

Oregon SB 1003

Honorable senate committee chair and other members,

As a practicing physician in Oregon for 34 years I have concerns about SB 1003 for our medical community, our patients, and the state of Oregon.

Regardless of one's position of Physician Assisted Suicide (PAS) in Oregon we all must admit this issue is divisive within our state.

As the number of assisted deaths has risen yearly since 1997, so has the overall number of suicides. There is a correlation between the tragedy of suicide and PAS. When we as a culture, a society, as the state of Oregon, devalue life, suicide becomes more commonplace. I know this personally. It becomes a social contagion and counteracts our suicide prevention programs. We are in a crisis of anxiety, depression, hopelessness, purposeless, and despair. Please do not exacerbate this problem in our communities. The law is a tutor and changes the way we think and act. We need more safeguards, not less.

We have collected good data since 1997. People choose suicide not because of pain or even the fear of pain, but because of fear of losing autonomy or becoming a burden to others. These fears can be alleviated with palliative care, providing a way to die well. Dependency is a normal part of human relationships from birth to death and should not be frowned upon. Are some lives less worth living? This is discrimination. We need true care, true compassion at the end of life, not less by removing PAS safeguards. We need to value every single person. Pain can be controlled at the end of life. This is not about treating pain syndromes which are different diagnoses than those that are terminal.

Taking away the safeguards leads to potential abuse. It creates incentives for insurance companies and family to hasten death for money and convenience. It creates a culture that frowns on dependency. It creates greater potential for abuse of the elderly, disabled, and those with mental health problems. This is a real issue which must be prevented, not creating more opportunities for abuse. We need to create more safeguards as several studies have shown that patients choosing PAS are underdiagnosed and undertreated for depression.

I have employed physician assistants (PAs) and nurse practitioners (NPs) throughout my career. They are not trained for the complex problems within medicine. Choosing to end one's life is a complex problem. It requires complex decision-making process. PAs and NPs are not the highest level of training and expertise. They are wonderful for basic care but should not be used for complex and irreversible decisions. I consider myself a professional, not a provider. A provider is simple a vending machine. Autonomy is not the sole virtue considered by physicians. Beneficence and nonmaleficence are essential in care. A professional makes health of the patient a priority, especially with complex diagnoses that happen near the end of life. Expanding PAS to include physician extenders is problematic. Predicting the timing of death is very difficult and we are often wrong.

Diminishing the waiting period does not allow for appropriate emotional, mental, spiritual, and physical care. It is important to care for the whole person at death and can be done well. The science and art of palliative care is real dignity for the patient. Second opinions and mental health care by a licensed and trained professional should be done in person.

SB 1003 has other potential problems. It takes away conscience freedoms from hospices, hospitals and physicians. It may exacerbate suicide tourism for our state. This is unwanted by our profession. It may be financially burdensome to Oregon as lawsuits will arise from mistakes. Dignity implies worth. Please do not devalue life and create more problems for my beloved state of Oregon and my profession.

Thank you, Brick Lantz M.D.