

Please accept this statement as part of the written public testimony **in support** of HF1930: End-of-life option established for terminally ill adults, to be heard 1/25,24 in the House Health Finance and Policy Committee.

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As an otolaryngologist/head and neck surgeon on the front line of patient care, I understand the urgent need for this end-of-life option. As we expect, the primary source of suffering at end-of-life is pain. But end of life of often includes so much more psycho- emotional suffering. Here are some brief, real-life examples, from just one medical specialty. Please consider what the patients of my colleagues in other specialties face in addition to uncontrolled pain.

My patients develop cancers of the skin and mucus membranes above the collar bones. Those cancers are treated with surgery, radiation therapy, and chemotherapy for cure or to extend life. Many of the cancer surgeries I perform are disabling and disfiguring. When surgery, radiation and chemotherapy fail, which is much too often, the cancer spreads directly through the soft tissues of the neck, destroying what it touches. It extends through the skin as a “fungating” lesion – an open sore that looks like fungus weeping body fluids, including blood. Cancers often “outgrow the blood supply” and become masses of infected, putrefying tissue on the patient’s face or neck, requiring ongoing cleaning. But even with the ongoing cleaning by the patient or family or good friends, the cancer continues to grow outside the skin and smells like the inside of an enclosed garbage can on a humid summer day. That foul smell permeates the patient’s home and of course, is worst in the bedroom. One patient could not see his grandchildren, not wanting them to remember him for that weeping wound with the awful smell.

The cancer destroys the soft tissues of the neck, including blood vessels. When the walls of the carotid artery dissolve, the blood under high pressure inside begins to leak, either through the skin or into the patient’s throat provoking coughing of blood and difficulty breathing. These episodes of bleeding are called sentinel bleeds; they foretell catastrophe. When the carotid artery wall becomes weak enough, the forceful pump of the heart will blow all the patient’s blood volume into the throat or into the room over the course of a couple of minutes. In my specialty, the carotid blowout is considered a peaceful end for the patient, who passes out from lack of blood to the brain. The trauma is for the family, friends and even nurses nearby who watch blood shoot across the room until the heart stops. One patient in home hospice was advised by his team that the best the family could do, knowing the blow out was imminent, was to buy lots of dark towels.

Another patient had a cancer of the maxillary sinus, the hollow space in the upper jaw and cheekbone. When multiple surgeries, courses of radiation and chemotherapy failed to stop its growth, the tumor pushed into his eye socket, displacing the eyeball itself far out of position and causing double vision. It displaced his palate and upper teeth out of position, preventing functional chewing. It extended through the skin onto his face. He was admitted to a wonderful, small hospice staffed by compassionate nuns and received higher and higher doses of narcotics without control of his pain. At the end, when he asked his brother to come be with him, he also

asked if I could be at his side. A colleague who had also been my student was his palliative care physician. My colleague, without the medical aid in dying law in Minnesota, was reluctant to administer higher doses to relieve the pain, knowing the medication would suppress breathing. Together we were finally able to control his pain and my patient died, but not without months of unnecessary suffering.

Seeing this level of human suffering up close and personal gives me a perspective I can only begin to share with you. With the very swift action being taken by the legislature on a host of important bodily autonomy concerns last year and now, please do not overlook this cause. While politicians can view this through a lens of "theoretical" and "hypothetical" prisms, the rest of us are living and dying every day in the real world. Please support this bill as a show of compassion and understanding of its importance.