



STATE SENATE
DATE FILED 30
3/26/13
HB 505

March 22, 2013

To the Judiciary Committee of the Montana State Senate,

As a geriatrician and practicing Internal Medicine physician in Montana for the past 32 years, I would like you to consider the implications of passing HB 505 "against aiding physician assisted suicide" into law. This bill would put a broad and very direct limitation on discussions physicians can have with their patients. We regularly prescribe medications for medical illness and pain which if taken all at one time can cause death. As this bill is written, simply letting a terminal patient know this information could be construed as "purposely aiding" suicide.

Physicians need to be able to have completely open discussions with all of their patients about the potential effects of medications that are prescribed. For my entire career this set of discussions with any patient has included the potential for death from overdose, either intentional or unintentional. I consider it to be absolutely essential for this to be an honest, unbiased, and open discussion; a discussion that takes into account how the person is feeling about their illness and their life.

While not the apparent intention of this bill, the effect will be to limit the range of these discussions. If passed and brought into law, physicians will always have to second guess what they are saying and how they are saying it. As physicians we have to be totally honest. We have to let terminally ill patients know that if their medications are taken all at one time, it could cause death. With this law, we will now have to consider that a distraught surviving relative could potentially view this as aiding suicide. How will this law change our conversations? We physicians will be forced to consider that we could face actual jail time if we are not very careful with how we discuss these issues. Will physicians avoid prescribing potentially needed medications if this law is passed?

Legislators have to be extremely careful with passing laws that may have unintentional effects on the relationship between a patient and their doctor. The ability to have an open, honest, and frank discussion is an essential part of good medical care. This law creates a shadow that is very likely to come between a doctor and a patient. Without total honesty we cannot have good medical care. You don't want to pass a law that will have a negative effect on the relationship between the patient and the physician. This law is likely to lead to that outcome.

There are understandably strong feelings on both sides of the discussion regarding aid in dying. This bill is a very clear attempt to support one side of that argument. Regardless of which side you are on however, the very serious issue that needs to be considered with this bill is quite different. Please ask yourself if you can design a law which prevents terminally ill patients from taking their own life without affecting every physician care relationship that happens during end of life care? It does not appear to me that this is possible, and if it is, this bill does not accomplish that.

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Frankly speaking, unless we die suddenly, all of us and our loved ones will sooner or later find ourselves talking to a doctor about our own terminal illness. What kind of discussion do we want to have? Do we want our doctors to be worrying about whether or not they are saying something that might later be construed as aiding suicide? I think the answer is clear. The government has no place in that discussion. I urge you to not support this bill.

Sincerely,

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Western Montana Clinic, President & Medical Director

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