DATE FILED: August 21, 2019 4:56 PM
FILING ID: 119A8C0E7B679
CASE NUMBER: 2019CV31980

DISTRICT COURT, ARAPAHOE COUNTY, STATE OF COLORADO 7325 S. Potomac Street Centennial, Colorado 80112	
Plaintiffs: CORNELIUS D. MAHONEY and BARBARA MORRIS, MD v. **Defendant**: CENTURA HEALTH CORPORATION, a Colorado non-profit corporation.	**▲COURT USE ONLY▲**
Attorneys for Plaintiffs: Steven J. Wienczkowski (Reg. No. 33105) Jason Spitalnick (Reg No. 51037) Katherine A. Roush (Reg. No. 39267) Melanie MacWilliams-Brooks (Reg. No. 45322) Foster Graham Milstein & Calisher, LLP 360 South Garfield Street, 6th Floor Denver, Colorado 80209 Telephone: 303-333-9810 E-mail: swienczkowski@fostergraham.com; jspitalnick@fostergraham.com; roush@fostergraham.com; mbrooks@fostergraham.com Kathryn L. Tucker, JD, Executive Director End of Life Liberty Project 3890 Lopez Sound Road Lopez, Washington 98261 Telephone: 206-595-0097 E-mail: kathrynltucker@yahoo.com *(Pro hac vice* application forthcoming)	Case No.: Division:

SUMMONS

TO: CENTURA HEALTH CORPORATION

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court an answer or other response to the attached Complaint. If service of the Summons and Complaint was made upon you within the State of Colorado, you are required to file your answer or other response within 21 days after such service upon you. If service of the Summons and Complaint

was made upon you outside of the State of Colorado, you are required to file your answer or other response within 35 days after such service upon you. Your answer or counterclaim must be accompanied with the applicable filing fee.

If you fail to file your answer or other response to the Complaint in writing within the applicable time period, the Court may enter judgment by default against you for the relief demanded in the Complaint without further notice.

This Summons is issued pursuant to Rule 4, C.R.C.P., as amended. A copy of the Complaint must be served with this Summons. This form should not be used where service by publication is desired.

WARNING: A valid summons may be issued by a lawyer and it need not contain a court case number, the signature of a court officer, or a court seal. The plaintiff has 14 days from the date this summons was served on you to file the case with the court. You are responsible for contacting the court to find out whether the case has been filed and obtain the case number. If the plaintiff files the case within this time, then you must respond as explained in this summons. If the plaintiff files more than 14 days after the date the summons was served on you, the case may be dismissed upon motion and you may be entitled to seek attorney's fees from the plaintiff.

TO THE CLERK: If the summons is issued by the clerk of the court, the signature block for the clerk or deputy should be provided by stamp, or typewriter, in the space to the left of the attorney's name.

DATED this 21st day of August, 2019.

FOSTER GRAHAM MILSTEIN & CALISHER, LLP

/s/ Steven J. Wienczkowski
Steven J. Wienczkowski, Reg. No. 33105
Katherine A. Roush, Reg. No. 39267
Jason Spitalnick, Reg No. 51037
Melanie MacWilliams-Brooks, Reg. No. 45322
Attorneys for Plaintiffs

Kathryn L. Tucker, JD, Executive Director
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DISTRICT COURT CIVIL (CV) CASE COVER SHEET FOR INITIAL PLEADING OF COMPLAINT, COUNTERCLAIM, CROSS-CLAIM OR THIRD-PARTY COMPLAINT AND JURY DEMAND

1. This cover sheet shall be filed with the initial pleading of a complaint, counterclaim, cross-claim or third party complaint in every district court civil (CV) case. It shall not be filed in Domestic Relations (DR), Probate (PR), Water (CW), Juvenile (JA, JR, JD, JV), or Mental

Health (MH) cases. Failure to file this cover sheet is not a jurisdictional defect in the pleading but may result in a clerk's show cause order requiring its filing.

2. Simplified Procedure under C.R.C.P. 16.1 **applies** to this case **unless** (check one box below if this party asserts that C.R.C.P. 16.1 **does not** apply):

☒ This is a class action, forcible entry and detainer, Rule 106, Rule 120, or other similar expedited proceeding, **or**

☐ This party is seeking a monetary judgment against another party for more than $100,000.00, including any penalties or punitive damages, but excluding attorney fees, interest and costs, as supported by the following certification:

> By my signature below and in compliance with C.R.C.P. 11, based upon information reasonably available to me at this time, I certify that the value of this party's claims against one of the other parties is reasonably believed to exceed $100,000."

or

☐ Another party has previously filed a cover sheet stating that C.R.C.P. 16.1 does not apply to this case.

3. ☐ This party makes a **Jury Demand** at this time and pays the requisite fee. See C.R.C.P. 38. (Checking this box is optional.)

DATED this 21st day of August, 2019.

FOSTER GRAHAM MILSTEIN & CALISHER, LLP

/s/ Steven J. Wienczkowski
Steven J. Wienczkowski, Reg. No. 33105
Katherine A. Roush, Reg. No. 39267
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COMPLAINT FOR DECLARATORY RELIEF

Plaintiffs Cornelius D. Mahoney ("Mr. Mahoney" or "Neil"[1]) and Barbara Morris, MD ("Dr. Morris")(collectively, "Plaintiffs"), by and through their undersigned counsel, submit their Complaint and allege as follows:

[1] Mr. Mahoney prefers to go by "Neil."

INTRODUCTION

This action stems from a terminally ill patient's desire to receive aid-in-dying ("AID")[2] pursuant to The Colorado End-of-Life Options Act, C.R.S. § 25-48-101, *et seq.* ("EOLOA"). This option, overwhelmingly favored by Coloradans,[3] provides an additional compassionate 'option of last resort' for those patients trapped in a dying process they find unbearable. It vests the patient with autonomy to determine how much suffering s/he will bear in the final ravages of the dying process. Some patients will want the option of ingesting medication prescribed by their physician, in the privacy and familiarity of their home, to achieve a more peaceful death. Indeed, although it is not always possible, terminally ill patients overwhelmingly choose to die at home rather than in an institution when it is possible, and that choice is explicitly protected by the EOLOA.

The EOLOA explicitly provides a limited 'opt out', allowing a health care facility to prohibit its physicians from writing prescriptions for aid-in-dying medication for patients who intend to take the medication on the premises of the facility. However, the defendant in this case has adopted a much broader policy than the EOLOA permits. The defendant's overly broad policy prohibits its physicians from prescribing medication for AID, even if the patient intends to take the medication at home. The defendant's policy also prohibits its physicians from engaging "in any stage of qualifying a patient for use of Medical Aid in Dying Medication." These restrictions go beyond what the EOLOA permits.

Further, pursuant to C.R.S. § 25-3-103.7(3), health care facilities such as defendant may not "…limit or otherwise exercise control over the physician's independent professional judgment concerning the practice of medicine or diagnosis or treatment[.]" Here, the defendant's policy relating to AID impermissibly limits and controls a physicians' independent professional judgment concerning the practice of medicine.

Plaintiffs in this case include Neil Mahoney, a man dying of a painful form of cancer which has spread throughout his body (including a tumor located at the junction of his esophagus and stomach), and his physician, Dr. Barbara Morris. Neil knows he wants the comfort of AID, to allow him to die peacefully at home, and has discussed this with Dr. Morris, who is willing to support Neil's informed choice. However, the defendant's policy forbids her from doing so. Because the policy at issue is contrary to Colorado law, and because Neil's medical condition is dynamic, advancing and exacerbating, Plaintiffs seek a judicial declaration that Centura may not lawfully prohibit Dr. Morris from, or sanction or penalize Dr. Morris for, providing AID related

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[2] "Medical aid in dying" is "the medical practice of a physician prescribing medical aid-in-dying medication to a qualified individual that the individual may choose to self-administer to bring about a peaceful death." C.R.S. § 25-48-102 (7).

[3] 64.87 percent of Colorado voters approved the measure. (https://www.sos.state.co.us/pubs/elections/Results/2016/General/2016GeneralAbstractResultsCertAndReport.pdf)(p. 131)

services to Neil, including but not limited to, prescribing AID medication to Neil for use somewhere other than at a Centura facility.

PARTIES, JURISDICTION, AND VENUE

1. Plaintiff Cornelius D. Mahoney is an individual who resides at 15150 South Golden Road, Golden, Colorado 80401.

2. Plaintiff Barbara Morris, M.D. is a board-certified medical doctor who specializes in primary care and geriatrics.

3. Dr. Morris currently practices medicine at Centura Health Physician Group located at 750 Warner Drive, Golden, Colorado 80401 ("CHPG").

4. Defendant Centura Health Corporation ("Centura" or "Defendant") is a Colorado non-profit corporation with a principal office address of 9100 E. Mineral Circle, Centennial, Colorado 80112.

5. CHPG is one of Centura's facilities.

6. Venue is proper pursuant to C.R.C.P. 98(c) or otherwise.

7. The Court has personal jurisdiction over the parties pursuant to C.R.S. § 13-1-124(1).

GENERAL ALLEGATIONS

Neil's Terminal Diagnosis

8. Prior to 2019, Neil, age 64, was generally in good health and had not experienced any serious medical issues or physical injuries. **Ex 1,** *Affidavit of Cornelius D. Mahoney*, ¶ 4.

9. Until June of this year, Neil was employed at Welby Gardens. Neil enjoyed the physical nature of his work and enjoyed working with plants and flowers. *Id.*, ¶ 5.

10. In January, 2019,[4] Neil began experiencing persistent neck pain. *Id.*, ¶ 10.

11. Although Neil is not very comfortable being seen by physicians, the pain was persistent enough that he determined he should be evaluated. *Id.*, ¶ ¶ 6, 11.

[4] All dates referenced herein refer to 2019 unless otherwise indicated.

12. Neil elected to be evaluated at CHPG because it is close to where he lives, he has been treated there in the past, and he is comfortable with the health care providers at CHPG. *Id.*, ¶ ¶ 7-9, 12.

13. On January 14 and February 4, Hollie Brieske ("Brieske"), a Nurse Practitioner at CHPG evaluated Neil's neck pain. *Id.*, ¶ 13; **Ex: 2**, *Affidavit of Barbara A. Morris, MD,* ¶ 10.

14. Neil had been treated by Brieske in the past and feels comfortable with her because of her good bed-side manner. **Ex: 1,** ¶ 14.

15. Over the course of the next several months, the neck pain subsided such that Neil did not feel the need to follow up with Brieske. *Id.*, ¶ 15.

16. In April and May, Neil began to experience occasional nausea. Neil tried to vomit to relieve the discomfort but would only "dry-heave." *Id.*, ¶ 16.

17. In early June, Neil also suffered from severe diarrhea and cramping which he had hoped would be relieved by over-the-counter medications. *Id.*, ¶ 17.

18. On June 10, Neil experienced severe abdominal pain and vomiting and was treated at Centura Health Golden Emergency and Urgent Care located in Golden, Colorado. **Ex: 1,** ¶ 18; **Ex: 2**, ¶ 11.

19. A CT scan revealed that Neil had multiple masses on his liver with probable spread to his lymph nodes. **Ex: 1,** ¶ 19; **Ex: 2**, ¶ 12.

20. Neil was referred to Rocky Mountain Cancer Centers ("RMCC") in Lakewood for further evaluation and testing. **Ex: 1,** ¶ 20; **Ex: 2,** ¶ 13.

21. Neil was evaluated at RMCC on June 14. **Ex: 1,** ¶ 21.

22. A liver biopsy and other testing revealed multiple liver metastases, including a tumor located at the junction of Neil's esophagus and stomach and a likely tumor in his chest. **Ex: 1, ¶¶** 23-24; **Ex: 2,** ¶ 14.

23. Neil was diagnosed with stage IV adenocarcinoma with an unknown primary origin. **Ex: 1,** ¶ 25; **Ex: 2,** ¶ 15.

24. Adenocarcinoma is a type of cancer which originates in the glandular cells which lines certain internal organs. **Ex: 2,** ¶ 16; *See, also: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/adenocarcinoma*.

25. On or about July 16, Neil's physician at RMCC (Nauman Moazzam, MD) discussed the seriousness of Neil's diagnosis and explained to Neil that there is no cure for his cancer. Dr. Moazzam informed Neil that his life expectancy without treatment would be four months, and with treatment it could possibly be extended to 14 months. **Ex: 1, ¶¶** 22, 26; **Ex: 2, ¶¶** 17-19.

26. With no surgical intervention options, the treatment protocol for Neil is chemotherapy. Although chemotherapy is not a cure for Neil's condition, Neil was advised chemotherapy treatment ***might*** extend his life by an additional several months. **Ex: 1, ¶** 27; **Ex: 2, ¶¶** 19-20.

Neil's Desire to Die Peacefully at His Own Home if his Disease Progresses

27. Neil was devastated by his cancer diagnosis and the grim prognosis, but his main concern centered on how he would die from this disease. **Ex: 1, ¶** 33.

28. Neil has witnessed several deaths in his immediate family. Neil's mother's death was particularly slow and painful. *Id.***, ¶** 34.

29. Neil is disturbed by how difficult and prolonged the dying experience can be. *Id.*, ¶¶ 34-35.

30. Neil has the clear and certain desire to avoid a prolonged and painful death. *Id.*, ¶¶ 35-38.

31. Neil wants to be able to control (to the greatest extent possible) when and where he dies and for his death to be peaceful. *Id.*

32. Neil wants to avoid having his family witness him experience a prolonged and painful death. *Id.*, ¶ 36.

33. At the time of his diagnosis, Neil was generally aware that Colorado voters had passed a proposition in 2016 which he understood would allow certain terminally ill patients in Colorado to seek AID from their physicians, empowering them with the means to achieve a peaceful death. *Id.*, ¶ 39.

34. Neil supports the idea of qualified patients receiving AID based upon his moral, ethical and spiritual views that terminally ill patients should have the right to control how much pain and diminished quality of life they endure, and should die as peacefully as possible. *Id.*

35. Neil wants to obtain a prescription for aid-in-dying medication to self-administer at home if the inexorable advance of his terminal cancer causes him suffering he finds unbearable. *Id.*, ¶¶ 40-41, 57-59.

36. On July 16, Neil asked Dr. Moazzam whether he would support his wish for AID. **Ex: 1**, ¶ 42; **Ex: 2**, ¶ 22.

37. Dr. Moazzam advised Neil that he would not provide AID and that no one from RMCC would do so. **Ex: 1**, ¶ 42.

38. On July 24, Neil asked a social worker who had been assigned to his case at RMCC whether he could obtain AID. The social worker also told Neil that he would not be able to access this end of life option through RMCC. **Ex: 1**, ¶ 43; **Ex: 2**, ¶ 22.

39. Neil experienced severe anxiety about his diagnosis and the prospect of facing a prolonged and agonizing death without the means for him to control when and where he would die. **Ex: 1**, ¶ 44.

40. On July 16, Neil discussed his anxiety about not being able to obtain AID with Brieske at CHPG. Neil asked Brieske if he could obtain AID at CHPG. **Ex: 1**, ¶ 45; **Ex: 2**, ¶ 21.

41. Brieske referred Neil's request to Dr. Morris, who discussed the issue with Brieske on July 16 and reviewed Neil's medical chart that same day. **Ex: 1**, ¶ 45; **Ex: 2**, ¶ 23.

42. Dr. Morris evaluated Neil on July 22. Neil again expressed his certain and clear desire for AID. **Ex: 1**, ¶ 46; **Ex: 2**, ¶ 24.

43. During her evaluation of Neil on July 22, Dr. Morris determined that Neil was neither cognitively impaired nor suffering from clinical depression. Dr. Morris determined Mahoney's request for AID was based upon his own informed decision. **Ex: 2**, ¶ 25.

44. Dr. Morris is familiar with the EOLOA. **Ex: 2**, ¶ 26.

45. Dr. Morris supports the EOLOA because she holds personal, moral, ethical and spiritual views which lead her to believe that a patient dying of a terminal illness should be able to choose how much suffering to endure before death. **Ex: 2**, ¶ 27.

46. Dr. Morris believes that providing AID to qualified patients who request it is consistent with the standard of care, Colorado law, and her own personal, moral, ethical and spiritual views. *Id.*

47. Based upon her knowledge, training, experience and her evaluation of Neil's situation, Dr. Morris believes Neil qualifies for AID under the EOLOA. *Id.*, ¶ 28.

48. At any given time in her practice, Dr. Morris treats mentally competent terminally ill patients. A fraction of those patients will request AID. Dr. Morris would provide AID to qualified patients but for Centura's Policy. Dr. Morris believes that providing AID would be

consistent with her professional judgment and her personal, moral, ethical, spiritual and religious beliefs. **Ex: 2**, ¶ 30.

49. Although Dr. Morris believes Neil qualifies for AID, she explained to him that the process would require two physicians agreeing that Neil qualifies. *Id.*, ¶¶ 28, 32.

50. Dr. Morris also explained to Neil that she was constrained by Centura's policy, which would not permit her to provide AID, even though Neil intends to take the medication at home. **Ex: 1**, ¶ 47; **Ex: 2**, ¶¶ 29, 31.

51. Dr. Morris suggested Neil try to transfer care to a provider who would be permitted by institutional policy to provide AID. **Ex: 1**, ¶ 48; **Ex: 2**, ¶ 33.

52. Dr. Morris believes a transfer of care for a patient with advanced illness such as in Neil's case is not a choice she considers professionally or ethically appropriate, as it is not in the best interests of the patient. **Ex: 2**, ¶ 34.

53. Dr. Morris believes that patients who seek AID are managing a multitude of stresses and a transfer of care would exacerbate the situation. *Id.*

54. But for Centura's policy, Dr. Morris would not have considered suggesting Neil transfer his care to receive AID. *Id.*

55. After Neil's conversation with Dr. Morris, Neil called the University of Colorado Anschutz Medical Campus ("CU Anschutz") to inquire about what it would take to obtain AID. **Ex: 1**, ¶ 49.

56. CU Anschutz advised Neil that, in order to obtain AID he would need to transfer all of his care to that facility and have a complete reevaluation of his condition, which would likely involve additional CT scans, biopsies, blood work, and other tests which have already been performed. *Id.*

57. Neil does not want to transfer his care to a different facility and endure additional testing related to his diagnosis. *Id.*, ¶ 50.

58. Neil also does not want to transfer his care because he has developed a good relationship with his caregivers at a location that is convenient for him. *Id.*, ¶ 51.

59. Keeping his care at CHPG with Brieske and Dr. Morris is important for Neil's mental well-being. *Id.*

60. In addition, given his grave prognosis, Neil does not want to spend his final days searching for a new health care provider to obtain AID when Dr. Morris is willing and able to provide it. *Id.*, ¶ 52.

Neil's Current Treatment

61. Neil received his first round of chemotherapy treatment on July 24. **Ex: 1**, ¶ 30.

62. Neil was reluctant to receive chemotherapy treatment because he is aware that it is not likely that the chemotherapy will significantly extend his life. **Ex: 1**, ¶ 28; **Ex: 2**, ¶ 20.

63. However, Neil is willing to undergo some chemotherapy treatment in the hopes that he responds favorably and can handle the side effects. **Ex: 1**, ¶ 29.

64. Although the first two days of Neil's first round of chemotherapy treatment were tolerable for Neil, the third and fourth days after the treatment were extremely miserable for Neil. Neil was so exhausted he could barely get out of bed. **Ex: 1**, ¶ 30.

65. On August 8, Neil received a second round of chemotherapy treatment. **Ex: 1**, ¶ 31.

66. His experience with the second round of chemotherapy treatment was similar to the first. *Id.*

67. Neil is undecided as to whether he wants to endure additional chemotherapy treatment. *Id.*, ¶ 32.

Neil's Current and Anticipated Symptoms

68. Although it is possible that Neil may have a brief, positive response to chemotherapy, it will not likely cure the cancer. **Ex: 2**, ¶ 35.

69. Neil is suffering from numerous worsening symptoms associated with stage IV adenocarcinoma. **Ex: 1**, ¶ 53.

70. Neil is experiencing significant and frequent abdominal pain. This pain is likely due to the mass at the junction of his esophagus and the stomach as well as the multiple metastatic lesions on his liver. **Ex: 1**, ¶ 54; **Ex: 2**, ¶ 36.

71. Neil will likely continue to experience significant abdominal pain as the tumors continue to grow. **Ex: 2**, ¶ 37.

72. Neil is experiencing leg pain and leg restlessness. The pain is likely associated with muscle spasms due to his inability to exercise. **Ex: 1**, ¶ 54; **Ex: 2**, ¶ 38.

73. Neil periodically takes oxycodone and morphine to help alleviate his pain, but he is taking those medications in limited amounts to avoid side effects. **Ex: 1**, ¶ 55.

74. Neil has difficulty eating and swallowing. This is also likely due to the mass at the junction of his esophagus and stomach which prevents food from passing through easily. **Ex: 1**, ¶ 54; **Ex: 2**, ¶ 39.

75. Neil has been offered a feeding tube to help him receive nutrients. Neil does not want to use a feeding tube because he feels it will diminish his quality of life and would be humiliating. **Ex: 1**, ¶ 56; **Ex: 2**, ¶ 40.

76. Neil has developed ascites (fluid build-up in in the abdomen) which causes the abdomen to distend. The ascites is extremely uncomfortable for Neil. Although Neil has been taking medication which is designed to help limit the fluid accumulation, it has proved mostly ineffective. As the ascites increases, Neil may consider paracentesis (the draining of the fluid), but it is sometimes a lengthy and uncomfortable procedure which does not provide long term relief. **Ex: 2**, ¶ 41.

77. Neil has experienced rapid and significant weight loss, losing nearly 30 pounds since April. He continues to lose weight in most parts of his body other than his abdomen, which continues to swell because of the ascites. **Ex: 1**, ¶ 54; **Ex: 2**, ¶ 43.

78. Neil easily bleeds and bruises. **Ex: 1**, ¶ 54

79. The ascites will likely continue to increase, making it more difficult for Neil to walk and bend. **Ex: 2**, ¶ 42.

80. Neil has had difficulty breathing. The ascites alone can make breathing difficult. Further, because there is evidence that the cancer has already spread to Neil's lymph nodes and his chest, the cancer may also spread to his lungs. If this occurs, Neil's breathing will likely continue to worsen. Neil may experience "air hunger," a sensation of suffocation, precipitating extreme deep ventilations, gasping for breath, and very labored breathing. **Ex: 1**, ¶ 54; **Ex: 2**, ¶ 44-45.

81. Neil's bowel and bladder function will likely decrease as a result of the increasing pressure from the masses in his abdomen, forcing him to wear diapers. **Ex: 2**, ¶ 46.

82. Neil is likely to experience additional painful and uncomfortable symptoms as the cancer spreads. **Ex: 2**, ¶ 47.

Colorado EOLOA

83. In November, 2016 Colorado voters, by a margin of 64.87 percent,[5] approved Proposition 106: The Colorado End-of-Life Options Act ("EOLOA"), which went into effect on December 16, 2016. *See*, C.R.S. § 25-48-101, *et seq.*

84. The EOLOA provides that mentally competent terminally ill adult residents of Colorado[6] may seek and receive AID from their physician; the medications must be self-administered by the patient. C.R.S. § 25-48-102-03.

85. The EOLOA allows health care facilities to prohibit its employee or contractual physicians from writing a prescription for AID when the individual "intends to use the medical aid-in-dying medication ***on the facility's premises***." C.R.S. § 25-48-118(1)(emphasis added).

86. A health care facility which elects to prohibit its physicians from writing prescriptions for AID must notify its physician and patients in advance of its policy regarding medical aid-in-dying. C.R.S. § 25-48-118(1), (3).

87. A health care facility may not subject its physicians, nurses, and pharmacists to disciplinary action, suspension, or revocation of privileges or licenses related to conduct taken in good faith reliance on the EOLOA. C.R.S. § 25-48-118(2).

Centura's Policy

88. On February 10, 2017, and in response to the EOLOA, Centura issued its policy entitled "Colorado End-of-Life Options Act/Medical Aid in Dying (Centura)." *See,* **Exhibit 3** (hereinafter, the "Policy").

89. The Policy applies to:

> all facilities and entities owned, operated, or managed by Centura Health ("Centura Health Facilities"); physicians and providers who are employed by Centura Health; PorterCare Adventist Health System, or Catholic Health Initiatives Colorado; and physicians and providers providing services at Centura Health Facilities.

Ex: 3, at 1.

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[5](https://www.sos.state.co.us/pubs/elections/Results/2016/General/2016GeneralAbstractResultsCertAndReport.pdf)(p. 131)

[6] A "qualified individual" entitled to receive AID is a "terminally ill adult with a prognosis of six months or less, who has the mental capacity, has made an informed decision, is a resident of the state, and has satisfied the requirements of this article in order to obtain a prescription for medical aid-in-dying medication to end his [.] life in a peaceful manner." C.R.S. § 25-48-102(13).

90. The Policy prohibits Centura physicians and providers from "prescribing or dispensing medication intended to be used as a Medical Aid-in-Dying Medication for patients of Centura Health Facilities." *Id.,* at ¶ 1.

91. The Policy also prohibits physicians and providers providing services at Centura facilities from engaging "in any stage of qualifying a patient for use of Medical Aid in Dying Medication." *Id.,* at ¶ 2.

92. Centura's Policy is broader than the opt out allowed under EOLOA because it prohibits Centura physicians from prescribing aid-in-dying medication for any patient, ***irrespective of where the patient intends to take the medication***.

93. Centura's Policy is also broader than the permissible prohibition allowed under EOLOA because it prohibits Centura physicians from engaging in any stage of qualifying a patient for aid-in-dying medication.

94. But for Centura's Policy, Dr. Morris would provide AID for Neil and other similarly situated patients. **Ex: 2, ¶¶** 28-31.

Centura's Control over the Independent Medical Judgment of its Physicians

95. Health care facilities such as Centura may not "…limit or otherwise exercise control over the physician's independent professional judgment concerning the practice of medicine or diagnosis or treatment or to require physicians to refer exclusively to the health care facility or to the health care facility's employed physicians." C.R.S. § 25-3-103.7(3)

96. If a health care facility "knowingly or recklessly" limits or controls a physician's independent professional judgment, the physician, the patient, or both may bring a claim against the health care facility and recover damages. *Id.*

97. Via its Policy, Centura is impermissibly limiting and/or exercising control over its physicians' independent professional judgment concerning the practice of medicine.

FIRST CLAIM FOR RELIEF
(Declaratory Judgment-Barbara Morris, MD)

98. Plaintiffs incorporate the paragraphs above as though fully set forth herein.

99. One or more controversies exist between Dr. Morris and Defendant.

100. Dr. Morris's rights, status, and/or legal relations are affected by one or more statutes, contracts, and policies, including but not limited to the Policy, the EOLOA, and C.R.S. § 25-3-103.7(3).

101. A declaratory judgment by the Court would terminate the controversy or remove an uncertainty with respect to Dr. Morris's rights, status, and/or legal relations.

102. Pursuant to C.R.C.P. 57, C.R.S. § 13-51-106, the EOLOA, and C.R.S. § 25-3-103.7(3), Dr. Morris is entitled to entry of an order declaring her rights and legal relations with respect to this issue.

103. Dr. Morris therefore seeks a judicial declaration that Centura may not lawfully prohibit Dr. Morris from, or sanction or penalize Dr. Morris for, providing AID related services to Neil, including but not limited to, prescribing AID medication to Neil for use somewhere other than at a Centura facility.

104. Due to Neil's prognosis and the advanced stage of his cancer, Dr. Morris requests that the Court expedite ruling on this matter and order a speedy hearing pursuant to C.R.C.P. 57(m).

SECOND CLAIM FOR RELIEF
(Declaratory Judgment-Cornelius D. Mahoney)

105. Plaintiffs incorporate the paragraphs above as though fully set forth herein.

106. One or more controversies exist between Neil and Defendant.

107. Neil's rights, status, and/or legal relations are affected by one or more statutes, contracts, and policies, including but not limited to the Policy, the EOLOA, and C.R.S. § 25-3-103.7(3).

108. A declaratory judgment by the Court would terminate the controversy or remove an uncertainty with respect to Neil's rights, status, and/or legal relations.

109. Pursuant to C.R.C.P. 57, C.R.S. § 13-51-106, the EOLOA, and C.R.S. § 25-3-103.7(3), Neil is entitled to entry of an order declaring his rights and legal relations with respect to this issue.

110. Neil therefore seeks a judicial declaration that Centura may not lawfully prohibit Dr. Morris from providing AID related services to Neil, including but not limited to, prescribing AID medication to Neil for use somewhere other than at a Centura facility.

111. Due to Neil's prognosis and the advanced stage of his cancer, Neil requests that the Court expedite ruling on this matter and order a speedy hearing pursuant to C.R.C.P. 57(m).

RELIEF REQUESTED

WHEREFORE, Plaintiffs request this Court enter judgment in their favor and against Defendant as follows:

1. Declare that Defendant may not lawfully prohibit Dr. Morris from, or sanction or penalize Dr. Morris for, providing AID related services to Neil, including but not limited to, prescribing AID medication to Neil for use somewhere other than at a Centura facility;

2. For recoverable attorney fees and costs herein, by statute, agreement, or otherwise;

3. For recoverable pre-judgment and post-judgment interest;

4. For such other and further relief as the Court deems just and/or proper.

DATED this 21st day of August, 2019.

FOSTER GRAHAM MILSTEIN & CALISHER, LLP

/s/ Steven J. Wienczkowski
Steven J. Wienczkowski, Reg. No. 33105
Jason Spitalnick, Reg No. 51037
Katherine A. Roush, Reg. No. 39267
Melanie MacWilliams-Brooks, Reg. No. 45322
Attorneys for Plaintiffs

Kathryn L. Tucker, JD, Executive Director
End of Life Liberty Project
Attorney for Plaintiffs
(Pro hac vice application forthcoming)

Plaintiffs' Addresses
Cornelius D. Mahoney
15150 South Golden Road
Golden, Colorado 80401

Barbara Morris, M.D.
c/o Centura Health Physician Group
750 Warner Drive
Golden, Colorado 80401

DATE FILED: August 21, 2019 4:56 PM
FILING ID: 119A8C0E7B679
CASE NUMBER: 2019CV31980

DISTRICT COURT, ARAPAHOE COUNTY, STATE OF COLORADO 7325 S. Potomac Street, Centennial, CO 80112	
Plaintiffs: CORNELIUS D. MAHONEY and BARBARA MORRIS, M.D. v. **Defendant**: CENTURA HEALTH CORPORATION, a Colorado non-profit corporation.	**▲COURT USE ONLY▲**
	Case No.: Division:

AFFIDAVIT OF CORNELIUS D. MAHONEY

I, Cornelius D. ("Neil") Mahoney, being over eighteen years of age, hereby state and declare the following to be true and correct under penalty of perjury:

1. I currently reside at 15150 South Golden Road, Golden, Colorado 80401.

2. I am 64 years old.

3. All dates referenced below refer to 2019, unless otherwise indicated.

4. Prior to 2019, I considered myself to be in good health. I had not experienced any major medical issues and I have not suffered from any major physical injuries.

5. Until June, I worked at Welby Gardens. I really enjoyed my job, which is very physical, especially in the Spring. I enjoyed working with plants and flowers.

6. I have never really been too comfortable around doctors, so I typically try to avoid having to be seen by a doctor if possible.

7. When I have needed to be seen for a medical issue, I have gone to Centura Health Physician Group ("CHPG").

8. CHPG is convenient for me because it is close to where I live.

9. In general, I have had good experiences at CHPG. Even though I am typically not comfortable around doctors, I feel comfortable with the care I am provided at CHPG and I get along well with the health care providers at that facility.

10. In January, I had some neck pain which did not seem to go away.

11. I initially did not plan on seeing a doctor, but the pain was bad enough I thought I should be evaluated.

12. I decided to go to CHPG because of my previous experiences there and because it is the most convenient place for me to be evaluated.

13. Hollie Brieske at CHPG evaluated my neck in January and then again in February.

14. I feel comfortable with Hollie because she has a good bed-side manner and is easy to talk to about my medical issues.

15. The pain in my neck eventually tapered off in late February for the next several months, so I did not follow up with Hollie at CHPG.

16. In April and May I started to become nauseous at times. I would try to vomit to relieve the nausea but I was unable to vomit and would only dry-heave.

17. In early June I also had a bad case of diarrhea and cramping which I hoped would be relieved by over-the-counter medications.

18. On June 10th, my abdominal pain and vomiting was so severe I decided to go to Centura Health Golden Emergency and Urgent care located in Golden, Colorado.

19. I had a CT scan which showed multiple masses on my liver, with probable spread to my lymph nodes.

20. I was referred to Rocky Mountain Cancer Center ("RMCC") in Lakewood for further evaluation.

21. I was first evaluated at RMCC on June 14th.

22. My physician at RMCC is Dr. Nauman Moazzam.

23. Dr. Moazzam ordered multiple tests, including a liver biopsy and colonoscopy.

EXHIBIT 1

24. The testing revealed that I had multiple cancerous masses in my liver, a tumor at the point where my esophagus feeds into the stomach, and a likely tumor in my chest.

25. I was diagnosed with Stage IV cancer (adenocarcinoma). My doctors do not know where the cancer originated.

26. On July 16th, Dr. Moazzam discussed my diagnosis with me. He explained that there is no cure for the type of cancer I have and that my life expectancy without treatment is approximately four months and with treatment it is approximately 14 months.

27. There are no surgical options to cure my cancer. It is my understanding that chemotherapy is the best treatment option at this point. As I understand it, chemotherapy is not a cure for my cancer but may extend my life by several months if I respond favorably.

28. I was reluctant to undergo chemotherapy because I know it will not cure the cancer and is not likely to significantly extend my life.

29. However, I decided I would try chemotherapy in the hopes that I respond favorably and can handle the side effects.

30. I received my first round of chemotherapy on July 24th. The first few days of treatment were tolerable, but the next two were terrible. I felt like a Mack truck had run me over. I could barely get out of bed to do anything.

31. I received my second round of chemotherapy treatment on August 8th. As with the first round, the first few days were tolerable, but the next several were miserable and completely wiped me out.

32. At this point, I am not certain I want to receive additional chemotherapy.

33. When I was diagnosed with cancer, I was shocked and devastated. I want to live, but what scares me the most is the way I might die from this disease.

34. Several of my immediate family members have passed away. My mother's death was extremely difficult to watch. She passed very slowly and was in lot of pain. I know how difficult and prolonged the dying process can be.

35. I do not want a prolonged and painful death.

36. I also do not want my family to have to watch me experience a painful and slow death.

37. I would like to control when I die from this disease if the symptoms become too much to tolerate and my quality of life significantly diminishes.

38. I would like to die peacefully at home.

39. Prior to my diagnosis, I was aware of a new Colorado law which allows patients such as me to obtain a prescription to help me die peacefully at my own home. I support this law based upon my moral, ethical and spiritual views. My moral, ethical and spiritual view is that terminally ill patients should have the right to control how much pain and diminished quality of life they will endure, and should be able to die as peacefully as possible without having to endure a slow and painful death.

40. When I received my diagnosis, I knew that I wanted to exercise my right to choose a more peaceful death via aid-in-dying.

41. If I were to obtain aid-in-dying medication, I have no intention of ingesting the medication anywhere but in the privacy of my home, in familiar surroundings, hopefully surrounded by my loved-ones.

42. During my July 16th appointment with Dr. Moazzam, I asked him if he would assist me with aid-in-dying. He said that he would not do so, and that no one from RMCC could assist me.

43. On July 24th, I asked a social worker at RMCC who had been assigned to assist me whether she could help me access aid-in-dying. She told me I would not be able to obtain the medication through RMCC.

44. After Dr. Moazzam told me RMCC could not assist me, I became extremely anxious because I did not want to face an agonizing death without any means to help control when and where I will die.

45. On July 16th, I spoke with Hollie at CHPG about my anxiety in not being able to access aid-in-dying. I also asked her if CHPG would provide me with this compassionate end of life option. Hollie told me I would need to discuss my request with Dr. Morris.

46. I met with Dr. Morris on July 22nd. I informed Dr. Morris of my desire to choose a more peaceful death via aid-in-dying.

47. Dr. Morris informed me that Centura, the organization she works for, has adopted a policy forbidding its physicians from providing aid-in-dying to their patients. She

expressed that she personally was supportive of my choice and would provide aid-in-dying but for Centura's prohibitive policy.

48. Dr. Morris suggested I could try to transfer my care to a different physician and facility.

49. After I met with Dr. Morris, I called the University of Colorado hospital at the Anschutz campus and asked whether I could obtain aid-in-dying through them. I was informed that I would need to transfer my care and have a complete reevaluation. It is my understanding I would need to do all the same testing I have already gone through, such as CT scans, biopsies, blood work, and possibly other testing.

50. I did not want to go through the same testing I have already gone through. I know what my diagnosis is and I do not have any doubt that the diagnosis is accurate.

51. I have no desire to transfer my care to the Anschutz campus or anywhere else. I have a good relationship with Hollie and Dr. Morris; I trust them and this is important to my mental well-being. In addition, CHPG's office is at a convenient location for me.

52. I also do not want to waste what may be my final days going through re-testing and searching for facilities which will provide me with aid-in-dying.

53. I have experienced many unpleasant symptoms related to the cancer. My symptoms have become progressively worse since I was diagnosed.

54. The symptoms I frequently experience include: abdominal pain; difficulty eating and swallowing; weight loss (approximately 30 pounds since April); leg pain and restlessness in my legs; extremely swollen stomach; bruising and bleeding; difficulty breathing; and overall feeling of fatigue and inability to do basic activities on a daily basis.

55. I have been prescribed oxycodone and morphine to help manage my pain. However, I only periodically take a minimum amount of each as I am trying to avoid the side effects from these medications, which I find distressing.

56. To deal with my difficulty eating, I have been offered a feeding tube. This is not a good option from me as it significantly diminishes my quality of life. Psychologically, the idea of having a feeding tube in order to receive nutrients is humiliating.

57. I have been informed that my symptoms are likely to progress as the disease progresses. Although I am hopeful for a miraculous turnaround, I want to exercise my right to have aid-in-dying medication available if the symptoms become too much to bear, and when I think the time is right.

58. Even if I never have to take the aid-in-dying medication, having the option to take it will bring me peace of mind.

59. If I do opt to ingest the medication to achieve a peaceful death I would do this at home, in familiar surroundings, with those I love present with me.

DATED this 20 day of August, 2019.

Cornelius D. Mahoney

STATE OF COLORADO)
) ss.
JEFFERSON COUNTY)

Subscribed and sworn to before me this 20 day of August, 2019, by Cornelius D. Mahoney.

Witness my hand and official seal.

My Commission Expires: 8/27/22

Notary Public

DEANN M TORREZ
Notary Public
State of Colorado
Notary ID # 20104031405
My Commission Expires 08-27-2022

EXHIBIT 1

DATE FILED: August 21, 2019 4:56 PM
FILING ID: 119A8C0E7B679
CASE NUMBER: 2019CV31980

DISTRICT COURT, ARAPAHOE COUNTY, STATE OF COLORADO 7325 S. Potomac St. Centennial, CO 80112	
Plaintiffs: CORNELIUS D. MAHONEY and BARBARA MORRIS, M.D. v. **Defendant**: CENTURA HEALTH CORPORATION, a Colorado non-profit corporation.	**COURT USE ONLY**
	Case No.: Division:

AFFIDAVIT OF BARBARA A. MORRIS, MD

I, Barbara A. Morris, MD, being over eighteen years of age, hereby state and declare the following to be true and correct under penalty of perjury:

1. I am a board-certified medical doctor and am licensed to practice medicine in the State of Colorado.

2. My Colorado medical license was issued in 1996.

3. I specialize in primary care and geriatrics.

4. I currently practice at Centura Health Physician Group located at 750 Warner Drive, Golden, Colorado 80401 ("CHPG").

5. One of my patients is Cornelius D. Mahoney, who goes by "Neil."

6. I have thoroughly reviewed Neil's medical records at CHPG, which include records from other health care providers, including Rocky Mountain Cancer Centers and St. Anthony Hospital.

7. All opinions stated herein are to a reasonable degree of medical probability and are based upon my knowledge, training, and experience.

8. Neil was seen at CHPG prior to 2019 at various times, beginning in 2016 at the St. Anthony Hospital campus.

9. All dates referenced herein refer to 2019, unless otherwise indicated.

10. On January 14, and again on February 4, Hollie Brieske, a Nurse Practitioner at CHPG, evaluated Neil regarding his complaints of neck pain.

11. On June 10, Neil was evaluated at Centura Health Golden Emergency and Urgent Care located in Golden, Colorado, Colorado for complaints of severe abdominal pain and vomiting.

12. A CT scan taken at Centura revealed multiple masses on Neil's liver with probably spreading to his lymph nodes.

13. Neil was subsequently evaluated at Rocky Mountain Cancer Centers ("RMCC").

14. A liver biopsy and other testing conducted by RMCC revealed multiple liver metastases, including a tumor located at the junction of Neil's esophagus and stomach and a likely tumor in his chest.

15. Neil was diagnosed with stage IV adenocarcinoma with an unknown primary origin.

16. Adenocarcinoma is a type of cancer which originates in the glandular cells which lines certain internal organs.

17. There is no cure for Neil's cancer.

18. Because the cancer has metastasized throughout Neil's body, Neil's life expectancy is approximately four months without treatment.

19. Chemotherapy could possibly extend Neil's life by several months, possibly up to fourteen months from the date of diagnosis.

20. Chemotherapy treatment is not a cure given the advanced stage of the cancer.

21. On July 16, Neil spoke to Ms. Brieske about his desire for medical aid-in-dying ("AID").

22. According to my review of Neil's chart from RMCC, he also requested AID from Dr. Moazzam and a social worker at RMCC.

23. Ms. Brieske referred Neil's request for AID to me. I had a conversation with Ms. Brieske about Neil's request for AID on July 16 and I reviewed Neil's medical chart that same day.

24. I evaluated Neil on July 22. During this visit, Neil again expressed a clear and certain desire for AID.

25. When Neil made his request for AID, I determined that he was neither cognitively impaired nor suffering from clinical depression. I believe the request was made based upon Neil's own informed decision.

26. I am familiar with the Colorado End-of-Life Options Act (the "Act").

27. I support the Act because I hold personal, moral, ethical and spiritual views which lead me to believe that a patient dying of a terminal illness should be able to choose how much suffering to endure before death. Therefore, I believe that providing AID to a qualified patient who requests it, consistent with the standard of care and Colorado law, is also consistent with my personal, moral, ethical, and spiritual views.

28. Based upon my knowledge, training, and experience, as well as my evaluations of Neil's situation, Neil qualifies for AID under the Act.

29. However, my employer (Centura Health Corporation) issued a policy which precludes all Centura physicians from providing AID to any Centura patient (even if the patient intends to ingest AID medication at home). The Centura policy is so broad it would even preclude me from determining if a patient qualifies for AID.

30. At any given time in my practice I have mentally competent terminally ill patients in my care. A fraction of those patients will want the comfort of knowing they can achieve a more peaceful death via AID. If I determine they are qualified under the Act and they request AID, I would provide it to them but for Centura's policy. Doing so would be consistent with my professional judgment and my personal, moral, ethical, spiritual and religious beliefs.

31. When Neil requested AID, I informed him of Centura's policy and told Neil that, although I personally am supportive of the Act and providing AID when appropriate, Centura's policy precluded me from providing AID.

32. I also explained to Neil that the in order to qualify for AID, a second physician would need to agree that he qualifies for AID.

33. I advised Neil that he could try to transfer his care to a different physician and facility which allows its physicians to provide AID.

34. Transfer of care for a patient with advanced illness as in Neil's case is not a choice I consider professionally or ethically appropriate; in my professional medical opinion it is not in the best interests of the patient. But for Centura's policy I would not have considered making such a suggestion. Patients who seek AID are managing a multitude of stresses and transfer of care would exacerbate the situation. Provision of AID spans a range of doctor-patient interactions, from diagnosis and prognosis, to discussions about the patient's preferences, desires and goals regarding the final bit of their life, including the range of palliative and other end of life options, and how much suffering they are willing to endure before death arrives. Patients electing AID may want to ask their physician to be at the bedside in the patient's home when they ingest the medication. The established doctor-patient relationship can give a great deal of comfort to a dying patient.

35. Neil's symptoms and condition are sure to worsen. As noted, although chemotherapy may provide a brief, positive response, it will not cure the cancer.

36. Neil suffers from significant and frequent abdominal pain, which is likely due to the large mass at the junction of Neil's esophagus and the stomach. The multiple metastatic lesions on Neil's liver can also cause abdominal pain.

37. As the tumors continue to grow, the abdominal pain will grow worse.

38. Neil also experiences leg pain. This pain likely stems from muscle spasms due to the inability for Neil to exercise.

39. Neil suffers from difficulty eating and swallowing. The tumor at the junction of his esophagus and stomach prevents food from passing through easily.

40. Because Neil is having difficulty eating, he is not getting proper nutrients. Although a feeding tube is an option, Neil has declined this option.

41. Neil has developed ascites, which is fluid build-up in in the abdomen. Ascites causes the abdomen to distend and it is an extremely uncomfortable condition for patients. Although Neil has been taking Spironolactone, a medication which is designed to help limit the fluid accumulation, it has proved mostly ineffective. As the ascites increases, Neil may consider paracentesis (the draining of the fluid), but it is sometimes a lengthy and uncomfortable procedure which does not provide long term relief.

42. The ascites will likely continue to increase, which will make it difficult for Neil to ambulate and bend.

43. Neil has lost nearly 30 pounds since April. This weight loss occurs throughout Neil's body, other than his abdomen, which continues to swell from the ascites.

44. Neil also has difficulty breathing. The ascites alone can make breathing difficult and uncomfortable.

45. Because there is evidence that the cancer has spread to Neil's lymph nodes and chest, it could also spread to his lungs. If that occurs, Neil's ability to breathe will worsen. Patients such as Neil could experience "air hunger," which is a sensation of suffocation, precipitating extreme deep ventilations, gasping for breath, and very labored breathing.

46. The increasing pressure from the growing masses in Neil's abdomen will also likely cause Neil to lose his ability to control his bowel and bladder functioning. This may require Neil to wear adult diapers.

47. Neil is likely to experience other painful and uncomfortable symptoms as the cancer continues to spread.

Barbara A. Morris, MD

STATE OF COLORADO)
) ss.
JEFFERSON COUNTY)

Subscribed and sworn to before me this 19th day of August, 2019, by Barbara A. Morris, MD.

Witness my hand and official seal.

My Commission Expires: 02-25-2020

Notary Public

Debbi Jo Johnson
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20164007920
MY COMMISSION EXPIRES 02/25/20

EXHIBIT 2

Centura Health.

POLICY TITLE: Colorado End-of-Life Options Act/Medical Aid in Dying (Centura)	
CATEGORY: Clinical Patient Care	**ORIGINATION DATE:** 12/07/2016
SUB-CATEGORY: Patient Rights	**PUBLICATION DATE:** 02/10/2017
APPLICABLE FACILITIES: Avista Adventist Hospital, Castle Rock Adventist Hospital, Littleton Adventist Hospital, Longmont United Hospital, Mercy Regional Medical Center, Parker Adventist Hospital, Penrose St. Francis Health Services, Porter Adventist Hospital, St. Anthony Hospital, St. Anthony North Health Campus, St. Catherine Hospital, St. Mary Corwin Medical Center, St. Thomas More Hospital, Summit Medical Center, Centura Health Physician Group	

SCOPE

This policy applies to: all facilities and entities owned, operated, or managed by Centura Health ("Centura Health Facilities"); physicians and providers who are employed by Centura Health; PorterCare Adventist Health System, or Catholic Health Initiatives Colorado; and physicians and providers providing services at Centura Health Facilities

PURPOSE

To describe Centura Health's position with respect to the Colorado End of Life Options Act and to describe procedures for managing patient requests for Medical Aid in Dying Medication (as that term is defined in Colorado Revised Statutes 25-48-102).

Centura Health is committed to providing the best possible care for patients approaching the end-of-life, or actively dying which includes loving care, psychological and spiritual support, palliative and hospice support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death.

STATEMENT OF POLICY

1. Centura Health prohibits physicians and providers who are employed by Centura Health, PorterCare Adventist Health System, or Catholic Health Initiatives Colorado, as well as physicians and providers providing services at Centura Health Facilities, from prescribing or dispensing medication intended to be used as a Medical Aid-in-Dying Medication for patients of Centura Health Facilities.
2. Physicians and providers providing services at Centura Health Facilities may discuss the range of available treatment options with patients to ensure patients are making informed decisions with respect to their care; provided, however, that physicians and providers providing services at Centura Health Facilities will not engage in any stage of qualifying a patient for use of Medical Aid in Dying Medication.
3. Patients of any Centura Health Facility shall not use Medical Aid-in-Dying Medication while in Centura Health Facilities.
4. Centura Health pharmacies will not dispense medication intended to be used as Medical Aid-in-Dying Medication.

PROCEDURE

EXHIBIT 3

1. If a patient at a Centura Health Facility requests Medical Aid-in-Dying Medication, the patient's physician or provider may assist the patient in transferring his or her care to a non-Centura Health facility.
2. If such a patient declines to transfer his or her care to a non-Centura Health facility, the patient's physician or provider may inform the patient of available treatment options at the Centura Health Facility, which may include, when medically appropriate, alternative or additional treatment, comfort care, palliative care, hospice care, and pain control.
3. Chaplains and ethics committees will be available for consultation with respect to patients who have requested Medical Aid-in-Dying Medication.
4. In the event a patient at a Centura Health Facility has obtained Medical Aid-in-Dying Medication, the patient shall not be permitted to use such Medical Aid-in-Dying Medication at a Centura Health Facility, and Centura Health Facility staff and the patient's physician or provider may assist the patient in transferring his or her care to a non-Centura Health facility.

DEFINITIONS
N/A

REFERENCES AND SOURCES OF EVIDENCE
N/A

REVIEW/APPROVAL SUMMARY

REVIEW/REVISION DATES: See Overview	
APPROVAL BODY(IES): Clinical Integration & Standards Council, Corp. Responsibility	**APPROVAL DATE:** 02/10/2017

EXHIBIT 3

February 13, 2017

Ruth Patterson Chapman
5225 S Prince St #1215
Littleton, CO 80123

This letter is to confirm the following appointment for Ruth Patterson Chapman:

Reason for Visit:	Established Follow Up
Date:	5/16/17
Time:	1:30 PM
Arrival Time:	1:20 PM
Reason for Early Arrival:	Check in and fill out any necessary forms
Provider:	Barbara Ann Morris, MD
Address:	2479 S Clermont St
Department:	CHPG PRIMARY CARE CLERMONT PARK
Phone:	303-649-3155
Instructions:	

If for any reason you are unable to keep this appointment, please contact the office at 303-649-3155 to reschedule.

We will process claims for services with your insurance carriers. You will be asked to pay amounts not covered by your insurances, such as co pays, deductibles and coinsurance at the time of your visit.

You can access your medical information, lab results and billing information online at http://www.REPLACE WITH REAL URL.com.

As always, your care team and physician look forward to your visit. You can check-in to your appointment at one of the Welcome kiosks in the sign-in area or with the front desk staff.

Sincerely,
Patient Service Specialist for Barbara Ann Morris, MD.

EXHIBIT 3