

Submitter: Carmen Henderson
On Behalf Of:
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Measure, Appointment or Topic: SB1003

I support these modifications, both as a Physician Associate in Cardiology and as a daughter of a recipient. Firstly, there are access to care challenges throughout the state, even in the cities. Even in Portland, it is difficult to get appointments in a timely fashion, particularly with physicians. One often waits months to get appointments with their established providers. Some patients do not have months left to live once their condition transitions into end stage. They have only suffering to expect, and suffering for their family to witness, until their death. Two days is perfectly adequate time to prescribe, because many/most terminal or end stage patients are aware of their condition for months, but the end of life symptoms can develop quickly towards the end. I cannot see where this would be an impulsive decision. Nor do I see Death with Dignity as a cynical modality to address a broken healthcare system. Medical providers aren't monsters, for God's sake. Additionally, prescribing should not be isolated to physicians. Physician Associates and Nurse Practitioners are competent, thoughtful providers that increase access to care and are absolutely qualified to make judgements about appropriateness of prescribing this medication. This isn't a frivolous decision to make, and we take prescribing consequential medications very seriously and in consult with peers for certainty. Secondly, I have cared for patients in Cardiology who have asked about how to obtain Death with Dignity. Witnessing end of life from heart failure, I would absolutely offer this mercy. Because that's what death with dignity is: it's mercy. It is a miserable fate to not be able to breathe because of fluid in the lungs. It's slow drowning over the course of days (not weeks). It's a miserable fate to watch your loved one die this way. Thirdly, my father opted to use Death with Dignity, and it was a challenge--even for a medical provider--to obtain this for him because the pool of prescribing providers was limited. One physician refused to sign, not based on his medical judgement, but solely because of his religious beliefs. My father wanted Death with Dignity for 3 reasons: the pain from his cancer caused him to be immobile in bed when he was otherwise adventuresome and fiercely independent; he did not want his wife and daughter to tend to his private needs that stripped away his dignity; and he did want us to suffer through watching him waste away. He wanted the agency to decide the rest of his life, his way. It was fast and peaceful, and he stroked my face as I laid my head on his chest until he was gone. Please, be mindful and empathic and loving to your fellow man and understand people chose this for their own reasons and any unreasonable barriers must be eliminated.