Written Testimony of Bobby Schindler
Opposing House Bill 2217
Relating to Legal Forms of Suicide
March 18, 2019

Dear Chair and Members of the Committee:

My name is Bobby Schindler, President of the Terri Schiavo Life & Hope Network. My work as a disability rights advocate began with fighting for my sister, my sister, Terri Schindler Schiavo's life. , Advocating for Terri's life began in 2000, and for five long years until she was was starved and dehydrated to death by court order at the demand of her husband in 2005. Terri was simply a disabled American; she had been neither actively dying nor near death, but death was intentionally caused by the denial of her basic care, food and water. I have spoken extensively throughout the United States and internationally about Terri, her case, and countless thousands of individuals facing the prospect of similar forms of denial of basic care.

For the past decade acting as a patient advocate it has been become disturbingly evident that protections for medically vulnerable persons—elderly, disabled, chronically ill, and those with forms of depression or other treatable health issues—are slowly being eroded, thereby increasing the risk of patients facing an encouraged or imposed premature death by laws, policies, and healthcare systems. Consequently, I have deep concerns regarding House Bill 2217 that will expose more medically vulnerable persons to the expanding dangers of Oregon's current assisted suicide law.

While Oregon legalized "physician assisted suicide" (PAS) in 1996, the bill being considered would carry the state's toleration of suicide to new extremes. HB 2217 eliminates the state's responsibility to act as advocates for the vulnerable, in particular the elderly and the disabled. Indeed, the language under consideration will necessarily put many individuals in harm's way.

HB 2217 underscores the deep concerns opponents of suicide-tolerant laws have long expressed that the toleration of certain forms of suicide will naturally result in the expansion of the so-called "right to suicide." This bill pushes Oregon to adopt suicide as a right and will make it impossible for the state to legitimately regulate and thus to ensure individual protection from abuse.

Expansion of Suicide Laws

House Bills 2217 allows a vis-à-vis prescribing and administering life ending drugs which will create a path for individuals to have their life ended by someone else. If, as is often suggested, the right to suicide is a healthcare issue, it is bizarre that the state is now considering an endorsement of what would amount to the practice of unlicensed medicine.

Abuses and Coercion of Vulnerable Patients

Any language that incorporates vague or over-broad interpretations of the law will lead to abuse of the sort that will be impossible to prove. Persons who are made to feel unwanted or unloved, particularly persons with disabilities and the elderly, will be at serious risk by the expanded suicide regime now under consideration.

In 2016 alone, nearly 4,000 Oregonians were victims of elder abuse.[1] Every similar case in the future will be exacerbated by the sort of suicide expansion being considered. Instead of diminishing protections, the state should prioritize protecting all vulnerable individuals. This is why I oppose suicide in all its forms, whether by physician or through other means.

The relative or subjective quality of one's daily experiences in life does not determine the objective and fundamental value of one's life. If Oregon wishes to enshrine suicide and death as a legitimate alternative to living with disability or a terminal disease, then the proposed legislation can will further normalize suicide in Oregon

Leaders in the fields of bioethics, law and policy, and medicine share serious and fundamental concerns regarding abuses and failures in states like Oregon that have embraced forms of suicide as a legitimate social policy.[2] This would include a lack of reporting and accountability, as well as the failure to assure the competency of the requesting individual.[3] The bills under consideration would compound these deficiencies.

American Medical Association Opposes Suicide by Physician

Perhaps most noteworthy is that the American Medical Association (AMA) opposes suicide by physician ("PAS"), even in "end of life" scenarios. This is because the AMA believes that "permitting physicians to engage in assisted suicide would ultimately cause more harm than good." Furthermore, suicide by physician "is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."[4]

In a recent article, a neuroscientist identified three reasons why patients often recover from what might be a seemingly hopeless prognosis: (1) their will to live, (2) support from family, and (3) love. Similar studies conclude that those contemplating forms of suicide almost always are suffering emotionally or psychologically, and often lose their will to live or lack family support. [5] Expanding assisted suicide will necessarily increase the vulnerability of already-vulnerable persons who are not genuinely terminal and who would benefit from authentic care and treatment.

Encouraging new forms of suicide does nothing to provide the sort of care and treatment that thousands of vulnerable Oregonians would benefit from each year. What is being considered in this bill is neither a medical nor healthcare issue.

What people who allegedly “want to die” need is encouraging life-affirming care, comfort, and compassion. HB 2217 only encourages vulnerable individuals to embrace suicide as an option. I ask you to oppose HB 2217.

Sincerely,

Bobby Schindler, President
Terri Schiavo Life & Hope Network
bschindler@lifeandhope.com
855-300-HOPE (4673)

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[1] Zarkhin, & Terry, (2017) *Kept in the Dark: Oregon hides thousands of cases of shoddy senior care*, www.oregonlive.com/health/index.ssf/2017/04/senior_care_abuse_neglect_poor_care_hidden.html

[2] Washington State Death with Dignity Act Report (2018), https://www.doh.wa.gov/Portals/1/Documents/Pubs/422-109-DeathWithDignityAct2017.pdf

[3] Disability Rights Education & Defense Fund (DREDF), *Why Assisted Suicide Must Not Be Legalized*, https://dredf.org/public-policy/assisted-suicide/why-assisted-suicide-must-not-be-legalized/#safeguards

[4] AMA Code of Medical Ethics Op. 5.7 (Physician–Assisted Suicide), https://www.ama-assn.org/sites/default/files/media-browser/code-of-medical-ethics-chapter-5.pdf.

[5] Owen, Adrian M OBE, Ph.D., *When a Vegetative-State Patient Returns to Tell the Tale*, https://www.psychologytoday.com/us/blog/the-gray-zone/201902/when-vegetative-state-patient-returns-tell-the-tale