

Submitter: William Toffler MD
On Behalf Of:
Committee: Senate Committee On Rules
Measure, Appointment or Topic: SB1003

Dear Committee Members:

I am an active family physician who has practiced in Oregon for the past 46 years. I am strongly opposed to SB 1003 for the following reasons:

1) Expanding the pool of non-physicians who can participate in giving deadly drugs to patients to end their lives is misguided. Physicians with a minimum of 7 years of training have difficulty with determining if a patient is depressed. Yet fewer than 5% of patients are being referred for psychiatrist evaluation. Even if referred for psychiatric evaluation, Oregon psychiatrists have admitted that they are not confident about the presence of depression in a single interview. In an article published by OHSU professor Dr. Linda Ganzini in 1996 showed that "Only 6% of psychiatrists were very confident that in a single evaluation they could adequately assess whether a psychiatric disorder was impairing the judgment of a patient requesting assisted suicide." (Am J Psychiatry 1996 Nov;153(11):1469-75. doi: 10.1176/ajp.153.11.1469.) Given this reality, expanding the pool of providers of assisted suicide to include even less well trained and less experienced individuals is reckless.

2) Shortening the waiting period undermines one of the important safeguards that was promoted to the public who initially voted for this ballot measure. Patients deserve the opportunity to be given full disclosure of the complications, risks and benefits of such a serious and profound decision. The current law already allows for exceptions to this reasonable 15 day waiting period. What is driving this idea? Is there really a need to hurry up and end a patient's life before they die naturally. The answer is clearly no. Pain is not among the top five reasons for assisted suicide. Even if a patient is in pain, it can be relieved without rushing to kill the patient.

3) Hospices were established to help terminally ill patients live well until they die naturally. Forcing hospices to discuss assisted suicide is an inherent conflict of interest and a corruption of their mission. Assisted suicide has been actively discussed, debated, and practiced in the State of Oregon for over 27 years. As such, it is widely known as a legal option by virtually all Oregonians. Requiring an organization to discuss it as an option interferes with freedom of ideas and viewpoints. A large minority of citizens believe that assisted suicide is NOT health care. The very act of discussing it even as a "neutral" option is an affront to those who are opposed to this practice.

Thank you for your consideration of my viewpoint on this proposed bill.

William L Toffler MD

Family Physician

Professor emeritus, OHSU Department of Family Medicine.