

1 and self-administered by all -- beyond all question
2 under this bill doesn't involve the physician putting
3 it in the patient's mouth. The patient has to
4 actually do the act. They have to take the pill, put
5 it in their mouth and swallow it.

6 And if there's any dispute about that, we can
7 amend it to clarify just that. Senator Shockley did
8 ask me that question.

9 But most patients are never even going to get
10 to that point because they're not going to be able to
11 find a doctor, because under the current law, a --
12 there's nothing to protect the doctor from
13 prosecution. If a zealous prosecutor wants to drag
14 any physician who honors the end-of-life medical
15 decisions of their patients through the criminal
16 justice system, they can.

17 At the end of the day, if the physician
18 honored the will of his patient and followed his
19 intent, he's going to get off every time, but not
20 before having his reputation sullied, not before
21 possibly enduring a professional sanction and not
22 before going through an expensive trial where he had
23 to hire an attorney only to get let off the crime.

24 We need this bill. We owe it to our
25 physicians who are honoring the end-of-life medical

1 the patients' choices are honored," end of quote.

2 This organization, ASCO, has never before
3 told physicians how to practice. Very unusual for
4 them to come out and say this is what we must do. And
5 this directive occurred because of mounting outcry
6 from multiple sources criticizing the community, the
7 cancer community, about absent, ineffective or delayed
8 conversations terminal patients were receiving from
9 their doctors.

10 Such an abrupt policy change is a major event
11 and is related to physician-assisted dying because . .
12 ultimately, this is a patient's right issue. And
13 choice of physician-assisted dying within terminal
14 illness should be a viable choice.

15 Lastly, most physicians feel significant
16 dis-ease with the limited safeguards and possible risk
17 of criminal prosecution after the Baxter decision.

18 Physicians feel strongly that adherence to additional
19 safeguards to include those exempting populations at
20 risk, such as the disabled and elder abuse, are
21 imperative and that full implementation of SB 167 will
22 both select only those patients who are soon to die
23 for physician-assisted dying and provide immunity to
24 caregivers.

25 We ask this Committee to vote in favor of SB

Dr.
Stephen
Specter
testimony
below