

Good afternoon, Colorado State Senators, gentlemen of the Senate State, Veterans, and Military Affairs Committee.

I am Dr. Ken Stone, a native of Colorado and graduate of the CU Health Sciences Center in Denver.

Senate Bill 16-025, the physician prescribed suicide legislative proposal, 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 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, it is time to change to another physician, not ask for an overdose of drugs to end it.

I know all too well how often we physicians are unable to predict accurately how long an illness will last. As an example, more than 11 years ago a 38-year old man working for an insurance company was found to have a metastatic melanoma in his brain. There was no known cure and his chances of living for one more year were less than 40% and less than 2% for longer than 3-5 years.

Under this proposed law, this young man could have been able to request physician prescribed suicide when he approached six months remaining in his expected life. However, he was supported in choosing to continue treatment against all odds and his family, including his wife and four children, are very grateful for that choice, for he is still alive and living normally today.

How often under this law will insurance plans, media, organizations favorable to euthanasia, or dysfunctional families implicitly pressure or

explicitly encourage a vulnerable patient at the wrong time to make a choice for their benefit rather than the patient's? Meeting minimum legal definitions for asking for an overdose to die, instead of increasing quality of care is not true compassion. This law would increase the suicide rate exponentially during a time when we have not adequately addressed the escalating rates of suicide we already have today. The young, military soldiers, airmen, corpsmen, marines, and veterans have an unacceptable number of suicides and Colorado's rate for suicide is already 8th in the nation. Frankly, it is no surprise that this law will not count deaths from prescribed overdose as part of the suicide rate.

Suicidal ideation is a terminal condition if we are inadequate in preventing or treating it. We already have too many "autonomous" patients who have suicidal ideation and elect to commit suicide without physicians due to fear of pain, fear of functional loss, fear of abandonment, fear of being a burden, and multiple other fears. Are we going to say with this law that they can only be autonomous if they have met the non-medical but legal definition of terminal illness in this proposed law? Why cannot all autonomous people die anytime they wish for any reason without a physician?

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.

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