

W. Charles Lobitz, Ph.D. Testimony on HB1054, 2/4/16

Good afternoon. My name is Dr. Charles Lobitz and I reside in Denver, Colorado. My testimony today is in support of HB1054. Chairman Kagan, I want to thank you and the members of the committee for considering this bill and listening carefully to all the testimony. Your endurance is remarkable.

I am a clinical psychologist recently retired after forty years in practice. In supporting this bill, I would like to speak to the difference between physician-assisted dying when one is terminally ill and suicide when one is severely depressed.

Let me share a story with you about my close friend in Oregon who was dying of Stage 4 ovarian cancer after seven years of treatment. Despite everyone's best efforts, including surgery and many rounds of chemotherapy, nothing could stop the progression of her disease. After consulting with the required physicians and talking with close friends and family, she chose, what is called in Oregon, "death with dignity." Surrounded by her family, her closest friends and her doctor, she died peacefully while her brother was reading the 23<sup>rd</sup> Psalm. She died with the same grace and serenity that she had lived her life. Her loved ones understood and embraced her decision and were comforted by her peaceful passing.

My friend did not want to die. She wanted to live. She and her physicians fought valiantly against her illness but they ran out of treatment options. She was receiving excellent palliative and hospice care, yet she was in excruciating pain and struggling to breathe. She was sad that her life was ending but not depressed.

In contrast, suicide is the result of an untreated but reversible mental illness. It is an impulsive act, almost always done alone and in secret. The suicidal person is not dying. He does not have a terminal disease. He has a serious, life-threatening mental disorder, like depression, often in combination with an addiction. With proper treatment, most suicidal patients can be helped to manage their disease and lead long, productive lives. This bill does not threaten them. In fact, this bill channels them in the direction of evaluation and treatment for their mental illness.

Opponents of this bill would have you believe that it is dangerous, that it is a threat to the disabled and a threat to the mentally ill. Their fears are not supported by research or experience. For 17 years Oregon has had a similar law. In a study at the University of Utah and reported by the NY Academy of Sciences, "Investigators have found no evidence of heightened risk for the elderly, women, the uninsured, people with little education, the poor, the physically disabled, the chronically ill, or people with psychiatric illnesses." I acknowledge there are many threats to the welfare of the disabled but this bill is not one of them.

Please do not let the opponents of this bill frighten you into taking away the personal freedom of terminally ill patients who might want to consider this option. They need your help. They need you to vote for this bill. Thank you.

W. Charles Lobitz, Ph.D.  
2450 E. Alameda Ave. #1  
Denver, CO 80209  
303-319-2114  
charleslobitz@msn.com