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Written Testimony: **UNFAVORABLE**
HB1328/(SB0926) End-Of-Life Option Act

As a physician clinician and medical educator of some 40 years' experience, I am testifying in opposition to HB1328 (SB0926). Antithetical to the Healing Mission of Medicine, this legislation is Dangerous to Society as a whole AND **works against true health and safety promoting efforts of members of this Assembly.**

I trust this Assembly acknowledges the mental health issues including depression and anxiety that cross all age groups and demographics, not to mention suicides and suicide attempts; likewise, many Assembly members speak to the need to improve and expand mental/behavioral health services, and recognize key drivers of destructive and self-destructive behaviors:

1) Ease of access to increasingly efficient means of self-destruction: Guns and drugs lead the day. There is no recovery or healing from one's own physical death.

2) Social messaging (any media) that reminds one constantly of being isolated, marginalized, anxiety ridden/depressed, burned out, and buying into feelings of being a burden ---- of being "less than."

Consider that this End-of-Life Option, if enacted, has governmentally reinforced a person's existential fears regarding self-worth, family or societal burden, and unrelievable pain and suffering near end of life.

This bill is state sanctioned assisted suicide, no matter what language is chosen to hide it. A lethal prescription is a loaded gun.

No amount of legislation or funding, to boost mental health services, or offer much needed care for the unhoused, incarcerated, immigrant, un/undereducated, disabled and aging --leading demographics of the vulnerable-- **can stay ahead of what End of Life Option promotes and has already opened doors more widely to**, wherever it is enacted.

One cannot even begin to cover the sea change of care in neighboring Canada since similar legislation was enacted a mere 9 years ago and rapidly expanded.

This bill may be sold as cost neutral, with minimal if any administrative burden, and relieving the prescriber and the state of any legal culpability, but to accept it for those reasons is shortsighted and self-serving.

In actuality, this end-of-life option is extremely manipulable: It justifies, if not promotes, secretive actions of the patient at their most vulnerable moments and, also lying on a public health record—the death certificate. This bill flies in the face of any promotion of truth and transparency in a government, that so easily washes its hands of responsibility for this death dealing act by calling it healthcare.

Not requiring any prescriber or pharmacist to participate in this EOL option also does little to sustain trust in healthcare, when sound healthcare practices and bioethical principles are simply hijacked, redefined and selectively discarded by the overriding powers in government and their allies. Moreover, with the loosening and expansion of telehealth practice requirements -- making no requirement for in person visits, broader prescribing of classes of controlled substances, and ease of licensing requirements that facilitate wide-ranging interstate healthcare commerce, including drug prescribing and prescription fulfillment -- Death is just a package delivery to your front door. The EOL Option Act, easily allows for the development of a healthcare "side hustle" of promoting/facilitating "medical aid" in dying. The respected advancing frontiers of medicine are returning to an unruly Wild West where only the "strong" are expected to survive/thrive.

This legislation will impact the numbers, make up, and attitudes of those entering medicine and other health care professions.
I frequently meet or work with compassionate young medical students eager to get to know and care for patients when they begin their clinical rotations; then I hear what factors into their practice decisions as their clinical experience grows. It's been a long time since I've heard someone say they wanted to go into primary care, given all the minefields like this that can enter their practice. I hear others who are worried about what they will be invited to do (implicitly expected to do) in their training. Then there is the story among students of one who spoke in awe of an attending physician at a patient's bedside who said that they were given the opportunity to end that patient's suffering through this medically aided dying. A medical student who has so much yet to learn about medicine and caring for patients has just been sold a lie that will shape their own view and practice of medicine.

I increasingly meet young physicians who have narrowed the scope of their patient care or are being recruited away from patient care to careers that are important but appear safer, e.g. business, research, practice management consulting, medical expert reviews. Ironically, they are sometimes the ones who are also looking for a primary care physician they can trust in difficult circumstances.

Our young and future generations (patients and healthcare professionals) will be the victims or otherwise bear the weight of this Act's collateral damage.

Please Oppose HB1328/(SB0926) End-Of-Life Option Act.

Respectfully Submitted,
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Pediatrician, Pediatric Hematologist/Oncologist