



April 30, 2019

A broad coalition of organizations representing hospitals, health care professionals, religious organizations and pro-life groups **oppose Senate Bill 2089** by Sen. Bryan Hughes. SB 2089 would undermine patient decision-making autonomy at the end of life and compel health care professionals to provide ineffective and potentially harmful medical interventions indefinitely.

SB 2089 would amend the longstanding Texas Advance Directives Act to require a hospital—even after its committee of medical ethicists, clergy and physicians, under the statutorily established dispute resolution process, determines further treatment would harm the patient—to continue providing unnecessary, inappropriate, and ineffective medical interventions that cause extreme pain and harm until the patient is transferred to another facility that is willing to provide such interventions.

In doing so, SB 2089:

- **Would prolong and increase suffering for families and loved ones without medical benefit.**
- **Would mandate physicians and health care professionals to provide potentially unethical and medically inappropriate procedures.** Physicians and nurses should not be required to misuse medical technology to prolong imminent and certain death, nor should they be required to use their skills and technologies if not in the best interest of the patient or if not medically appropriate. SB 2089 would compel physicians and nurses to provide interventions that are contrary to their personal, professional, moral and religious beliefs. Physicians should continue to have the right to exercise their own independent professional medical judgment about what interventions are and are not appropriate to provide to patients.
- **Would subvert the effective process of the advance directives act.** Texas' advance directives act recognizes that disagreements can arise between physicians/health care providers and families when making health care decisions for patients with terminal illness. The stress and grief are very real factors. Families sometimes may request the premature termination of treatment or interventions that promote suffering without medical benefit and prolong dying. Rather than giving the physician or the family unilateral decision-making power, state statute provides a mechanism to resolve any dispute. This ethical mechanism has safeguard provisions for families and surrogates who request indefinite life support for their terminally or irreversibly ill loved ones. SB 2089 would require the indefinite provision of such interventions at the insistence of a surrogate and create an ethically untenable default position that the statute did not intend.
- **Could negatively impact the care of critically ill patients needing a higher level of care.** Physicians at tertiary care centers may be reluctant to accept critically ill patients from smaller hospitals if doing so commits the physician and facility to open-ended intervention irrespective of the physician's reasonable medical judgment.

We urge your opposition to and vote “no” on SB 2089.