

DEATH WITH DIGNITY

Testimony of Death with Dignity
HB 2279

My name is Geoff Sugerman. I am the Legislative Director for the Death with Dignity, a Portland based national organization that works on legislation across the country and serves to amplify the voices for terminally ill patients and their families. We are in strong support of HB 2279.

I was there when we wrote the original Oregon Death with Dignity law in 1994. We sought to develop a process that ensured dying patients would have this option under a set of safeguards and a well defined process founded around four key cornerstones:

1. The patient is diagnosed with a terminal disease within six months of death by two physicians. No one can receive the medication to end life without this confirmed diagnosis. It is also the same standard used to qualify a patient for hospice care.
2. The patient is acting completely voluntarily. Every step of the process is built around the concept of the patient being in control and making decisions. No other person may interfere or participate in the process.
3. The patient is deemed capable of making their own health care decisions. While this prevents people, for example with Alzheimer's disease or dementia, from being able to use this law, it nonetheless protects people who are not capable of making important health care decisions for themselves.
4. The patient must self-administer the medication. The law specifically prohibits euthanasia, mercy killing or injection.

In 1994, the residency requirement was included as one of those safeguards. In the past 25 years in Oregon, and in some 50 years of experience in other states, what we have learned is that this is one safeguard that actually acts more as a barrier to the patient, than protection.

For example, a patient in Vancouver WA with cancer, the most common disease, may very well be served by an oncologist at OHSU. Yet they are prevented from seeing the doctor that has worked with them if they decide to pursue the process to qualify for medical aid in dying.

As you have heard, this bill comes from a settlement agreement reached with the Oregon Attorney General in a lawsuit brought last year challenging the constitutionality of the residency requirement.

A similar court case has recently been decided in Vermont, which passed its Death with Dignity law ten years ago. A Connecticut woman who was a patient of a Vermont doctor met all of the safeguards and requirements under the law, but could not receive the medication because she was not a Vermont resident.

<https://apnews.com/article/assisted-suicide-medical-aid-dying-vermont-bluestein-dfad23161758acf8a7aed2b20dea30ac>

A US District Court ruled earlier this year that the residency requirement is indeed unconstitutional and the woman was allowed to use Vermont's law.

I should point out here that the Oregon Death with Dignity Act does include a severability clause that ensures if any part of the Oregon law is deemed unconstitutional, the rest of the law remains intact.

And that is the key here. The safeguards to ensure the patient meets all of the criteria, is acting voluntarily, and is capable of making their own decisions are not changed with this bill. It will not remove the oral requests, the written request, the waiting periods and opt out clauses. All of those safeguards and more remain in place. As they should.

Repealing the residency clause in the Death with Dignity Act will not violate those key cornerstones, and the safeguards will continue in place to ensure patients are offered this option as part of their end of life care. We urge passage of HB 2279.

Thank you.