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

This fully states my opposition to Oregon Senate Bill 1003:

## A Call for Compassionate Care Over Assisted Suicide

### Introduction

Oregon Senate Bill 1003 proposes significant modifications to the state's Death With Dignity Act (DWDA), aiming to expand access to physician-assisted suicide. While the bill's intent is to provide individuals with more autonomy over their end-of-life decisions, several critical concerns warrant a reevaluation of its provisions.

#### 1. Erosion of Safeguards for Vulnerable Populations

SB 1003 seeks to reduce the mandatory waiting period from 15 days to just 48 hours, potentially compromising the decision-making process for individuals facing terminal diagnoses. This expedited timeline may not allow sufficient time for patients to fully consider their options or for healthcare providers to assess the patient's mental and emotional state adequately. The rush to a decision could inadvertently pressure individuals into choosing assisted suicide without thorough reflection or exploration of alternative care options.

#### 2. Expansion of Eligibility to Non-Physician Providers

The bill proposes permitting nurse practitioners and physician assistants to prescribe lethal medications, roles traditionally reserved for physicians. While these professionals play vital roles in healthcare, the gravity of prescribing life-ending medication requires the extensive training and experience that physicians possess. Allowing non-physician providers to make such profound decisions may lead to inconsistencies in care and potential oversights in patient evaluation.

#### 3. Potential for Coercion and Abuse

The reduction in waiting periods and expansion of prescribing authority could increase the risk of coercion, especially among vulnerable groups such as the elderly, disabled, or those with limited social support. Without robust safeguards, individuals may feel pressured—consciously or unconsciously—to opt for assisted suicide to alleviate perceived burdens on their families or caregivers.

#### 4. Inadequate Mental Health Assessments

While SB 1003 includes provisions for mental health evaluations, the expedited process may not allow for comprehensive assessments. Mental health conditions, such as depression or anxiety, can significantly influence a patient's decision-making capacity. Rushed evaluations may fail to identify underlying psychological issues that could impair judgment, leading to decisions that do not truly reflect the patient's desires or best interests.

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#### 5. Undermining Palliative Care Development

The focus on expanding assisted suicide options may divert attention and resources away from enhancing palliative and hospice care services. Investing in comprehensive end-of-life care that addresses physical, emotional, and spiritual needs can provide patients with comfort and dignity without resorting to life-ending measures. Prioritizing assisted suicide over palliative care may inadvertently suggest that some lives are less worth living, undermining efforts to improve care for all individuals facing terminal illnesses.

#### Conclusion

While the intention behind SB 1003 is to provide individuals with greater autonomy over their end-of-life decisions, the proposed changes raise significant ethical, medical, and social concerns. Rather than expanding assisted suicide options, efforts should focus on strengthening safeguards, enhancing palliative care services, and ensuring comprehensive mental health evaluations to support individuals in making informed, voluntary, and compassionate choices.