

February 27, 2025

RE: Oregon SB 1003



To Whom It May Concern,

I am an internal medicine doctor, practicing in Oregon. I am also the Medical Director of the Pacific University School of Physician Assistant Studies. As someone who has worked closely with the Physician Assistant/Associate (PA) profession for over 30 years, I would like to share my concerns about SB 1003 and I would like to share a story. I was caring for a 76 year-old man who came in with a sore on his arm. The sore was ultimately diagnosed as a malignant melanoma, and I referred him to two cancer specialists for evaluation and therapy. I had known this patient and his wife for over a decade. He was an avid hiker, a popular hobby here in Oregon. As he went through his therapy, he became less able to do this activity, becoming depressed, **which was clearly documented in his chart.**

During this time, my patient expressed a wish for doctor-assisted suicide to his oncologist. Rather than taking the time and effort to address the question of depression, or ask me to talk with him as his primary care physician and as someone who knew him, the specialist called me and asked me to be the "second opinion" for his suicide. She told me that barbiturate overdoses "work very well" for patients like this, and that she had done this many times before. Given his depression, I was very concerned about my patient's mental state, and I told her that addressing his underlying issues would be better than simply giving him a lethal prescription. Unfortunately, my concerns were ignored, and approximately two weeks later my patient was dead from an overdose prescribed by this doctor. His death certificate, filled out by this doctor, listed the cause of death as melanoma.

My patient did not die from his cancer, but at the hands of a once-trusted colleague who failed to take into account his depression, which could have been treatable. This experience made me question my understanding of what it means to be a physician. What happened to this patient, who was weak and vulnerable, raises several questions:

1. Trust: Currently in Oregon is a lack of trust in doctors, insurers and HMOs to give you and your family members the best care. Do you want to expand this to PA's as well? I referred my patient to a doctor I trusted, and the outcome turned out to be fatal.
2. Harm: The story that is currently told about assisted suicide in Oregon has been created by suicide advocates. The real story is far less palatable: <https://pubmed.ncbi.nlm.nih.gov/21122765/>
3. Influence: If you're the PA favors assisted suicide, will they let you know about all possible options or will they simply encourage you to kill yourself? The latter option involves often less actual work for the prescriber and saves the HMO money.

Suicidal ideation used to be considered as a cry for help but here in Oregon the only help my patient received was a lethal prescription, intended to kill him. Is this where you want the PA profession to go? Please learn the real lesson from Oregon. Despite all of the so-called safeguards in our assisted suicide law, numerous instances of coercion, inappropriate selection, botched attempts, and active euthanasia have been documented in the public record.

Protect yourselves and your families. Don't expand physician assisted suicide to the Advance Practice Provider professions.

Sincerely,

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