Testimony of Charles Lobdell
Certified Registered Nurse Anesthetist, Retired
HB 2217

I am Charles Lobdell, a retired Certified Registered Nurse Anesthetist with 30 years experience of clinical anesthesia administration. I am a strong supporter of Oregon's Death with Dignity law. I have worked in every hospital setting as well as several private surgical operatories. Because of this experience, I have been asked to render an opinion on HB 2217 which would allow the self-administration of lethal doses of intravenous anesthetic agents by a three channel pump.

I have no qualifications to comment on the law but I am qualified to render an opinion on the automated medical process proposed. If I understand correctly, the patient would have been administered intravenous access in some fashion. Due to the burning sensation caused by propofol injection in a standard peripheral IV, a central circulation line, or a PICC line, would be placed.

(In actual clinical practice, the burning problem in a peripheral IV is alleviated by adding a local anesthetic, lidocaine 50mg, to the propofol injection.)

Regarding the central access line, it is a long small-diameter tube. Under most conditions it functions well but it has the same difficulties that of a standard IV. Connections can come apart. It can be occluded, bent with arm movement, or become infiltrated. From a very practical perspective, the most common problem with them is they can be functioning well but a high pressure injection is necessary. These pumps are equipped with an alarm system which is activated under these circumstances. The auditory alarm can be disabled but a red light would blink and the pump would possibly stop. Given the situation of family members watching a much hoped for smooth transition, this simple problem could raise the tension level immediately. Who intervenes? Who fixes this simplest of problems? Does a family member restart the pump?

Meanwhile, the patient has been given a partial dose of medication and it doesn't take much imagination to understand the situation, a very rapidly unfolding disaster. The onset of paralysis by the proposed large dose of pancuronium bromide could be uncomfortable to watch given inadequate propofol, even in the unconscious patient.

Good legislators, I picked this one oft occurring problem to try an illustrate a point. This is a highly invasive procedure. There is no such thing as a guarantee of a smooth transition with an automated system, particularly without the option of injection of additional doses of medications. What is being introduced is the possibility of severe physical patient discomfort as well as marked emotional family trauma. I urge you to please not support this bill and search for another solution for the patient unable to swallow. Nasogastric, orogastric or gastrostomy tubes are a solution to administering oral meds.