

Chairman Murphy and members of the committee,

My name is Karen Marie Nelson, a retired hospice nurse from Clancy, MT. I come here today to ask you to vote against Senate Bill 116 (and for SB 167)

While hospice nursing in another State, I have unfortunately witnessed the emotional devastation of family members in the aftermath of patient suicides. I have counseled many patients with thoughts of suicide due to fears of future pain and suffering expectations that were acquired from personal research of their particular disease.

Although hospice and palliative care have made great strides in providing optimal pain and symptom control to ensure what we call a "good death", no one could dispute that there are a small number of patients with which pain and suffering cannot be alleviated with modern technology and pharmaceuticals. Examples would be with severe, metastatic bone pain, or with A.L.S., commonly known as Lou Gehrig's disease, in which one is physically unable to breathe for themselves in the end stages of the disease.

I would like to share one story of a man in the very early stages of A.L.S. who was fearful of the very real sense of suffocation that can occur in the end stages. He pre-planned his suicide. Even though they felt it was too soon, the entire family was supportive of his decision and gathered on his chosen day. He expected to quickly die from a morphine and barbiturate cocktail, but two full days later he was still alive in a deep coma. The family watched in terror, uncertain of what to do. They were fearful of calling for help out of concern regarding the illegality of assisting in someone's suicide and for fear of implicating hospice workers. They also felt obligated to fulfill their loved one's request, even as things went horribly wrong. The final moment of death occurred when this patient's son, in utter desperation, closed his father's jaw and pinched his nose. There was no struggle. The family revealed this story in a desperate attempt to get support, overriding their fear of exposing themselves to potential legal implications.

The heartbreak of this case reverberated throughout our entire hospice organization, resulting in the need for group counseling. Suicides had happened before, yet it is something hospice workers never heal from, or forget. It is devastating for all involved.

If physician aid in dying were a legal option, patients and families would not need to be secretive about their suicidal plans, paving the way for open dialogue and supportive interventions that could lead to a natural, peaceful death.

As we have seen, fully documented in the Oregon statistics, very few people take the option of aid in dying after enrolling in their program. The peace of mind that comes with this option allows patients to turn to the work of preparing for their end days instead of being consumed by thoughts of the worse that can happen given a devastating end-stage prognosis.

Suicide is tragic compared to physician aid in dying which can be a loving, peaceful, supportive way to hasten the death of an already dying person who doesn't have the fortitude to meet the challenges of a devastating disease.

Although some may not agree with physician aid in dying, we do not have the right to impose our personal beliefs on others. Patients want to be in control of their lives and as Montanans, we should be allowed that freedom and right. I want this choice for myself.

Thank you for your consideration and please vote against SB116.

X PLEASE CALL IF FURTHER DISCUSSION IS DESIRED. I WILL MEET WITH YOU!  
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