



February 24th, 2026

To the Senate and House Judiciary Committees: NO ON S247/H7435

The Cruelty of Futile Mandates: Why RI S2478/H7435 Fails Mothers and Infants Alike

We often hear the phrase "pro-life" used to justify legislative intervention in the most private and painful moments of medical care. But when legislation like Rhode Island's **Senate Bill 2478** and **House Bill 7435** seeks to mandate aggressive medical intervention over a mother's choice for comfort care, we must ask: whose life are we actually serving, and at what cost of suffering?

- 1. The "Insanity" of Mandatory Resuscitation vs. Comfort Care** In cases of late-term terminations, these procedures are almost exclusively the result of devastating medical news—lethal fetal anomalies or severe risks to the mother's life. When an infant is born with a condition that makes survival impossible, the most compassionate "pro-life" action is often **palliative care**: allowing a mother to hold her child, provide warmth, and offer comfort until the child passes naturally.

S2478 and H7435 would effectively criminalize this compassion. By mandating "the same degree of professional skill" as would be given to a healthy newborn, these bills force doctors to choose between a felony charge and performing futile, painful medical procedures on a dying infant. To intubate and crack the ribs of a pre-viable infant—who may only be experiencing involuntary muscle spasms rather than true "viability"—is not "life-saving"; it is the state-mandated prolonging of agony.

2. The Policing Paradox: How Would This Even Be Enforced?

The logistical reality of "policing" these rare medical events is, frankly, insane.

- **Medical Subjectivity:** Signs of life (like a heartbeat or a muscle twitch) in a 22-week infant with lethal abnormalities do not equal a "survivable" life. How does a police officer or a prosecutor determine if a doctor's decision to provide comfort care instead of a ventilator was a "crime"?

- **The Data Vacuum:** Proponents of these bills rely on statistics from state health departments to prove these instances occur. Ironically, by attaching **felony penalties** and **license revocations** to these events, the state will ensure that reporting disappears. When you criminalize medical outcomes, you drive data underground, preventing the medical community from learning and improving care.

3. A Question of Consistency

There is a jarring hypocrisy in the state's sudden, intense focus on the "rights" of an infant in a terminal medical situation while appearing indifferent to the thousands of children suffering in global conflicts and wars. If "life is life," why is our legislative energy spent intruding into a grieving mother's hospital room in Rhode Island, rather than addressing the mass-scale loss of children's lives that we watch on the news every day?

The Death of "Do No Harm": When the Law Mandates Medical Abuse

Every doctor begins their career with a sacred promise: *Primum non nocere*. **First, do no harm.** It is a vow to protect the vulnerable and to ensure that a patient's final moments are defined by dignity, not agony.

But Rhode Island's Senate Bill 2478 and House Bill 7435 are demanding that doctors break that vow. They are demanding that in the most tragic, hopeless moments of a family's life, the state replaces a mother's embrace with the cold, violent machinery of the state.

Visualize the scene the law wants to create: Imagine a room where a child has just been born with anomalies so severe that survival is a medical impossibility. The mother is reaching out. She wants to hold her baby. She wants the child's only experience of this world to be the warmth of her skin, the sound of her heartbeat, and the soft whisper of a lullaby. This is **comfort care**. It is peaceful. It is human.

Now, visualize what the law mandates: Instead of that mother's arms, the law forces the doctor to step in. Because of a legal mandate, that doctor must now perform a "resuscitation" they know will fail. To a tiny, fragile infant—one whose skin is like tissue paper and whose bones are barely formed—a chest compression is not a "life-saving measure." It is a violent act.

Under the weight of a grown man's hands, those tiny ribs don't just bend; they crush. To force air into lungs that were never meant to breathe, they must shove a plastic tube down a throat that has never been swallowed. This isn't medicine; it is an assault on the dying.

This is the ultimate betrayal of "Do No Harm." The law is turning healers into abusers. It is taking an infant who is in the process of a natural, peaceful passing and subjecting them to a "code blue" of broken bones and mechanical intrusion—all to satisfy a legal checklist.

How can we call ourselves a civilized society when we prioritize the "right" to a violent, state-mandated medical failure over the right to a mother's comfort?

When a child cannot be saved, the most "pro-life" thing we can do is ensure they do not suffer. We must stop this "insanity" before we codify cruelty into Rhode Island law. We must allow doctors to be doctors, and mothers to be mothers.

Let them hold their babies. Do no more harm.

Conclusion: Minimize Suffering, Maximize Peace

From a purely practical standpoint, these bills do no good. They do not "save" infants who are medically unable to survive; they only punish doctors and traumatize mothers.

We must protect the right of a mother to choose **comfort** over **cables**. We must protect the right of a family to grieve in peace without the threat of a police investigation because a dying infant's muscle twitched. Rhode Island legislators must see these bills for what they are: an "insane" intrusion into medical ethics that prioritizes political performance over human well-being.

Educational podcast ([The Death "Do No Harm"](#))

Do no harm. Vote NO on **S2478/H7435**

Thank you for your time and consideration.

COYOTE RI

West Warwick, RI 02893

<bella@coyoteri.org> 401-525-8757