

March 16, 2015

To the Members of the Judiciary Committee

I am writing to submit my testimony in opposition to assisted suicide or aid in dying bill HB7015.

True dignity is caring for the dying by helping to manage their physical and emotional pain, and by supporting their care-givers. Many doctors and nurses in hospice say that better pain management and care are what are needed in the final months. Statistics show that depression is often cited as the main reason people choose assisted suicide, yet only about 2% of euthanasia patients are referred for psychological evaluation. Enforcement of these laws is difficult to impossible, which may harm many.

Other states and countries have passed similar bills, with good intentions and 'safeguards' written in to them. These safeguards are hard to enforce after the initial bill is passed. In Oregon, The Portland Tribune reported in May of 2006 that a woman had died the previous year at the hands of two nurses administering fatal doses of morphine and phenobarbital without the consent or knowledge of the patient's doctor. This was an obvious violation of Oregon law, however the nurses never had charges brought against them. This is not the only documented case.

Another consideration is for the family left behind. This is promoted as a quick and painless death to patients, which would be easier for all involved. Yet, things often go wrong which could make the death of a family member even harder on those left behind. Cynthia Barrett, a pro-assisted suicide attorney in Oregon described a botched assisted suicide. She said, "After he took it [the lethal dose], he began to have some physical symptoms. The symptoms were hard for his wife to handle". The wife called 911, as there was no doctor with them at their home. He was taken to a hospital and revived. Another example is a man named David Prueitt. He took the drugs and regained consciousness 65 hours later. Family members are strongly impacted by these deaths. It is not in anyone's best interest to watch distressing 'physical symptoms' or wait 65 hours for a loved one to die.

It is impossible to know how often the medications were given to people without their doctor's knowledge or how many people were revived after family members could not watch their loved one's prolonged death because there are no records. This should be of concern to everyone, especially Oregon human services, yet they state "We are not given the resources to investigate [assisted-suicide cases] and not only do we not have the resources to do it, but we do not have any legal authority to insert ourselves." Dr. Katrina Hedberg, Oregon Department of Human Services (DHS).

Aid in dying does not offer compassion to the dying or their families. Instead it offers a host of problems. Will the law be followed? Will records of all outcomes be kept and by whom? Will the mediations go only to those it is prescribed to? Will the death be prolonged and difficult for the family to watch without a doctor present to assist should problems occur? Will the state need to increase resources, such as the Department of Human Services to make sure cases are investigated?

In closing, this bill should not go forward. Better palliative care and support for care-giving family members are far more important for everyone to have the chance to die with true dignity.

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