

## **Statement of T. Brian Callister, MD, FACP, FHM on Assisted Suicide**

As a practicing physician in Northern Nevada with more than 25 years of experience, I enjoy working with a diverse collection of patients and their families from a wide variety of backgrounds. Since assisted suicide became legal in California and Oregon, I believe that the practice of medicine in the West has been sadly and inappropriately altered for some seriously ill patients who desire ongoing treatment to both prolong and improve their quality of life. Instead of just considering the best possible treatment options requested, they are now being offered, upfront, the cheaper option of a quick death through lethal medications.

Because of our proximity to California and Oregon, some of our patients must go out of state for treatment that is either not available in Northern Nevada or is closer to their homes geographically. Both California and Oregon now permit legal assisted suicide.

I recently cared for two different patients who were seeking life saving treatments as the best chance for a cure for their cancers. Without these particular treatment options, both of these patients would likely die from their diseases. We do not perform these particular treatments in Northern Nevada. Accordingly, these patients had requested insurance approval to go to a hospital in Northern California or Oregon that performs the procedures. I was requested to speak to each of the patient's insurance medical directors to review the requests.

When I spoke with the insurance medical directors of the patients' insurance companies by telephone on separate occasions, both of the insurance medical directors told me that they would approve coverage for either hospice care or assisted suicide but would not approve the life saving treatment option.

Neither the patients nor I had requested approval for assisted suicide, yet it was readily offered. Over the course of my medical practice, I have worked with thousands of patients that have serious and terminal illnesses. I have a deep appreciation and understanding of the emotions, stresses, and challenges faced by them and their families during a life threatening illness. The unsolicited offer of coverage for assisted suicide not only adds to the stress and confusion for patients and families, but I believe it is simply unethical.

I believe that the real story here is the confirmation of that "slippery slope" of the risks surrounding legalization of doctor-assisted suicide. The loss of dignity and worth these patients and families suffer is not just limited to the residents of the states where assisted suicide is legal but is crossing state borders and permeating the attitude of the decision makers that determine the allocation of our health care resources. I hope this story raises concern for millions of patients and their families across the country that will have to fight their health care insurers for coverage of life saving treatments. State legislators considering the issue of assisted suicide as public policy should take notice of these real world experiences and pay attention to the very real and negative impact it can have on patients and their families.