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

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

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

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

We need this bill. We owe it to our
physicians who are honoring the end-of-life medical
the patients' choices are honored," end of quote.

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

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

Lastly, most physicians feel significant
dis-ease with the limited safeguards and possible risk of criminal prosecution after the Baxter decision. Physicians feel strongly that adherence to additional safeguards to include those exempting populations at risk, such as the disabled and elder abuse, are imperative and that full implementation of SB 167 will both select only those patients who are soon to die for physician-assisted dying and provide immunity to caregivers.

We ask this Committee to vote in favor of SB