



**House Public Health Committee
Testimony of Mark Casanova, MD
House Bill 2943 by Rep. James Frank
April 14, 2021**

Thank you, Chair Klick and members of the committee, for allowing me to speak with you today. I am Dr. Mark Casanova, and I am a palliative medicine specialist in Dallas. Today I am speaking on behalf of the Texas Hospital Association and the Texas Medical Association and its more than 55,000 physician and medical student members in **support** of House Bill 2943. We are so grateful for Representative Frank's efforts to work collaboratively across the religious, prolife, disability, and health care communities on a complex section of law. This same measure has also been supported with language inside Senate Bill 1944, which has the bipartisan joint authors Senators Lucio, Bettencourt, Springer, and Dr. Campbell, as well as Senators Johnson and Zaffirini.

This legislation represents the hard work and sacrifice of many organizations who have sought the difficult task of communicating and working together toward a solution. No law made by man is perfect, and certainly there are ways to strengthen the Texas Advance Directives Act. You will hear about many aspects of that today, but some of the most important to medicine are the small edit that corrects some inadvertent portions of Senate Bill 11 passed in the special session of 2017.

Unfortunately, there is not always adequate time for patients to thoughtfully consider their end-of-life options, properly document them, and make sure everyone involved in their care has a copy. All too often, we must make those decisions in the emergency department and in crisis moments. Physicians, therefore, often find themselves in a tough position when they know the patient's wishes, but the wishes have not been reduced to writing, or statutorily required witnesses are unavailable.

This bill corrects an error from 2017 that prevents a **physician from honoring a patient's wishes if those wishes are communicated separately to the physician**. TMA agrees a surrogate should be able to change a do-not-resuscitate (DNR) decision he or she personally has shared with the physician. **However, no one – not the surrogate, not the physician, not the hospital, nor any organization – should be able to undo a patient's personal decision on a DNR**. The TMA Board of Councilors Current Opinion on DNR Orders states: "When a patient suffers cardiac or respiratory arrest, attempts should be made to resuscitate the patient, except when cardiopulmonary resuscitation (CPR) is not in accord with the patient's expressed desires

or is clinically inappropriate.” Accordingly, TMA would strongly recommend permitting physicians to act in accord with a patient’s wishes, however they are expressed.

Current law improperly, needlessly, and regrettably compromises patient autonomy. **It is not unusual for a patient’s own wishes to be different from a family member’s wishes for the patient.**

House Bill 2943 represents a good-faith effort to ensure a patient’s wishes are honored by both physicians/health care providers **and** all surrogates. This change seeks to put the wishes of the patient first.

Thank you for your time today. I recognize this is a difficult topic, and I welcome the opportunity to answer your questions.