

To whom concerned

I can testify, having accompanied over 20 persons to a peaceful death, that people facing death and the medical practitioner are in a situation of double bind that this law would solve.

The patient is reputed to be the only one to decide about his health. This is NOT the case in « end of life » situations. Either because being sick, aged or in a state of health where he is unable to express himself, he cannot express his will concerning his health.

The practitioner is facing a medical case where he not only has to be the expert, as such quite capable of determining what treatment options should be available, but he CANNOT practice his expertise for two reasons: first because the law interferes with an all time practice of helping his patients die when that is the only solution that is humanly acceptable, secondly because he has to substitute himself for the patient in the decision making for end of life decisions (Actually practitioners continue to practice end of life assistance but illegally and thus cannot ask the patient for HIS decision, and the act is done with all the anxiety and fear that the situation imposes.

Thus the present situation creates a traumatic and hypocritical context :

- the patient cannot plan his death to die at home surrounded by his friends and family
- many patients kill themselves to anticipate the time when they will no longer be able to do this themselves. This means they die 2 to 12 months before they would have wanted to guarantee they do not survive longer than they desire. Suicide is often traumatic for him and his family and friends.
- the patient cannot decide, in a medical context of performance where we can keep alive for years persons who are either in a definitive unconsciousness or who are suffering pains with only death as the possible issue.
- the patient cannot communicate his life options because no one can ever anticipate the real medical situation of his end of life. He should be able to express his general wished in « anticipated directives » but more important he should be able to name a « medical confident » who could accompany him when less able to express himself due to illness or in cases where the patient cannot communicate, should be able to legally represent him for any and all health decisions. This would provide the medical practitioner with a person able to make decisions about the patient's health in both urgent and long term illness situations.
- The practitioner needs to have a valide person with whom to discuss the medical situation and to whom he can present the available options with the various levels risks and expected results. This means he can be a competent professional without having to decide for his patient which then creates a violation of the social contract where my freedom ends where the other's begins.
- The practitioner needs a legal context where he can offer the time ever option of accompanying his patients to the end of all human lives. No one will ever survive life which is by definition a terminal condition. We know this for animals, but refuse to accept this for humans.

So why do we not accept to legalise this basic human freedom?

Because **end of life is a very lucrative market**. More than 80% of medical expenses in the US are spent in the last 6 months of life. The technical, pharmaceutical and commercial health

related institutions make the major part of their money on end of life situations. They can always hide their commerce behind the pretext that they were only trying to « save the life » of the individual. This in spite that most doctors agree that 50% of medical acts at end of life are useless.

Giving HB 5898 to the population will solve human issues, lower (or redistribute towards prevention) medical costs and protect those who consider life to be worth living only when a quality of life is still possible.

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