passing this bill would be a slap in the face of those efforts. We urge you to give this bill an “ought not to pass.”

Thank you.