

Support of HB 16-1054**Testimony of Cory D. Carroll, M.D.****2/4/16****Introduction:**

1. Board Certified Family Physician practicing in Fort Collins for 24 years
2. Board of Directors Colorado Medical Society
 - a. My comments today are my own and not of the CMS
3. Immediate Past President Northern Colorado Medical Society
 - a. Again I do not speak for the NCMS
4. Practice demographics 25% >65 years old
5. Long term relationships with my patients

Philosophy:

1. Death is part of life.
2. Medical care has become more technical than rational at times.
3. Assisting patients understand their ailment and what medicine can provide is part of my job.
4. Knowing the limits of medical care should be part of the conversation.
5. I regularly use palliative care and Hospice for my patients at the end of life.

Personal Examples:

6. 86 year old male – wife died the preceding year (poor death in nursing home) and pt. has severe spinal stenosis (nearly wheelchair bound), poor vision (near blind), lives in the mountains with house keeper support, mentally lucid and is very clear he has had a good life and doesn't want to end up in the nursing home like his wife. Took his life by gunshot to the head at his home.
7. My mother who lived with Alzheimer's for many years. She would never have requested this in her lucid state (Catholic) and neither her husband or only living son would have done this due to her belief and the law wouldn't allow this to occur.
8. My father who is living in my home at 94 years old. Doing well but similar to the first patient I discussed is not wanting to engage the medical profession completely and end up in a nursing home. He has stipulated no aggressive medical care and DNR. We haven't discussed this option since it is not available but if he requested it (and met the criteria) I would support him.
9. Myself. There will be a time that I will be done with living. At that point I can stop my intake of food and water surround myself with loved ones who will respect my wishes but there may be circumstances that create severe pain and suffering and I would like this option for myself.

Specifics of the Bill

1. There are clearly established criteria as published in *Journal of Palliative Medicine*
 - a. Adult
 - b. Resident of Colorado
 - c. Terminally-ill
 - d. Of sound mind (able to make his/her own medical decisions)
 - e. Able to self-administer medication by mouth
2. Protocol includes checks and safeguards
 - a. Request made twice – oral and written with witnesses- 15 days apart
 - b. Two physicians concur on eligibility and prognosis
 - c. Full range of options offered
 - d. No coercion
3. Allaying fears
 - a. Criteria apply uniformly without regard for age, diagnosis or disability
 - b. Patients with mental impairment (such as dementia) are not eligible
 - c. No guardian, health care agent or other proxy may act on behalf of another (this is not euthanasia)
 - d. 20 years of data from Oregon demonstrates the law is effective; no reported cases of abuse; no physician or other health professional has been disciplined
 - e. No one is required to participate. Physicians and health care institutions may opt out

Organized Medicine

1. The current CMS policy regarding "Physician Assisted Suicide" is in opposition as is the AMA. However the CMS policy is over 20 years old and 2 days ago a membership wide survey was sent out requesting whether the current physicians in CMS support this policy. The CMS leadership will look at the responses and determine if we need to change our position. I predict the results of the survey will show a wide spectrum of feelings from physicians and the CMS will modify their position to neutral respecting physicians like me in support and the others in opposition.
2. The Denver and Boulder Medical Societies have written letters indicating support for HB 16-1054.

Conclusion:

1. As a practicing family doc taking care of patients from cradle to grave I need to help them understand the limits of medicine and support them at the end of life.
2. Death is non-negotiable and at times the only way to relieve pain and suffering.
3. The historical record shows with the other states that have adopted similar legislation the actual implementation of medication to hasten death is very small and there is not widespread abuse or "sliding down any slippery slope".
4. A handful of patients would request this option and, if available and they met the criteria, I would be willing to write the Rx.