

SENATE

Exhibit No.

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Judiciary 1

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SB202

Senate Judiciary

By Eric Kress MD

As a family physician who specializes in hospice and palliative care, I know from 30 years of experience that some patients experience pain and suffering that no medication can relieve.

After the Baxter decision

Five years ago, the Montana Supreme Court ruled that doctors like me could not be prosecuted under state law for giving terminally ill adults the option to request a prescription for aid-in-dying medication that they could take if their suffering became unbearable. I began prescribing Aid In dying medication to ~~qualifying patients after~~ <sup>after multiple patient requested it and</sup> at least 50 hours of educating myself how to properly do this. ~~Prior to 2 years ago less than 10 people knew that I had done this.~~

Two years ago, a bill was put forward in the Montana legislature that would have trumped that ruling and imprisoned a physician for up to 10 years for writing an aid-in-dying prescription. ~~Since I was the target of this legislation,~~ "I had a dog in this hunt". I came forward and described my experience

becoming a physician who prescribed Aid In Dying. Now millions of people know I have done this. And I have heard now of many other doctors in Montana who provide aid in dying.

*pass SB 902 to*

I am before you today to ask you to provide best-practice protocol Like Oregon, Washington, and Vermont have.

From talking with friends and through public polling we all know that most Montanans agree that doctors like me should be able to comply with the wishes of our dying patients to end unbearable suffering. Since I spoke publically about providing aid in dying, I have truly felt a groundswell of support from people across the state. People want to be in control when they die and they want their doctor to be there for them.

Advances in modern medicine have greatly extended and improved our lives in many ways. However, people often live beyond the end of their life, to what I call the bitter end. This is where pain and suffering are intensified and lengthened to levels never seen in the history of mankind.

Aid in Dying is patient directed medical care to relieve the symptoms of a terminal illness. None of the patients I prescribed for wanted to die. They all wanted to live, but not in the extreme state of pain and degradation they were now living in. Aid in dying offers the option of a peaceful, sleep-like death for people who have a terminal disease with six months or less to live. *Now I wish to point out the differences...*

I have written aid-in-dying prescriptions for about 10 patients. While the exact type and dose of medication has varied, the process is the same. The medication is mixed with water or juice, the patient ingests it, falls asleep in five to 15 minutes and stops breathing in 30-90 minutes.

I have been at the bedside of 4 patients when they ingested their medication. They all expressed extreme gratitude to me for providing this option to them. All of them died the way most people say they want to die. Awake and lucid, at home, surrounded by loved ones that may have traveled thousands of miles to be at their bedside. The families have universally been grateful to me for providing this option to their loved one.

Some of the patients did not take the aid-in-dying medication, but they felt great comfort knowing they could if things got bad enough for them.

I have never had a patient leave my practice because I have written aid-in-dying prescriptions. A few have disagreed with my views on this, but they stay with me because they believe I am a good doctor. Overall this is much less than 1% of my practice. Yet, I have received hundreds of letters of support and on a daily basis get compliments from patients who appreciate that I provide this option. They realize they may need it one day.

Some people think they will never want the option of aid in dying. But trust me, in the lottery of life there are some diseases out there that may make you reconsider that. It is their right to have that opinion. But they should not dictate or legislate how someone else should live, or die. Do not tread on me! It is not the Montana way.

I support SB202 because I believe in medical best-practice. SB202 is best-practice legislation that is modeled after the OR law, ~~which has never had~~

~~an instance of abuse,~~ and which I have rigorously followed. SB202 will not change what I do. I do it "as the best" It will ensure that other physicians who wish to provide this care will have a more clear road map to go about this.

I was just downstairs where I  
~~have~~ presented testimony where a minor  
change in legal speak will start  
sending hard working, tax paying, compassionate  
doctor like me to jail where  
the state of Montana will pay  
money for me to sit on my rear end  
and spend lots of the  
taxpayer's money.

To help prevent this from  
happening I urge you to vote  
for SB 202.