

Providence Health & Services
4400 N.E. Halsey St., Building 2
Suite 599
Portland, OR 97213
www.providence.org/oregon



February 7, 2018

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

RE: House Bill 4135 – Advance directive form

Dear Representative Greenlick and members of the committee:

As a Catholic health care ministry, Providence Health & Services' Mission calls us to nurture the well-being and honor the dignity of every person. This is particularly true when circumstances result in the need for family members and providers to navigate tragically difficult decisions about an individual's health care wishes.

For the last three years, Providence has been proud to work with a diverse and dynamic group of advocates to develop House Bill 4135 - consensus legislation that creates a collaborative process for updating Oregon's 25-year old advance directive form. We feel strongly that this legislation will simplify communication of health care wishes and reduce confusion when those wishes need to be communicated most.

Beyond these important improvements to the law, from Providence's perspective as the largest health care system and a Catholic health care ministry, we strongly support House Bill 4135, because it is consistent with our Mission and core values.

House Bill 4135 allows an individual to more fully articulate their health care wishes

Providence firmly believes that Oregon's advance directive form should, at a minimum, be consistent with national standards and make it easier for an individual to articulate their values and religious or spiritual beliefs. It is our position that the current, check-box style form enshrined in statute is prone to error and induces unnecessary confusion. The current form is simply multiple choice questions with answers such as "I want any other life support that may apply," "I want life support only as my physician recommends" or "I want NO life support" – which we fear greatly increases the risk that a patient may be denied preferred and reasonably beneficial treatment.

On the contrary, House Bill 4135 instructs a diverse group of stakeholders to develop a form that meets criteria to ensure the functionality of the form. Providence strongly believes that, as required in section 3 of the proposed bill, it is critical that an advance directive form provide an “opportunity to state the principal’s values and beliefs with respect to health care decisions, including the opportunity to describe the principal’s preferences, by completing a checklist, by providing instruction through narrative or other means.”

House Bill 4135 aligns with Catholic teaching

Providence is committed to adhering to our Ethical and Religious Directives. Specifically ERD 24 that calls us to make available to patients information about their rights, under the laws of their state, to make an advance directive for their medical treatment. Our professional caregivers, including primary care providers, help patients and families prepare for difficult decisions by engaging in clinically grounded advance care planning. In addition, our clinicians specializing in palliative care and ethics, work with patients and their families to navigate extraordinarily difficult and uncertain decisions and help to interpret and apply advance directives. Having a more effective form will help alleviate the difficulty and reduce the uncertainty involved in these decisions.

We believe that updating Oregon law will explicitly enhance an individual’s exercise of religious and cultural freedom through better articulation of the values informing a health care decision, a change consistent with Catholic teaching. Retaining safe-guards to protect institutional conscience and vulnerable persons helps ensure that the public order is also maintained. Additionally, it is our hope that and updated form could help patients and their loved ones discern whether treatments under consideration are proportionate and offer a reasonable hope of benefit (ERD 56) or are disproportionate and do not offer a reasonable hope of benefit (ERD 57).

Our tradition is further inspired by the teaching of *Evangelium Vitae* (in English: *The Gospel of Life*) #73, part of Pope John Paul II’s 1995 encyclical. Providence believes it is essential to participate in forming a law clearing the path toward lessening the likelihood of an individual’s decision to choose euthanasia. Such a path is reflected in a process to empower Oregonians to have meaningful and clear advance care planning documentation. Today, based on information from the Oregon Health Authority, we know one of the most common reasons cited for pursuing physician-assisted suicide is loss of autonomy - and we see House Bill 4135 as part of a faithful response to that need.

HB 4135 maintains current patient protections

Finally, for the record, Providence strongly opposes any suggestion that the intent of House Bill 4135 weakens current safeguards which prohibit health care representatives or third parties in Oregon from withholding food and fluids from conscious patients with dementia or mental illness. Providence has been engaged in stakeholder discussions about this legislation since the beginning and reviewed the proposed bill a number of times. Based on this and testimony by legislative council during the 2017 session, it is our understanding that current law and House Bill 4135 require that comfort care, including reasonable efforts to give food and water orally, will always be offered, and these measures cannot be removed by a health care provider or a health care representative.

Providence appreciates the legislature's continued effort to decipher the facts and make the prudent decision on behalf of all Oregonians. Good health outcomes, for both patients and families, are based on good information and the current advance directive form doesn't allow for clear expression of wishes. We hope you will join Providence, and the large coalition of advocates, in support of House Bill 4135 – consensus legislation that will enable patients to share their values, religious beliefs and preferences in a way that respects cultural differences and individual perspectives.

Sincerely,



Dave Underriner
Chief Executive, Oregon Region



Nicholas J. Kockler, PhD, MS
Endowed Chair in Applied Health Care Ethics
Regional Director, Center for Health Care Ethics