

House Testimony (Health and Government Opportunities)

Kathleen Nicole O’Neal – HB403– Opposing (UNF)

I am here today to voice my opposition to HB403/SB443, the “End-of-Life Option Act.” All legislative interventions of this sort are problematic as they seek to impose ableist and ageist double standards surrounding those whose deaths by suicide we seek to oppose and prevent and those whose deaths by suicide we seek to enable, aid, abet, and encourage. When people with illnesses and disabilities receive the message that, because of their illnesses and disabilities, dignity for them amounts to choosing to end their lives or foregoing life-sustaining care, this is a deadly and malicious form of disability and often age discrimination. In lieu of offering resources, access, healthcare, and paths to greater autonomy that can make disabled lives less painful, freer, more meaningful, and less stressful, we send disabled and sick people the message that they are “better off dead.” This is an incredibly irresponsible and cruel message for citizens, governmental officials, and medical providers to send to sick and disabled people.

In his groundbreaking work on suicide, the eminent psychology professor Dr. Thomas Joiner, who currently serves as a professor at Florida State University and has published multiple scholarly books about suicide, notes three motivating factors which he claims are present anytime an individual decides to take his life. If any of these factors are not present, an individual will not seek to end his life. These criteria apply to all suicides, including but not limited to those covered under the umbrella of Medical Aid in Dying (MAID).

The first factor Dr. Joiner notes is that of “learned fearlessness” – a process by which an individual becomes increasingly inured to inflicting pain or injury on oneself. Because we are psychologically hardwired not to seek to end our own lives, this is a capacity that must be built up over time, often under unusual circumstances.

Poignantly for our purposes, Dr. Joiner’s other two criteria for suicidality are “perceived burdensomeness” and “failed belongingness.” People decide to end their lives because they see themselves as a burden on others. They worry that they are undermining the well-being of those close to them by continuing to live their lives. And such people feel excluded from and marginalized from a larger sense of family, friendship, community, and/or occupational contributions. Put simply, people decide to end their lives because they feel like a burden and they feel alienated and alone.

Contrary to popular beliefs, empirical evidence indicates that it is not unmanageable physical pain which typically drives individuals to seek out assisted suicide. It is this sense of alienation and fear of being a burden which drives suicide among the disabled and non-disabled alike. In a society in which people are already marginalized on the basis of disability, illness, and age, the last thing such individuals need is the government or medical professionals confirming the notion – engendered by oppression and discrimination – that such people really are “better off dead.”