

Date: March 18, 2019

Re: Opposition to House Bill 2217

House Health Care Committee

Dear Chair Salinas, Vice Chair Hayden, Vice Chair Nosse, and members of the committee,

I have been a medical physician for 53 years. I have been on the OHSU Radiation Oncology faculty since 1972. I was chair of the OHSU Radiation Oncology Department from 1989 to 2005, and I am currently Emeritus Professor of Radiation Oncology at OHSU. I continue to practice medicine. I have cared for many thousands of patients with cancer. My first wife died of cancer in 1982. I have studied and written articles about assisted suicide for many years and have learned of its many inherent dangers to patients, medicine and society.

House Bill 2217 is one of the four bills proposed in the 2019 Oregon Legislative Assembly that would eliminate the limited safeguards in Oregon's assisted suicide law. If these "safeguards" are eliminated, then members in medical fields, doctors specifically, will have a wider opportunity to end their patient's lives.

Specifically, House Bill 2217 adds the phrase "or delivering by another method" which authorizes and permits injection or inhalation of lethal drugs. A patient would only have to push a button to open a valve in the IV and lethal drugs come flowing into their body. It is the same actions with a facemask that has lethal gas hookup through a tube.

You cannot get around the fact that inhalation through a facemask or lethal drugs through an IV is euthanasia, even though self-administered. The problem with this setup is that very easily another person could administer the drugs without the patient having any knowledge of what is going on. In other words, the patient is killed without giving their consent or even being aware of it.

In 1996, an Oregon doctor illegally euthanized a comatose terminally ill woman. The doctor was not prosecuted and the Oregon Medical Board suspended his license for only two months. Although this is currently illegal, the four bills would allow Oregon doctors the legal ability to commit euthanasia.

The effect of HB 2217 would legally allow what happened to the comatose terminally ill woman to go on and to a larger group of people.

If the new language in this bill, or in the other proposed bills, had been included in the original Measure 16 language in 1994, would the citizens of Oregon have approved that measure? I think that most knowledgeable Oregonians would have respond "NO"; and that Measure 16 would not have been approved if it had included the proposed language.

I oppose HB 2217 for these reasons.

Dr. Kenneth R. Stevens, Jr. MD,  
Sherwood, Oregon