

I am Dr. Brick Lantz. I am a board certified orthopedic surgeon in private practice and Oregon State Director for American Academy of Medical Ethics. I appreciate your hard work on this bill and your desire for the best care of patients in Oregon. I would like to voice my opposition to HB 4135. Situations at the end of life and chronic conditions are difficult to treat and require careful thought and empathetic care. This bill includes those close to death, those permanently unconscious, those with advanced progressive illness, and those with extraordinary suffering.

As physicians it is important that we practice with certain virtues. The four essential virtues are autonomy, justice, beneficence (doing good), and non-maleficence (do no harm). Autonomy (rights, privileges, and choices as individuals) is important. But autonomy is not the most important virtue. Society and healthcare do not function well if these virtues are not in their proper order. The first virtue to consider is non-maleficence. This dates back to the time of Hippocrates. If we do not practice with “do no harm” as our initial virtue, we will lose trust in physicians and healthcare providers.

Death due to dehydration can be cruel. I commonly treat patients with dementia, Alzheimer’s disease, and terminal cancer. I have had the privilege of caring for patients with cerebral palsy and muscular dystrophy. I have witnessed suffering in many areas of the world on mission trips including Africa, South America, Eastern Europe, and Haiti. I have been at the bedside of dying patients.

I want to treat all patients, all individuals with equal respect and dignity. This bill imposes greater risk to vulnerable patients. Those with dementia and loss of consciousness may be taken advantage of by those that view the patient’s life as unworthy and costly. Are all human beings intrinsically valuable, or does worth depend on their ability to contribute to society? I am concerned about abuses in care of these patients. Will decisions be made because of our inconvenience in caring for them, or their financial burden to us or to society?

This bill goes against adequate informed consent. Patients and family need to be fully informed of their options and consequences of their choices in regards to tube feeding. The positive and negative impact of withdrawing food and hydration will vary with each different and unique medical condition. The vast majority of lay people will not understand the consequences of terminating or withholding food and water. There are many conditions in which tube feeding and hydration provide substantial comfort. I do not believe that physicians with experience in palliative care would advocate for these changes in advanced directives.

There is potential for abuse based on the definition of medical terms. “Advanced stage” is open to interpretation. “Medically confirmed” requires a “second health care provider”. Could that be a nurse or therapist? “Permanently unconscious” is requiring a single opinion. Many times single opinions are wrong.

A person’s faith is given little significance in this bill. “...to confer with a member of the clergy of the patient’s religious tradition” is quite vague. What religious traditions are the same? Are Protestants, Catholics, monotheists, Christians, and Jews the same? Views can be very different among clergy.

End of life decisions are complex. We should always assume as a default the route least likely to allow another party to usurp a patient’s wishes. This bill turns the default around. This bill places a massive dose of government influence on a patient’s end of life decisions. These decisions need to remain in the patient’s family and personal advocates, not the government, with good informed consent.

Thank you, Brick Lantz MD