SENATE JUDICIARY
EXHIBIT NO. 3
DATE 2/10/11
BILL SB 167

2/9/2011 Senate Bill 167 Annie Bukacek MD

Dear Senate Judiciary Committee

① I did not adequately answer Senator Hutton's question regarding: Whether patients who purchase the intentionally lethal dose are more likely to die from the medication or the illness.

Though that can only be definitively answered on a case-by-case basis, I think it is safe to estimate most of these people will kill themselves. Consider the case of a patient recently given the prognosis of 6 months to live. Under SB 167, they can purchase the lethal dose. Almost everyone given a terminal diagnosis go through depression and despair, along with fear of what the future will hold. That person, with the lethal dose of medication available is at very high risk of suicide and will die from the drug, not from their illness. Throughout the spectrum of those given a limited life expectancy, then despair, depression, & fear could lead them to suicide. I believe most of them would die from the drugs.

② Regarding physician's capacity for determining patient competence - Physicians are not given formal traing to determine patient competence. Competence can only accurately be assessed by a psychologist specially trained in administering

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neuropsychiatric testing. Though we have no formal training, we are asked to determine competency on a fairly regular basis for such things as driving and controlling their own finances. We use our best estimate, in a demented patient it is often based on a mini mental status exam we perform. If a physician is willing to take the 10-15 minutes it take to give the exam, that gives a rough estimate of cognitive function. However, a patient with high baseline intelligence can pass those tests with flying colors yet be demented and incapable of rational decisions. Add to possible dementia, the high likelihood of despair depression and fear in a person given a prognosis of less than 6 months to live - physicians without special training (estimated 100% of specialists and generalists) do <u>not</u> have the capacity to determine competency in these patients contemplating suicide.