

Submitter:	Robert Williams MD FACP
On Behalf Of:	American Academy of Medical Ethics
Committee:	Senate Committee On Rules
Measure, Appointment or Topic:	SB1003

I wish to submit my grave concerns and opposition to SB 1003, as a retired internal medicine physician and grandfather of children living in the Pacific Northwest. I understand that this bill would expand Oregon's assisted suicide or aid in dying law, impacting not only Oregon but ultimately all U.S. states including my own. First of all, after centuries of ethical agreement that physicians and other medical providers should not assist or effect the killing of patients, this bill expands a morally repugnant willingness to assist death. Beyond this principle, there are multiple reasons to oppose such laws and expansions. They discriminate against the disabled and the elderly, in a way reminiscent of misogynist attitudes toward women that prevailed in our not too distant past. They devalue certain lives as unworthy. Financial and social pressures are immediately placed on families and patients to accept such an option. As we have seen in Canada, the right to die quickly becomes a duty to die, and this means a loss of freedom for both patients and providers. Patients will have less choice in whether to live or die as these options (burdens) are placed upon them, especially so the more vulnerable they are. Providers will have less freedom to exercise their consciences, as organizations for which they work will require voicing and promotion of the aid-in-dying option, thereby steering the vulnerable toward death. This bill is more dangerous now as mental illness becomes more prevalent in our country and adequate treatment is less available. What is needed is better approaches to pain control, better and more time for counseling, not less as in this bill, and more improvements in mental health care. Please do not allow this dangerous bill to pass.