

Date: 04/02/19
To: Senate Committee Members on SB 579 Hearing
From: Paul Kaplan, M.D.

Thank you for the opportunity to address this committee on SB 579. I apologize that I will be out of town for the hearing and greatly appreciate the privilege to provide written testimony on this bill. I will keep my remarks brief but am available to answer questions or provide more information if helpful.

I am a retired Reproductive Endocrinologist who has practiced medicine in Eugene, Oregon since 1979. For the past two years, I have served as a volunteer physician to End of Life Choices Oregon in Lane County. In this role, I have assisted a number of patients in their request to participate in the Oregon Death with Dignity Act at the end of their lives. I often participate as either a consulting or attending physician and visit patients in their homes to assist in this process. Access to Death with Dignity in Oregon remains difficult as only a limited number of physicians will participate and the process and timeline are not easy for patients and families to understand and negotiate. Organizations such as End of Life Choices Oregon have been invaluable in assisting patients through the restrictive requirements.

As you may know, many patients wait until their very last days to begin the process of requirements of the Death with Dignity Act. Although it would be ideal if everyone interested in using this law planned well ahead, this is often not part of human nature. I am not infrequently asked to see a patient who has terminated all medical treatment of their fatal disease after recent hospitalization, surgery, or final chemotherapy. A small number of these patients are in extreme discomfort despite hospice care, etc. and yet do not have the 15 days to qualify for the current law. Despite their ardent pleas, I am unable to help them obtain medications and to meet their desire to control their own time of death.

One example of such a patient in my experience was Frank O. Frank was a 74 year-old man with end-stage heart failure who had just been discharged home from the hospital at my visit. He was not a candidate for heart transplant or further treatment and was growing weaker by the day. Completely bedridden, he could barely eat without assistance and struggled to breath. He was a lifelong ardent believer in personal independence and death with dignity, and emotionally requested a prescription for Oregon Death with Dignity medications from me. During the 15-day waiting period, he became unable to self-administer the medications and eventually died of his medical complications in what could not be described as a "good death".

I believe that SB 579 would allow these exceptional patients to use the Oregon Death with Dignity Act and control their own lives in the manner intended by this law. I would be more than happy to provide any other information concerning my experiences with Death with Dignity care if needed. Thank you again for allowing this testimony and for your support of SB 579.