Testimony for S.B. 239

My name is Mitchell Forman, D.O. I am the Founding Dean of Touro University Nevada, and currently Professor of Medicine, Division of Rheumatology and Program Director of the Rheumatology Fellowship at the Kirk Kerkorian School of Medicine at UNLV and currently the President Elect of the Clark County Medical Society for a 2nd time.

I wish to provide testimony in favor of S.B. 239 as an individual.

I have previously lectured on this topic to medical and PA students, Medical Residents and to practicing physicians, locally and nationally as part of an "End of Life….What is a Good Death" educational program. The intention was to help the attendees:

- **Understand the concepts of a "good death & bad death"**
- **Understand the "Ethical Principles" in end of life issues**
- **Help understand what patients & families want**
- **Present a rational approach to address "end of life" issues**
- **Stress the importance of "planning" in anticipation of the "end of life"**

Ethical Principles in End of Life Issues include:
Beneficence – the benefit to the sick and
Non-maleficence – "do no harm".

The central question to me is the appropriate use of life-sustaining interventions where there is:

- **Little or no benefit**
- **Potential for significant harm**
- **Harm > Benefits – inappropriate to use**
- **Who has ultimate authority to decide the matter of appropriateness?**

Patient Autonomy – the respect for a person's self – determination
Doctrine of informed consent
Distributive Justice which guides the fair allocation of medical resources & Social responsibility

The Right to Refuse Medical Treatment

- **Well established in medicine & law**
- **The patient has decision making capacity**

- **However, a patient w/o the capacity but earlier expressed treatment preferences, either verbally or through a written advance directive [Proxy decision making – "Substituted Judgment"] retains the ability to make a legal request.**

<u>Contemporary Medical Literature contains little about what makes a death "good". The SUPPORT Study *– explored ICU deaths and found</u>:

- **Severe pain common**
- **Decisions to withhold treatment made at the last minute**
- **Drs. often unaware of pts wishes re: resuscitation**
- **Intervention designed to provide prognostic information had no effect on medical decision making prior to death**
- **These were "not good deaths"**

<u>In Summary there are 12 Principles of a good death that have been described which have relevance to S.B. 239 and they are:</u>

1. **To know when death is coming & to understand what can be expected**
2. **To retain control of what happens**
3. **To be afforded dignity & privacy**
4. **To have control over pain relief & other symptom control**
5. **To have choice & control over where death occurs**
6. **To have access to information & expertise of whatever kind is necessary**
7. **To have access to any spiritual or emotional support required**
8. **To have access to hospice care in any location**
9. **To control who is present & who shares the end**
10. **To be able to issue advance directives which ensure wishes are respected**
11. **To have time to say goodbye & control other aspects of timing**
12. **To be able to leave when it is time to go, & not have life prolonged pointlessly**

The thoughts and principles that I have just expressed lead me to believe that S.B. 239 should be approved.

Thank you,
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