

LEAVE OREGON'S DEATH WITH DIGNITY ACT ALONE

Senate Bill seeks to recklessly expand an already dangerous public policy.

In 1994, the citizens of Oregon voted to allow terminally ill patients to shorten their lives within a structured certain framework. One of the physicians in our practice, Dr. Peter Rasmussen, was even a strong advocate for the Oregon Death with Dignity Act.

Under the current Death with Dignity Act the patient is required to make two requests for a lethal prescription, separated by 15 days before the prescription is written. This is to allow the patient to have time to think about their request, and to have time to discuss the matter with their friends and loved ones. If the patient obtains the lethal prescription, the patient alone must voluntarily and without assistance, consume the prescribed medication.

This last point is important for physicians. The American Medical Association and many other medical organizations have stated unequivocally that it is unethical for physicians to select injection sites, start intravenous lines, and supervise administration of lethal drugs in prisoner executions. These acts would violate a doctor's Hippocratic Oath to do no harm. The same moral concerns would be present should a physician use their medical skills to purposely shorten a terminally ill patient's life.

In our current legislative session, four legislative bills, HB 2217, HB 2232, HB 2903, and SB 579 have been introduced. SB 579 shortens the 15-day waiting period for the second request for a lethal medication to as short as the same day.

The 15 day waiting period is an important safeguard so as to ensure that the patient has thought thoroughly about their decision to take the prescription, before the prescription is in their hand. This specific safeguard ensures that the decision is not an impulsive one and was drafted into law as a protection for the patient. Removing the 15 day waiting period for persons near death, does not protect the patient and to a degree would make the patient vulnerable to harm by another person.

As a practicing oncologist, my observation, which is confirmed in the medical literature, is that many who have chosen death with dignity are well educated and successful. They chose to shorten their lives due to fears of loss of autonomy, loss in the enjoyment of life, and loss of dignity which occurs with a gradual dying process. Few choose death with dignity due to uncontrolled pain.

SB 579 seeks to expand the rights of individuals to shorten their lives, and to be allowed to die as quickly as possible. Many of us view an individual's desire to die as a failure to value and support human life, once an individual is no longer able to fully participate in the everyday activities of normal life, when they are no longer able to be productive. We reject the idea that

death has no value. We believe that the natural closure to human life has value to the dying person and to all who love and are able to care for him or her. We believe in the sanctity of life, that it is to be protected by all reasonable means possible. The ability to speed death can so easily be co-opted for evil purposes.

For all of these reasons SB 579 should not become law in Oregon. Leave Oregon's Death with Dignity Act alone.

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