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On Behalf Of:
Committee: Senate Committee On Judiciary
Measure, Appointment or Topic: SB1003

I have lived in Oregon my entire life. Although retired, I think that my experience doing discharge planning, referring people to needed resources, volunteering and working with and for quality hospice organizations, attending multiple trainings on death and dying, and watching many friends or family receive wonderful hospice care, qualifies me to give the following input.

I think that it is best to protect life from conception until a person's life is unable to continue - due to accident, disability or disease - when every medical intervention has been tried to gain/regain/maintain the heartbeat and breath of life.

Oregon has a law which allows people to express their wishes regarding end-of-life decisions in advance. If they wish to change their Advanced Directive, they can do so at any time. A person can write their wishes about end-of-life care that they will accept or not accept.

When the Oregon legislature first discussed whether to create a law to allow people to legally request a physician to prescribe and administer life-ending medications, I thought, "Why do people want others to be involved in their own suicide?" In the past and present, Oregonians in many communities have tried too save people from committing suicide. We have had suicide hotlines and suicide prevention training. Professional counselors and lay people learn how to help those with depression and suicide ideation. People who are feeling suicidal can be led to reconsider other resources (personal, their family/friend network and community organizations) to help give them help and hope, to alleviate the issues that brought them to consider suicide in the first place.

Even though I am personally opposed to committing suicide myself or to assist anyone else in doing so, I understand that it is legal in Oregon. Yet, just because something is legal does not make it good. Therefore, I am very opposed to make assisted suicide any easier than it is already.

If passed, SB 1003 would reduce the current 15-day waiting period to just 48 hours, which is too short a time to adequately evaluate a person's request for assisted-suicide. Physicians are already overwhelmed in their professional roles trying to help patients who want to live - to recover from acute illnesses or to manage chronic diseases or disabling accidents. Not all physicians want to "help" patients die by assisted suicide. Physicians pledge to "do no harm". Physicians cannot be required to prescribe a deadly mixture to someone if doing so is against their will.

In addition, SB 1003 would allow NON-physicians to prescribe lethal medication. Instead, only medical professionals who have credentials and training can adequately evaluate a patient's physical, emotional and mental state in a face-to-face appointment. They must have the knowledge of other medical interventions available to the patient and propose them as options to intervene. They must have knowledge of specific medications needed to reduce and manage pain in end of life illnesses.

Requiring hospices to advertise whether they facilitate assisted suicide or not must be optional, not required. Some hospices are linked to hospitals that are pro-life. Staff support each patient with quality comfort care that gives support for the life remaining, until the person passes from this life to heaven. Comfort care includes medications to handle pain and other unwanted symptoms of dying. Pro-life medical staff are not interested in hastening death for anyone. Life is too precious. The Creator gives life and breath. Ending one's life prematurely by an unnatural means by assisted suicide must be avoided as much as possible. People need to give professional hospice organizations the chance to provide the excellent care they have provided in Oregon for the past 50 plus years.