



BECAUSE EVERYONE DESERVES AN ADVOCATE

Date: March 18, 2019

Re: Testimony in Opposition to House Bill 2217

House Health Care Committee

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

Oregon Right to Life opposes all cases of euthanasia, whereby a person is deliberately killed through direct action or omission even if that act is by their permission. House Bill 2217 exploits a loophole in Oregon's assisted suicide law and targets one of Oregon's most dependent and vulnerable classes of citizens. HB 2217 is a sweeping expansion of Oregon's assisted suicide law.

Oregon Right to Life opposes HB 2217 for the following reasons:

- HB 2217 is in direct contradiction of what Oregonians were told when they passed Measure 16 in 1994. Oregonians were told by supporters of the measure that the law would not authorize lethal injection, mercy killing, 'suicide machines' or active euthanasia (see Measure 16 voter pamphlet statements).
- HB 2217 expands how the drugs can be used by removing the word "taken" and replacing it with the term "self-administer."<sup>1</sup> "Self-administer" is defined so broadly that the drugs could enter the body through an IV, feeding tube, injection, or gas mask. These alternative methods foreseeably require aid from another person and thus legalize euthanasia in Oregon.
- HB 2217 compounds a loophole in Oregon's assisted suicide law, making it easier for vulnerable Oregonians to be manipulated<sup>2</sup> into requesting a prescription and killed against their will.<sup>3</sup> Oregon's physician-assisted suicide law already lacks effective protections to prevent someone from administering a prescription to a patient illegally. If a patient has a suicide prescription and ends up dead, the assumption will be that they took it. Notwithstanding Section 2, this bill will exploit this loophole by adding ways a bad actor can more easily administer a suicide prescription, thus allowing more murders to be disguised as suicides.

Oregon Right to Life asks that you oppose this expansion and prevent Oregon from legalizing euthanasia.

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<sup>1</sup> HB 2217 Section 3 (12): "'Self-administer' means a qualified patient's physical act of ingesting or delivering by another method medication to end his or her life in a humane and dignified manner."

<sup>2</sup> Verbal and emotional abuse is the second highest form of abuse in Oregon.

<https://www.oregon.gov/DHS/SENIORS-DISABILITIES/ADULT-ABUSE/Documents/OAAPI-2016-Data-Book.pdf>, pg. 18.

<sup>3</sup> In 2016 alone, there were almost 4,000 reported victims of elder abuse. Between 2005-2016, 7,846 complaints were not filed with the online database.

[https://www.oregonlive.com/health/index.ssf/2017/04/senior\\_care\\_abuse\\_neglect\\_poor\\_care\\_hidden.html](https://www.oregonlive.com/health/index.ssf/2017/04/senior_care_abuse_neglect_poor_care_hidden.html), pg. 3.

# Measure No. 16

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## EXPLANATORY STATEMENT

This measure would allow an informed and capable adult resident of Oregon, who is terminally ill and within six months of death, to voluntarily request a prescription for medication to take his or her life. The measure allows a physician to prescribe a lethal dose of medication when conditions of the measure are met. The physician and others may be present if the medication is taken.

The process begins when the patient makes the request of his or her physician, who shall:

- Determine if the patient is terminally ill, is capable of making health care decisions, and has made the request voluntarily.
- Inform the patient of his or her diagnosis and prognosis; the risks and results of taking the medication; and alternatives, including comfort care, hospice care, and pain control.
- Ask that the patient notify next of kin, but not deny the request if the patient declines or is unable to notify next of kin.
- Inform the patient that he or she has an opportunity to rescind the request at any time, in any manner.
- Refer the patient for counseling, if appropriate.
- Refer the patient to a consulting physician.

A consulting physician, who is qualified by specialty or experience, must confirm the diagnosis and determine that the patient is capable and acting voluntarily.

If either physician believes that the patient might be suffering from a psychiatric or psychological disorder, or from depression causing impaired judgment, the physician must refer the patient to a licensed psychiatrist or psychologist for counseling. The psychiatrist or psychologist must determine that the patient does not suffer from such a disorder before medication may be prescribed.

The measure requires two oral and one written requests. The written request requires two witnesses attesting that the patient is acting voluntarily. At least one witness must not be a relative or heir of the patient.

At least fifteen days must pass from the time of the initial oral request and 48 hours must pass from the time of the written request before the prescription may be written.

Before writing the prescription, the attending physician must again verify the patient is making a voluntary and informed request, and offer the patient the opportunity to rescind the request.

Additional provisions of the measure are:

- Participating physicians must be licensed in Oregon.
- The physician must document in the patient's medical record that all requirements have been met. The State Health Division must review samples of those records and make statistical reports available to the public.
- Those who comply with the requirements of the measure are protected from prosecution and professional discipline.
- Any physician or health care provider may decline to participate.

This measure does not authorize lethal injection, mercy killing or active euthanasia. Actions taken in accordance with this measure shall not constitute suicide, assisted suicide, mercy killing or homicide, under the law.

Anyone coercing or exerting undue influence on a patient to request medication, or altering or forging a request for medication, is guilty of a Class A felony.

**Committee Members:**

Barbara Coombs Lee  
Eli Stutsman  
Pat McCormick\*  
William E. Petty, M.D.\*  
Mitzi Naucner

**Appointed by:**

Chief Petitioners  
Chief Petitioners  
Secretary of State  
Secretary of State  
Members of the Committee

\* Member dissents (does not concur with explanatory statement)

*(This committee was appointed to provide an impartial explanation of the ballot measure pursuant to ORS 251.215.)*

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## ARGUMENT IN FAVOR

My name is Patty Rosen. I live in Bend and work as a medical educator. In 1986, my 26-year-old daughter Jody was diagnosed with terminal bone cancer. Operations, chemotherapy and radiation treatments did nothing to help Jody. Jody knew the remainder of her life would be spent dying ... in agonizing pain ... without hope.

Jody withstood the pain and mental anguish as best she could, putting on a brave face for everyone. As the cancer grew, Jody developed tumors under her skin. I could no longer comfort my daughter with a hug. It was just too painful for her.

Bedridden, unable to touch and be touched, unable to converse without pain, heavily drugged and hating it, Jody asked for my help in ending her life.

For several months, I resisted, as most mothers would. Could there be a miracle cure? Or a new treatment?

I finally agreed to help her when she told me after another painful chemotherapy session, "Mom, this isn't working. I'm only doing this for you. Won't you let me go please?"

I cried, but I finally agreed. She took the necessary medication herself and I was there when she fell asleep for the last time.

**Did I break the laws of government? Yes.**

**Did I break the more important unwritten laws of love and parenthood? NO!**

As Jody died, I crawled into bed with her. For the first time in months, I was able to hold my daughter in my arms as she died in peace.

Jody was a concerned, and caring person who knew exactly what she wanted. It was her right as a capable, rational adult to choose her time of death. Jody would have wanted Ballot Measure 16 to pass, if not to help her, to help the next person like her.

**Please vote yes on Ballot Measure 16.**

**Patti Rosen  
Bend, Oregon**

*(This information furnished by Geoff Sugarman, Oregon Right to Die.)*

*(This space purchased for \$500 in accordance with 1993 Or. Laws 811 §11.)*

*The printing of this argument does not constitute an endorsement by the State of Oregon, nor does the state warrant the accuracy or truth of any statement made in the argument.*

## ARGUMENT IN FAVOR

Those of us who wrote Measure 16 are family members who helped loved ones end their lives.

We are physicians and nurses caring for dying patients . . . counselors and clergy members offering comfort to dying patients and their families.

We are terminally ill people who believe it is our right -- not the government's -- to decide when and how our lives should end.

**Measure 16 allows dying patients who are rational, capable of making health care decisions, and acting voluntarily, the right to request a prescription for life-ending medication.**

**Under Measure 16, only the dying person may self-administer the medication:**

**Measure 16 does not allow lethal injection, mercy killing, or "suicide machines."**

Measure 16 allows family members and physicians to be present when the medication is taken.

**Requirements and safeguards under Measure 16:**

The process begins when an adult Oregon patient in the last six months of life makes a voluntary, oral request to the physician.

**The physician must:**

- Determine the patient is mentally competent and acting voluntarily.
- Get second physician's opinion on the diagnosis, life expectancy and mental competency of the patient. Inform the patient of all options including hospice, comfort care and pain control.
- Encourage the patient to notify family.
- Refer the patient for counseling if either physician believes the patient may suffer from mental illness or depression causing impaired judgment.

**Additional Safeguards:**

- 15-day waiting period.
- Written request signed by the patient, witnessed by two persons, at least one who is not a blood relative or heir to the person's estate.
- 48-hour waiting period from filing the written request to writing the prescription.
- Establishes reporting requirements to the Health Department.
- Punishes as Class A felony attempts to force or coerce someone to request medication to end life.
- Does not limit civil liability for medical malpractice, intentional misconduct or negligence.

**Vote Yes on Measure 16.**

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