

Chair Prozanski and members of the committee,

My name is Phil Guidotti, and I'm a Registered Nurse living in Central Point, Oregon. I have worked with end-of-life patients since 2009, including patients in a skilled nursing facility, on comfort care, and in the critical care setting. My work has brought me in contact with many patients and family members considering end-of-life decisions. I have worked with palliative care and hospice specialists as well.

In my time working as a nurse, it has become clear to me that Oregonians need to consider end-of-life decisions more proactively. The vast majority of my nurse and physician colleagues agree that patients and families would be better served by thinking through their end-of-life decisions in advance. Time after time I've seen families grappling with the excruciating decisions that come with end-of-life situations when the patient hasn't clearly expressed his/her wishes in writing. Merciful comfort care measures are often delayed while families agonize over care decisions that should have been made while the patient still had the mental capacity to make his/her own decisions.

I've read a number of the pieces of opposition testimony, and I'm surprised at the mention of withholding food and drink. I'm surprised by those that voice fears that lives will be ended prematurely. In my experience as a nurse over 9 years, I've never felt that I was in a situation where a patient was being pushed toward death faster than God or nature intended. My colleagues and I take every step possible to follow the wishes of the patient, and when those wishes are not able to be communicated, we follow the wishes of the family member, healthcare representative, or power of attorney. In my experience, lives are NEVER ended prematurely in the hospital setting. We ALWAYS give food and drink to comfort care patients when patients or appointed family members request it.

Patients lives are in fact often extended unnaturally in the hospital setting due to poor communication of the patient's end-of-life wishes. Full active treatment is often a very unpleasant experience. Chest compressions aka CPR, while potentially life-saving, can break ribs. Needle sticks are a frequent occurrence for lab draws and medication administration. Full active treatment focuses on doing everything possible to keep a patient alive in order to heal them, even if great discomfort is part of the equation. This path is not appropriate for everyone near the end of their life. Every patient should be encouraged to make end-of-life decisions proactively so that healthcare professionals like me can fully serve their wishes.

With these elements of end-of-life care in mind, I write today in appreciation of all the legislators and stakeholders that have worked to improve the Advanced Directive form and process. Advanced Directives should be made as available and accessible as possible, so that every Oregonian can make the decisions that are right for them.

Therefore, I urge you to support HB 4135 and pass it through committee today.

Thanks for your consideration,

Phil Guidotti
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