Death with Dignity

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Testimony in Opposition to HB 2217

Before the Oregon House of Representatives Committee on Health Care
March 19, 2019

On behalf of the Death with Dignity National Center and the Death with Dignity Political Fund, Oregon-based 501(c)(3) and 501(c)(4) corporations, I am providing written testimony in opposition of HB 2217 which is being heard today in the Oregon House of Representatives Committee on Health Care.

Our organizations trace our roots back to Oregon Right to Die, the state PAC which authored the original Oregon Death with Dignity Act, campaigned vigorously for its passage on the ballot in 1994, and defended it against the legislative repeal effort in 1997, again on the ballot. We represented Oregon pharmacists and physicians threatened by Attorneys General Alberto Gonzales and John Ashcroft, and the Justice Department for practicing lawfully under Oregon's groundbreaking death with dignity legislation. This case, *Oregon v. Gonzales*, resulted in a victory at the Supreme Court of the United States and provided validation of Oregon's right to govern medical practice as codified in the Oregon Death with Dignity Act.

I have been the executive director of these organizations for nearly 15 years, and I have personally helped advocates and local organizations in six other states and jurisdictions (Washington, Vermont, California, Colorado, the District of Columbia, and Hawaii) adopt legislation based on Oregon's model law. Currently, we are working with legislators and advocates in Nevada, New Mexico, New York, Maine, and Maryland in their efforts to adopt death with dignity legislation.

I am a social worker by training, and I hold a PhD in Social Work and Social Research from Portland State University, where I am an adjunct professor of social work.

Death with Dignity National Center stands opposed to the proposal in front of you today, which contains broad, undefined and risky language regarding methods of self-administration. Back when we drafted the original law, a pathologist named Jack Kevorkian was traveling around the country with a suicide machine helping people die. Some individuals in the Right to Die movement considered this man a hero. The founders of our organizations did not. They were committed to the idea that a terminally ill patient must self-administer the medication, and they were committed to the underlying principle that the law must be full of safeguards to protect the patient. That is exactly how this law has operated for over 20 years.

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These founders, the original authors of the Oregon Death with Dignity Act, considered whether or not medical equipment like a pump or other devices could be used to administer the lethal medication, and they determined medical equipment or any form of lethal injection was too risky to allow because it could not be properly safeguarded to ensure the patient was fully in control.

This mindset has not changed since the passage of the law. In 25 years, the Oregon Death with Dignity Act has worked as intended. It strikes an appropriate balance between creating a protocol for qualified terminally ill adult Oregonians to access medications to hasten death while at the same time making sure that no individuals are harmed in the process. Our law is intentionally the most narrow in the world, balancing access with safeguards.

The proposed language in front of the House Committee on Health Care today destroys that balance. It does not define which devices might be used, potentially opening up the door for the type of device Jack Kevorkian was using that the original authors of the Oregon Death with Dignity Act sought to ban. We have asked the proponents of this bill, "What devices are you talking about here?" and we have been provided no concrete answers.

Not only does the proposed amendment to the Oregon Death with Dignity Act fail to define the types of administration devices that may be allowed, it also fails to provide any additional patient safeguards. The core tenets of the law are: self-determination, self-administration, and dignity. Without additional safeguards to cover the proposed changes, how will these core tenets remain protected? Allowing new methods of administration, even those rejected by the original authors 25 years ago, requires new safeguards to maintain the critical balance between access and safeguards to ensure the patient is in control and acting voluntarily in all phases of this process.

We are also concerned that there has been little if any consultation between groups representing physicians or patients, no efforts to engage the Board of Medical Examiners to seek their input, no information on who would decide what devices could be used, and no efforts to gauge how the public would react to such a significant and fundamental change in the law.

Finally, we have seen no public outcry demanding these changes. Patients are not driving these changes, nor is the Oregon physician community driving them. The Oregon Death with Dignity Act continues to work as planned, giving patients control over their final days while protecting them from harm.

In our opinion, this bill is much more than a technical amendment to the law. It is overbroad, written in a manner which is too vague, and does not contain the necessary safeguards to protect the patient.

We urge a no vote on HB 2217.

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