

STATE OF TEXAS)
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COUNTY OF Travis)

Dieter Martin, being duly sworn, states as follows:

“My name is Dieter Martin. I am an Internal Medicine physician who is board certified in Internal Medicine as well as Palliative care. I have practiced in the hospital setting my entire career. I have been asked to provide testimony regarding my experience with futile care.

One case that sticks in my head among many took place early in my career. This was a tragic case of a man in his late fifties who was found down by his family and sent to the hospital. He was down for an unclear amount of time but clearly had suffered a lethal hypoxic brain injury. He was in the intensive care unit for over a week. I counseled the family daily on his poor prognosis. The other physicians agreed that he was futile given the extent of his injury. Meaningful recovery was not a possibility and his likelihood of surviving the hospital stay was daily approaching zero. Even with all the resources in the world, this man was going to die.

The family was holding out for a miracle. They prayed and adorned him with various religious artifacts. Our chaplain services were engaged and trying to help alleviate their spiritual suffering. It came to pass that the family’s pastor was in the background assuring them a miracle would occur. A miracle was not in the works and he most undoubtedly suffered during his last days on this planet. The day that I got them to withdraw care was when the overwhelming odor of his necrotic brain tissue became evident. I extubated the patient and he passed quickly and peacefully. This family suffered watching their loved one die over the course of over a week

needlessly. I fear their grief was worsened by their experience and that the memory of their father will forever be dominated by what they had to endure.

After that experience I felt that I had failed. I failed in that I was not able to teach the family about his dying process and get them to acceptance. It is at that point that I began studying palliative care and pursued my board certification in Palliative Care. Since then, I have had more few and far between episodes like this. However, I can tell you that it is typically external interference in the family's progress toward acceptance of the cruel fact of life that we are all frail and all destined to pass that drives this outcome. Clergy are powerful leaders in the dying process. They can be equally damaging if they carry an agenda. Thankfully, most clergy tend their flock remembering God's mercy.

Having any legislation that further interferes with our God given right to die with dignity would be catastrophic. Physicians are trained for years and licensed to give the best medical care that we can. When laymen interfere with that management, people get hurt. After all, I cannot board a commercial airliner and insist that I fly the plane! Why would we expect a different outcome when laymen take the yoke of medical care? In my training I was taught that my duty to my patients was to ease suffering, avoid debility and prolong life, IN THAT ORDER. The capstone of my training was an oath to do no harm. I know that I take that responsibility very seriously. When I am asked to prolong suffering and thereby harm my patient with no good outcome, I am in violation of that philosophy. I am in support of obstetricians who refuse to perform abortions due to conscientious objections and am puzzled why I may be asked to actively cause suffering for my patients.

I am very sensitive to my patients and their family's belief systems and try to navigate care with that in mind. I think that with support from men of the cloth who have not abandoned

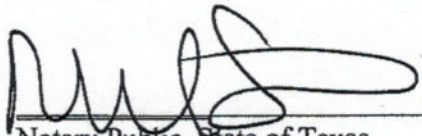
the core duty of easing bereavement we can make life's tragedies less traumatic. I understand that Christ suffered on the cross for our sins. There is no parallel for having a loved one suffer during their passing. Restrained in bed in the sign of the crucifix with the stigmata of central lines, endotracheal tubes and catheters serves no higher purpose. Christ died for a reason and did so with dignity. This is robbed from patients forced to endure the unnatural death driven by best intentions. It amounts to torture not only for the patient but also the family. In Texas, we do not tolerate torture.

I don't know what kind of people would advocate for this. Decoupling the experts from the medical decision making, compelling the system to drive up the net suffering on this planet, robbing families of their loved one's memories. Whoever it is needs to take a step back and commit themselves to deep contemplation on what harm they are going to do if this comes to pass."




 Dieter Martin, MD

SWORN TO AND SUBSCRIBED before me on December 19, 2019.



 Notary Public, State of Texas