

Submitter: Denice Searcy
On Behalf Of: LIFE
Committee: Senate Committee On Rules
Measure, Appointment or Topic: SB1003

NO on SB 1003

I strongly oppose SB 1003 or any bill that takes life instead of protecting it. Instead of expanding assisted suicide, we should focus on real support — better palliative care, mental health resources, and a health care system that values every life. I would like to believe that those who made the effort to study the human body, diseases, therapies, etc., are compassionate and intelligent enough to render palliative care in a kind and empathetic manner making a person's natural death occur in comfort but not with 'assistance'. Oregon is a “sanctuary state”, yet it doesn't seem to be a sanctuary for life. Being a sanctuary state, Oregon should be a sanctuary where every human being is deeply valued and protected. I believe in protecting the inherent dignity of every human person, born and unborn. I also believe that everyone, at the end of life, deserves dignity and adequate health care in the final stages of life. I took care of my Mother and Grandmother at the end of their lives and it was a precious treasure for us all. SB 1003 inherently devalues human beings at the end-of-life stage.

This bill dangerously expands assisted suicide in three key ways:

? Allowing physicians' assistants and nurse practitioners to consult and prescribe for assisted suicide. There is no requirement that a physician be involved, yet Medicare requires that a physician, not other types of clinicians, certify that a patient is terminally ill for hospice admission. Physicians are fallible. Determining how near someone is to death, for example, is difficult prognosis that specialists frequently get wrong. Almost 20% of patients graduate from hospice because they improve or do not decline quickly enough and no longer qualify (they still have a terminal illness, but are expected to live longer than 6 months). Changing the Responsible Clinician from “Attending Physician” to “Provider” The bill proposes replacing “attending physician” with “provider,” a term that is overly broad and includes institutions and facilities, not just individual clinicians.

? Eliminating the 15-day waiting period, reverting to only 48 hours between request and receiving the lethal drugs. LIFE CAN CHANGE IN AN INSTANT.

? Requires hospitals and hospice centers to disclose on their website and in their facilities whether or not they provide assisted suicide.

Oregon was the first state to legalize assisted suicide in 1994 with legal battles carrying it an additional 3 years after that. When voters initially approved the so-called “Death with Dignity Act” they did so being promised safeguards, including but not limited to residency requirements, patient-provider relationships, waiting periods, and physician oversight. Over time, these limited protections have been continually

stripped away.

Instead of affirming a person's value, this bill makes it even easier for a broken health care system to suggest death as the answer.

Please vote NO on SB 1003.