Submitter: Kathryn	repper
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On Behalf Of:

Committee: Senate Committee On Rules

Measure, Appointment or Topic: SB1003

I am writing to express my deep concern about Senate Bill 1003 and urge a "No" vote.

One of the proposed Bill's features that particularly concerns me is that it decreases the current 15-day waiting period to generally 7 days. I think we all can think of decisions we've initially made, and then after some time, wisely changed our minds to take a different action -- and been glad we did! With a decision as deeply critical as assisted suicide, it simply does not make sense that we would reduce the waiting period.

Consider the following statement and the referenced supporting studies (cited at the close of this testimony):

Regarding emotional pain and depression, most cases of depression can be therapeutically resolved with appropriate medication. [Ref.1] Since 90-99% of pain can be adequately treated, and since much of the depression associated with a terminal illness can be reversed through therapy, love of family and friends, and the understanding of physicians [Ref.2], the vast majority of suicide requests are reversed when these conditions are met. [Ref.3]

Since research has thus found that a significant number of those initially requesting suicide reverse their original decision if given appropriate medical attention and care, I deeply believe that we are serving Oregonians much better if we do not shorten the current waiting period. For patients to make their best decision, medical professionals and family need this 15-day period to share alternatives with patients, and patients need this time to deeply consider their decision. Additionally, we need to have a real focus on better medical attention, palliative care, and personal support for those who are suffering.

I very much appreciate your time considering this matter, and urge you to vote "No" on Senate Bill 1003.

## References:

- 1- Hendin, MD, H. (2004, February 1). Commentary: The Case Against Physician-Assisted Suicide: For the Right to End-of-Life Care. Psychiatric Times, 21(2).
- 2- Foley, K.M., & Hendin, H (Eds.). (2004). The Case Against Assisted Suicide: For the Right to End-of-Life Care. John Hopkins University Press.
- 3- Foley, K.M. (1991, July). The relationship of pain and symptom management to patient requests for physician-assisted suicide. Journal of Pain and Symptom Management, 6(5), 289-297. National Library of Medicine.

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A Catholic Response. Sophia Institute for Teachers.