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Testimony in strong opposition to HB 2217

Relating to Death With Dignity

House Health Care Committee

March 19, 2019

On behalf of Not Dead Yet and Second Thoughts Massachusetts

www.notdeadyet.org

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

I am the New England Regional Director for Not Dead Yet, the national disability rights group that has long opposed the legalization of assisted suicide. I am also the director of Second Thoughts Massachusetts, sister organization to Second Thoughts Connecticut. We are disabled people united against legislation and cultural messages that it's better to be dead than disabled.

I urge you to reject HB 2217, "Relating to Death With Dignity." The bill purports to formalize what assisted suicide promoters and the Oregon Health Authority itself have long stressed, that the requirement for self-administration is a foundational "safeguard" of the program. But self administration has never been an important part of the program, nor will it be if the bill is passed.

We know because of how the state responded to publicity that patient [Patrick Matheny](#) did not self administer his overdose. He was unable to swallow the drugs because of advancing ALS (Lou Gehrig's disease). His brother-in-law, Joe Hayes, helped him.

Dr. Katrina Hedberg of Oregon Department of Human Services said that "we do not know exactly how he helped this person swallow, whether it was putting a feed tube down or whatever, but he was not prosecuted." As Hedberg has said repeatedly over the years, the state's involvement in the assisted suicide ends with the dispensing of the narcotics. "We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves."

Another [anonymous patient](#) "had a PEG feeding tube inserted solely to allow him to have PAS [physician assisted suicide]." And a patient advocate at Oregon Health & Science University said that patients who cannot swallow would "need to have an NG tube or G tube placement," and then self-administer with a large syringe. In other words, anyone could administer the drugs.

So after Section 2 of the bill states that the drugs “must be self-administered by the patient and may not be administered on behalf of the patient by any other person,” right behind it comes Section 3 (12), which completely redefines self-administer as “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.”

What at first looks like a strengthening of safeguards is just so many words. There are no penalties enumerated when someone does not self administer. The bill already immunizes everyone involved,. All anyone – doctor, witness, person who delivers the drugs into the person’s body – has to say is that they acted “in good faith.”

The Bill is window dressing. It’s only purpose is to fool people and should be rejected out of respect for empirical reality.

Indeed, none of the ballyhooed safeguards actually protect people. The “safeguard” that people be diagnosed as terminally ill – 6 months are left to live – only guarantees that non-dying people will suffer the ultimate penalty because of trust in their doctors. Based on hospice data, at least [12%-15%](#) of the so-called terminally ill are not dying within six months. See the stories of [John Norton](#) and Oregonian [Jeanette Hall](#), who have both lived decades longer than predicted. There are certainly some Oregonians now dead from assisted suicide that would otherwise be walking around today, thankful that their terminal diagnosis was wrong.

Oregon Health Authority says that you can become ["terminal" because your insurance denies you lifesaving treatment](#), as experienced by [Dr. Brian Callister](#), [Stephanie Packer](#), and Oregonian [Barbara Wagner](#). Prominent Colorado disability rights activist [Carrie Ann Lucas lost her life](#) last month after her insurance company refused to pay \$2000 for the medication she needed.

The current law puts pressure on sick and disabled people to die, as detailed by [Kathryn Judson](#) (scroll to fourth letter). The law covers up abuses, like the attempted murder of [Wendy Melcher](#) and the defrauding of [Thomas Middleton](#).

The highly touted “safeguards” are so toothless that an heir can witness the suicide request, pick up the drugs, and because no official witness is required at the death, poison the person without fear of investigation.

The assisted suicide law [reimagine depression](#), not as an incapacitating malady that can in some instances lead to suicide, but as a rational response to the supposed “facts” of disability. But depression is treatable, death by suicide isn’t.

Oregon’s suicide rate continues to rise, and assisted suicide laws are part of the problem. Oregon must provide equal suicide prevention to everyone, not suicide for some and prevention for others. [Suicide contagion is real](#).

Oregon should focus instead on making sure that people have the choice of supports to live – and die – comfortably, at home, with pain controlled and dignity intact.