Date: May 9, 2019
Re: Testimony in Opposition to HB2217 A

Dear Chair Prozanski, members of the committee:

I am a Board-Certified psychiatrist and have been practicing in Oregon for over 18 years and have thirty years of experience. Currently my psychiatric practice extends from Harney County to Douglas County. Part of my work I have been taking care of nearly 160 patients who have various psychiatric and neurological conditions, and many are elderly, those with various forms of brain injuries and residing in care homes and we provide the end of life care for many of them in these homes.

As a psychiatrist I have spent my career in serving those with various mental illnesses, those who struggle with thoughts of suicide and some end their life by suicide. My work involves saving life and not killing life!

I am opposed to HB 2217 because of 4 reasons:

1. Diminished Capacity for informed consent: There is serious challenges in capacity evaluation and obtaining informed consent in the terminal phase of life. At this stage in life the people are confused, with fluctuating consciousness, many cannot comprehend instructions or communicate due to language and speech limitation, have severe cognitive problems. They have a high likelihood of undiagnosed depression, dementia, fear, pain, fatigue, worry. The patient's ability to comprehend and express language is important in obtaining consent.
2. Turning Healers into Killers: It is inconsistent with my work as a psychiatrist where I have worked hard to prevent suicide. I help them remain safe. Even in the face of terminal illness, I have found the prediction of the days they are expected to live is false and the days in their life can be spent in helping them resolve their grief and transition smoothly. Unfortunately, in Oregon the death with dignity Act report shows only 1.8% of those who requested were referred for psychiatric consultation. In 2016, the median duration of the **patient-physician relationship was 13 weeks (range 1- 1905 weeks)**.

3. Price Gouging and exploitation: One worries if this bill will lead to preying on those near death by the industry and other interest groups as there is already price gauging by the manufacturers of death penalty and assisted suicide drugs. Some have increased the price as much as $25000 from the dying vulnerable people while only 0.6% of Oregon physicians prescribed it! I hope this does not lead to people profiting from those near death? Instead why not expand Hospice or palliative care to the terminally ill and reduce suffering?

4. Ethical Slippery slope: Oregon's Death with dignity act data shows **some very disturbing trends that needs to be addressed before we hastily make amendments and fast track the process by removing the 15 days waiting time**.

   Many non- terminal illnesses can become terminal only if one withholds or refuses treatment such as Diabetic refusing insulin, refusing kidney dialysis due to mental illness, cost or other barriers.

   How to account for the **Botched procedure in 7 patients (0.6%)**? One third of the patients who received prescription never took them and it supports the fact that **many are ambivalent**. When the waiting period is eliminated there is risk that we may end up killing those who would have changed their mind!

   This ethically complex bill requires thorough consideration as no medical association has been able to take a clear stand. What is the real motive behind such a haste to pass this bill through and remove any safeguards? **Oregon is a leader in many important landmark legislations.**

   Let us not be in a haste to get such an important bill without thorough ethical or deeper scrutiny and in such a haste! There is no clarity as to **who is the attending physician**? The hospital admitting doctor, covering doctor, the emergency room doctor or outpatient primary care doctor? The relationship between the treating doctor and the vulnerable end stage patient is asymmetric and there are **no safeguards in ensuring no one is coerced into making such a hasty decision**. If the patient can't decide, will the legal guardian be required to make the decision? Will this open the door for euthanasia for – minors, those in jails and prisons, if they cannot afford housing or medical care, those who have no insurance and cannot afford health care, swallow, those with mental illness or addiction or personality disorder etc.

   Will this eventually end in a similar situation as the infamous Operation T4 when the Nazi Ideologues turned Healers into Killers when they came up with the mercy killing theories?

   As a Physician I feel it is my ethical duty to oppose this and speak up. It is for these reasons I ask you to oppose HB2217

Satya Chandragiri MD