

Clare Johnson March 2023

Written Testimony

My name is Clare Johnson and I have been a practicing emergency medicine physician for 13 years. I live in Reno with my husband and daughter but cross the border to work at a hospital in California. I previously worked in the state of Georgia. This has given me the opportunity to practice medicine in a state with a medical aid in dying act and in a state without such an act. As an ER doctor, I see patients at the peak of their suffering. People do not just come to the ER for heart attacks and car accidents. They often come instead when our medical system has failed them. I see people disproportionately in their last 6 months of life. I have seen patients lose the ability to eat as stomach cancer has progressed. I have seen 6 foot 2 men at only 130 lbs at the end of months of chemotherapy. I have seen women who can't talk to their children anymore because they are too weak as ALS progresses.

It has become evident to me: with great medical advances, we have created great suffering. We live longer but often not better. In many cases, our medical system has created a more painful, prolonged version of death.

I believe it is our moral imperative as a society to give options that alleviate this suffering. We have embraced hospice yet we must go a step further to allow an option of a dignified version of death by passing a medical aid in dying act in Nevada.

There's a common misconception that most people die of natural and peaceful causes in the last 6 months of life. This is untrue. A few lucky people will die in their sleep. Many of us will not have that fate. Instead, some of us will die after days and weeks of dehydration and starvation when we lose our ability to swallow. That is how my father died in 2020 in Georgia after a long illness. We may die of pneumonia or heart failure as our lungs slowly fill up with fluid. We may die when cancer shuts down our kidneys and the toxins slowly rise in our bodies.

I am not trying to be overly morbid but instead share with you the truths that we doctors and nurses see every day. These are not deaths I would wish upon my loved ones or strangers.

My colleague in California has been a prescribing physician for medical aid in dying for years. He shares stories with me about how he helps patients with colon cancer, ALS, and end stage lung disease have a more peaceful death. He was inspired to start his practice after seeing his brother suffer terribly when he died from a rare cancer. He then saw how hospice can only do so much when a patient is at the end. Hospice medication cannot fully take away the physical pain and mental anguish of a patient who is slowly dying by starvation, a bowel obstruction, or air hunger from end stage lung disease.

When you are terminally ill, with less than 6 months to live, nature has already decided your fate. Your life will inevitably be ending soon. Medical aid in dying is not suicide.

I find it disconcerting that we will allow our pets better deaths than we allow our family members. Recently my friend's golden retriever was diagnosed with an incurable cancer causing constant pain. In the peace of his own home, their dog died with medication after an evening with his favorite food and favorite people. Why are we so much more humane to our animals than we are to each other?

A coworker in California recently lost a family member after a three year battle with metastatic cancer. This family member opted in for medical aid in dying at the end of her life. She had already suffered immensely. At the end, she couldn't eat and she was completely bed-bound.

She had control over the end of her life and was able to die in the comfort of her own home with multiple family members present. She was one of the 405 terminally ill people in California in 2019 who chose this option. Her family remains grateful she had this option.

Many of you here today may not want to exercise this option or this option may go against your personal belief system. I respect that and celebrate that we have different views. My father was a strict Catholic and would not have ever exercised this option at the end of his life even if he had the choice. I respect that autonomy as his daughter and as a doctor. On the other hand, my husband and I have talked seriously about our end of life choices and we both would likely exercise this option if we reached a point of unbearable suffering with a terminal disease.

Nevada has become a more diverse state in the last decade. We owe it to our diverse state to provide people with diverse options at the end of life. We need to give our friends, families, and neighbors the option of a dignified and peaceful death by passing this legislation.