

Good morning. My name is Dr. Charles Blanke. I am a medical oncologist and end of life specialist. My clinic is located at Oregon Health and Science University, and I also make house calls throughout the state.

My practice is composed of terminally-ill patients interested in Death with Dignity. Last year I wrote more Death with Dignity-related prescriptions than any physician in Oregon. I have personally witnessed the profound impact and benefit of the Death with Dignity measure, as well as the frustrations patients experience because of the unintentionally ambiguous wording of the current statute. Those seeking death with dignity have a variety of reasons for doing so, but we know there is one consistent theme, seen in the overwhelming majority of these dying patients. It is a desire to regain some control. Many cannot achieve that goal because of the current language used in the statute.

I wrote the prescriptions for ~15% of the patients using Death with Dignity in Oregon last year. What that number does not reflect, however, are all the patients I, and others saw, who qualified for death with Dignity but were unable to use the measure. In fact, patients in my practice mirror those seen across our state. Approximately 80% have cancer, and 10% have Lou Gehrig's Disease. Many have swallowing difficulties and are afraid they will not be able to "ingest" the medications, as currently required by law. They are terrified they will only be able to force down a partial, non-fatal dose, and that they will then wake up, or worse, remain in a permanent coma. I am convinced some take their lives too early, because they are afraid their swallowing will only get worse.

Additionally, there are many terminally ill Oregon residents who, from the outset, cannot swallow at all. Though some well-meaning but medically inexperienced proponents suggest that using a feeding tube

would be a simple fix, most of those patients would be wholly unable to push the plunger of a syringe attached to the tube. They literally cannot self-administer the medication. These patients fully qualify for Death with Dignity but are being deprived of their chance to use a measure supported by 80% of Oregonians, because of a disability.

When we talk about terminally-ill patients who cannot ingest the Death with Dignity medication, it is important to understand we cannot relieve their suffering by any other means. We cannot offer them dignity, or autonomy, or control. This is the opposite of what the law intends, and it harms Oregon's patients.

No US state, including Oregon, allows euthanasia. The new wording does not change that position one drop, not legally or practically. It unambiguously still requires the patient to self-administer the medication, but it allows them to do so by a route the patient can actually use. There is no extra protection or particular dignity, offered to patients by requiring the lethal medications be taken by mouth, feeding tube, or rectum, all currently legal but often unfeasible routes.

Note Oregon physicians currently are not required to participate in Death with Dignity if they do not wish to. The new wording changes nothing from the doctors' perspective. It certainly doesn't force doctors opposed to Death with Dignity to take part, and it doesn't even encourage them to do so. Physicians who choose to prescribe using an intravenous route do not administer the medication. They are no more complicit in the patients' deaths than those who currently try to place a feeding tube, or than those who empty the capsules containing Death with Dignity medication into a glass of water, for patients with inadequate motor dexterity.

While we are still developing an effective intravenous combination, whatever the practicing physicians of Oregon come up with, it will still

be, in all cases, the terminally-ill patient who directly administers the medication-not the doctor.

Death with Dignity has worked exceedingly well in our State, for 21 years. The proposed, simple clarifications to the act restore what is undeniably desired by patients and by the vast majority of Oregonians- a chance for terminally ill residents to humanely control their lives and their deaths. Thank you.