

The Honorable Floyd Prozanski
Chair Senate Committee on Judiciary and Ballot Measure 110 Implementation
Oregon State Capitol
Salem, OR 97310

Chair Prozanski and members of the committee,

For the record, my name is Dr. Ben Colburn from Portland, OR. I work as a family physician for OHSU but am writing on my own behalf to request several specific revisions to the proposed bill text of Senate Bill 199.

As will be stated in my live testimony, I regularly counsel patients on the topic and help them to complete advance directive paperwork. I believe simplifying the advance directive document to be as patient-friendly as possible is a public health imperative with clear individual and financial benefits.

That said, I respectfully submit the following recommended revisions to this document in the service of making it even more easily understood and useful:

1. Page 1, Lines 24-25: recommend stronger rewording to include an additional advisory (“It is strongly recommended to review ‘Your Guide to the Oregon Advance Directive’ document to learn more about the options reviewed in this form so you fully understand the benefits and limitations of the medical treatments this form discusses. If you cannot find this document, please request one from your healthcare provider before completing this form.”)
2. Page 2, Lines 13-14: include an additional sentence to explicitly state that a notary signature is not necessary if signed by two witnesses
3. Page 2, Lines 17-18: clarify two sentences of this paragraph with an example for each to demonstrate their potential applications
4. Pages 3-5, Section 3A:
 - a. For each circumstance described (e.g. 3A1, 3A2, 3A3), create an abbreviated reference for each goal of care option for ease of reading (e.g. “Prolong my life at any cost”, “Prolong my life with certain limits”, “Keep me comfortable”, “Let my decision maker decide”)

- b. For each circumstance described (e.g. 3A1, 3A2, 3A3), revise listed care options #2-3 in each scenario (e.g. Page 3, Lines 39-44) to include CPR (“chest compressions to restart my heart”)
 - c. For each circumstance described (e.g. 3A1, 3A2, 3A3), list options in a way that precludes consent to chest compressions without use of a breathing machine as this is not medically possible.
 - d. For each circumstance described (e.g. 3A1, 3A2, 3A3), use a format that allows the patient to selectively consent to multiple interventions to promote greater patient autonomy (e.g. separate initial for chest compressions, breathing machine, IV fluids, artificial nutrition) or else create a fifth option for that includes IV fluids and artificial nutrition but not chest compressions and breathing machine.
5. Page 4, Lines 12-15: clarify if scenario is asking in the event of ANY or ALL of these circumstances. Current wording is ambiguous.

Thank you in advance for your consideration and commitment to this important issue.

Sincerely,

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