May 31, 2025

Re: Oregon SB 1003

To Members of the Oregon Senate Judiciary Committee,

I am a palliative care physician, currently practicing in Washington D.C. but actively applying and pursuing work back in Oregon, where I completed my internal medicine residency and where I call home.

As someone who works in the field of hospice and palliative medicine and who cares deeply for patients suffering from serious illness, I would like to share my concerns and my resolute opposition to Oregon SB 1003.

This bill will further threaten the lives of vulnerable individuals and our society at large. I share brief thoughts here, again as a concerned and conscientious hospice palliative care physician.

1. Undermining of trust. Further advertising and promoting assisted suicide is very likely to increase fear and suspicion of medical providers, harm their reputation, and change their fundamental role as healers. How will patients be able to trust medical establishments who actively promote their death?
2. Doctors are often wrong. Prognostication is becoming more and more difficult to do with any amount of certainty. The fact that there is tremendous uncertainty about how long any one individual may live should be reason enough to give us pause on prematurely hastening death. Consider the case of Jeanette Hall, who outlived her 6 month prognosis by multiple decades (https://www.youtube.com/watch?v=tSvIy8JIT7E). Permitting advance practice providers to participate in assisted suicide only expands the number of errors in judgement and prognostication that are likely to occur.
3. Removing safeguards. The original waiting period was made intentionally, because this decision is one of massive consequences. Shortening the waiting period will result in more hasty decisions made and more lives lost irrevocably.
4. Devaluing life with disability. As patients who live with disability have so thoughtfully remarked, we are creating a two-tied medical system, where "nondisabled individuals who express suicidal wishes will receive suicide prevention services, while individuals with disabilities will receive lethal prescriptions." (https://www.sciencedirect.com/science/article/pii/S1936657409000739) This creates a dangerous paradigm in which life is only worth living if one can maintain a minimally acceptable independence.
5. Dying is normal, suicide is not. Depression, grief, and demoralization are very common among patients with serious illness. These are real experiences of suffering people and they ought to be treated with wholistic and supportive care. Suicidal ideation is never normal.
6. Death is not a medical treatment. As eloquently noted by Dr. Harvey Max Chochinov, (https://jamanetwork.com/journals/jama/fullarticle/2823620) "Death cannot be titrated and trialed; hence, it does not qualify as a therapeutic, which means its pursuit resides outside the realm of medicine."

This bill undermines ethical medical care and threatens vulnerable patients who need our support and care, not our lethal drugs and dismissal. These proposed changes are deeply concerning and I urge you to oppose this bill. I am whole-heartedly devoted to my work caring for the suffering and the dying, yet this bill will directly impact my current decision of whether I can work for a healthcare organization in Oregon and practice medicine conscientiously. I urge the Senate committee members to vote no on SB 1003.

Sincerely

KerriAnn M. Boanca, MD
Palliative Care Physician