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Testimony Concerning SB 1003

Thank you, Senators, for taking the time to listen to my testimony. First off, I would like to mention the elimination of "no less than **15 days** shall elapse between the patient's initial oral request and the writing of a prescription...". Why are we removing the safeguard for these patients to have a longer wait period in case they decide to rescind their request? The revision of 48 hours instead of 15 days seems drastic, careless, and is hardly any time at all for patients to possibly change their mind. My great aunt went on hospice six years ago after three of her heart valves failed. She was still married and it seemed her time was short according to her physician's prediction. With this sort of terminal condition and since she was on hospice care, she would have been eligible to end her life according to the "Oregon Death With Dignity Act". And yet, six years later, she is still alive and has been on and off hospice care during that time. She has undergone immense suffering through the years as her heart grows weaker, but she still maintains a hopeful view of life. I have visited her a few times over these six years and have corresponded through letters with her and her husband. There are days where she is in so much misery and suffering that she wants to die, and yet she changes her mind as the days go by and she sees the value in her life. She knows that suffering doesn't make a life worthless or even useless. I love my great aunt and I'm grateful that she is still here today and has chosen to live her days to the fullest and be grateful for this time she has here with her husband and family. I cannot comprehend the negative impact on her whole family, including myself, if she had gone down the route of physician assisted suicide. It would have etched into my mind the notion that ending our lives is the answer to suffering.

I have another example from a close family friend who went on hospice care about two years ago. She was in a nursing home at the time and we had written letters back and forth for nine years. Just a few months ago, she passed away and ended up being on and off hospice care. She lived much longer than her physician had predicted and we corresponded frequently over those two years. I was even able to visit her and see her smiling face one last time. Was she suffering? Yes, but she still

smiled when she saw me and wrote me sweet, encouraging letters that I've kept to remember her by. Again, if she had decided to take her own life by assisted suicide, she would have been gone two years earlier and both she and I would have lost the precious time of meaningful correspondence and friendship.

Why should we be trying to make physician assisted suicide faster and more accessible? What is the message we are portraying to the younger generation such as myself? It is greatly looked down upon and discouraged for teenagers going through depression or difficult circumstances to commit suicide. Why? Perhaps your answer is because they have so much potential for their lives; they're young and have so many more years ahead of them. And yet, we are opening greater access to physician assisted suicide for those who are diagnosed as terminally ill and have less than six months to live. Again, I want to ask why? Is it because we don't see their lives as having much potential as it has already been predicted that death is imminent for them? As a young adult, this is clearly messaging that young adult lives, such as myself, have more value than those who are terminally ill. As my great aunt and my recently passed friend have showed me, life is invaluablely precious and suffering that appears to lead to imminent death doesn't change that. As I once heard someone say, "Don't ever commit suicide because you have people who love and care about you." Let's love and support these terminally ill patients who feel their lives aren't worth living. Let's show them that their lives are too valuable to be taken early by assisted suicide.