TESTIMONY OPPOSING OREGON HB 2217

House Health Care Committee

March 18, 2019

The most interesting thing about HB 2217 is the irony of Oregon finally talking about adding the words "self-administer" to an assisted suicide law that has never contained those words, but has for 21 years been misrepresented by its proponents to require self-administration.

The purpose of meaningful provisions requiring self-administration of lethal drugs would be to deter or redress administration of lethal drugs by another person. In a society where experts say one in ten elders are abused[1], mostly by close family members and caregivers, the importance of this issue cannot be overestimated.

Sadly, the drafters of HB 2217 do not appear to have remedied the deficiencies in the existing statute on this "self-administration" topic.

First, the definition - "Self-administer" means a qualified patient's physical act of ingesting or delivering by another method medication to end his or her life – doesn't help. A "physical act of ingesting" could be swallowing, but that doesn't say anything about the person knowing what is being swallowed or why.

Second, for all the times that some form of the words "self-administer" has been inserted into HB 2217, none of them directly state a prohibition against someone else administering the lethal drugs. If that's what HB 2217's proponents intend, it would make sense to leave no doubt about the legislative intent on that point.

Instead, HB 2217, we still have section 127.885, which still establishes immunities this way:

> "No person shall be subject to civil or criminal liability or professional disciplinary action for participating in good faith compliance with ORS 127.800 to 127.897. This includes being present when a qualified patient **self-administers** the prescribed medication to end his or her life …"

That might imply the potential for liability for administering lethal drugs to another person, but for the exception to liability based on a claim of "good faith". The perpetrator can claim they acted in good faith, the lowest culpability standard, lower than negligence, which is virtually impossible to disprove. Yet again, no likelihood of redress for any wrongdoing.

So HB 2217 really adds no patient protections. It's just more window dressing.

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[1] http://www.nejm.org/doi/full/10.1056/NEJMra1404688