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February 4, 2015

The Honorable Mitch Greenlick
Chair, House Health Care Committee
State Capitol
Salem, Oregon 97301

RE: House Bill 2300, use of drugs and devices not approved by FDA

Dear Representative Greenlick and members of the committee:

Providence Health & Services is dedicated to providing the highest standards of clinical care and serving our patients with the utmost compassion by nurturing each individuals spiritual, physical and emotional well-being. These values are particularly critical when we are caring for patients, and families, facing a terminal diagnosis.

At the onset proposals like HB 2300, that allows a practitioner to treat patients with drugs or devices not approved by the United States Food and Drug Administration, seem to be an admirable cause. Giving hope to individuals in desperate situations resonates with each of us; but Providence respectfully requests that the committee consider the real consequences of such legislation.

Existing compassionate use methods work
Patients facing a terminal diagnosis have the opportunity to pursue non-FDA approved treatments within the framework of investigational clinical studies or by obtaining compassionate use approval. The safeguards in place, including mandatory reporting to Internal Review Boards for oversight after the fact, are reasonable and meant to protect patients - not to keep potential treatments out-of-reach.

Clinical integrity is jeopardized
Clinicians, in addition to medical groups and hospitals, have an obligation to serve patients in a responsible manner by providing services that are evidence-based. "Right to try" is not based on sound evidence which means there cannot be a reasonable expectation that the intervention will benefit the patient – this is an imposition on a clinicians professional and clinical values. Additionally, Providence strongly believes that this practice is contrary to the principle of beneficence and doesn't fully consider the patient's wellbeing.

Increases vulnerability of patients and families
Regardless of whether a patient consents, it is not fair or ethical to allow patients to try drugs or devices that are not appropriate or validated for their condition. No one ever wants to hear that there are no medical options, but replacing anguish with false hope that leads to irrational financial and health decisions is not an appropriate solution.

Everyday Providence ministries across Oregon are caring for patients facing a terminal illness; some survive comfortably for years. In our experience patients and families appreciate honest discussions about the diagnosis, active decision making about care, high-quality medical management, and attention to the needs of their mind, body and spirit. For these reasons we strongly recommend focusing the state's energy and resources on effective and compassionate solutions including palliative and end-of-life care.

Thank you for the opportunity to provide comment; we look forward to participating in any further discussions.

Sincerely,

Doug Koekkoek, M.D.
Chief Executive, Providence Medical Group and Clinical Services
Providence Health & Services - Oregon