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To: the Montana Legislature

I am writing this letter to discuss SB 116 and SB 167. My name is Dr. Kathryn Borgenicht. I am certified in Internal Medicine, Geriatrics and Palliative Medicine. I am Medical Director of Bozeman Deaconess Palliative Care Program and Hospice of Southwest Montana. I also have a geriatric outpatient clinic associated with Bozeman Deaconess Hospital. I have worked in geriatrics for 30 years and have another 15 years of experience with hospice and palliative medicine. The average age of the patients I see is 80 years old. There is not a day that goes by that my patients don't want to discuss their quality of life and what the end of their life looks like.

I strongly oppose Bill 116. Decisions at the end of life are uniquely personal and individual. Each person's death is as unique as their birth. In hospice and palliative care, we honor this perspective. We also do everything we can to help people with any suffering that may occur at the end of their lives. Unfortunately, despite all my training and all of our medical advances we cannot control all suffering. Physician Aid in Dying is an individual's decision to control his or her suffering

Evidence from Oregon is very clear and has been well documented in multiple research studies. There are a very small number of patients who actually use the Death with Dignity Act as it is called in Oregon and Washington. Most of the patients who are at the end of life, and certainly most of the patients I see, would never qualify under the Oregon Death with Dignity Act. In addition, there is no evidence of elder abuse in these studies. The guidelines are strict and clear and allow for only competent terminally ill patients to participate in this program. There are multiple safeguards to make sure that the request is voluntary and only comes from the patient themselves.

I believe SB 167, which sets up clear guidelines based on the Oregon and Washington experience is completely appropriate. Since we have begun this debate in Montana, I have spoken to many community groups about this. There is broad interest in this topic and indeed I believe broad support for adapting appropriate guidelines that will safeguard people at the end of life. There is not a week that goes by that I am not approached by a patient to discuss physician aid in dying and what that might mean for them. 99% of the time, I explain that this is not an appropriate option for them. However, people do want to know about this and have some reassurance about what might happen to them at the end of their lives. Having clear guidelines for our community will help people to better understand how we might help them at

the end of their lives. Most of my dialogues with patients end with their understanding what the process is and that the process is not appropriate for them.

Finally, by approving SB 167, I believe we will be able to have important discussions with patients and their families about end of life care. Suffering is not defined by the medical community, but rather by what a person says it is. It behooves us morally, ethically and spiritually to be able to help people with suffering as best we can.

I believe we have an obligation to agree with the Montana Supreme Court that said that end of life choices are between a patient and their doctor. It is not desirable for you to put further obstacles to this dialogue.