

Chairman Scott / Kagan My name is Kaye Cantwell, I live in Coal Creek Canyon. I'm here to support the Colorado End of Life Options Act.

I have 28 years experience working with dying people on both oncology units and in hospice care. This has given me a unique perspective to the many diverse types of suffering that patients and their families go through at the end of life. This suffering is as much emotional and spiritual as it is physical.

I have worked with the most educated, intelligent, and fiercely independent of our population; from University Professors and Department Heads, NOAA, NIST and NCAR physicists and engineers. I've worked with seasoned war veterans and toughened mountain folk, both aged and young alike.

These individuals knew exactly what they were facing in their last months and weeks of life and endured great physical and emotional burdens on themselves and their exhausted families. Often they were ultimately forced to face the last days and weeks of their lives in crowded semi-private nursing home beds. Let me speak a moment on quality of life. Quality of life is a personal, private measure, and some patients choose quality over quantity of days.

I know of patients who have chosen the use of a handgun instead of leaving their homes to die with strangers in a facility. And let me assure you that emotional cost on a family is impossible to fully heal. Is not medical aid in dying a kinder, compassionate passing?

The hardest concept for our society to grasp seems to be discerning the vast difference in prolonging life and prolonging death. A person's identity, their sense of self, who they are, and their peace of mind with what they have created in their lives can all be wiped out by a long terminal illness and this loss of self and this type of pain can be far worse than the pain of disease and



death.

I have had many emotionally and spiritually peaceful dying patients who see and grasp that moment in their disease when they know they are no longer living but are simply trapped in a state of prolonged dying; from my COPD patients who are on 15 liters of oxygen at home and can no longer speak for gasping for air, yet their eyes beg for understanding, to my lung cancer patient who knows her husband is repulsed when he comes near her because the smell of the diseased tissue is unbearable to be near, to the seasoned Vietnam Vet who sees the terror in his grandchildren's faces as they look at his still living skeletal form. These terminally ill people simply want to be allowed an alternative option where they gain back some voice in the process, while they still have a voice.

These people deserve to be allowed an alternative to suffering through the end stages of their disease process. This is not a law for everyone, it is a law for very few, but for these few, the best hospice teams in the world cannot give comfort. Who are we to say that aid in dying is wrong for these few?

A yes vote on this bill is a vote for freedom, for individual beliefs and free will.

Advocating for the ultimate patient right, sincerely,

Kaye Zeiger Cantwell, LCSW

33 year Clinical Social Worker

Circle of Life Transitions

Golden, Colorado

