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Date: December 2, 2020
To: Members of the House Families, Children, & Seniors Committee
From: Genevieve Marnon, Legislative Director of Right to Life of Michigan
Re: HR 314 – the Patient Right’s Resolution

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Madam Chair, members of the committee, thank you for allowing me to testify on House Resolution 314. This resolution is actually very simple and intuitive. It states what everyone instinctively knows – that patients, or their families if the patient is incapacitated, should be the ultimate decision maker when it comes to life and death medical treatment options.

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Due to the recent Covid restrictions, we have seen more isolation and less communication surrounding medical decisions. Elderly loved ones are extremely vulnerable in care facilities when their families can’t visit them, assess their medical condition, and discuss their wants regarding treatments. This pandemic has highlighted the importance and timeliness of this resolution.

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For 6 years I sat on the Honoring Healthcare Choices board where we discussed ways in which medical professionals can have end of life conversations with patients which truly honor the patient’s wishes. The goal was to discover what a patient, patient advocate, or parent would want, rather than having medical professional’s personal preference or bias impact medical decision making. Sadly, it is these inherent biases that play out too often. We’ve seen doctors make value judgements based on a person’s quality of life rather than life itself. Unfortunately, the calculus becomes: Is it worth the investment of time, money, or medial resources? This mindset has led to doctors making unilateral life-sustaining treatment decisions which go against the wishes of the patient or their family. These are the calls that flood my office.

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I just got another call last week from a man whose father was being denied a feeding tube. Grandpa had suffered a minor stroke which made it difficult to get enough food and water by mouth. This led to him becoming hospitalized for dehydration. Because grandpa is 95 and has suffered a stroke, the hospital’s opinion was to allow him to starve to death rather than insert a feeding tube. The family implored the doctor to provide this fairly minor surgery, but the doctor refused. The family had to threaten to have picketers outside the hospital with signs that said “they starve old people here” before they reversed course and inserted the feeding tube. That shouldn’t happen

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in a country which has a robust system of due process. Thankfully, Grandpa was home for Thanksgiving alongside his wife of 71 years. This was a fortunate ending, but too often the family's wishes are denied.

Just last year, Bobby Reyes and Titus Cromer, both teen aged boys right here in Michigan, lost their battle with the healthcare system. Both Bobby and Titus's parents had to fight the hospital in court for continued life-sustaining treatment for their sons. Unfortunately, they both lost their battle. When it comes to our children, our loved ones, our elderly parents, shouldn't the competent patient or the family be the ultimate arbiter of life and death medial decision making?

Most of the time, medical care is dispensed with complete agreement on the part of the doctor, the patient, and the family. Most doctors and medical personnel are dedicated caring individuals who work tirelessly on behalf of their patients. This resolution speaks to the times when there is disagreement and where that disagreement involves life-sustaining treatment. The resolution affirms the rights of patients and families and underscores the compelling state interest in the protection of human life.

The Covid pandemic has caused us all to re-evaluate the protection of the vulnerable. We've all sacrificed in order to save lives. So, when a medical decision is the difference between life and death, shouldn't we err on the side of life?

Thank you for your time, and I urge your support of this important resolution.