Members of the hospice and palliative care community of Colorado OPPOSE legalization of physician-assisted suicide

Physician-assisted suicide is a bad solution to a problem we already solve every day.

Proponents offer a stark – **and false** – choice between terrible suffering or committing suicide with prescription drugs. Hospice and palliative care offer a proven and widely available alternative. In 2013, 18,500 Coloradans received hospice care from 61 agencies across the state. Every county of the state except one (San Juan; pop. 699) had patients served by hospice in 2013. Every day hospice relieves suffering and helps patients to live fully. Physician-assisted suicide claims to offer "death with dignity"; Hospices in Colorado already deliver *life with dignity* up to the moment of natural death.

Physician-assisted suicide goes against the values and practices of hospice and palliative care.

Hospice and palliative care use advanced clinical methods and compassion to support quality of life, comfort patients, and preserve independence during terminal and serious illness. A fundamental hospice value is the relief of suffering in all its forms, while never hastening nor impeding natural death. Physician-assisted suicide contradicts the hospice model and cuts short the time and opportunity for comfort and care at the end of life.

Physician-assisted suicide can't be reversed; but terminal diagnosis & prognosis can be wrong.

Hospice enrollment requires a terminal diagnosis and prognosis of 6 months just like the physician-assisted suicide laws that are now in effect in three states. But every year, Colorado hospices discharge 5% to 20% of patients alive—often because their conditions improved or stabilized.

Eliminating the sufferer is not the way to eliminate suffering.

Patients with terminal conditions do not want to die any more than bullied teenagers or persons with mental illness do; they want to end their suffering. The proposed physician-assisted suicide process requires no assessment of physical or mental suffering and no effort to relieve symptoms, stress, or despair prior to giving a lethal drug. Its only answer to pain is to kill the person feeling the pain. Palliative care has been proven effective in relieving pain, symptoms, and suffering of all kinds, including spiritual and existential. For rare cases of intractable symptoms, effective clinical options are already available within existing practice and law.

Physician-assisted suicide enshrines the wrong values.

Legalizing physician-assisted suicide promotes the idea that the only "life worth living" requires independence, productivity, activity, and complete autonomy regardless of risks to others. By equating "dignity" with autonomy, we diminish the value of people who in any way need care, whether due to illness, disability, age, or incapacity.

Physician-assisted suicide incentivizes abuse.

Living with chronic or terminal illness is hard. Patients, families, and even health care providers can be frustrated, fearful, and anxious to "get it over with." Offering just such an option will only increase the pressure to expedite death. In addition, at less than $300 per prescription, lethal medications are significantly cheaper than any treatment or care for symptom management. Physician-assisted suicide is a red herring—a too-easy and too-cheap alternative to the hard work and public policy needed to continue improving end-of-life care.

Colorado does not need physician-assisted suicide.

In 2013, 51.5% of Colorado Medicare beneficiaries died with hospice care. In Oregon, less than ONE QUARTER OF ONE PERCENT of residents died with physician-assisted suicide. And yet, a substantial and expensive regulatory infrastructure, not to mention divisive social debate, has been created for a few dozen individuals. Studies from Oregon suggest that for every 1 person who obtained a lethal prescription, 200 considered suicide but found relief through interventions including hospice and palliative care. That a small number of individuals did not obtain the help they needed at the end of life does not mean we should legalize physician-assisted suicide. It means we should continue to strengthen and expand hospice and palliative care.

Contact: Jennifer Ballentine, Hospice Analytics, jballentine@hospiceanalytics.com; 303-521-4111

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Contact: Jennifer Ballentine, Hospice Analytics, jballentine@hospiceanalytics.com; 303-521-4111