



Date: 4/4/2019

Re: Testimony in Opposition to Senate Bill 579

Senate Judiciary Committee

Dear Chair Prozanski and members of the committee,

Oregon Right to Life opposes all cases of euthanasia, whereby a person is deliberately killed through direct action or omission even if that act is by their permission. We were opposed to Measure 16 when it passed in 1994. We are opposed to any expansions to Oregon's physician-assisted suicide law.

SB 579 creates a dangerous loophole in Oregon's physician-assisted suicide law. It removes the waiting periods in the law designed to prevent abuse, same day suicides and protect vulnerable Oregonians from being coerced into ending their lives.

Proponents of the original law, Oregon Right to Die, did not describe the waiting periods as "red tape" but as safeguards for patients. Their intent was to prevent others from influencing a patient's decision and ensure the choice is independent and voluntary. (See attached statements.) Although we believe the waiting periods do not provide enough protection, removing them altogether for a person near death targets those who may be in a very fragile and susceptible state of mind.

SB 579 makes it easier for someone with malicious intent to pressure a person to request, receive and take the lethal drugs on the same day.

Bad actors have already illegally aided in assisted suicides and coerced people into decisions to request and take the lethal drugs. SB 579 would make it easier for this type of harm to continue.

- *In 2005, two Oregon nurses assisted Wendy Melcher with her wish for assisted suicide and did so without a physician's permission. The nurses were never prosecuted.*¹
- *In 2008, Thomas Middleton moved in with Tami Sawyer after being diagnosed with Lou Gehrig's disease. Sawyer was appointed as his estate trustee and two days after his death by assisted suicide, Sawyer deposited \$90,000 into her account and sold Middleton's home. A federal investigation found her guilty of criminal mistreatment and aggravated theft. However, the Oregon Health Authority did not investigate whether Middleton was manipulated into ending his life by assisted suicide.*²
- *Kate Cheney's psychologist approved her competency to request assisted suicide for the second time after she was diagnosed with early dementia. He noted that Cheney's daughter and family may have coerced her into making the decision. She later died by assisted suicide.*³

We empathize with terminally ill patients and believe that they deserve proper care, compassion and confirmation of their inherent value, not a deadly prescription. Oregon Right to Life asks that you oppose SB 579.

¹ https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/#_ednref1a, page 5, Wendy Melcher.

² https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/#_ednref1a, page 3, Thomas Middleton.

³ https://dredf.org/public-policy/assisted-suicide/some-oregon-assisted-suicide-abuses-and-complications/#_ednref1a, page 1, Kate Cheney.

Oregon

Death With Dignity Act

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What the Oregon Death with Dignity Act Offers:

- Offers qualified patients suffering from a terminal disease to voluntarily request a prescription for medication to end his or her life in a humane and dignified manner.
- Offers the patient to rescind his or her request at any time or in any manner.
- Offers Doctors and other health care providers to refuse to participate.
- Offers the patient's family and physician to be present at the time the patient takes the medication.
- Does not authorize mercy killing, lethal injection or active euthanasia.

What the Oregon Death with Dignity Act Does Not Allow:

- Does not allow people suffering from a psychiatric or psychological disorder, or depression causing impaired judgement, to qualify to receive life-ending medication.
- Does not allow non-residents of Oregon to participate.
- Does not allow physicians not licensed to practice in Oregon to participate.
- Does not allow coercion or undue influence.

Attending physician responsibilities:

- *Determine if the patient is terminally ill, capable of making health care decisions and has made the request voluntarily.*
- *Inform the patient of his or her diagnosis and prognosis, including the risks associated with taking the medication prescribed.*
- *Inform the patient of all other alternatives including hospice care, comfort care and pain control.*
- *Encouraging the patient to notify his or her next of kin,*
- *Inform the patient that he or she has the opportunity to rescind the request at any time and in any manner*
- *Refer the patient for counseling if either physician believes the patient suffers from a mental disorder or depression causing impaired judgement.*
- *Refer the patient to a consulting physician qualified by specialty or experience to treat the terminal disease.*

Other Provisions in the Oregon Deathwith Dignity Act

- **The measure requires two oral and one written request. The written request requires two witnesses, one of whom cannot be a blood relative or heir.**
- **At least 15 days must pass from the time of the first oral request to the time the prescription is written, and at least 48 hours must pass after the written request.**
- **Before writing the prescription, the attending physician must again ensure that the patient is fully informed, capable of making his or her own health care decisions and acting voluntarily.**
- **Participating physicians must be licensed to practice in Oregon.**
- **Medical record documentation is required for all steps in the process.**
- **Any physician or health care provider can refuse to participate.**

*This fall, Oregonians will vote on Measure 16 -- the Oregon Death With Dignity Act.
As you make your decision, ask yourself this:*

When it comes to making end-of-life decisions, whose choice is it?

Today, people suffering from a terminal disease are denied the right to control their own end of life decisions. Today, these dying patients live in fear . . . Fear of the suffering that can come with a terminal disease . . . Fear of losing control Fear of being unable to care for themselves Afraid to talk to their physician about what options are available to them Afraid of botching a violent suicide attempt and ending up in a psychiatric ward. It's time to end the fear.

Throughout the nation, laws banning assisted suicide for terminally ill adults are not enforced, ruled unconstitutional or just aren't working. To protect the patient, the family and the physician, Oregon needs a moderate, sensible approach to the end of life issues. Experts across the country agree that the Oregon Death with Dignity Act is the best written piece of legislation ever drafted on this issue. So take control of your life -- Vote Yes on Measure 16.

The Oregon Death with Dignity Act Key Provisions

- **The Oregon Death with Dignity Act is a prescribing bill only.** It allows a physician to prescribe life-ending medication for terminally ill patients similar to the conduct reported in the *New England Journal of Medicine* by Dr. Timothy Quill, but with legally enforceable safeguards.
- **The Oregon Death with Dignity Act does not authorize lethal injection, mercy killing or active euthanasia.**
- **The Oregon Death with Dignity Act contains numerous provisions designed to protect the patient, the family and the physician.** Only after a patient qualifies by meeting the steps required under the Act -- and repeats his or her requests for life-ending medication -- can the physician write the prescription.
- **A physician is permitted to write the lethal prescription only after ascertaining that the dying patient is capable of making his or her own health care decisions and acting completely voluntarily.**
- **No physician or health care provider or facility can be forced to participate for any reason.** Just as it is the choice of the dying patient to request the medication, it must also be the choice of the health care provider whether to participate.

73% of Americans agree with the following statement:

"Should the law allow doctors to comply with the wishes of terminally ill patients in severe distress who asks to have his or her life ended?"

-- According to December, 1993 Harris Poll

Safeguards

- Requires fully informed, voluntary decisions on part of dying patient.
- Applies only to last six months of life.
- Mandates second opinion.
- Requires two oral and one written request.
- Allows cancellation of request at any time for any reason.
- **15-day waiting period from time of initial oral request.**
- **48-hour waiting period from time of written request.**
- **Punishes coercion of patients.**
- Provides for counseling.
- Encourages informing next of kin.
- Excludes non-residents of Oregon.
- Physicians must be licensed in Oregon.
- Mandates Health Division Review.
- Does not authorize mercy killing, lethal injection or active euthanasia.

Summary

- The Oregon Death with Dignity Act is designed to foster communication between dying patients and their attending physician.
- The Oregon Death with Dignity Act is a prescribing bill only, and represents a moderate approach to one of society's most complex issues.
- The Oregon Death with Dignity Act offers protection for the patient, the family and the physician.
- The Oregon Death with Dignity Act is consistent with the beliefs of nearly 3/4's of American society.

Measure No. 16

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ARGUMENT IN FAVOR

My name is Patty Rosen. I live in Bend and work as a medical educator. In 1986, my 26-year-old daughter Jody was diagnosed with terminal bone cancer. Operations, chemotherapy and radiation treatments did nothing to help Jody. Jody knew the remainder of her life would be spent dying ... in agonizing pain ... without hope.

Jody withstood the pain and mental anguish as best she could, putting on a brave face for everyone. As the cancer grew, Jody developed tumors under her skin. I could no longer comfort my daughter with a hug. It was just too painful for her.

Bedridden, unable to touch and be touched, unable to converse without pain, heavily drugged and hating it, Jody asked for my help in ending her life.

For several months, I resisted, as most mothers would. Could there be a miracle cure? Or a new treatment?

I finally agreed to help her when she told me after another painful chemotherapy session, "Mom, this isn't working. I'm only doing this for you. Won't you let me go please?"

I cried, but I finally agreed. She took the necessary medication herself and I was there when she fell asleep for the last time.

Did I break the laws of government? Yes.

Did I break the more important unwritten laws of love and parenthood? NO!

As Jody died, I crawled into bed with her. For the first time in months, I was able to hold my daughter in my arms as she died in peace.

Jody was a concerned, and caring person who knew exactly what she wanted. It was her right as a capable, rational adult to choose her time of death. Jody would have wanted Ballot Measure 16 to pass, if not to help her, to help the next person like her.

Please vote yes on Ballot Measure 16.

**Patti Rosen
Bend, Oregon**

(This information furnished by Geoff Sugarman, Oregon Right to Die.)

(This space purchased for \$500 in accordance with 1993 Or. Laws 811 §11.)

The printing of this argument does not constitute an endorsement by the State of Oregon, nor does the state warrant the accuracy or truth of any statement made in the argument.

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Those of us who wrote Measure 16 are family members who helped loved ones end their lives.

We are physicians and nurses caring for dying patients ... counselors and clergy members offering comfort to dying patients and their families.

We are terminally ill people who believe it is our right -- not the government's -- to decide when and how our lives should end.

Measure 16 allows dying patients who are rational, capable of making health care decisions, and acting voluntarily, the right to request a prescription for life-ending medication.

Under Measure 16, only the dying person may self-administer the medication:

Measure 16 does not allow lethal injection, mercy killing, or "suicide machines."

Measure 16 allows family members and physicians to be present when the medication is taken.

Requirements and safeguards under Measure 16:

The process begins when an adult Oregon patient in the last six months of life makes a voluntary, oral request to the physician.

The physician must:

- Determine the patient is mentally competent and acting voluntarily.
- Get second physician's opinion on the diagnosis, life expectancy and mental competency of the patient. Inform the patient of all options including hospice, comfort care and pain control.
- Encourage the patient to notify family.
- Refer the patient for counseling if either physician believes the patient may suffer from mental illness or depression causing impaired judgment.

Additional Safeguards:

- 15-day waiting period.
- Written request signed by the patient, witnessed by two persons, at least one who is not a blood relative or heir to the person's estate.
- 48-hour waiting period from filing the written request to writing the prescription.
- Establishes reporting requirements to the Health Department.
- Punishes as Class A felony attempts to force or coerce someone to request medication to end life.
- Does not limit civil liability for medical malpractice, intentional misconduct or negligence.

Vote Yes on Measure 16.

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