Testimony of Elizabeth Morrison, M.D.
Support for SB 845 and HB 933

I am Dr. Elizabeth Morrison, a psychiatrist, and I support this bill. I have 3 points.

1. ***From a psychiatric perspective, aid-in-dying and suicidal patients are fundamentally different.***

   Suicide in the context of mental illness occurs because of intolerable suffering, distorted, irrational thinking, and impaired judgment. In contrast, individuals eligible for aid in dying have terminal, treatment-refractive illnesses. These are people who, if not for their terminal illnesses, want to live.

2. **Most patients with psychiatric conditions *do* maintain capacity and can continue to make medical and other end-of-life decisions.**.

   Patients nearing death may be sad and grieving, but still have capacity. They should be allowed to participate in medical aid in dying. Supporting this position is a recent report I have from UC San Francisco, which has required all patients requesting aid in dying to undergo psychiatric evaluation. A study of 100 randomly selected patients found ZERO patients lacking capacity due to a psychiatric condition. So I believe only patients with significant depressive or other concerning symptoms should be referred for a mental health evaluation

3. **The positions national medical organizations are taking accommodate aid-in-dying:**

   The American Medical Association modified its position in 2019. After three years of study, the organization remains opposed but simultaneously concluded that physicians who participate in aid in dying are not violating their Code of Medical Ethics, and that morally admirable physicians can hold divergent views.**. *Thus, any attempt to say that the AMA opposes "physician assisted suicide" is telling only half the story.***

   The American Psychiatric Association has no position. Nevertheless, it has developed a comprehensive resource document to assist psychiatrists in states where it is legal.