

Testimony opposing HB 5898:

An Act Concerning Aid in Dying for Terminally Ill Patients

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I voice my opposition to HB 5898.

I am a retired nurse whose work experience pertinent to this issue includes employment in nursing homes, a public high school, a psychiatric facility and an oncology unit. I have aided people in dying by giving them support and making them comfortable.

Words have meaning. Changing the meaning of words is an effective tool in changing the culture, getting the culture to accept something that has never been OK. Promoting assisted suicide as aid in dying is no exception. The euphemism is far more palatable and even attractive, even though assisted suicide is a more accurate term, which I will use. Ironically, HB 5898 states in the first paragraph of Sec. 15 that nothing in it authorizes a physician or any other person to end another person's life by assisting suicide. I suppose this bill's proponents argue that prescribing and/or dispensing "medication" (a euphemism for drugs, as these substances in these doses are not medically beneficial) is not assisting a suicide. Is it that this action facilitates it? No, it seems the authors of this bill would say we're not talking about suicide at all since the death certificate resulting from the type of death authorized by this bill must have the underlying fatal disease listed as the cause of death.

I've spoken in past years about the problems with falsifying death certificates. They include the bad implications of forcing a physician to lie as well as skewing important statistics about disease morbidity. For one thing, as more people choose to end their lives this way, the data used in a physician's judgment will falsely support a premature estimate of "six months or less to live."

"Impaired judgment" is not defined in this bill, but I know that many people who suffer depression do not have impaired judgment, and thus would qualify for assisted suicide. In the yearly reports by the Oregon Health Authority, the top 3 reasons consistently given by patients who choose assisted suicide are loss of autonomy, decreasing ability to participate in activities that made life enjoyable, and, to a lesser degree, loss of dignity. The first 2 match up with symptoms of depression. If a depressed, terminal patient wants to end his life, we should not be helping him to do that, but should be referring him for treatment of the depression.

At the Mar. 14th press conference aired by Channel 8, Rep. Josh Elliott Hamden stated that the "aid in dying" described in HB 5898 would, and I quote, "only be available for the people with a diagnosis of 6 months of less to live and only people that are in deep, dire pain." I found nothing in the bill that the experience of any kind of pain was a prerequisite for dying this way, yet this is what the public who haven't read the bill perceive.

We are all vulnerable, to some extent, to suggestion, and to availability of things we normally would not use. The availability of “a way out,” such as a gun or potent medication in the house, has influenced suicidal action. Legalized assisted suicide for terminally ill patients has increased over the years in states and nations who have adopted it, and so has suicide in general. Do we really want this trend to continue? There are no requirements in this bill for reporting incidences and circumstances related to the death of patients ending their lives through its provisions, so we won’t even have the data to be able to evaluate the situation.

What about people who are physically incapable of self-administering lethal drugs? Will they claim they are being discriminated against? Will this lead to legalizing the administration of lethal drugs by injection?

What about patients who say they don’t really have access to assisted suicide? Will this lead to coercion of physicians and other health care workers as well as health care facilities to participate in assisted suicide? We really are on a slippery slope.

What will be the perception of vulnerable, depressed people, especially teenagers, if this bill is passed? I can imagine them thinking: “Suicide is a legitimate option. I don’t have a terminal illness, but I’m suffering so much psychological pain—it’s like being terminally ill.” There has, indeed, been a correlation between legalizing assisted suicide and an increase in suicide in general.

The bottom line is we are failing patients by getting physicians involved in patients’ taking their own lives. We must never abandon the patient to this lethal action.