

May 2, 2019

Re: HB 2217

Senator Floyd Prozanski  
Chair, Senate Judiciary Committee  
Senator Kim Thatcher  
Vice Chair, Senate Judiciary Committee  
Members: Senators, Cliff Bentz, Shemia Fagan, Sara Gelsler, Dennis Linthicum, James Manning

Dear Senator Prozanski and members of the Senate Judiciary Committee:

My name is Donna Routh. I am a registered nurse and a Professor Emerita of nursing at an Oregon College. I am writing in opposition to the changes that HB 2217 would make to Oregon's Death with Dignity statute.

When the original Assisted suicide law was passed by Oregonians twenty years ago, it instructed that patients would need to obtain a prescription from a physician and then make all decisions about whether and when to take the prescribed oral medication. It was a very simple process with little direct involvement by health care professionals. HB 2217 would significantly change that process.

If a patient is unable to swallow the medication, the most likely route would be intravenous. This process would require the active participation of health care professional(s). A physician would order the medication and the insertion of an intravenous line. A pharmacist would prepare the IV admixture. The IV line would be inserted by another health care professional, probably a nurse. The proposed law states that the medication must be self-administered. A mechanism would need to be devised for the patient to administer the medication, no small task for someone who cannot take an oral medication and whose mobility, cognitive and/or neurological function may be limited.

I believe it would be inappropriate and unsafe for a non-health care professional to insert an intravenous access device. The proposed law stipulates that the medication must be self-administered. In addition to inserting the intravenous device, health care professional(s) would need to teach the patient how to access the medication and how to manipulate a syringe and/or Intravenous solution for the actual administration. As a professor of nursing, I have taught student nurses how to do these procedures for many years. These are complex procedures that require information and quite a bit of practice to become proficient.

The American Nurses Code of Ethics for Nurses with the accompanying interpretive statements includes the following: "The nurse should provide interventions that relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and may not act with the sole intent to end life." It is, of course, every nurse's decision about whether to follow our code of ethics, but I question whether inserting an intravenous line and teaching a patient how to self-administer an injection to end their life follows these standards.

I worry that the State of Oregon is moving from a very simple and straight-forward process to a potentially much more complex system than the law that was passed by Oregonians. My concerns are based on many years as a nurse, a nursing instructor and my involvement in bedside nursing and health care ethical issues.

Thank you for considering my concerns about this proposed legislation.

Yours truly,

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