

**Robert M. Jotte MD PhD**  
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**WRITTEN TESTIMONY**

My name is Dr. Robert Jotte and I am a medical oncologist who has been in the practice of medicine for nearly 20 years. I graduated with an MD PhD from Vanderbilt University in 1996, and I currently practice at Rocky Mountain Cancer Centers. I take care of dying patients and their family members every day. I suspect that I have helped more people through the dying process than most of the individuals who carry the responsibility in deciding the fate of House Bill 1135. Because of the life and death experiences that I live through every day, I would ask that you listen to my voice. I cannot be at the capitol today, for the very reason above that I am caring for these very patients that this house bill targets.

Oncologists face extraordinary challenges from patients with newly diagnosed cancer, as they face the psychological, financial and family relationship challenges that cancer can bring. I currently have three full-time social workers, who provide for the psychosocial needs of patients and family members afflicted by cancer. They are tasked with identifying resources for patients that can provide psychological, educational and financial aid to patients and their family members. Family members are frequently pulled from their own family responsibilities and jobs to provide for the needs of their loved ones afflicted with cancer. Almost all family members gladly accept these responsibilities when their loved ones are diagnosed with cancer. But, I have seen family members who do not want the responsibility of caring for their family members: taking time off from work, driving to doctor's appointments, sitting in the office for chemotherapy treatments, going to the hospital when they are ill, picking up medications at the pharmacy, going to CAT scan appointments or for blood draws. This list doesn't even address the needs that may be faced at home: cooking, cleaning, laundry, bathing, paying bills, etc., Cancer patients abandoned by their families are some of the most vulnerable members of our society. The elderly and uninsured are those who will face the greatest challenge from a bill that offers a much simpler path of physician prescribed suicide. This bill will not be able to protect the rights of these vulnerable patients and opens the door to coercion by family members. I see this in my office already. It absolutely exists. Doctors cannot force friends and family to accept the responsibility of care that comes with a patient's cancer diagnosis. So, you must ask yourself, "Do you think it's possible that, if we legalize doctor-prescribed suicide—patients, particularly the elderly—might feel pressured into choosing assisted suicide to avoid being a burden or a financial liability to loved ones?"

Representative Singer House District 11 responded to a letter written opposing House Bill 1135. I have no doubt that he saw firsthand many of the abuses the elderly face when he worked with Boulder County's department of Child and Family services. He quotes the bill stating that a physician must determine that an individual is suffering from a terminal illness defined as an illness that likely leads to death within six months. But what the bill fails to do is define whether that illness is

even treated or not. There is nowhere in this bill where the attending physician is required to inform the patient of treated versus untreated disease. I give you a common everyday example. Untreated metastatic colon cancer has an average life expectancy of six months. But with treatment, patients live an average of almost three years! By House Bill 1135 definitions of an “attending physician” or a “consulting physician,” such a patient would not even be required to meet with an oncologist. If this bill passes, that newly diagnosed patient can be offered the choice of suicide without an oncologist even discussing the options that treatment can provide. This is reason alone to kill this bill.

The American Medical Association holds that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.” The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, urged the Supreme Court in 1997 to uphold laws against assisted suicide, arguing that the power to assist in taking patients’ lives is a “power that most health care professionals do not want and could not control.” So I must ask you, “Why is this bill necessary? Why does this legislature ask that a physician be pulled into the decision of a patient to commit suicide?” Patients already have the right to make the decision to end their life. They do not need a physician’s approval or prescription. So you should ask yourself, “Is this law necessary when patients already have this choice, or is this simply a law to safeguard physicians?”

The final point I would like to make revolves around how cost enters into the issue of House Bill 1135. Physicians currently face an onslaught of burdensome authorization from insurance providers. We are routinely required to obtain authorization for treatments, radiology scans and even medications through a time-consuming process known as peer-to-peer review. In this process, we are required to speak by phone with physicians working for the insurance company and describe the individual case of the patient. These physicians then decide whether or not they will cover and pay for these requested standards of care. You once again must ask yourself a question: “Do you trust profit-driven insurance companies to do the right thing or the cheap thing?” Former U.S. Solicitor General Walter Dellinger warned in urging the Supreme Court to uphold laws against assisted suicide: “The least costly treatment for any illness is lethal medication.”

The people that are here today all have their hearts in the right place: we all want to provide compassionate care to patients. We all must question whether House Bill 1135 runs the risk of limiting that very compassion to our society’s most vulnerable members. I can assure you as a physician who cares for these patients day in and day out, this bill threatens our society’s most vulnerable members. If for no other reason than patient compassion alone, I urge you to oppose this bill. For any representatives that may continue to struggle with this issue, I urge you to contact me directly before you make your final decision.

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