

STATE OF TEXAS)
COUNTY OF Taylor)

Tommie Farrell, being duly sworn, states as follows:

“My name is Tommie Farrell. I am Family Physician with board certification in Hospice and Palliative Medicine as well as certification as a Hospice Medical Director. I have been practicing in the field of Hospice and Palliative Medicine for 16 years.

In September of 2019, I became involved with the care of a 93-year-old woman who had a previous stroke and lost the ability to swallow. She also had a history of lung disease, frequent UTIs and aspiration pneumonias. She was unable to swallow and so a feeding tube was placed in the past. Despite this intervention she has had decline to a physical state of being bed bound, dependent for all activities to sustain her life and not being able to communicate her needs directly.

She was in Hendrick Medical Center in Abilene Texas with tube feeding failure in that she could not tolerate any level of tube feedings without aspiration and respiratory distress. The decision was made by her primary care physician to discontinue interventions except for those of comfort. We had several conversations recorded in our medical record where the patient had told her primary care physician and various social workers that she did not want to be kept alive when she became bed bound. Despite this, her medical power of attorney (MPOA), kept insisting on all efforts to keep her alive. The primary physician kept advocating to allow a more natural dying process but feeling the constraint of the political environment of Texas felt obligated to keep listening to the wishes of this MPOA.


Eventually all options were exhausted in that no gastroenterologist would replace or attempt to change the positioning of her feeding tube due to her severely debilitated state. The MPOA reluctantly agreed to allow the patient to be sent to the Hendrick Hospice in-patient unit but insisted that iv fluids remain in place. This is against standard practice of comfort due to the possibility of third spacing of fluids into the tissues and lungs which causes increased suffering of the patient. But the attending physician kept the order due to the strong legal language used by the MPOA.

I cared for the patient in the hospice unit. The MPOA came to see the patient only once in the 8 days she was there and this for less than an hour. In his near complete absence, the nurses caring for her kept in distress on the prolonged suffering they saw in watching a woman with no ability to verbalize her needs required medications to control the ongoing struggling respirations which she had. Eventually it became obvious that indeed the iv fluids were third spacing into her lungs and she went into severe respiratory distress. Higher doses of iv medications were given to relieve this suffering the best we could. As the woman was left completely alone by the very persons asking for these interventions our hospice team took turns sitting in her room to ensure she was not alone at the time of her death.


I took my own turn in doing this. I sat there for the initial hours that we stopped the fluids and increased her medications. As I watched her gasping for every single breath, her eyes were open wide and the struggle she was going through was apparent. I felt helpless as I titrated up the medications knowing that I needed to do so in a manner that was attempting to aggressively control her symptoms but would also be done responsibly to ensure I did not end her life prematurely.

While doing this I continuously remember all the chants from Right to Life that doctors like myself “euthanize patients.” I felt the anger that those who accuse me of killing others are not there to witness me sitting at the bedside of the patient holding her hand, saying prayers and reading words of scripture all in attempt to relieve the suffering of a patient that our very medical intervention placed into this period of distress and suffering and while attempting to relieve those symptoms while preserving and honoring life despite the constant allegations made by political action groups that my purpose as a hospice physician is to kill innocent and frail persons.

This lady eventually gained some comfort and I left her to the care of the nurses. She died 5 hours later. The MPOA did not come during any of these last moments despite our calls letting him know this woman was dying.”


Tommie W. Farrell, MD FAAHPM HMDC

SWORN TO AND SUBSCRIBED before me on December 17, 2019.


Notary Public, State of Texas

