

STATEMENT OF JOAN E. T. STEARNS OF HENDERSON, CO, IN SUPPORT OF HB16-1054

2-4-2016

**INTRODUCTION** My name is Joan Stearns. I live in Henderson, Colorado, and I am here in support of HB16-1054, The End-of-Life Options Act.

I have systemic lupus erythematosus. While I am presently in remission, I have in the past been very sick and, after a particularly bad flare-up, I was forced to take disability retirement from my position as a federal prosecutor. Relapse could mean organ failure. If I am terminally ill from lupus or from anything else, I want the freedom to opt for medical aid-in-dying. I do not want to have to establish residency in Oregon, or in Washington, or in California, or in Montana or in Vermont in order to take advantage of the aid-in-dying that those states offer to their residents. I want the right to choose a gentle death, and I want it here in my own state of Colorado!

**NOT ASSISTED SUICIDE** If I am terminally ill, I will not be suicidal. Suicidal people want to die and I will be a dying person who wants to live but who must face her own imminent mortality. The bill does not countenance assisted suicide: suicidal people want to die. Rather than view the bill as providing for assisted suicide, you should view it as offering the means to a peaceful death to a person who wants to live but is already dying.

**A YES VOTE BY THE COMMITTEE DOES NOT CONSTITUTE AN ENDORSEMENT OF AID-IN-DYING.** It constitutes, rather, a vote for *freedom of choice* to adult, mentally capable Colorado residents who are terminally ill and within six months of death (this is how "terminally ill" is defined under the Act).

\*\*\*Even if you personally oppose aid-in-dying, vote YES to support my right to choose it!\*\*\*

**FAMILIARITY WITH THE BILL** I HOPE that EVERYONE here today is intimately familiar with the bill. I attended the senate committee hearing yesterday and it was clear to me that many people had either: 1) not read the bill at all; 2) not read it completely; or 3) not read it thoroughly.

**THE BILL CONTAINS MULTIPLE SAFEGUARDS TO ENSURE VOLUNTARINESS AND TO PROTECT THE VULNERABLE FROM COERSION**

**QUALIFIED PERSON** The Bill provides that to be a "qualified person" under it, a person must be terminally ill, capable of making an informed decision and voluntarily request the medication. There must be two oral requests separated by 15 days, as well as a written request witnessed by two persons.

**SELF-ADMINISTRATION OF MEDICATION** The bill requires that the medication be self-administered. Where the word "may" appears in the bill, it only means that someone who obtains the medication may not choose to use it.

**ATTENDING PHYSICIAN'S RESPONSIBILITIES** The attending physician must determine that the patient is: a Colorado resident; terminally ill and within six months of death; capable of making an informed decision; and has made the request voluntarily. To confirm that the request is voluntary and not the result of coercion or undue influence, the attending physician must discuss the request for aid-in-dying medication with the patient in the absence of anyone else. In addition, the attending physician must

1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities.

2. It is essential to ensure that all data is entered correctly and consistently to avoid any discrepancies or errors.

3. Regular audits and reviews should be conducted to verify the accuracy and integrity of the information.

4. The second section focuses on the implementation of robust security measures to protect sensitive data from unauthorized access.

5. This includes the use of strong passwords, encryption techniques, and secure communication channels.

6. Additionally, it is crucial to establish clear policies and procedures regarding data handling and access control.

7. The third part of the document addresses the need for ongoing training and education for all staff members.

8. Regular training sessions should be organized to keep employees updated on the latest security practices and protocols.

9. This ensures that everyone is aware of their responsibilities and can identify potential security threats.

10. The final section discusses the importance of maintaining a clear and concise communication plan.

11. This plan should outline the steps to be taken in the event of a security incident or data breach.

12. It should also specify the roles and responsibilities of each team member during such an event.

13. Regular communication and coordination are key to a successful response to any security challenges.

14. In conclusion, the document emphasizes the need for a comprehensive and proactive approach to data security.

15. By following these guidelines, organizations can significantly reduce the risk of data loss and ensure the confidentiality and integrity of their information.

16. It is the responsibility of every individual within the organization to contribute to this goal by adhering to the established security protocols.

17. The document serves as a guide for all employees, providing them with the necessary knowledge and tools to protect the organization's data.

18. We encourage all staff members to read this document carefully and to report any concerns or questions to the IT department.

advise the patient <sup>possible treatment opportunities</sup> of ~~feasible alternatives~~, including comfort care, palliative care, hospice care, and pain control.

The attending physician must also advise the patient that he/she may obtain the medication but may choose not to use it and that the patient may rescind his/her request at any time and in any manner.

**CONSULTING PHYSICIAN'S RESPONSIBILITIES** The attending physician must refer the patient to a consulting physician, who must also make determinations of terminal illness and prognosis, and that the patient has the capacity to make an informed decision.

**MENTAL HEALTH PROFESSIONAL** Either physician may refer the patient to a mental health professional for a written determination of capacity to make an informed decision. If the mental health professional determines that the patient is not capable of making an informed decision, the attending physician shall NOT prescribe end-of-life medication.

#### **MORE SAFEGUARDS**

**WRITTEN APPLICATION FOR MEDICATION** In his/her written application for medication, the patient must authorize his attending physician to contact a pharmacist about the requested medication. He must also state that he knows he has the right to rescind his request at any time and that he expects to die from the medication. Furthermore, he must attest that his request is voluntary, without reservation, and made in the absence of coercion.

The written request must be signed by two witnesses, one of whom cannot be a relative, an heir, or the owner/operator/employee of a care facility where the patient receives medical treatment or is a resident. Additionally, the attending physician may not be a witness. The witnesses must declare that the patient appears to be of sound mind and is not acting under duress, fraud or undue influence.

Immediately before writing the prescription, the attending physician must verify that the individual is making an informed decision.

**CONCLUSION** Far more than a majority of Coloradans support medical aid-in-dying. This important non-partisan bill deserves debate by the full body and it should not be allowed to die in committee.

Please vote YES for freedom of choice and to allow the entire legislative body to consider the End-of-Life Options Act.

Thank-you.