

Hello, my name is Dr. Michelle Stanford. I am a pediatrician in Centennial, Colorado. I grew up on a farm in Northeastern Colorado, graduated from Colorado State University, then attended Medical School at University of Colorado and did my pediatric residency and chief residency at Children's Hospital Colorado. I am truly proud to call myself a Coloradan. I am here to oppose SB 25/HB 1054 on physician assisted suicide. As a physician, I am very distressed by the proposed legislation for physician assisted suicide. Any legislation that permits a physician to hasten a patient's death is dangerous to Coloradans and undermines the integrity of the medical profession. As the American Medical Association statement on physician assisted suicide states, "Allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physicians role as healer, would be difficult or impossible to control, and would pose serious societal risks."

If you allow physician assisted suicide to be legalized in Colorado, have you considered the impact this could have on our current epidemic rates of suicide in the 15-24 age group.

As a pediatrician, on a regular basis I see adolescent patients contemplating ending their life. Suicide is the second leading cause of death for Colorado youth 15-24 years of age (1). Colorado has the 5<sup>th</sup> highest suicide deaths in the country (2). Thankfully you understand this concern and formed the Suicide Prevention Commission in 2014 to identify statewide priorities for suicide prevention and will expand public and private partnerships for suicide prevention in Colorado.

The American Association of Suicidology lists exposure to a friend, family member or celebrity's suicide as a risk factor for an adolescents committing suicide (3)

Starting two years after its doctor-prescribed suicide law went into effect; Oregon's suicide rate skyrocketed, making it 41% higher than the nation's average. (4)

Senate Bill 25 (House Bill 1054), which is patterned on Oregon's law is being considered at a time when more people in Colorado die annually from suicide than from either motor vehicle accidents or homicide. (5) Why would we want to increase the number of suicides in our state, and expose our teens and young people to even more of it?

**If Colorado adopts SENATE BILL 25 (House Bill 1054), will the overall suicide rate in Colorado increase?**

The proposed legislation must be defeated. Transforming the crime of assisted suicide into a "medical treatment" is NOT compassionate and would have an impact on ALL in the State of Colorado.

REFERENCES

1. <http://www.suicidology.org/resources/facts-statistics> Suicide and Youth 2011
2. <http://www.suicidology.org/resources/facts-statistics>, 2014 data – rates, numbers and rankings of each state
3. <http://www.suicidology.org/resources/facts-statistics> Suicide and Youth 2011
4. Oregon's suicide rate increased by 49.3 percent, making it 41 percent higher than the national rate. Available at: [http://www.oregonlive.com/health/index.ssf/2013/05/report\\_oregons\\_suicide\\_rate\\_hi.html](http://www.oregonlive.com/health/index.ssf/2013/05/report_oregons_suicide_rate_hi.html) (last accessed 01/30/16).
5. In 2013 the number of suicide deaths in 2013 exceeded the number of deaths from homicide (186), motor vehicle crash (507), breast cancer (537), influenza and pneumonia (608), and diabetes (786). Colorado Department of Public Health and Environment, Office of Suicide Prevention Annual Report, "Suicide Prevention in Colorado 2013-2014," November 1, 2014, p.3. [https://www.colorado.gov/pacific/sites/default/files/PW\\_ISVP\\_OSP-2013-2014-Legislative-Report.pdf](https://www.colorado.gov/pacific/sites/default/files/PW_ISVP_OSP-2013-2014-Legislative-Report.pdf) (last accessed 1/31/16).