HOUSE COMMITTEE ON JUDICIARY

SUBCOMMITTEE ON FAMILY LAW

March 11, 1997 Hearing Room 357

3:15 P.M. Tapes 36 - 41

MEMBERS PRESENT:

Rep. Ron Sunseri, Chair

Rep. George Eighmey, Vice-Chair

Rep. Roger Beyer

Rep. Peter Courtney

Rep. Charles Starr

Rep. Judy Uherbelau

VISITING MEMBERS:

Rep. Jo Ann Bowman

Rep. John Minnis

Rep. Floyd Prozanski

Rep. Lane Shetterly

Rep. Larry Wells

STAFF PRESENT:

William E. Taylor, Counsel

Lisa Fritz, Administrative Support

MEASURE/ISSUES HEARD:

Overview of bills relating to Measure 16

HB 2965 - Public Hearing

HB 3362 - Public Hearing

These minutes are in compliance with Senate and House Rules. Only text enclosed in quotation

marks reports a speaker's exact words. For complete contents, please refer to the tapes.

Tape/#	Speaker	Comments
Tape 36, A		
007	Chair Sunseri	Calls the meeting to order at 1: 06 p.m.
OPENS PUBLIC HEARINGS ON HB 2965 AND HB 3362		
023	Bill Taylor	Committee Counsel Discusses HB 2965 and HB 3362, those invited to testify, and documents distributed to the members.
035	Chair Sunseri	Comments that the bills being heard do not deal with the repeal of Measure 16. Defines personal and committee concerns, regarding the bills.
089	Rep. Eighmey	Courtesy is of utmost importance. Defines concerns and reiterates that the bills do not deal with the repeal of Measure 16.
121	David Schuman	Deputy Attorney General Discusses Measure 16 litigation after the 9th Circuit Court of Appeals' Decision.
170	Schuman	Continues testimony.
183	Chair Sunseri	Is there a date set for when the injunction will be lifted?
187	Schuman	Not at this point. Measure 16 could go into effect in about a month, but if every attempt for an appeal is exhausted, Measure 16 could be delayed for nine months to a year.
206	Rep. Minnis	Do you have any insights, or did the court give you any insights with respect to who might have standing?
211	Schuman	No, but from what they said, we can infer they are going to want someone who is in imminent danger of having Measure 16 operative upon them. Gives an example.
220	Rep. Minnis	Would that be true if the person actually committed suicide via Measure 16? Could the family member, who has an interest in it, continue the suit?
223	Schuman	Almost certainly, yes.
226	Rep. Eighmey	Assuming that the person died before they completed the suit, and a family member had to continue it, hasn't the court, in most of those

		cases, consider that decision moot?
235	Schuman	If the action was originally brought by the patient, yes. If the suit began with a next of kin or an estate, then it survives.
240	Rep. Eighmey	Do you think that the estate of the individual or next of kin would have legal standing if they initiated the law suit?
246	Schuman	That would be my best guess.
251	Rep. Eighmey	What would be the measure of the injuries? I would guess that it would be the length of time between when the person made the decision and when they died. Would that be, what you are claiming would be, the wrongful death period?
260	Schuman	I would imagine, if the plaintiffs were seeking money damages.
263	Rep. Minnis	Can you think of any other scenarios where someone might have standing?
267	Schuman	It's difficult. The Supreme Court has recognized a doctrine called "capable of repetition, yet avoiding review." Explains situations when the doctrine would be used.
283	Rep. Minnis	It's almost imperative that someone would have to commit suicide via this mechanism.
289	Schuman	I don't think the suicide would be necessary. I think once someone begins to "put the wheels in motion," then standing, it would seem to me, would be there, because there is imminent injury.
296	Rep. Minnis	Describe what would be to "put the wheels in motion?"
300	Schuman	I suppose the first step would be to approach the physician.
302	Rep. Minnis	So, it would be the initial approach to the physician?
305	Schuman	Something concrete.
308	Dr. Peter Rasmussen	Salem cancer doctor, founding member of longest existing Salem hospice Discusses process for physician-assisted suicide. Submits written testimony **(EXHIBIT A)**.
358	Rasmussen	Continues testimony.
TAPE 37, A		
006	Chair Sunseri	Do you see a necessity in having the physician, who prescribed the drugs, attend the patient through to the end of the suicide?
009	Rasmussen	I do. The procedure is so new, and there are so many complications that can occur. I plan to be there from the time the drugs are ingested until the death of the patient.
014	Chair Sunseri	So, you would sign the death certificate?

015	Rasmussen	That's right.
016	Chair Sunseri	Would you have a problem with allowing a nurse to fill that same role, of attending to the end?
018	Rasmussen	At first, I would not be comfortable unless I were there. If I ever develop enough confidence about the natural course of events, and it's comfortable for the patient and the family to have a nurse there, I could see that in the future.
022	Chair Sunseri	Do you see the value in the legislature devising a universal drug?
027	Rasmussen	I would recommend against that. I think the practice of medicine needs to be modified for each patient. Besides, there are certain drugs that won't work for certain patients.
043	Chair Sunseri	What do you do with those people that don't die? How do we help them?
047	Rasmussen	I would suggest treating the symptoms they have, always providing for the maximum comfort of the patient. But, if the suicide attempt fails, I think the patient would have to be supported through that event and then, if they want to try again later, they would have that option.
051	Chair Sunseri	I have spoken with a number of physicians about the ability of the average practitioner to diagnose depression, and the answer I've gotten is that they learn so little about that in medical school that they would not be very good at recognizing depression or mental illness. Is that an accurate assessment?
061	Rasmussen	I think there is some truth to that. But, there is a difference between being depressed about a terminal illness and being so depressed that judgment is impaired. Where that line is drawn is pretty easy to detect, but if there is ever any question, I believe there should be a psychiatric consultation with every patient.
071	Chair Rasmussen	Do you reliably know when a person is within six months of death?
076	Rasmussen	We don't know, as we are crossing that six-month line, with any reliability at all. However, toward the end, I think it becomes abundantly clear.
080	Rep. Minnis	Do you think it is possible for a physician to commit malpractice under Measure 16?
086	Rasmussen	I don't know about malpractice, but poor medical care, yes.
090	Rep. Minnis	How do you decide who is qualified to do this?
094	Rasmussen	I would think that, for the purposes of the Measure, only physicians who are actively engaged in clinical practice.
100	Rep. Minnis	What complications do you foresee?

102	Rasmussen	They could be many. I don't have any personal experience, but in reading literature from the Netherlands, I would predict many complications. Approximately 30 percent of their attempts fail, particularly when the mode of administering the drug is by mouth. Nausea and vomiting of the drugs can substantially reduce their effect and delay the death of the patient.
110	Rep. Uherbelau	Would you feel that the odds are greater for a physician to recognize depression if they had a history with the patient?
120	Rasmussen	Yes, especially if they were acquainted before terminal illness was diagnosed.
125	Rep. Uherbelau	Have you discussed, with your groups, death as it relates to our culture? To many physicians, death is a defeat.
132	Rasmussen	We have not had that discussion in the group referenced in the materials I distributed to the committee. However, that has been a recurring discussion for years within the ethics committee of Salem Hospital.
137	Rep. Bowman	Do you know what percentage of people are doing this without their doctor's help?
146	Rasmussen	I believe the number is small. In most cases, people want to live. Typically, those asking for suicide are asking for attention to their comfort needs.
156	Rep. Bowman	People who would want to take advantage of the Act would have a primary care physician, someone they have built a relationship with. In your opinion, would the primary care physician know what prescription and dosage the patient would need to ensure a successful death?
167	Rasmussen	Probably not. In my experiences, a large number of patients do not have a close relationship with their primary physician. Many had been fairly well until their diagnosis with cancer, so many have not had a primary care physician. I doubt anyone could say what dose would be successful. In the Netherlands, they initiate the suicide with drugs by mouth, but they have the option of moving to intravenous drugs. I don't think we would have that option, under Measure 16.
179	Rep. Shetterly	Did you participate in putting these qualifications together (page 2, EXHIBIT A)?
180	Rasmussen	Yes.
185	Rep. Shetterly	What qualifications would you use to determine whether someone is a resident? Do you think it would be helpful to have a definition to guide you in that respect? You also use the word "competent" frequently in this documentation. What guidelines or definition do you follow to determine whether someone is "competent? Would it be helpful to have the statute directly address that definition?
199	Rasmussen	The question of the residency is vague. I think it would be helpful if that issue were clarified. "Competence" is a medical term; "capability" might be more appropriate. However, there is a clear definition for "competency" known within the medical profession. Gives definition of "competency" in his own words.

213	Rep. Shetterly	Reads definition of "capable" in HB 2965. Comments that definition is close to the definition of "competence" that Dr. Rasmussen just related.
224	Rep. Courtney	Do you think assisted suicide is within the "scope of practice?"
242	Rasmussen	It seems to me that Measure 16 clearly defines "scope of practice." With the absence of that, it would be more questionable.
250	Rep. Courtney	Are we now going to have to reach back to medical schools, relating to what you just said about "scope of practice?"
258	Rasmussen	I think it would modify it somewhat. Physicians spend a lot of time and money to make small changes. I believe that a major role in the medical profession should be to maximize patients' comfort, dignity, and independence. I do think training for that needs to start in medical school.
282	Rep. Courtney	Do you think the magnitude of what we're talking about would give cause for need of a third opinion?
290	Rasmussen	I don't think so. The way this is outlined, there would be at least three physicians involved: the primary care physician, another physician, specializing in whatever is causing the death of the patient, and a psychiatrist.
302	Rep. Courtney	So, all that information gets back to the primary physician who will write the prescription and sit by the patient throughout this?
308	Rasmussen	As this group in Salem has defined it, yes.
312	Rep. Courtney	Does your procedure allow for the origination of assisted suicide to be with the doctor, or does it always have to start with the patient?
321	Rasmussen	Physicians caring for that type of patient always have those type of discussions. Patients are very quick to raise it on their own, in my experience. I think it would be a mutual decision.
349	Rep. Uherbelau	There is nothing in that definition (read by Rep. Shetterly) that says the patient would have to make and communicate those health care decisions. Would you include an understanding of the decision in that?
367	Rasmussen	Yes. I think an understanding of the consequences of the decision is an essential part of this. I took to cover the references to death, its meaning, and permanency.
371	Rep. Uherbelau	The part that says a person must have an understanding of death involves a very slippery concept. If you mean "understanding" to be death is irreversible, then that's no problem, but an "understanding of death" is different to different people and religions. Would you really include that in deciding whether a person is "competent" or "capable?" Obviously, they would have to understand that death is irreversible, but would it be anything more than that to you?
387	Rasmussen	We generally don't query people to make sure that they're philosophy is internally consistent or that they are consistent with their stated religious organization. In my practice, I leave that up to the patient. What would be essential, for me, would be for them to understand the health

		consequences of the decision they were making. I think understanding of spiritual consequences would be between the patient and his spiritual advisor.
TAPE 36, B		
009	Rep. Uherbelau	What do you mean, specifically, by "health consequences?"
014	Rasmussen	Fairly objective things, such as life or death, requirement for assistance such as hospital care, nursing home care, home care, loss of limb, level of independence, level of comfort, level of alertness. Those are all things that I would want people to understand before I would say they were "capable," under this Act.
018	Rep. Minnis	The bill does not require the physician to be present during the suicide or require the physician to sign the death certificate. Do you feel that ought to be part of the law?
025	Rasmussen	No. I think the law should provide a general range of practice that is acceptable for physicians, but how that is done should be left up to the physicians, as a group.
028	Rep. Minnis	If there is no proximity to the death and no subsequent signing of the death certificate, by the attending physician, it seems there is potential for a lot of confusion. It is often difficult for one to determine who the attending physician is. For example, if a patient has cancer, they may have three or four specialists caring for them at any given moment.
050	Rasmussen	I would agree with you in that there are times when that is not clear, and my thinking would be, for the purpose of Measure 16, the physician writing that prescription would be that attending physician. They would not necessarily have to be the primary care physician; they could be any physician who is actively involved in patient care.
056	Rep. Minnis	What does "in good faith" mean to you?
060	Rasmussen	I take that in much of a common sense manner: if the intent was to follow the law and to do what's best for the patient, then that would be in "good faith."
065	Rep. Minnis	I am the son of a woman who is being treated for cancer, who might become subject to this, and I'm confused as to who the attending physician is. Do I have some privilege to question whether this was done in "good faith?" How do we determine who the attending physician is?
071	Rasmussen	I would suggest the one who writes the prescription become the attending physician for the purposes of the Act. I think physicians should be involved in peer review. We need to share information, identify problems, and try to develop ways to improve.
081	Rep. Minnis	Aren't they usually done in secret?

084	Rasmussen	It certainly can be done in secret. If it is done in secret, those deliberations can't be subpoenaed by attorneys, but a lot of peer review is very informal. A lot of it is done just by physicians talking to each other.
086	Rep. Bowman	If I were diagnosed, told I had six months, and I started this process, we would never know if I could have lived eight months or another year, etc. How would you deal with that under Measure 16?
097	Rasmussen	Before I would certify that someone had a terminal illness, I would want to be quite confident of that. I would probably only make that finding during the end of that six-month period, when the patient becomes very ill. I think that people who want assisted suicide, don't want it until life become uncomfortable, unbearable -- when life becomes a fate worse than death. That would happen, rarely, six months from when the patient is going to die. Typically, that occurs during the last six weeks.
109	Rep. Bowman	I noticed that on the last page of your document, question 11 talks about suggesting the patient talk to a spiritual advisor. Ballot measure 16 does not require that. I'm curious why your group came up with that.
115	Rasmussen	For many people, death is a spiritual event, and their religion has much to say about life and death. It just makes good sense, to me, to encourage people to follow that step. When people rush toward suicide, that is exactly the time we need to put on the brakes and make sure they have thoughtfully considered everything about that potential suicide.
123	Rep. Uherbelau	The initiative, as it exists right now, requires consultation between a psychiatrist or psychologist to determine whether the patient is depressed. A proposed addition has come up that would add neurologist to that and make determining mental status more complex and in-depth. Is that objective enough of a standard for you?
143	Rasmussen	I think so. We are used to dealing with that kind of vagueness. I can imagine people who are so short of breath or so nauseated that all they can do is think about those symptoms, and that could distract them from making their decision. Therefore, I don't think depression would be the only situation where someone's capacity would be questioned.
153	Rep. Eighmey	Are you, or were you ever, involved with proponents or opponents for campaigning Measure 16?
161	Rasmussen	I did speak on the phone with some proponents of Measure 16, when it was before the public, and our ethics committee invited Dr. Goodwin, from Oregon Health Sciences University (OHSU), to come down and give a kind of debate, in an attempt to educate our medical community. I have not been involved with drafting or strategy behind Measure 16.
172	Rep. Eighmey	You think it would be important to have the prescribing physician be the attending physician.
193	Rasmussen	Attending physician, for us, is basically, who is in charge of the case. Within the hospital setting, we all understand, reasonably well, what an attending physician is: the one who's name is on the door, on the chart, etc. In an out-patient setting, the patient has many attending physicians.

		Attending physician, outside a hospital, is a vague term for us.
199	Rep. Eighmey	By "attending," you don't mean attending the suicide.
203	Rasmussen	That's right.
204	Rep. Eighmey	You would want to leave the parameters open, to let the physician decide whether he/she wants to be present when the patient takes the medication.
209	Rasmussen	Yes, I think that should be left up to the medical profession to establish what it thinks would be "good medical practice" in this area. As we begin this, there will be no "good medical practice" standards established. I think the profession, rather than the law, should define that.
216	Rep. Eighmey	In a moral, ethical, practical sense you and the members who have drafted this document have determined it is no longer a matter if this law is in effect, it is how it is in effect.
225	Rasmussen	No. The group was preparing for the availability of physician-assisted suicide through Measure 16, and once that has passed through, then we would put this into effect. This was in preparation for this becoming a legal procedure.
232	Rep. Eighmey	There will be, assuming the "if" is answered by the court, the moral, ethical dilemma for the physician, who may or may not choose to, and is not forced to, implement Measure 16. Is that correct?
238	Rasmussen	That's right. I think every physician has the right to not participate in physician-assisted suicide.
240	Rep. Courtney	Did you have a position on Measure 16 when the public voted on it?
246	Rasmussen	When the issue went to the voters, yes. When a similar issue came up in Washington, I was truly undecided. Even when it went to the public in California, I had not yet come to a definite decision. As our medical ethics committee discussed it, and as I discussed it with other physicians and community members, I decided that I personally do support Measure 16.
259	Rep. Courtney	Was it the wording or idea you supported?
263	Rasmussen	Both. If I were to define the ideal medical practice, or even the ideal law that would set the boundaries for medical practice, I might have done it differently. For instance, I think the prohibition against injectable drugs may cause a lot of patients a lot of grief. I understand that, politically, that was probably the only way it could get passed. I do support both Measure 16 and the concept of physician-assisted suicide.
274	Taylor	You mentioned standards and practices of the profession. Are they published?
277	Rasmussen	Sometimes they are.
280	Taylor	So, they may not be readily available to the average physician.

285	Rasmussen	Many of them are not, and many of them probably vary from community to community.
288	Taylor	What standard would a doctor look to if we left it to standards and practices? Wouldn't it be a difficulty for a physician to determine what his/her standards are?
289	Rasmussen	I think that is a problem, especially regarding a medical procedure that has never been tested in this country, and that's why we thought it was very important, to come up with the guidelines we came up with, to provide some kind of guidance to a physician who suddenly had a patient requesting physician-assisted suicide. I'm very pleased that OHSU is putting together a booklet covering assisted suicide, giving a lot of background on other health care providers who are faced with those questions.
298	Taylor	Let's say the attending physician writes the prescription, shakes the patients hand, and never sees him again. Would you say that doctor is acting under standards and practices of the profession?
305	Rasmussen	Certainly not to my standards or to the standards of the group.
318	Rep. Eighmey	I have never heard of family members pressuring someone into committing suicide, but there is always that fear. Have you, in your experience, seen any of that?
340	Rasmussen	I don't believe so. It is usually the patient who is entertaining the idea of a suicide, and the family is urging against it (or supporting it). I have never seen a case the other way around.
387	Dr. Larry Lewman	Discusses Administrative and Procedural Problems for medical examiners and police, relating to Measure 16. Submits written testimony **(EXHIBIT B)**.
TAPE 37, B		
030	Lewman	Continues testimony.
080	Lewman	Continues testimony.
084	Rep. Uherbelau	If a person is seen in a doctor's office, walks out of the doctor's office, goes shopping, and dies, a medical examiner does not get involved with those cases, do they?
089	Lewman	Yes we will. It is a death outside the confines of the hospital, so we would call the physician. If there is a history of disease or whatever, even the private practitioner can sign the death certificate, or the medical examiner can sign. Our obligation is to investigate the case. That may be anywhere from a couple of phone calls to a complete autopsy. It depends on the nature of the case.
	Rep.	If you called the physician, and they told you that the patient had

094	Uherbelau	terminal cancer and could go anytime, are you really go any further than that? Would you let them sign the death certificate?
098	Lewman	No, we would not go any further. We would let them sign the death certificate, as long as they can prove that death was caused by a natural, medical disease.
100	Rep. Uherbelau	Are you familiar with the "double effect" principle, where somebody is in severe pain or terminally ill, and you give them a dose of narcotics to relieve pain, but you also know they may die from the high dosage? If they do die from that, that doesn't go on the death certificate. It lists that they died form the disease the are dying from. Correct?
107	Lewman	That is correct, unless it was an overdose.
109	Rep. Minnis	Can you describe for us some of the manifestations that might be observed with a death of this nature? What would we, as law enforcement, actually see?
115	Lewman	You could see a wide variety of things. The individual may or may not be identified. They may or may not leave a note explaining what happened. They could, potentially, be from out of state. At a minimum, under current law, the medical examiner and law enforcement are going to investigate that case. There's just no way to avoid it.
121	Rep. Minnis	Would it be common for someone who takes this type of medicine to go into convulsions?
126	Lewman	If the medication is a stimulant type of medication, yes.
127	Rep. Minnis	Would it be common for them to bleed?
132	Lewman	They would probably not bleed with an oral overdose, but there may be discharge from the nose and mouth. There may be vomit or excretions, as some of the sphincters relax.
136	Rep. Minnis	Do you think additional training would be needed for law enforcement?
137	Lewman	Probably. It's hard to anticipate how many of these cases we may see.
139	Rep. Uherbelau	Are you saying that it is more likely than not for these people to have discharges, convulsions, etc.?
146	Lewman	Convulsions would be uncommon because the drugs for this procedure would be, primarily, sedatives. Discharge, excretions, vomiting, etc. would be expected.
149	Rep. Uherbelau	Is it not true that when people die naturally, those things happen?
154	Lewman	Yes.
155	Rep. Minnis	Currently, the law requires that you sign death certificates for all suicides.
157	Lewman	Yes. Any unnatural death (e.g. suicide, homicide, etc.) must be signed by a physician medical examiner. A prescribing physician could not sign a death certificate for their own patient.

170	Dr. Scott Reichlin	Oregon Psychiatric Association Submits written testimony **(EXHIBIT C)**.
223	Reichlin	Continues testimony.
273	Reichlin	Continues testimony.
323	Reichlin	Continues testimony.
358	Chair Sunseri	Even though the Measure itself says that no caregiver would be disciplined or punished as a result of participating in this, if a psychiatrist were involved in this, they could be charged with an ethics violation. Is that correct?
370	Reichlin	Assuming physician-assisted suicide were legal, we think so.
381	Chair Minnis	The Measure wants us to address depression and the potential for mental illness before we proceed. We've had testimony that a doctor or practitioner may not be able to recognize these conditions. Do you think it should be a requirement that these patients be referred to psychiatrists, to determine depression or mental illness, before this procedure could proceed?
TAPE 38, A		
005	Reichlin	It's our opinion that the psychiatrist would be the best person, in that circumstance, to provide an opinion. The problem with that is psychiatrists do not want to be viewed as the "gatekeepers" of the physician-assisted suicide practice. We haven't really defined what a "gatekeeper" is, but it is troublesome that every patient who enters into this process would need an "okay" from a psychiatrist to go ahead and commit suicide this way.
015	Dr. Jim Boehnlein	Oregon Psychiatric Association None of our training prepares us to decide whether a person is competent to commit suicide. Usually, we are on the other side of the coin; we are trained to prevent suicide, and we can be sued if one of our patients commits suicide.
019	Rep. Uherbelau	If your role is as a consultant, and that is the only judgment you make, how is that an ethical violation for your association?
029	Reichlin	The American Medical Association (AMA) has published a position that any participation in a physician-assisted suicide is unethical, and the American Psychiatric Association (APA) has signed on to that. In addition, there's a possible connection with participation in execution, where psychiatrists have been involved in determining if a death row inmate is competent to be executed. That is also considered unethical, unless certain guidelines are met. The guidelines distance the evaluations, somewhat, from the process of execution. It's hard to say whether this kind of evaluation would be very distant from the suicide itself.
	Rep.	In criminal trials, psychiatrists testify all the time about whether someone was competent or not in performing a criminal act. That could

047	Uherbelau	eventually result in that person being put to death, and there doesn't seem to be an ethical violation with that. Is that true?
053	Reichlin	That is true. I think the best way to conceptualize that is the proximity to the death, so the organization has made some guidelines, as a code of conduct, that would limit a psychiatrist's role. In testifying, the decision lies with the court, not the psychiatrist.
059	Boehnlein	That is not a typical doctor-patient relationship (in the court cases). What we are talking about here involves more of a doctor-patient relationship, and the evaluation that has to occur, because it is comprehensive, over more than just one sitting.
064	Rep. Uherbelau	I would like you to furnish me with the written positions of the organizations you spoke of. When you evaluate someone in a criminal trial, I would hope that evaluation, for purposes of the trial, is as extensive as you think this evaluation would be, because really, in this case, they are only sending someone to you for a consult. They are not asking you to enter into a doctor-patient relationship; they are asking you to make an evaluation.
072	Boehnlein	But, we wrote in our report that regardless how the committee felt about the issues, we felt that some cursory evaluation was not ethical. A rubber stamp, or an evaluation that involved a limited series of issues, was not appropriate. We had to look at biological, psychological, and social issues that would impact the decision, and those often go beyond the individual psychological state of the patient.
078	Rep. Prozanski	It sounds pretty hypocritical that your conduct says you have distance for a criminal setting. You are saying there is distance because you are not the final decision maker, but it's not distant when someone is being referred to you, for the purpose of evaluating whether they are competent to make **a** decision
086	Reichlin	My answer was a short-hand of way of trying to clarify the position of our organization, and maybe I went too far. However, I will say that, in the area in forensic psychiatry, many psychiatrists don't feel comfortable in a courtroom at all, and they don't feel psychiatrists should be doing that. But, the standard of the organization allows psychiatrists to testify in court, and they do so all the time. There are many factors involved. The bottom line is that the organization does allow some kind of involvement in courts, but they have drawn the line at this one.
100	Rep. Minnis	I don't see the conflict. I think I heard these gentlemen suggest that if physician-assisted suicide were deemed to be constitutional, the professional organizations would reconsider the issue. The death penalty has already been decided constitutional, so I don't understand that conflict.
109	Rep. Prozanski	Measure 16 has been ruled constitutional. There's not a court that has ruled it unconstitutional. Until it is ruled unconstitutional, don't you have to follow the same rationale? I have a problem with an organization saying they can go so far on one issue and stop at another.

117	Boehnlein	At the current time, there is a conflict with what has been considered to be ethical in our profession and what is now legal in the state of Oregon.
121	Rep. Prozanski	I would assume that in either setting, the finding of competence in trial or the finding of competence for the purpose of physician-assisted suicide, it's a choice, by the physician, to engage in that or not to engage in that. Is that correct?
129	Boehnlein	Yes.
130	Rep. Minnis	If you can do something in "good faith," you must also be able to do it in "bad faith." Something is determined to be done in "good faith," according to the standards and rules of the profession. In your testimony, physician-assisted suicide, which is now Oregon law, is contrary to positions of the AMA and APA, so I am trying to figure how you can, in "good faith," carry out the dictates of this statute, being in conflict with the standards of the profession to which you belong.
146	Reichlin	I don't think we have an answer to that, and I think that is part of the conflict that we wanted to bring to the committee's attention.
148	Boehnlein	I think that, in our organization, the people who felt strongly that there should be an option of physician-assisted suicide, were aware of that potential conflict, and it was upsetting.
152	Rep. Minnis	If that is true, then the immunities section of Measure 16 is not operable, as long as the AMA and APA continue with that doctrine.
156	Rep. Eighmey	In your preliminary comments, you said there were pros and cons, when you had to make this decision. Was there a vote or percentage taken for your consensus decision?
169	Reichlin	There was not a vote taken within the organization, so we don't have an exact number to give, regarding who was for or against it.
170	Rep. Eighmey	Then how did you come up with a consensus?
172	Boehnlein	This was a committee formed to look at the issue, and the majority of the introductory comments I made were all discussed within the group, over a one-year span. We discussed those, in great detail, and debated over the plusses and minuses. The greatest conflict was over what is ethical and legal, and that was shared by the entire committee. The role of doctors, in society, and the role of doctors, at the end of life, was also a consensus feeling. We differed on the role of doctors and how they should relieve suffering.
196	Rep. Eighmey	Discusses debates and dilemmas of the psychiatric profession, throughout history, and comments that this is just another dilemma that will eventually be solved. I think it would be safe to say that you will work through this and, eventually, come up with a consensus that you can live with this.
214	Boehnlein	Recently, psychiatrist have not been involved in such great debates (e.g. abortion), but this involves the whole of the medical profession, not just people in certain specialties. Certainly, the debate will evolve. This changes history in that it takes instruments of healing (i.e. medication)

		and allows them to be used as instruments of death. That is the bottom line of the ethical dilemma.
246	Bill Taylor	Committee Counsel I'd just like to point out that "good faith" is a very high standard, and it is a standard that is set through the legislative process. I think you would have a delegation problem if you were to say that some ethical board of a national organization could determine, for us, what "good faith is." I think ethics may be evidence of what is "good" or "bad faith," for legal purposes, but alone they cannot establish that standard.
259	Chair Sunseri	Do psychiatrists take the Hippocratic oath?
260	Reichlin	Yes.
262	Rep. Eighmey	The Hippocratic oath is not the original one that was the Hippocratic oath. It's the revised Hippocratic oath. The original one worshipped the Greek gods.
274	Chair Sunseri	Recesses at 3:15 p.m.
275	Chair Sunseri	Reconvenes at 3:26 p.m.
280	Thomas Balmer	Private practice lawyer and former Deputy Attorney General Submits written testimony in opposition of bills regarding Measure 16 (**EXHIBIT D)**.
322	Chair Sunseri	Do you think that Measure 47 should be amended when unintended consequences involve 22 police departments being shut down until July and 17 rural hospitals being shut down for something the voters were not aware of at all? Should the legislature amend that to keep them in operation?
329	Balmer	I think it's okay, but if Measure 47 were going to cause a huge lay-off of employees, that is something that should be looked at. However, that is very difficult to do.
336	Chair Sunseri	So, you are saying that it is okay to look at some of these things that are monumental and serious.
338	Balmer	I think that what's going to happen, as you are seeing with Measure 47, is that to amend, you are going to have to see passage by both houses and referral to the citizens, which is very, very difficult to do. Measure 16 can be amended, and after it's implemented for a couple years, I think it should be looked at to see whether it needs amended. I think the problem with Measure 16, or the attempts to amend it at this point, is that it sends the wrong message to all initiative petitioners: "You may win in November, but it's all up for grabs again in January." I think the people that supported Measure 16 played by the rules; it was proposed as statutory measure. If you start trying to amend something that hasn't been implemented, and you don't know whether there are problems with it, you are sending a message to petitioners that they may as well do them all as constitutional amendments.

380	Rep. Eighmey	As one of the proponents of Measure 16, I don't feel bound not to look at problems with the measure. The intent is not to override the will of the people; the intent is to make sure we implement that will correctly. Trial and error is something that often happens inadvertently, but if we can anticipate problems and address them now, that is the prudent way to do it, instead of waiting to see what the errors might be. I don't think the message we would be sending, if we do "tinker" with Measure 16, is to pass everything as a constitutional amendment. I think the message we should be sending is that we are willing to cooperate and implement the will of the people.
TAPE 39, A		
021	Rep. Minnis	Can you help enlighten me to how someone might be able to do this in "bad faith?"
033	Balmer	An example of "bad faith" may be a physician who simply set themselves up to be the "Dr. Kevorkian of Oregon," where all people have to do is call up, and they will get a prescription.
036	Rep. Minnis	You kind of opened the door to advertising, and assuming they do, you would consider that "bad faith."
039	Balmer	No, I'm suggesting that a physician, who doesn't consider the individual history or circumstances of the patient and simply writes prescriptions, would not be in "good faith" compliance with the Act.
050	Rep. Minnis	What do we look to in this Measure, concerning steps we have to follow for "good faith?"
052	Balmer	I think the bill assumes, as all legislation related to medical practice assumes, that doctors will exercise "reasonable care" in performing his/her profession. I think they would have to exercise similar care, under Measure 16, and those standards, as far as I know, are not specific, and not just regarding Measure 16 (i.e. termination of life support, advanced health care directives, treating with available medication, etc.).
063	Rep. Minnis	Do you represent any of the proponents of this Measure?
066	Balmer	No, I'm here as a private citizen.
070	Rep. Eighmey	"Good faith" is mentioned, throughout statutes, as a phrase; it is never defined. Normally, "good faith" is determined by a court of law that has set standards of "good faith."
080	Rep. Minnis	This whole area of immunities is unclear, particularly regarding "good faith" and what is "actionable."
086	Sen. Gene Derfler	District 16 Testifies in support of Measure 16, and cites personal experience, involving his father, to illustrate his position.
104	Rep.	In your personal experience, did you find that there was external pressure, or were the thoughts of physician-assisted suicide initiated by

	Eighmey	him?
113	Sen. Derfler	A few days before his death, he got an infection. I asked the doctor not to treat it, to just let him go, but he said he had to treat it because the infection was not the cause of his demise.
119	Rep. Eighmey	Did your father ever bring up the issue?
121	Sen. Derfler	Yes, he would have liked to "check out," and I would like to have that choice if I were in that condition.
124	Rep. Minnis	Was he in a lot of pain?
126	Sen. Derfler	He was not rational a lot of the time, but I don't know if he was in that much pain.
128	Rep. Minnis	You raise an interesting point saying he was not rational. He may not have qualified under this Act.
131	Rep. Uherbelau	Did the doctor say that your father could not refuse the treatment?
135	Sen. Derfler	The doctor had to treat the infection because that was not the cause of why he was dying.
140	Taylor	We asked Mr. Field to be here to address an issue involving ORS 127.885. Explains the conflict.
156	Dan Field	Oregon Association of Hospitals and Health Systems The Association has not taken a position on Measure 16 or any of the bills before you today. HB 3362, section six, outlines ORS 127.885, and there appears to a conflict between subsections two and four. Subsection two seems to preclude hospitals from saying to their medical staff "we don't want that to occur here," but subsection four appears to give any health care provider the ability to choose to participate or not, and health care provider includes hospitals.
198	Rep. Eighmey	You said subsection four says you are given the right to prohibit the practice; it only says you are not required to do it. There's a difference.
200	Field	That's right. However, we're concerned that we won't have the ability to say "We can't control what you do on your private time, but we don't want that to occur using our resources, or in our facility." That right, under subsection four, appears to be limited somewhat by subsection two, which says that if someone participates in this, against the hospital's policy, we can't take action against them.
213	Rep. Eighmey	This is not totally analogous to abortion. However, there is no prohibition saying you don't allow it, but at the same time, if a physician performs an abortion in a Catholic hospital, for example, you can't punish them. There is no law that says you can punish them.
	Joan	Providence Health System in Oregon My understanding is that the physicians, who agree to practice within a Catholic health care facility, fill out an application saying they will honor the values of that facility, while on their premises. If a physician did perform an abortion on that

230	Mahler	premises, the hospital could withdraw their medical staff privileges. It doesn't say they can't perform that procedure in another facility, but if they do so in the Catholic facility, the facility has the right to carry out their values.
241	Field	There are a lot of hospitals that don't do heart surgery. There are occasions where a physician may stretch the limits, and if there were an occasion where that physician would perform heart surgery, the board of that hospital would be able to take disciplinary action against that physician.
253	Rep. Eighmey	If there is an emergency situation, heart surgery, abortion, etc., and that procedure is performed, the hospital must determine if there is a contractual breech. That's all it is, a breech of contract. Therefore, there is civil action. If you denied the privileges of an individual physician, based upon an emergency situation, I would venture to say that line is very tight. The physician would have recourse for the hospital breaching its obligations.
273	Mahler	There is never an immediate censure. There is always an opportunity for that physician to be heard, and counseling is offered first. It is not a cut-and-dry situation at all.
277	Taylor	There is a constitutional issue here as well, under article one, section 10 of the Oregon Constitution. Reads last phrase aloud. It's obvious that if they have the right, the constitution may impose a remedy.
287	Rep. Minnis	It seems that where you have a hospital, whose origin is from a particular religious organization, there are constitutional guarantees. I do think it needs to be clarified, concerning the whole process of redress.
302	Chair Sunseri	I think we are talking about a voluntary contractual relationship, so the consequences are also voluntarily entered into. The doctor knows, in advance, the consequences of violating the agreement.
306	Rep. Uherbelau	Have you seen the language that attempts to deal with the situation you are talking about?
307	Field	Yes.
308	Rep. Uherbelau	I wonder, if we did something like this, do you think it would be too broad? If a physician violates an agreement, that cannot lead to their loss of license.
311	Field	Not the loss of license. It could lead to the loss of staff privileges and the ability to work in that hospital.
317	Rep. Uherbelau	But, this includes loss of license when they do that in a hospital which prohibits such, and I'm just looking at the breadth of this. This includes things that the hospital really wouldn't be involved with. Is that correct?
323	Field	Yes. I think the reason that language is in there is to attempt to parallel the immunity provision earlier on.
332	Rep. Uherbelau	We need to clarify what can be done in a hospital situation.
		We really don't believe that this will occur a lot in hospitals. We view

337	Field	this as occurring outside hospitals; we don't think people will come to hospitals to engage in physician-assisted suicide. If for no other reason, people don't stay in hospitals for over 15 days anymore, and that's the waiting period.
354	Rep. Courtney	It's going to occur in hospitals. It's going to occur in a lot of settings. If there are some safeguards and things we need to address in the hospital setting, we need to do it.
366	Chair Sunseri	I'm not convinced that it's out of the purvue of this committee that it needs to take place in some medical facility, which would certainly require that hospitals be a part of it.
372	Rep. Minnis	There are people without insurance, and those individuals would not seek treatment until they are very late in the progression of their disease, so they may show up in your emergency room.
385	Rep. Eighmey	With regard to subsection five, page four, isn't it possible that that concern, with regard to the hospital's contract, be addressed in a different way, rather than having the physician be subject to all these horrible things, if they performed this on a health care premises that prohibited it. Couldn't there be an exception (e.g. religious)? However, that's tough for those that are not religiously affiliated.
TAPE 38, B		
014	Field	I think your right. The language is fairly broad. I would caution you, however, not to limit based on religious objectives.
022	Joan Mahler	Director of Planning and Government Relations, Providence Health Systems in Oregon Submits written testimony on and proposed amendments to HB 3362 **(EXHIBIT E)**.
072	Mahler	Continues testimony.
083	Rep. Eighmey	Most of the definitions I have no problem with, but the "participation" concerns me. If your hospital does work with one of the pharmaceutical companies, who manufacturers the prescribed medication, under this bill, that is participating under the Act. Are you going to subject them to elimination of your contract with them because they do that? Gives another example. This would give you broad, sweeping ability to deny privileges, etc. to physicians, and I have some concerns about that.
104	Mahler	To be honest, I have not engaged in discussion about that, and I don't think we've really envisioned that as something we would be concerned about. I can ask if the concern exists, but it is certainly not a concern we've envisioned thus far. We don't intend on having the walls bugged. We very much respect the privacy and confidentiality of the physician-patient relationship, and we don't intend to be monitoring that in an intrusive fashion. What we're really trying to anticipate is a situation involving a provider, who becomes very active in this particular practice and is clearly outside the scope of our values, and we need to be able to address the situation. If they become a major prescriber of medications

		for this new law, that would be problematic for our organization.
124	Rep. Eighmey	I have a problem in that a physician or health care provider, who has a separate business off of the premises, is the one you subject to this.
129	Mahler	We would not be pursuing what happens within their own office or practice. What happens within their own facilities is not our concern; we are concerned with what they do on our premises.
145	Scott Gallant	Director of Government Affairs, Oregon Medical Association Introduces Kelly Hagen and Frank Barmeister.
153	Dr. Frank Balmeister	President of the Oregon Medical Association We have decided not to take a position. The physicians are very divided on this.
203	Balmeister	Continues testimony.
227	Chair Sunseri	We have heard testimony that if Measure 16 were implemented, psychiatrists would be subject to ethics charges. Would that be true for doctors at the national level?
234	Balmeister	There would be charges, yes. The AMA has come out strongly against the issue of physician-assisted suicide.
245	Rep. Minnis	It would be helpful to have another discussion about the difficulties medical practitioners may be having, with the Board of Medical Examiners, relating to prescriptions of narcotic medications for terminally ill patients.
262	Balmeister	Yes, the Board of Medical Examiners has, over the years, gotten the reputation of being somewhat heavy-handed in its discipline of physicians who use narcotics in the practice. The majority, have used narcotics in the instance of non-malignant chronic pain.
271	Rep. Minnis	Like arthritis?
272	Balmeister	Yes, and the diseases decrease the patient's quality of life. These doctors live in fear of the Board of Medical Examiners.
281	Rep. Minnis	I ask because I have arthritis, and my physician told me exactly what you said. As it relates to illness and chronic illness, they are in fear of over-prescribing narcotics for patients in pain.
300	Gallant	Legislation was passed last session, regarding prescribing for pain. It is an issue that is exceedingly complicated. We have spent a number of years trying to ensure a standard that is appropriate, so physicians are not put in a difficult position.
323	Rep. Minnis	I'm concerned that we provided immunity for physician-assisted suicide, but the fear persists for terminally ill patients or patients with chronic pain. It seems as if people don't have a choice here.
334	Rep. Uherbelau	It's just as Scott has said, in 1995, we passed a bill, concerning pain. That bill was brought to us by doctors who felt their therapeutic treatment was being interfered with. The bill we passed deals with that issue, and what I'm hearing now is the governing body of the doctors is still ignoring the bill we passed and the needs of their patients. I think that we have Measure 16 because the medical community has failed the

		patients, and I think if this continues to happen, Measure 16 is only the beginning. Unless the medical community gets the message, we're going to back here again, again, and again.
364	Gallant	We may not have done an adequate job in managing patient care in these circumstances as well as we should have, which is why, in part, we have taken an extensive amount of time to try to address end-of-life care for patients that best meets their needs, including the issue of pain. This is a very complex area. This is a "wake-up call," and I think we are trying to properly address it.
389	Chair Sunseri	Should doctors, who issue the drugs, be required to stay with the patient, until the procedure is complete, and then sign the death certificate?
TAPE 39, B		
005	Balmeister	I'm not sure why that would be necessary.
006	Chair Sunseri	The Medical Examiner was pretty emphatic about the problems it would create.
011	Gallant	I think there are some technical issues surrounding the process of Measure 16, regarding getting an appropriate prescription, etc., and we would be happy to respond to that in writing.
013	Chair Sunseri	We seem to have a dilemma, in that the Measure requires the doctors to address depression or mental illness, and we have heard testimony that practitioners probably don't have the training to recognize depression or mental illness. If this is something we have to address, and doctors are not able to do that successfully, how do we handle this?
021	Balmeister	I think mental health consultation would be an adequate guard against that.
024	Chair Sunseri	So, a requirement for a psychiatrist is what you are suggesting?
025	Balmeister	Yes.
045	Bob Joondeph	Executive Director of the Oregon Advocacy Center Submits written testimony on and proposed amendments to HB 2965 **(EXHIBIT F)**.
095	Joondeph	Continues testimony.
145	Joondeph	Continues testimony.
195	Joondeph	Continues testimony.
245	Joondeph	Continues testimony.
295	Joondeph	Continues testimony.
322	Rep. Eighmey	You are advocating that the term "capable" be substituted with the term "sound mind and memory," something we use in the execution of wills?
328	Joondeph	Yes, but only for the purpose of witnessing the document.
		I have a standard that I use. Whenever I have a client execute a will, I simply say, "Have you read this document? Do you understand this

334	Rep. Eighmey	document? Are there any questions you have about this document? Does it dispose of your property as you intended it to do so today? Do you believe you are of sound mind and memory? Do you know your relatives to whom you wish to leave your property? Is this in full compliance? Are you doing this voluntarily?" Then I turn to the witnesses and say, "Based upon the answers to these questions, do you believe this person is of sound mind and memory, and if so, are you agreeing to witness his or her signature on this document?" That's what I do to make sure the witnesses are knowledgeable of who this person is and that they are not being coerced in any way to sign this document. Is this what you are suggesting?
349	Joondeph	Yes.
352	Rep. Uherbelau	What else do you think a patient needs to understand about death (besides the fact that it is irreversible)?
362	Joondeph	As an attorney, I look to the case law that has evolved around capital punishment and some of the decisions that have come about in that area. There have been instances where individuals have been a day away from being executed, and people had noted they were making plans for what they were going to have for dinner the next night. Getting into a person's mind can get very complex, and obviously, death for individuals is going to be different, but I think what we were trying to get at, using this language, is within the context of their religious, ethical, world view, etc. this (i.e. death) is what we are looking at. This is the big "D."
TAPE 40, A		
001	Joondeph	Continues testimony.
020	Rep. Uherbelau	It is very important to explain what we mean by terminology. You use the word "euthanasia," and many people believe that to mean something bad. It's real meaning is "easier, gentle death." We need to differentiate between the notion to be active and the notion to be passive. Gives examples. Do you see a difference, in your mind, between what I would call "passive" and "active" euthanasia?
044	Joondeph	I'd like to answer that with a few examples. Cites examples, relating to mental retardation. I think there is still prejudice against people, particularly those with mental disorders, and we need to make sure that Oregon is not furthering a policy that would allow that to flourish.
076	Mike Dooey	Oregon Pharmacists' Association Introduces Paige Clark. We have no political motives here today, as the Association is neutral on these issues, but we would like to discuss some of the implementations.
085	Paige Clark, R.Ph.	Chairperson for the Statewide Pharmacy Taskforce on Measure 16 Submits written testimony on HB 2965 and HB 3362 **(EXHIBIT G)**.
133	Clark	Continues testimony.

153	Rep. Uherbelau	Is this group, you are speaking about, the interdisciplinary taskforce out of Oregon Health Sciences University?
154	Clark	It is.
155	Rep. Uherbelau	Are we going to have anybody from that taskforce testify?
157	Taylor	I believe we will have Dr. Tolle here tomorrow.
161	Clark	We are from the same body, and you will have a couple more pharmacists testifying as well.
164	Rep. Minnis	What was your first statement?
167	Dooey	The Association does not come here with any political motivates. We are neutrally based, and I am concerned that some may believe we are biased toward a side of Measure 16, so I wanted to make sure that was on the record.
170	Rep. Minnis	Has that always been the case?
171	Clark	Absolutely.
172	Rep. Minnis	Isn't it true that when Mr. Grass was president, there was opposition stated by the Association?
174	Clark	There were public statements that perhaps could have led to that indication.
177	Dooey	The Association did not take a position on Measure 16.
180	Rep. Minnis	That's your recollection. Ms. Clark, would that be yours as well?
190	Clark	That would be an accurate statement. The Association did not take a stand on this issue.
193	Dooey	There was discussion about the issue and the wording, but a position was not taken.
198	Rep. Eighmey	I like your proposal. My only concern is scenario number two. Do pharmacists now take a personal stand against dispensing birth control pills?
202	Clark	A pharmacist, when presented with a prescription, is to evaluate that prescription for appropriateness of dosage, drug interactions, etc. A pharmacist has the legal and professional right to refuse to fill any prescription. There is no requirement that a pharmacist must fill a prescription; that is left up to their professional discretion. Yes, there have been pharmacists who have refused to not fill particular prescriptions. Discusses arguments around the pharmacist, labeling, etc.
211	Rep. Eighmey	I'm not questioning that we should not label it correctly. I'm just saying that they can, in fact, refuse prescriptions because of personal beliefs.
213	Clark	Clearly, just as a physician could choose not to practice in a particular area.

217	Rep. Minnis	The purpose for this suggested, amended language is what?
222	Clark	To ensure that a pharmacist would know what the intent of that prescription is. There is no other way for us to know that right now, other than calling the physician.
225	Taylor	A pharmacist is within the definition of health care provider. Thus, within HB 3362, the pharmacist would have the conscience clause provision, and they could, in fact, say "no." This would also clarify, with the pharmacist's employer, why they would have the right to say , "no."
237	Clark	The reason that came up is that our counsel found that, by definition, we are "health care contractors." Therefore, we were advised that this could become a problem, if a case ever went to court.
254	Chair Sunseri	Is it possible to establish a drug that would be prescribed universally, in the state of Oregon, to successfully accomplish this procedure?
265	Clark	It is within the realm of possibility. I certainly cannot answer in definite terms that we could prescribe drugs "x, y, and z" and have zero failures.
269	Chair Sunseri	Dr. Rasmussen testified that all patients are different. It would seem to me that, regardless of what the illness is, we should be able to come up with a universal drug that will take care of it.
275	Clark	I am not comfortable answering that. However, if you reask that question tomorrow, I know you will get an excellent answer. I do believe that the patient's illness would have some impact on the decision of what drug(s) to prescribe.
294	Sharon Caldwell	Resident of Newberg, Oregon Testifies in opposition of bills relating to Measure 16. Discusses that Oregon would be the only place on earth allowing physician-assisted suicide by law. Relates issues to Nazi Germany. Comments that Oregon is not the "Pioneer State" but the "Guinea Pig State." Comments that no one can really make an informed decision because no one knows what it is like to be dead.
340	Caldwell	Continues testimony.
TAPE 41, A		
010	Peter Goodwin	Retired family physician and surgeon I think it's important to realize that this has been brought by the patients and their needs. Gives background on his career. Explains why he supports Measure 16, citing experiences and examples from his personal knowledge and experiences. Gives suggestions for making physician-suicide easier and better for terminally ill patients. Comments that he believes this concept is very different from suicide.
060	Goodwin	Continues testimony.
110	Goodwin	Continues testimony.
160	Goodwin	Continues testimony.

164	Rep. Minnis	Are you retired?
168	Goodwin	Yes, but I still practice. I'm just not paid by Oregon Health Sciences University anymore.
171	Rep. Minnis	Do you have any feel for which physicians are more competent than others to practice in this area? Should a retired physician come back to practice in this area?
175	Goodwin	I think it would be unnecessary for that to happen because surveys show a decent percentage of physicians are interested in this (46 percent said they "might participate").
179	Rep. Minnis	Is there something within the medical profession that would define who would be competent for this?
188	Goodwin	I believe those who care for the terminally ill would be the most competent for this issue.
193	Rep. Minnis	What does "to care for the terminally ill" mean?
194	Goodwin	It means to be certain that their needs are provided for, that one is listening and providing comfort care, supportive care, adequate pain management, etc.
200	Rep. Minnis	A physician could become a broker.
205	Goodwin	No. A physician could become a broker, but in my experiences, the relationship between the attending physician and the patient deepens so profoundly and rapidly that that would be rare.
209	Rep. Minnis	Wouldn't Dr. Kevorkian argue the same thing?
210	Goodwin	He may, but the fact of the matter is he is a pathologist who never practiced in this area, so I would doubt he really had the competence to deal with this.
213	Rep. Minnis	There are no safeguards that prohibit or regulate this, except "good will," according to the Board of Medical Examiners, whose business is usually accomplished in secret.
218	Rep. Uherbelau	When you spoke about "caring" for the patient, I took that as not meaning emotional care, but treatment. Is that correct?
224	Goodwin	Yes, but indeed there is an emotional component to the care of patients.
230	Chair Sunseri	Adjourns at 5:36 p.m.

Submitted by, Reviewed by,

Lisa Fritz, Sarah Watson,

Administrative Support Counsel

EXHIBIT SUMMARY

A - Bills relating to Measure 16, written testimony, Dr. Peter Rasmussen, Salem cancer doctor, 6 pages.

B - Bills relating to Measure 16, written testimony, Larry V. Lewman, M.D., State Medical Examiner, 3 pages.

C - Bills relating to Measure 16, written testimony, Dr. James Boehnlein, Oregon Psychiatric Association, 16 pages.

D - Bills relating to Measure 16, written testimony, Thomas Balmer, private-practice lawyer, former Deputy Attorney General for the Oregon Department of Justice, 2 pages.

E - HB 3362, written testimony and proposed amendments, Joan Mahler, Providence Health System in Oregon, 2 pages.

F - HB 2965, written testimony and proposed amendments, Bob Joondeph, J.D., Executive Director of the Oregon Advocacy Center, 3 pages.

G - HB 2965 and HB 3362, written testimony, Paige Clark, R.Ph, Chairperson for the Statewide pharmacy Taskforce on Measure #16, 2 pages.

H - Bills relating to Measure 16, written testimony, Ruth O. Currie, 1 page.