



OREGON SENATE JUDICIARY COMMITTEE
TESTIMONY OPPOSING OREGON HB 579
April 4, 2019

Not Dead Yet is a national disability rights group that opposes assisted suicide laws and works to advance public policies that ensure nondiscrimination and the equal protection of the law for older, ill and disabled people. We oppose Oregon HB 579 because this amendment would increase the dangers to older, ill and disabled people under the Oregon assisted suicide law.

Section 127.840, 3.06 (2) of the amendment provides:

Notwithstanding subsection (1) of this section, if the qualified patient's attending physician has medically confirmed that the qualified patient will, within reasonable medical judgment, die within 15 days after making the initial oral request under this section, the qualified patient may reiterate the oral request to his or her attending physician at any time after making the initial oral request.

Section 127.850, 3.08 (2) of the amendment provides:

Notwithstanding subsection (1) of this section, if the qualified patient's attending physician has medically confirmed that the qualified patient will, within reasonable medical judgment, die before the expiration of at least one of the waiting periods described in sub-section (1) of this section, the prescription for medication under ORS 127.800 to 127.897 may be written at any time following the later of the qualified patient's written request or second oral request under ORS 127.840.

Taken together, the amendments would authorize a "one-stop shop and drop" – the patient could make two oral requests and one written request and received a prescription for lethal drugs all in a single visit, so long as a second opinion doctor is willing to pop in and sign off.

This amendment is dangerously flawed. First, as Section 127.800 s.1.01 (2) of the statute provides, the "attending" doctor need not be qualified by specialty or experience in the disease condition involved. The state assisted suicide data shows that people outlive their six-month expiration date every year except the first. This is consistent with studies showing that 12-15% of people "graduate" out of hospice annually. A critical care study found that roughly half of all medical intensive care unit patients predicted to die in hospital survived to discharge nonetheless, and approximately 15% of patients survived unexpectedly, even when predicted to die by all medical caretakers.¹ The amendment increases the danger of a mistaken prognosis by collapsing the process.

Second, the amendment forecloses any potential for addressing the concerns behind the patient's request for assisted suicide. State data already demonstrates year after



year that the top reason people request assisted suicide is loss of autonomy (95%), followed by the next four reasons: “less able to engage in activities” (95%), “loss of dignity” (87%), “losing control of bodily functions” (56%), and feelings of being “burden on others” (52%). A New England Journal of Medicine article referred to these kinds of issues as “existential distress”.² One resource that can address some of these concerns is consumer controlled personal care services, but the amendment leaves no time to offer and provide that support.

Another concern is that a person would not need the amendment unless they were making a “last minute” request, but that should raise serious questions about why. What pressures are they under? Is their pain being effectively addressed? Are other symptoms receiving sufficient attention? What about their home care needs? While studies show that terminally ill persons change their minds about assisted suicide,³ a last minute request raises major concerns about quality of care.

Finally, there is always the potential that coercion is taking place. The statute provides no meaningful protection against coercion of an old, ill or disabled person to request assisted suicide. Four people are required to certify that the person is not being coerced to sign the assisted suicide request form, and appears capable: the prescribing doctor, second-opinion doctor, and two witnesses. The Oregon state reports say that the median duration of the physician patient relationship was 10 weeks in 2018, and 12 weeks over all years (page 13 of the 2018 report). Thus, lack of coercion is not usually determined by a physician with a longstanding relationship with the patient. The witnesses on the [request form](#)⁴ need not know the person either. The form says that if the person is not known to the witness, then the witness can confirm identity by checking the person’s ID. So neither doctors nor witnesses need know the person well enough to certify that they are not being coerced. The amendment virtually ensures that coercion will be overlooked.

For all of the reasons stated above, we urge you to vote NO on HB 579, the one-stop-shop-and-drop bill.

¹ <https://www.ncbi.nlm.nih.gov/pubmed/21150582?dopt=Abstract>

² <https://www.nejm.org/doi/full/10.1056/NEJMms1700606>

³ <http://jama.jamanetwork.com/article.aspx?articleid=193281>

⁴ <http://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/pt-req.pdf>