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Death With Dignity Bill.

I teach all day on Friday, so I am unable to attend the hearing. Thank you for reading my brief comments.

I teach Biomedical Research Ethics at CU Boulder and the course focuses on the definition of bioethics.

Bioethics

coined in 1970 by U.S. biochemist Dr. Potter, who defined it as "Biology combined with diverse humanistic knowledge forging a science that sets a system of medical and environmental priorities for acceptable survival."

It's a complex definition, but the key phrase is "acceptable survival". And how can that be considered? Ethically, these end of life decisions must be made based on medical expertise and an individual's end of life wishes. What is acceptable for one person is not for another.

If I were able to assign you all homework, it would be to watch the documentary " How To Die In Oregon". The law there has been very successful and terminal patients are actually living longer. Why would this be? It has to do with the concept of moral agency. Agency is simply the unconscious capacity of a person to act in the world. Moral agency is the conscious choice to take actions. Once terminally ill patients receive the

drugs to end their lives, they feel empowered to live until their survival is no longer personally acceptable. There is no longer a rush to death. The fear of dying a slow painful death in an institution is no longer primary. Instead the patient focuses on living the remaining time fully due to the self empowerment of a death with dignity.

I am sure you will hear many terrible end of life stories at the hearing. That's the power of narrative medicine. Please listen to these stories. In the medical profession there is increased understanding that narrative is important for us to understand medicine. Why? Because it is based on the needs of individuals. Our narratives vary as do our needs. In fact, the most competitive graduate program in the world today is the Graduate Studies Program in Narrative Medicine at Columbia University. It's competitive because the students are already doctors and medical professionals who have realized they need to learn how to listen and understand narrative.

You will hear many religious arguments, but this is a state house and not a church. Religious beliefs may be respected, but they should not determine the outcome. How we cope with death, just as how we cope with life, varies based on culture, background and beliefs. By supporting Death with Dignity, you are simply giving terminally ill patients self determination.

Every hospital has an ethic boards which struggles with deciding how to help terminal patients in terrible pain. Why should this decision be determined by anyone other than the doctor and patient? Laws should be enacted to help protect people, not to prolong pain. The majority of Americans want to die at home, but they are denied this basic right because they have to be in a hospital to deal with the pain of a terminal illness. Such suffering is not ennobling.. it is simply inhumane cruelty.

Death With Dignity is a marriage of self determination and compassion.

Thank you.