

Testimony in Opposition to SB24-068 – Medical Aid in Dying

My name is Tom Perille. I am a physician and President of Democrats for Life of Colorado.

When MAID passed in 2016, voters thought they were choosing to allow assisted suicide (PAS) because of their compassion for patients facing intractable pain and suffering in the course of a terminal illness. They assumed that safeguards would be in place to be sure that patients had a terminal illness, that they were not acting out of clinical depression, that they had the mental capacity to make such a grave decision, and that the physician accommodating their request knew their history and values well.

But now we know that what the voters were choosing, and the reality of assisted suicide in Colorado are two very different things.

In Colorado our process is not transparent. We know nothing about the outcomes/complications of the procedure. Based on other MAID jurisdictions, we recognize that patients who choose MAID don't have more pain or suffering than those who don't. We know that some who choose MAID may languish for hours or days and die alone. We know that losing autonomy, loss of dignity, and being a burden on family is a much larger driver of the decision than real or anticipated pain.

Colorado physicians are only held to a "good faith" standard rather than the more appropriate "reasonable medical judgement" standard in their life/death MAID decisions. There is no objective standard for assessing mental capacity. Even though up to 47% of patients who request MAID are depressed, less than 1% of Colorado patients are referred for mental health consultation. In contrast to other jurisdictions, there is no mandated peer review process for cases of MAID.

By rapidly expanding access by shortening the waiting period and allowing non-physicians to participate, we increase the odds MAID decisions will be impulsive and mistaken. It will further normalize the ableism which defines MAID. A person's value and dignity aren't dictated by their physical and cognitive abilities and shouldn't be the rationale for medically assisted suicide. This bill doesn't address the probability that expanding access to MAID might increase non-assisted suicide in vulnerable individuals, such as at-risk teens. It does not ensure safe storage of the massive doses of narcotics utilized in MAID.

For all these reasons, we should fix the current law before contemplating expanding access further and eliminating the already paltry safeguards that are in place. Vote NO on SB24-068. At the very least amend the bill to address some of these concerns.

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