



**November 8, 2016 Election**

<b>Ballot Issue: State</b>	<b>Proposition 106: Medical Aid in Dying</b>
<b>Ballot Language</b>	<p>Shall there be a change to the Colorado revised statutes to permit any mentally capable adult Colorado resident who has a medical prognosis of death by terminal illness within six months to receive a prescription from a willing licensed physician for medication that can be self-administered to bring about death; and in connection therewith, requiring two licensed physicians to confirm the medical prognosis, that the terminally-ill patient has received information about other care and treatment options, and that the patient is making a voluntary and informed decision in requesting the medication; requiring evaluation by a licensed mental health professional if either physician believes the patient may not be mentally capable; granting immunity from civil and criminal liability and professional discipline to any person who in good faith assists in providing access to or is present when a patient self-administers the medication; and establishing criminal penalties for persons who knowingly violate statutes relating to the request for the medication?</p> <p align="center">_____ YES _____ NO</p>
<b>Chamber Position</b>	No Position.
<b>The Basics</b>	Currently in Colorado, aiding another person in ending his or her life is a crime of felony manslaughter.[2] Proposition 106 would permit terminally ill patients with under six months to live to self-administer aid-in-dying drugs to voluntarily die. It would also allow a physician to prescribe the lethal drug to a terminally ill patient under certain conditions. In addition, Proposition 106 would criminalize coercing a patient with a terminal illness to request the drug.
<b>Connection to Business</b>	None
<b>Arguments for the Proposal</b>	<ul style="list-style-type: none"> <li>• Proposition 106 expands the options and supports available to a terminally ill person in the last stage of life. Under the measure, a terminally ill individual may consult with a physician and benefit from medical guidance in deciding whether and how to end his or her life. The measure allows a mentally competent individual to</li> </ul>

	<p>peacefully end his or her life in the time, place, and environment of his or her choosing after voluntarily requesting and self-administering the medication. Proposition 106 also provides protections from criminal penalties for physicians and family members who choose to support a terminally ill individual through the dying process.</p> <ul style="list-style-type: none"> <li>• Proposition 106 seeks to balance the choice of a terminally ill person to voluntarily end his or her life with the state's interest in promoting public safety. It establishes safeguards by creating criminal penalties and ensuring that an individual's physician, family members, and heirs are not the only witnesses to requests for medication. The measure protects the individual by prohibiting any other person, including a physician, from making the decision to request medical aid-in-dying or from administering the medication. Further, by requiring that at least two physicians examine the individual and document his or her prognosis and mental capabilities, the measure establishes a process to ensure that an individual is capable of making an informed decision to end his or her life.</li> <li>• Access to medical aid-in-dying may provide a sense of comfort to a terminally ill person by authorizing medication as insurance against suffering and the potential loss of dignity and autonomy. Proposition 106 is similar to options available in Oregon, Washington, Vermont, Montana, and California, that respect the end-of-life concerns of terminally ill people. Oregon's experience shows that the majority of persons requesting medication cited concerns about losing autonomy and dignity at the end of their lives. Once the medication is requested, it is up to the individual to decide when and if to take it. In Oregon, for example, of the 1,545 people who requested the medication since 1997, approximately one-third chose not to use it.</li> </ul>
<p><b>Arguments Against the Proposal</b></p>	<ul style="list-style-type: none"> <li>• Encouraging the use of lethal medication by terminally ill people may send the message that some lives are not worth living to their natural conclusion. People who are in the final stages of life are often in fear of the dying process. The availability of medical aid-in-dying may encourage people to make drastic decisions based on concerns about the potential loss of autonomy and dignity, not realizing that modern palliative and hospice care may effectively address these concerns. Services such as pain and symptom management, in-home services, and counseling can help individuals navigate the end of their lives while minimizing suffering.</li> </ul>

	<p>Promoting medical aid-in-dying may lead to a reduced emphasis on treatment and development of new options for end-of-life care.</p> <ul style="list-style-type: none"> <li>• Proposition 106 creates opportunities for abuse and fraud. The protections in the measure do not go far enough to shield vulnerable people from family members and others who may benefit from their premature death. Proposition 106 allows a family member or heir to be one of the witnesses to a request for the medication, potentially subjecting the individual to coercion. The measure does not require that a physician have any specific training in order to make an assessment of the individual or require independent verification that the medication was taken voluntarily or under medical supervision. Proposition 106 fails to ensure that the lethal medication will be stored in a safe location, potentially placing others at risk or leading to its misuse.</li> <li>• Proposition 106 may force physicians to choose between medical ethics and a request to die from a person for whom they feel compassion. The measure compromises a physician's judgment by asking him or her to verify that an individual has a prognosis of six months or less to live, yet fails to recognize that diagnoses can be wrong and prognoses are estimates, not guarantees. The measure also requires that the physician or hospice director list the terminal illness or condition on the death certificate, which requires these professionals to misrepresent the cause of death.</li> </ul>
<b>Resources</b>	<a href="http://coendoflifeoptions.org/">http://coendoflifeoptions.org/</a> <a href="http://www.votenoprop106.com/">http://www.votenoprop106.com/</a>
<b>Where We Stand</b>	No statements made.