

Missoulian

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Bill to ban aid in dying is not what it seems

ONLINE ONLY letter to the editor | Posted: Monday, February 7, 2011 2:38 pm

Republican Sen. Greg Hinkle's bill to prohibit aid in dying in Montana is not what it seems. It's written as "protection" for the elderly and other vulnerable populations. Unfortunately, the information presented in the bill is not really relevant to Montana's aid in dying debate.

First among the problems with Hinkle's bill is that he confuses aid in dying with homicide, euthanasia and "mercy" killing. This is flat wrong. Homicide is something done by someone to someone else. The central principle for aid in dying is self-administration. The patient initiates the entire process and administers the medication themselves. No one is doing anything to the patient.

Second, Hinkle uses the fact that other states have rejected aid in dying as evidence that the concept is flawed. My answer is that many states rejected integration of African Americans into society yet almost every American would say that was wrong now.

Finally, this bill takes control, choice and responsibility away from the patient. It leaves people completely in the hands of a medical system that is inadequate at times. Someone is invited to step into your life and decide what will happen for you. However, we freely allow living wills and Do Not Resuscitate (DNR) orders, which indicate to me that we inherently believe people can take responsibility for their life and death. Why then would we prohibit people from doing so when it's most necessary? Is it because some would prefer to watch people who have to wait to die?

Dustin Hankinson,

East Missoula

Missoulian

Courts have changed how end-of-life decisions are made

Guest column by Stephen Speckart, M.D. | Posted: Monday, August 30, 2010 7:41 am

How one feels about one's own dying is the most sacred, and one of the most critical, components of an individual life. As an oncologist, I should, as much as possible, be able to take care of my patients while I am treating them, but also be able to care for them through the rest of their life until they die. Care that goes until the very end of life is necessary for what I believe good medical practice should be.

Palliation - treating pain, which we do very well and increasingly better year by year, does resolve most things, for most patients, most of the time. This is largely done through hospice services. But there are unusual patients who cannot be palliated, and who are miserable. These patients' symptoms (for example, bowel dysfunction or intractable pain) simply can't be dealt with by narcotics that essentially put people to sleep. Before the Baxter decision, when a patient would ask a physician to respond to his or her dire predicament, you would have to give a dismissal kind of response. It has been, until now, Montana law that if a physician helped a patient in dying, that the physician would be prosecuted. And there's enough fear about that even though you feel that the right thing to do is to help patients, you can't do it because of the possibility of prosecution.

You would reply, for example, "I can't do that. We can't do that." And even though you were still there for the patient, there was a sense of abandonment that patients would have - that their physician that they've been with and trusted somehow now was blocked from continuing with them into an area of need of care. As a physician, you felt as though you were not complete in terms of what you could and should do in terms of your obligation to the patient, and to assist with his or her suffering. It's a medical, ethical dilemma when you can't go where you understand you should be able to go.

The Baxter decision is enormous because it breaks all of that, and because upon a terminal patient's request, a physician can provide aid in dying to a patient. The physician can, by prescription, provide drugs that the patients take themselves, and the physician cannot be prosecuted. So, the physician is free to assist the terminal patient in dying should the patient request that.

The Baxter decision allows for that continuance of patient care, the absence of abandonment - for being there as a physician should be, understanding and being supportive of that patient who's dying and is suffering terribly. It's a much more complete, reasonable way to continue to take care of patients. And much more satisfying for dying patients who are fearful of what they may have to go through.

I've been with patients who've died. And each patient is unique. People can have the same physical problems that bring them to die, but the emotional texture and context of that family, that individual, are overwhelmingly unique because it's the end of their life.

And to be there as a physician is very special. It is very private. It is very personal. And if the correct criteria are met for helping a patient in that situation, it's not right nor is it appropriate for any other group or party to disagree with what's happened there, in the privacy of that home, because it's such an enormous event. The relationship that they have with their loved ones - that all kind of comes together for their dying moments.

Montanans are independent. Montanans are thoughtful. We believe in privacy. That's why the Montana Constitution is written for personal privacy and integrity. The Baxter decision restores the terminal patient's right to choice, privacy, and dignity at the end of life. The Legislature should respect the Supreme Court's decision, and preserve the patient's end-of-life choice, while providing safeguards to ensure free, informed patient choice, and protection for physicians who honor those choices within the Baxter decision.

Legal aid in dying provides peace of mind

By Dr. Tom Preston - IR Your Turn | Posted: Thursday, September 16, 2010 12:00 am

As the medical director for Compassion & Choices of Washington, I have worked with many terminally ill patients who have used our end-of-life consultation services since Washington's Death with Dignity Act became law. As Montanans are today, Washingtonians then were discovering the peace of mind that comes from knowing they have the right to choose physician aid in dying if their end-of-life suffering becomes unbearable.

Physician aid in dying is an option available to mentally competent, terminally ill patients. If concerned about an unbearable dying process, the patient can request a prescription from their physician for medication they can consume to bring about a peaceful death. In Washington, this option was made legal through citizen initiative. The Montana Supreme Court recently ruled physicians can provide this option among other end-of-life treatments under Montana law.

More and more physicians are realizing that "death with dignity" is a humane part of medical practice. By helping patients gain release from the agonies of extended dying, physicians are staying with their patients and giving good end-of-life care. Patients, knowing they can talk with their doctors about peaceful dying after cures are exhausted, are able to have conversations about all the options available to them. Informed patients are better able to direct their end-of-life care, and gain great comfort from knowing they will not have to suffer unbearably.

Families also get peace of mind from the availability of aid in dying. I have worked as a volunteer adviser with some of the patients who have died under the Death with Dignity law. The patient's family and loved ones express overwhelming gratitude for the support their loved one is receiving. It is very important for both the patient and survivors to have a chance to be together and to reconcile any past differences before the patient dies. In too many cases, dying comes unexpectedly, or is drawn out so long family members cannot be present at the end. The family of a person accessing aid in dying is with them at the end, and all can say their goodbyes, which is a gift they cherish.

Also, the dying is peaceful. Patients escape the agony that often takes over the last days or hours of life, and they literally fall asleep at the end. It's worth noting that, as studies of the Oregon experience have found, families using the Death with Dignity law are more at peace afterward with the loved-one's death than families of other patients. Multiple independent studies of the Oregon experience have found that end-of-life care and communication have improved across the board: more patients enter hospice, and enter earlier; more patients die at home; more communication occurs between doctors and patients; and, pain treatment is more aggressive. There has been no evidence of any abuse of the law, contrary to opponents' predictions.

Unfortunately, tragic acts of violence can occur when patients and caregivers are not confident they can turn to their doctors for adequate pain and symptom management and candid exploration of all end-of-life options. The recent deaths in Libby, Montana, might have been prevented if this loving couple had felt comfortable discussing with their doctor their fears of unbearable suffering.

It is my hope that Montana physicians treating patients at the end of life will learn how aid in dying can be incorporated into their standard of practice. I wish for a future where no one need fear a death of unbearable suffering. I hope that Montanans will reap the benefits of this important new right, and that it will bring more peaceful deaths and better end-of-life communication to terminally ill patients and their families.

Dr. Tom Preston is medical director for Compassion & Choices of Washington. He speaks at noon today at the Lewis and Clark Library.

Missoulian

Physician aid in dying: Group promotes many alternatives

Posted: Thursday, September 16, 2010 2:00 am

Sen. Greg Hinkle, commenting (letter, Sept. 10) on Michael Jamison's Sept. 4 article about the Libby murder-suicide tragedy, assails proponents of physician aid in dying, and Compassion & Choices in particular, for their "claim ... that legalization will somehow prevent murder-suicide."

Hinkle is grossly and apparently willfully misrepresenting what Compassion & Choices spokesman Steve Hopcraft actually said. Go back and read the article. What Hopcraft said was that deaths like those that occurred in Libby can be prevented if there is clear communication between patients and their caregivers about the many options patients have to find peace and avoid suffering as they approach dying. These options include palliative and hospice care, the writing of advanced directives and many others, including, in Montana, physician aid in dying. Compassion & Choices seeks to promote this communication and provides counseling to patients as they face these wrenching end of life choices. And it provides these services all over the country, including in the 47 states where physician assistance in dying is not allowed.

Physician aid in dying is just one choice among many that Montanans can consider when they become terminally ill. Most will not make that choice; some will. The important thing is that dying patients have and are fully informed about a full range of choices available to them, and that their autonomy in making those choices be respected.

The 2011 Legislature will have to grapple with difficult issues surrounding physician aid in dying. These issues challenge our deepest feelings and beliefs, and need to be debated civilly and constructively. I hope that as we move forward, we all listen carefully to what others have to say, and acknowledge and respect their good intentions.

Rep. Dick Barrett, House District 93, Missoula

Missoulian

Assisted suicide: Aid in dying should be – is – illegal

Posted: Wednesday, October 13, 2010 7:59 am

Victor Lieberman, who claims that aid in dying is not euthanasia ("Physician aid for dying is not euthanasia," guest column, Sept. 28), needs a dictionary or a history lesson.

In the 1980s, law students drafted a model euthanasia act called the "Model Aid-in-Dying Act." The act, published in the Iowa Law Review, can be viewed here: www.uiowa.edu/~sflaw/euthan.html. Please note the letters "euthan" in the link.

The foreword to the Model Aid-in-Dying Act contains a discussion of euthanasia and how the act was written. Moreover, it defines "aid-in-dying" as euthanasia. Section 1-102(3) states that " '(a)id-in-dying' means ... the administration of a qualified drug for the purpose of inducing death."

In 1991, there was an aid-in-dying initiative in Washington State. If passed, it would have legalized euthanasia in the state of Washington.

More recently, the Montana Supreme Court gave doctors who participate in aid in dying a potential defense to criminal prosecution. When doing so, the Court described aid in dying in terms of a doctor providing the means for a patient's death, but not directly participating in that death. This is physician-assisted suicide, not euthanasia. But how long will that distinction be remembered? The term "aid in dying" also means euthanasia.

Lieberman also claims that aid in dying is legal in Montana, which is not the case. The Supreme Court's opinion is limited to giving a doctor, and only a doctor, a potential defense against a homicide charge. The opinion offers no protection to anyone against civil liability.

Aid in dying is, regardless, a recipe for abuse. See www.margaretdore.com/pdf/Not_Legal_in_Idaho.pdf. For that reason, it should be prohibited in Montana. I hope that your readers will support my bill to do just that.

Sen. Greg Hinkle, Montana Senate District 7, Thompson Falls

helenair.com

Keeping options open

Bob Balhiser Letter to the editor | Posted: Wednesday, February 2, 2011 12:00 am

Two bills have been introduced in the Montana Senate related to the Montana Supreme Court's "Baxter ruling" that allows physicians to legally provide aid-in-dying assistance to mentally competent, terminally ill patients who request it. SB167 reinforces the Supreme Court ruling and provides safeguards designed to prevent abuse; SB116 negates the ruling. Both will be debated Feb. 9 at the Capitol.

I have watched helplessly while a number of close friends and relatives endured unnecessarily long and painful deaths. One said to me: "I wish we lived in Oregon where aid-in-dying is allowed. ... I have had a good long life, but all that is left now is pain and suffering." I am trying my best to honor one of my friend's final requests by publicly supporting death with dignity legislation embodied in SB167.

We live in a multi-cultural society where people can generally exercise their religious beliefs so long as they don't cause harm to others. However, separation of church and state issues arise when one group tries to legislate its morality on another. SB167 does not impose religious views on anyone, it simply provides options. SB116 attempts to impose beliefs on me that I do not accept. Please encourage your state senators to vote yes on SB167 and no on SB116.

Bob Balhiser

Helena

People have right to die with dignity

By CARL L. KEENER | Guest Editorial | Posted: Thursday, January 28, 2010 12:05 am

I was comforted by the Montana Supreme Court's recent decision affecting an individual's rights when suffering from an incurable, painful, terminal disease.

On one of my first nights as a medical intern, I watched helplessly as a patient with throat cancer drowned in his own blood because medicine could offer him no remedy. The court correctly concluded that in such a case, there would have been nothing unconstitutional in offering him the option of dying comfortably and with dignity.

I learned of another illustration of this principle while undergoing training at the University of Colorado Health Sciences Center. Dr. Brandt Steele, a kindly Quaker physician, told a group of us a gripping story: A woman had visited him stating she had an incurable disease that would ultimately cause a miserable, painful and undignified death. She was doing satisfactorily at the time, but was seeking a physician who would euthanize her when the process of dying became unbearable.

Dr. Steele agreed to help her. He had nearly forgotten the woman's visit when one day she called and told him her time had come. He prepared a syringe of morphine and went to her home. On his arrival, her family was gathered. They all said their goodbyes. Dr. Steele told how he then took her hand in his. As she gripped his hand he inserted the needle and slowly emptied the syringe into her vein. He described how her hand relaxed in his and she passed peacefully. I was tearful as I listened to his description of this compassionate act.

Dr. Steele's story had occurred in the days when medical decisions were between doctor and patient. When Dr. Steele finished talking with us, he looked at each of us. "I doubt I'll be able to find a physician like that when I face the end of my life." He has since passed on. I can only hope this great and kind man was able to pass peacefully.

There was no malice in Dr. Steele. On the contrary, his acts were motivated by compassion. How could his decisions possibly be a violation of Christian principles or of the spirit of the Hippocratic Oath?

I had a personal experience with this struggle during my first wife's death of gastric cancer in 1991. Like most terminally ill patients, my wife did not want to be left alone in her dying. I was able to honor that request. Her other request was that I increase her narcotic pain relievers in the end in order to hasten her death and limit her suffering. She discontinued all nutrition and fluids, choosing to end her life and suffering.

Surprisingly, she had a rebound of energy for one week. She called friends and said goodbye. She walked with our sons around her beloved flower beds, enjoying for the last time one of her great pleasures. One week later, she developed an intestinal obstruction from the cancer and slipped into a coma. When the time came, even though one of her physicians had carefully explained to me how to increase the flow of narcotic to suppress her breathing and hasten her death, I was unable to do it.

I will always regret my inability to end her pain. It was devastating to our sons to watch her suffering and dying. In the end, they thought their physician father should be able to "do something" to ease their beloved mother's agony.

With all my experience of observing death and dying, both personal and professional, I draw two conclusions: first, that the time for easing a person out of suffering and into the peace of death must be carefully selected. This is based on the enjoyable week my wife had after determining to end all nutrition and fluids.

Secondly, assisted suicide as defined now is extremely inadequate, because it leaves the person alone to effect his or her own death. In my own case, my wife's physician should have performed the procedure he had described to me; it was much too emotional an act for me to perform it alone.

The law must protect physicians and patients who morally and spiritually accept the practice of euthanasia. At such an

important life event, physicians must be free to participate actively. In so many cases, people want desperately not to die alone. Both as physicians and as a culture, we commit a failure of compassion when we only give a patient the means to end his or her life, while withholding the emotional support he or she has the right to expect from a physician.

Carl L. Keener, M.D., lives in Helena.

Missoulian

Physician aid for the dying: Right to choose needs respect

Posted: Thursday, October 21, 2010 7:43 am

Euthanasia is the practice of killing a human being or animal for humane reasons, especially one suffering greatly or experiencing poor quality of life. As any hunter, veterinarian or infantry officer knows, it is a complex and difficult responsibility for any human to consider - even if action is never taken.

Montana Sen. Greg Hinkle demeans this responsibility as he steadily (in his June 29 opinion essay, his Sept. 10 and Oct. 13 letters) confuses euthanasia with physician aid for the dying. While our society's discussion of this topic develops - and as our legislature considers statutes which attempt to keep pace with public discourse and medical practice - Hinkle would serve us all better if he would learn to make appropriate distinctions in his usage.

When it involves killing a human, euthanasia is a form of homicide - perhaps justifiable. Physician aid for the dying, however, is a form of suicide - again, perhaps justifiable. In the first instance, it's appropriate that any justification occur in a judicial setting. In the second instance, it's a private matter that is an element of professional medical care within the physician-patient relationship.

Hinkle - perhaps for personal religious or political motives - may have personal issues with notions of suicide, which I certainly would respect. However, he should respect others' efforts to uphold the Montana Constitution and its provisions for health, safety, dignity and privacy.

John Fletcher, Missoula



LETTER

LETTER: To Die With Dignity

By Web Master, 2-06-11

Very simply, I wish to die with dignity.

My heartfelt hop is that this freedom remains an option for Montanans. It is already legal in Oregon and Washington state.

This freedom was recognized in Montana in 2009 by means of the Baxter case.

Now, Great Falls Sen. Anders Blewett of Great Falls has written Senate Bill 167, which provides clear guidelines for doctors and for patients to implement the Baxter decision.

So I urge support for SB 167 by all of us who wish to die with dignity and with compassion and choice. Our loved ones will be supportive also.

Lois Drobish

Kalispell

[End of article]

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Missoulian

Aid in dying: I want say in how I exit life

Posted: Sunday, December 26, 2010 12:15 am

There are so many but the one of particular interest to me is the "death with dignity" legislation. Prior to their passing, both of my parents suffered way too long and unfortunately did not have the option to dictate the last days of their lives. When it's my time, I would like the ability to have a say how and when I leave the earth.

Peter Rosten,

Darby

Missoulian

Assisted suicide: End of life is a personal decision

Posted: Monday, January 3, 2011 9:05 am

The Montana Supreme Court has said that my end-of-life choices are between me and my doctor. My wife and I strongly support this decision and the proposed legislation allowing us to be able to talk to our doctor about all our choices: treatment options, comfort care and aid in dying.

It is also our opinion that this utmost of personal decisions is not the business of government to deny and I/we will exercise this very important right – if necessary – regardless of the political consequences.

On a very personal note: Both of my parents suffered from terminal diseases, and their inability to dictate their final days was very sad and cruel. Anyone who has shared this experience of having one's parents suffer needlessly and against their desires will understand what I'm saying and why I'm saying it.

Peter Rosten and Susan Latimer;

Darby

Missoulian

Montana Legislature: Hinkle wants place at deathbed

Posted: Sunday, January 9, 2011 12:00 am

Republican, Constitutionalist, Libertarian, tea party patriot Sen. Greg Hinkle is off to Helena with his basket of corrections and additions to Montana law and government. Most are amusing and harmless; all are sadly lacking in research or value.

Really? Spearhunting? Tax breaks for ammunition manufacturers so the anti-Obama crowd can hoard more bullets and drive up the price for us sportsmen? Criminals keeping their guns, except the one they committed their crimes with? This is funny stuff, aiming to please a small percentage of his constituents.

Sadly, Hinkle's same lack of research and compassion has led him to introduce legislation against aid in dying. He fears that families will commit elder abuse, I presume to get the patient's money. Those are odd family values, and it's even sadder that Hinkle fears families as much as he fears his government.

It is disingenuous to present himself as a small government conservative politician while trying to insert government into the most private affairs of citizens.

I have cancer and my doctors and I are working really hard to keep me alive. Odds are, though, that I will eventually lose that battle. I resent Hinkle's effort at reserving a seat at my deathbed for the government! It is not him, or his vision of government, I want to be concerned with when my life is ending.

I am sure most right-thinking people agree there are some things best left to we the people and our loved ones.

R. Wade Nelson, Thompson Falls



Patients, not government, should decide life issues

Posted: Sunday, January 30, 2011 12:00 am

Washington and Oregon currently are the only states that have assisted-suicide laws. A ruling by our Supreme Court effectively made Montana the third state in which physician-assisted suicides could be exercised. Unfortunately, this ruling still leaves physicians who might otherwise choose to assist in such an endeavor fearful of being prosecuted either in criminal or civil courts. In my late 60s, I am healthy and in reasonably good shape physically and mentally. However, none of us knows what the future may bring.

Two competing bills are before the Legislature. The first bill, sponsored by Sen. Anders Blewett, would establish guidelines requiring terminally ill adult patients to receive written opinions from two physicians before being prescribed lethal medication. It also contains requirements that would minimize the potential for a mentally incompetent person or an older patient from being exploited for monetary reasons. This is a thoughtfully composed piece of legislation that I heartily endorse.

The other bill sponsored by Sen. Greg Hinkle would prohibit assisted suicides completely. This bill really galls me, because I do not think that government should have any role in telling mentally competent adults how to make their own medical decisions — establishing safeguards, yes; banning, absolutely not!

Should it come to that, shouldn't I — not the government — have the right to make the decision to either prolong my life or end needless suffering in a dignified, humane and nonviolent manner?

Woody Henry

Laurel



End-of-life decisions aren't government's business

Posted: Sunday, January 30, 2011 12:00 am

Old age is no bargain — in more years, more problems likely. I strongly support Compassion & Choices for wonderful humanitarian reasons.

Our Montana Supreme Court said my end-of-life choices are between me and my doctor .

If I have a terminal illness, I want to be able to talk to my doctor about all my choices: treatment options, comfort care and aid in dying.

Knowing they have this option gives people peace of mind at the end of life.

The Legislature should not put obstacles in the way of my end-of-life choices.

The court decision set guidelines for physician aid in dying: The patient must be a terminally ill, mentally competent adult. They must self-administer any prescribed life-ending medication.

I would support the Legislature putting those guidelines into law. I would support protecting doctors from liability and sanctions if they practice within the court's guidelines.

We no longer live in the days of the Salem witchcraft trials. With modern science comes modern thinking.

Walter H. Mayer Jr.

Whitefish

helenair.com

Deciding how to die

Rod Newman Letter to the editor | Posted: Wednesday, February 2, 2011 12:00 am

Our Montana Supreme Court said my end-of-life choices are between me and my doctor.

As a mentally competent 81-year-old adult, with basic human rights, I believe I am entitled to make all decisions about how I live my life as long as I respect those same rights for others.

I further believe that when all that is left of my life is endless, irreversible illness and intractable pain, it should be my decision as to how long I endure such suffering, and when it is time to move on. Now I understand that some of my religious friends will tell me that only God should decide when my life is over. My response to that way of thinking is that if God is in control of my life, then when my heart stops pumping, why should anyone do CPR on me? God apparently thinks I have lived long enough.

Therefore, I strongly support any legislation that makes it legal for a physician to prescribe any drug necessary to permit me to move on, whenever I decide that my life is over. That would certainly be far superior to many other methods individuals have used.

I don't believe politicians and government should decide how I am allowed to die.

Rod Newman

Missoula

Missoulian

Assisted suicide: Don't tell me when or how I can die

Posted: Tuesday, January 25, 2011 7:48 am

Concerning the assisted suicide legislation Sen. Greg Hinkle is attempting to adopt:

I was in the Marines with Bob Baxter of Billings. We served together during the Korean War. We were very close friends and I know very well how much he suffered. Baxter had leukemia and as a result died three days prior to the lady judge ruling on the fact that it was legal to have this done.

Baxter had used all the known painkillers up to this point; none would help anymore.

His doctor was very concerned, as was his family. I think people with terminal cases of sickness can have signed documents to give authority to his or her doctors and loved ones, to end their lives, without going on for long periods of time in pain and suffering.

I agree that there could be elder abuse and think there always will be in certain cases.

Also, Hinkle, I voted for you, thinking you were smart enough to create laws for Montana without going to New Hampshire for laws you could copy. There is too much of this now in Montana.

The people of Montana hear nothing of the property tax problem that is building - that being property has lost over 50 percent of its value across the state. But the property tax stays the same - while the property holders wait for the state to revalue property up to 10 years.

Also, the unemployment situation is alarming. Why in the world don't you work on something like this and leave something that has already been ruled on alone?

I don't want to see you legislate a law that tells me how and when I am going to die.

Please let Hinkle know how you feel and to back off any ideas he has to control your life.

John Cochran, St. Regis

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Letter to the Editor

Need right to say when

By Rosana Skelton | Posted: Sunday, January 23, 2011 12:15 am

It is terribly important to me as I enter old age to have choices when I make end-of-life decisions. I do not want to think I might have to suffer a long, agonizing, painfilled end to a terminal cancer, for instance, which I have seen too many of my friends go through. The Supreme Court has it right. It is my hope the Legislature does not overturn that decision. Medical science has made it possible to extend our existence way past what I would call a quality of life. Oregon has proved this law is needed, respected and not abused. Montana needs this right.

Rosana Skelton

Helena

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Walter H. Mayer Jr.

Whitefish

As a social worker, I believe the Honorable Montana District Court Judge Dorothy McCarter said it best when she ruled "the Montana constitutional rights of individual privacy and human dignity, taken together, encompass the right of a competent terminally ill patient to die with dignity". Her ruling was supported by the Montana Supreme Court. To me this is what the debate over physician aid in dying boils down to. It is about the dignity and personal freedom of a competent person to make decisions about their end of life care. Senate Bill 116, introduced by State Senator Greg Hinkle would prevent this kind of personal freedom and would impose his beliefs in your end of life decisions. Senate Bill 167, introduced by State Senator Anders Blewett will codify this MT supreme court decision and it supports the Montana Constitution. Both bills are being heard in the Senate Judiciary Committee this coming Wednesday, February 9th at 8am. Please consider going to Helena to participate in this important public debate that affects us all.

Steve Knight, LCSW
Licensed Clinical Social Worker in Private Practice in Missoula