

To: Chair Prozanski, members of the committee,

Re: Opposition to SB 579.

SB 579 removes a critical safeguard to protect patients from their own impulsive decisions and from selfishly motivated family members. Oregon's assisted suicide law needs to keep the 15-day waiting period to protect Oregonians.

There has been a profound shift in attitude since the voters of Oregon narrowly embraced assisted suicide 25 years ago. A shift that, I believe, has been detrimental to our patients, degraded the quality of medical care, and compromised the integrity of my profession. Since assisted suicide has become an option, I have had at least 4 dozen patients discuss this option with me in my practice. Most of the patients who have broached this issue weren't even terminal.

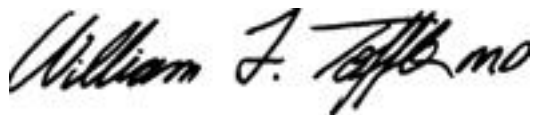
Many studies show that assisted suicide requests are almost always for psychological or social reasons. Pain is not among the five top reasons patients seek assisted suicide. In Oregon there has never been any documented case of assisted suicide used because there was actual untreatable pain. As such, assisted suicide has been totally unnecessary in Oregon. Additionally, arguing that patients in severe pain need to be able to quickly get a prescription to end their life is unfounded. If a patient is going to imminently die from their terminal disease, we possess the medical technology to make them as comfortable as possible during the two weeks now required for them to receive their lethal overdose.

Our job as physicians is to address all aspects of our patient's disease. We are to provide guidance on available options, while reiterating their inherent worth. Removing the waiting period shows a profound disregard for a person who is in the most critical time of need and devalues their inherent worth. How physicians respond to the patient's request has a profound effect, not only on a patient's choices, but also on their view of themselves and their inherent worth.

When a patient says, "I want to die"; it may simply mean, "I feel useless." When a patient says, "I don't want to be a burden"; it may really be a question, "Am I a burden?" When a patient says, "I've lived a long life already"; they may really be saying, "I'm tired. I'm afraid I can't keep going." And, finally, when a patient says, "I might as well be dead"; they may really be saying, "No one cares about me."

We are doing a disservice to them by removing a critical safeguard and allowing them to take their life within moments of a critical decision. We are enabling an impulsive decision and confirming that their underlying feelings of uselessness, being a burden, fear, and loneliness are true.

I regularly receive notices that many important services and drugs for my patients-even some pain medications-won't be paid for by the State health plan. At the same time, assisted suicide is fully covered and sanctioned by the State of Oregon and by our collective tax dollars. What we are telling Oregonians through SB 579 is that there is no value to their life in their last days for the sake of convenience and cheaper health care.

A handwritten signature in black ink that reads "William F. Toffler". The signature is written in a cursive, flowing style.

William Toffler, MD, Professor emeritus of Family Medicine