

**Vote Yes on HB 328 - Suicide, Assisted by a Physician**

Dr. Samuel J. Reck, MD

**A Montana Physician's story.**

My mother loved to laugh. She had dark brown hair and dark brown eyes. She always had an encouraging word, a quick wit (especially when I was in trouble), and a cheerful character, especially in response to life's challenges. At 54 years of age, she was diagnosed with Alzheimer's disease secondary to head trauma and we watched her deteriorate over nine years, eventually dying in a nursing home after losing the ability to swallow. She couldn't talk, didn't know who we were, but nearly always smiled and laughed. My father would finish work and drive to the nursing home to tuck her in every night. Through this travail my father, my siblings, and I grew very close. Would an earlier death assisted by a physician have improved her smile? Would an earlier suicide assisted by a physician encourage my father or bring our family close together? Have you experienced suicide in your family? It hurts in a place too deep to express in words. Suicide, assisted by a physician, at the end of the day or the end of life is still suicide. It induces the same guilt, anger, and sadness. It leads to family dissension, quarrels, and sometimes ostracism of some members. I can't imagine arriving at my mother's nursing home room with my 3 year old daughter carrying a pink rose, only to find that my father decided to act upon my mother's supposed wishes to intentionally end her life with suicide, assisted by a physician. What would have happened to my relationship with my father? This has happened in Holland and could happen in Montana.

Near the end of my mother's life she started groaning and appeared to be in pain. She was placed under the care of a highly skilled palliative care team for her last few days. It would have required a great deal less training and skill to just enact her previous perceived wishes for suicide. It takes years of training (14 years after high school to be precise) to become a palliative medicine physician. It takes skill to treat terrible suffering. It takes very little training or skill to write a prescription for a life ending cocktail of medications. In a two hour seminar you could easily understand how the medicines work, what to expect, and be educated on the potential complications. It doesn't take the skill, training, or understandings of a physician to assist a person commit suicide. We (I'm a practicing physician in Montana) take an oath early in medical school that harkens back to the Hippocratic Oath written 2100 years ago to separate those physicians that would not kill their patients. Approving SB202 takes us back to a time before Hippocrates, when you couldn't trust your physician with your life.

And finally as a physician I see a great many patients who are suffering. When in the deepest, darkest, throes of their disease they are often down. It may not reach a diagnosis of

depression, but when they recover or at least just recover their affect and their emotions, they make different decisions and have a different outlook on life.

My 32 year-old sister has stage four colon cancer. When in the throes of chemotherapy, given her near terminal prognosis, she sometimes wishes to just die. Does it show more compassion to treat and diagnose her depression, provide a skillful palliative care team, control her pain, mobilize her family and friends; or just assist her in suicide?