

Submitter: George Middlekauff
On Behalf Of:
Committee: Senate Committee On Judiciary
Measure: HB2279

To the members of the Senate Judiciary Committee:

As a psychiatrist board certified to administer care to both adults and children and as a practitioner who has served many in Roseburg, OR since 1982, I am strongly opposed to HB 2279. There has been a very significant rise in suicide attempts, suicide ideation, and both major and minor depression in OR as well as across our nation in recent years. I work every day with such patients and can tell you that often there are reasons behind the desire for suicide even in terminal patients which when addressed will many times reverse a person's desire to end their life.

Removing the safeguards placed in the original law written in the 1990's such as a requirement for residing in OR, will result in the deaths of patients who are already completely overwhelmed with their circumstances which render them to be extremely vulnerable to manipulation and coercion.

I cannot overemphasize my opposition to HB 2279. Remember that many with disabilities, dementia, mental illness, severe health problems, etc. need compassionate intervention to address their needs. Palliative care for those in extreme pain or distress is available and must be provided.

By inviting those from other states who wish to commit suicide with the help of a physician, providers who don't even know the patient will be writing prescriptions with almost no ability to responsibly do so. Physicians who know the patient asking for assistance in dying are in the best position to begin to address his/her underlying needs and can connect the patient to needed resources.

HB 2279 will result in healthcare professionals who are complete strangers to such patients with no knowledge of their circumstances providing the means to almost instantly commit suicide. HB 2279 will put providers in the position of forgetting about the priority of truly enhancing the well-being of the suffering human being in front of them.

Respectfully,
George Middlekauff, MD, PhD