

Good afternoon Mister, Chairman and Members of the Committee:

While I am a native of Colorado and currently reside in Penrose, I am licensed to practice law in New York and spent a few years working in Canada as a legal researcher. On more than one occasion, my caseload required me to examine the legal status of euthanasia and Doctor Prescribed Suicide (or what I will call DPS) in foreign countries, most notably the Netherlands and Belgium.

What is notable is that both of these countries began with safeguards similar to those proposed in the bill before you, and yet both of these countries have seen those safeguards ignored, diminished, or eliminated over time.

For instance, a standard similar to terminal illness was once adopted by these nations. However, now an individual can seek assistance in committing suicide for practically any reason. In fact, patients have been euthanized for dementia; mental or psychiatric illness; chronic depression; blindness; tinnitus (which is ringing in the ears); eating disorders, namely anorexia; a botched sex change operation; fear of living in a nursing home; fear of losing a spouse (in those cases they seek to die together despite lack of illness); a determination that their life is "complete"; and even out of a desire not to be incarcerated (a sort of self-imposed death penalty).

The second safeguard that was diminished was the requirement that an individual seeking DPS must be an adult or consenting minor. Now the option is available to both children and infants.

The third safeguard has been largely ignored; this safeguard required that an individual must voluntarily request in writing to undergo DPS. However, in the Netherlands, one out of every five people euthanized are killed without their explicit consent. In 21% of infant DPS cases the parents are not even consulted. In fact, it is suggested that 25% of all physicians have terminated at least one life without request.

In Belgium, the rate of non-consensual DPS is three times higher than in the Netherlands. In one part of that country, 32% of deaths occurred in the absence of consent. Doctors have frequently defended their actions by claiming it was "clearly in the patient's best interest" or that discussing the option would have been harmful to the patient.

The final safeguard we'll look at required a physician to fulfill these requests; however, due to a lack of enforcement by the courts, family members, nurses, and others have successfully assisted in these suicides without recourse.

In both of these countries, it was assumed that assisted suicide would be rare. Instead, the practice continues to expand. In the Netherlands, 12.3% of all deaths were due to DPS in 2014. In Belgium, these deaths increased 500% between 2002 and 2013.

It was also assumed that DPS would not negatively impact the medical profession or anyone who wanted to die naturally. Yet, palliative care has declined so drastically that people sense it is better to be euthanized than to try to live with their illnesses. I present to you as evidence and supplemental testimony a letter written by Belgium oncologist and medical professor, Dr. Benoit Beuselinck. He clearly explains how this policy has harmed both patients and the

medical community. Notably, he states that the law "has made our daily life as oncologists more difficult than before. Genuine palliative care remains the best option."

In summary, what was once considered a compassionate treatment for a few morphed into a "right to die" that many claimed and increasingly it has become a duty to die that the masses dread. In light of these facts, I encourage this committee to heed the lessons learned by others and oppose this bill.

Thank you for your time and attention.