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

Due to my previous profession/training as a mental health therapist (retired LCSW), I know about depression and suicide. Slightly hastening one's death at the end of one's life, on one's own volition, is not "suicide" in the normal sense, but is just choosing the slightly earlier time and day of inevitable death while at the end of life. It allows the person to have a peaceful, dignified, and somewhat less traumatic departure from life, with loved ones around them to say goodbye and hold their hand while they are still able to speak and respond. This allows a much more meaningful and pleasant death for both the terminally ill person and their family.

The family can then remember the person's last moments of their loved one saying goodbye, and drifting off to sleep as the medication begins to work quickly, instead of later stage of incoherence, possible extreme pain, having to diaper them, etc.

The changes would end discrimination of those in rural areas without medical doctors who can't really make use of the law, and would reduce the risk that someone desiring to use the law might not be able to self administer it to themselves, as is required.

The psychologist at the hearing suggested that terminally ill people seeking to hasten their death should be treated as "depressed", with antidepressants and/or therapy. The existential despair of facing the inevitable shutting down of vital organs, and becoming totally dependent, with others diapering you, with possibly uncontrollable pain, is far different from normal depression. Most people who qualify as terminally ill would not live long enough for an antidepressant to work, even if it did work (they don't work for everyone, and can interfere with sleep), they can actually increase suicide risk for the first few weeks of use.

This bill reduces discrimination of those in rural areas, helps people to know whether the chosen hospice program will honor their wishes, and improves the Oregon D with D law that in 28 years of its history has no significant history of abuse, has not been a "slippery slope" endangering disabled people. There are already adequate safeguards in the law to ensure people are choosing to use the law on their own volition, and any patient getting the medication can change their mind up to the very last second. No one can force them to take the medications that would allow them a peaceful and dignified death.

