

Submitter: George Middlekauff
On Behalf Of: Self
Committee: Senate Committee On Judiciary
Measure: SB891

To the members of the Senate Judiciary Committee:

As a psychiatrist board certified to administer care to both adults and children and as a practitioner who has served many in Roseburg, OR since 1982, I am strongly opposed to SB 891. There has been a very significant rise in suicide attempts, suicide ideation, and both major and minor depression in OR as well as across our nation in recent years. I work everyday with such patients and can tell you that often there are reasons behind the desire for suicide even in terminal patients which when addressed will many times reverse a person's desire to end their life.

Removing the safeguards placed in the original law written in the 1990's such as requirements for residing in OR, a 15 day waiting period, a 48 hour wait to obtain a prescription for the medication used, a requirement for 2 witnesses to the administration of the medication, a requirement for a physical exam, & a recommendation for a mental health evaluation will result in patients who are already completely overwhelmed with their circumstances which render them to be extremely vulnerable to manipulation and coercion. Moreover, it is extremely dangerous to make witnesses out of personnel from a health care facility which may have its own reasons to end the life of such individuals.

I cannot overemphasize my opinion in opposition to SB 891. Remember that many with disabilities, dementia, mental illness, severe health problems, etc. need compassionate intervention to address their needs. Palliative care for those in extreme pain or distress is available and must be provided. Physicians who actually know the patient asking for assistance in dying are in the best position to begin to address his/her underlying needs and can connect the patient to needed resources.

SB 891 will result in healthcare professionals who are complete strangers to such patients with no knowledge of their circumstances providing the means to almost instantly commit suicide. It will encourage health care administrators and practitioners to take the "easy way out", enhance the bottom line, and forget about the priority of truly enhancing the well being of the suffering human being in front of them.

Respectfully,
George Middlekauff, MD, PhD