

Chair Prozanski and members of the Oregon State Senate Judiciary Committee,

I have been a medical physician for 53 years. I have been on the OHSU Radiation Oncology faculty since 1972. I was chair of the OHSU Radiation Oncology Department from 1989 to 2005, and I am currently Emeritus Professor of Radiation Oncology at OHSU. I continue to practice medicine. I have cared for many thousands of patients with cancer. My first wife died of cancer in 1982. I have studied and written articles about assisted suicide for many years and have learned of its many inherent dangers to patients, medicine and society.

Opponents of assisted suicide, including myself, have been warning all along that assisted suicide laws lead to euthanasia, and House Bill 2217-A confirms their suspicion.

House Bill 2217-A, even as amended, permits euthanasia and is dangerous for Oregon's most vulnerable.

HB2217 was originally introduced for patients who could not ingest medication on their own to be able to take lethal drugs by some other means such as an IV or inhalation of a lethal gas. Despite assurances from proponents that the patient would push the button or lever, this still arguably constitutes euthanasia. Regardless of who pushes the button, someone else would be required to physically set up an IV or inhalation tubing that would be connected to a container of lethal drug and in turn would be connected to the patient's body.

The problem with this setup is that very easily another person could administer the drugs without the patient having any knowledge of what is going on. In other words, the patient is killed without giving their consent or even being aware of it.

If the new language in this bill had been included in the original Measure 16 language in 1994, would the citizens of Oregon have approved that measure? I think that most knowledgeable Oregonians would have respond "NO"; and that Measure 16 would not have been approved if it had included the proposed language.

Oregonians have reason to oppose the expansion of an already harmful assisted suicide public policy. Assisted suicide and its inevitable next step, euthanasia, exacerbate the existing problem of rationing health care — especially for those at an economic disadvantage. That's because one sure way to control health care costs is to eliminate the patient. The drugs used in an assisted suicide are far less expensive than continued care. Rationing by means of death drugs has happened, as when the Oregon Medicaid program refused to cover life-extending treatment for a Springfield woman in 2008, but agreed to fully cover assisted suicide instead. Economics should not dictate whether a person chooses to live or die.

I ask that you oppose HB 2217-A.

Thank you.

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