Good afternoon, Honorable Representatives of the House Judiciary Committee, thank you for letting me address you on this very important debate.

I am Dr. Ken Stone, a native of Colorado and graduate of the CU Health Sciences Center in Denver and I strongly oppose House Bill 16-1054.

This bill is more accurately described as the physician prescribed suicide legislative proposal and is quite distressing to me as a physician. After spending decades caring for patients who had serious, chronic mental or physical illnesses with or without associated pain, it is very hard for me to understand how prescribing an overdose of medication is considered the proper role of the healing physician. The common and fundamental commitment of physicians is to care for all people without doubting whether any one person is not worth the effort. The compassionate directive of physicians should be treatment of the patient for pain and suffering and helping friends and families "suffer with" and walk with patients through their journey of illness, not give a one-time prescription intended to cause death even if the patient's condition changes. Suffering an illness can be sorrow and joy at the same time when treated by physicians and supportive caregivers appropriately. However, allowing the suffering to be enveloped and overcome by sadness is only encouraging an illness that leads to the total despair that is the root of suicidal thoughts and decisions. When the patient and the supportive family see sadness and despair from suffering, or see that unnecessary burdensome treatment being forced on them, it is time to change to another physician, not ask for an overdose of drugs to end it. You may be interested to know that the usual prescription for enabling one to intentionally take their own life is actually taking a bottle of medicine, not just one pill, which includes the common side effects of nausea vomiting. This may cause an unsuccessful attempt to take one's own life and cause harm.

The paradigm that physicians will not hold back their energies in treating anyone, rich or poor, young or old, prominent or culturally insignificant, curable or incurable will be forever changed with this legislation. The options will begin to default to looking for how to provide assistance in dying sooner instead of looking for ways to improve treatment and palliation of the dying process.

Other specific points that this particular law shows lack of concern for all is determining when the terminally ill person will die. I personally have never known a physician colleague, in primary care, or specialty, be able to predict an accurate time within six months when someone will die naturally.

Secondly, abuse of the terminally ill patient is hardly addressed at all in this legislation, but it certainly immunizes everyone else involved. More importantly, any assertion that abuse has never been documented ignores the fact that one cannot find how the dying patient felt about the process after they die.

Thirdly, many sincere proponents have pointed out how they want to be in control of their own death when dealing with intolerable suffering; however, they should already know that they can do so without changing the heart and soul of medical practice. People who believe their autonomy is at stake without this proposal are mistaken in that many people have found peaceful ways to die without a physician ever being involved.

In light of the lack of protections for patients against abuse in this law, we are fundamentally immunizing and protecting physicians who can become prescribers of medical killing. Please do not allow these exploitative outcomes to come to the great State of Colorado, as this bill will result in fewer end-of-life options rather than more. Thank you.

Ken A. Stone, M.D.