Submitter:	Stephen Doane
On Behalf Of:	
Committee:	Senate Committee On Rules
Measure, Appointment or Topic:	SB1003

Dear Senators:

I am writing to urge you to oppose SB1003.

I work as a general surgeon, and surgical oncology comprises a large portion of my practice. I am closely involved in the diagnosis and treatment of patients with advanced malignancies. I frequently experience the close bond that forms between clinicians and patients (and their families) during these difficult circumstances, and I seek to do what I can to help alleviate physical and emotional distress. These cancer patients often have prolonged, untreated symptoms due to inability to navigate our healthcare system effectively and thereby marshall available resources for their well-being. They are deeply grateful when people in the healthcare system make extra efforts to understand their needs and work to fulfill them.

As a generalization, I notice that my predominantly ethnic-minority patient population typically does not request physician-assisted suicide resources. However, I vividly recall a conversation a few years ago with the son of an elderly woman who received a new diagnosis of resectable pancreatic cancer. She had a good performance status and potential for longer-than-average survival, but she was still ambivalent about whether she would decide to pursue interventions of surgical resection and chemotherapy. While I explained the patient's relatively good probability of tolerating those interventions and recovering significant quality of life, and while I affirmed that it could also be reasonable for her to decline medical treatments, none of that information was particularly interesting to her son at that time. The singular agenda of his interaction with me as one of her physicians was to "remind" me about California's law regarding the right to obtain physician assistance with suicide and to request that I facilitate this medication because he wanted her "not to suffer" as another family member with cancer had suffered in the past.

I explained to him my professional opinion that attentive palliative care medications and other treatments can usually mitigate the severest of distressing symptoms at the end-of-life, without the need to prematurely end a person's natural life. Life is a mystery that has profound, intangible value. The nuanced ethical principle of "double effect" notwithstanding, my job description cannot include giving a lethal drug to someone simply because it was asked. Once he found me to be unwilling to cooperate with his strategy, the son ended our conversation promptly.

I hope this woman experienced peace and comfort in her remaining months or years.

I wonder what admirable improvements our healthcare system might offer if the passion and funding coordinated by aid-in-dying advocates were instead used to increase access to effective palliative care and hospice programs. We should create incentives for compassionate care and supportive presence for people with terminal illnesses, not punishments for physicians who refuse to be coerced into “solving a problem” by ending a life.

SB1003 facilitates careless access to assisted suicide and risks causing many deaths without dignity. I urge you to strongly oppose this bill. Your opposition will then allow for proper oversight and accountability regarding involvement of medical providers in end-of-life care.

Thank you for your earnest consideration.
Sincerely,
Stephen Doane, MD, FACS