

1997 SENATE COMMITTEE ON HB 2954

May 27, 1997 Hearing Room F

3:00 P.M. Tapes 1 - 7

MEMBERS PRESENT:

Sen. Ken Baker, Chair

Sen. Neil Bryant, Vice-Chair

Sen. Kate Brown

Sen. Joan Dukes

Sen. Eileen Qutub

MEMBER EXCUSED:

STAFF PRESENT:

Bill Taylor, Counsel

Gina Cross, Administrative Support

MEASURE/ISSUES HEARD:

HB 2954 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 1, A		
005	Chair Baker	Opens the meeting at 3:08 p.m.
	Chair Baker	The committee has the committee rules in front of them. We can provisionally adopt them if we want. (EXHIBIT A)
007	Chair Baker	MOTION: Moves to ADOPT the proposed Committee Rules dated 5/27/97.
		VOTE: 3-0-2 AYE: 3 - Baker, Brown, Qutub EXCUSED: 2 - Bryant, Dukes
011	Chair Baker	Hearing no objection, declares the motion CARRIED.
012	Chair Baker	Goes over what will be on the agenda for the meeting. Talks about Thursday's work session.
033	Steve Bushong	Assistant Attorney General >lawsuit filed to keep Measure 16 from taking effect >timeline of Measure 16 lawsuit >petition for writ of certiorari to the Supreme Court
059	Chair Baker	Has the Supreme Court accepted that?
059	Bushong	No. They will make their decision by the end of this term or by the beginning of their next term.
062	Chair Baker	Can you tell us what is going to happen?
063	Bushong	My guess is that the Supreme Court will not accept the writ of certiorari.
066	Chair Baker	Is the Supreme Court looking at a couple of other cases?
067	Bushong	Washington and New York have laws which prohibited physician assisted suicide. Both were struck down, and they are now pending before the Supreme Court.
079	Chair Baker	Introduces the first panel of speakers.
		American Medical Association (AMA) >Submits and reads testimony in support of HB 2954 (EXHIBIT B) .

086	Thomas Reardon	>commitment to providing quality end-of-life care >efforts to improve end-of-life care >repeal Measure 16
136	Reardon	Continues testimony >personal testimony
159	Charles Hoffman	Oregon Medical Association (OMA) >Submits and reads testimony in support of HB 2854 (EXHIBIT C). >When people learn of the concerns which led the delegates to change their minds, they will also.
195	Sen. Dukes	What will the OMA's role be if this measure is defeated and no longer law?
204	Hoffman	The best way to oppose this is to refer it back to the voters. Any legislation which pertains to this subject is doomed to failure.
216	Sen. Dukes	What I don't understand is why the OMA doesn't take the next step. I am happy to hear the AMA is trying to make the end-of-life care better. Why aren't you headed there?
235	Hoffman	The OMA has taken a leadership position on providing the needed care. We will work with the AMA on end-of-life measures. We want both physicians and patients to be educated.
250	Sen. Dukes	There is attention focused on it. I hope the OMA will take a proactive role. There is a lot more to this issue than simple opposition or support.
257	Sen. Brown	My concern is with the patients who do want the right to die. What about them? Shouldn't we provide a safe and legal method?
263	Hoffman	I can't answer that. We can reduce the request for physician assisted suicide. The issue will never go away. I don't know what the solution is.
275	Sen. Brown	If the patient is willing to accept the risk, would you still insist that Measure 16 be repealed? Is it not the patient's and the doctor's decision alone?
281	Hoffman	We would be opposed to that decision even if the patient had informed consent.
286	Sen. Brown	Isn't it the patient's decision?
286	Hoffman	The decision involves the whole health care system. I understand that people feel they have the right to make that decision, but it involves so many people. It would be unethical for a doctor to perform this procedure.
300	Sen. Brown	Aren't there some doctors who would respectively disagree with you?
302	Hoffman	Yes, there are some who disagree. The members of our association are split on this issue. We won't reach consensus on this issue.
312	Sen. Brown	How many physicians in Oregon are members of the OMA? How do doctors go about becoming delegates?
320	Hoffman	We have about 5,500 members. Our policy making body is the House of Delegates. Explains how the House is run.

357	Sen. Brown	Are you saying the voters didn't know what they were voting on? Shouldn't we pay attention to how they voted?
361	Hoffman	I don't think that it is either of those things. The information has evolved over the past three years.
367	Sen. Brown	My concern is that doctors couldn't identify mental health problems specifically with terminally ill patients. What is the OMA doing to further educate physicians on this issue?
382	Reardon	I am not sure that physicians can't identify emotional problems. Psychiatrists have the same problems when it comes to the death penalty. You can recognize depression. A request for physician assistance in dying is a cry for help.
397	Sen. Brown	Isn't it true that the AMA opposed mandatory reporting of tuberculosis cases, the initial establishment of Red Cross blood banks, and compulsory vaccinations against smallpox and diphtheria?
405	Reardon	I can't answer that.
408	Sen. Qutub	You oppose Measure 16 and support HB 2954?
418	Hoffman	Yes.
424	Sen. Qutub	If you were quoted in the paper, after the House of Delegates meeting, as being for Measure 16, would that be incorrect and misleading?
432	Hoffman	If that were true, it would have been taken out of context.
443	Sen. Qutub	As president of the OMA, you support HB 2954, correct?
444	Hoffman	Yes.
Tape 2, A		
001	Chair Baker	Reviews the next panel of witnesses.
012	Benneth Husted	Physician >Submits and reads testimony in support of HB 2954 (EXHIBIT D). >afraid for patients >gives control to doctors and health care organizations
062	Husted	Continues testimony. >Younger people favor Measure 16. >The more pain you are in, the less likely you are to favor Measure 16.
094	Ellie Jenny	Private citizen, Salem >Submits and reads testimony in support of HB 2954 (EXHIBIT E). >deal with pain and suffering without killing self >Insurance companies are rushing to save money.

146	William Petty	<p>Oncologist</p> <ul style="list-style-type: none"> >Submits testimony and testifies in support of HB 2954 (EXHIBIT F). >talks about physician assisted suicide >Do the terminally ill have the capability to keep all the pills down? >The target group for the law will more than likely not be able to use the law.
196	Petty	<p>Continues testimony.</p> <ul style="list-style-type: none"> >gives examples of how patients may die >amendments are not adequate
224	Sen. Qutub	Can you define "death with dignity?"
230	Husted	It is dying feeling love, support, care, medical support, and pain free. Fear of dying alone shouldn't happen in our society.
256	Petty	It is important to get the family involved, by resolving family conflicts, having a will, and reaffirming any faith or tradition they have.
277	Husted	We are part of Physicians for Compassionate Care. We are planning a conference to teach physicians about providing good end-of-life care.
284	Sen. Brown	What is your concern with the conflicts in the measure about informed consent?
289	Petty	There is discussion about hospices and of the risks involved, but there is no statement that says the procedure must be discussed between the patient and the doctor.
301	Sen. Brown	You're saying that Measure 16 doesn't require informed consent?
302	Petty	I could not find that in the measure itself.
316	Jerome Wernow	<p>Pharmacist</p> <ul style="list-style-type: none"> >Submits testimony and testifies in support of HB 2954 (EXHIBIT G). >Oral ingestion can't give the patient a swift and painless death. >confused understanding of the meaning and limits of autonomy
366	Wernow	<p>Continues testimony.</p> <ul style="list-style-type: none"> >government has a responsibility to protect the citizen >jeopardizes the poor and weak
416	Wernow	<p>Continues testimony</p> <ul style="list-style-type: none"> >No evidence exists that suggests that only those requesting this will be the only ones to die.
TAPE		

1, B		
001	Dave Fiskum	<p>Sisters of Providence</p> <ul style="list-style-type: none"> >Submits testimony and testifies in support of HB 2954 (EXHIBIT H). >will not provide compassionate care for terminally ill patients >nature of physician-patient relationship will be jeopardized >safeguards are impossible to implement >The free exercise of conscience would be in trouble. >This law is unnecessary.
045	Gregory Hamilton	<p>Oregon Medical Association</p> <ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT I). >No medical societies are remaining neutral.
095	Hamilton	<p>Continues testimony.</p> <ul style="list-style-type: none"> >lethal injection >active euthanasia >safeguards
145	Hamilton	<p>Continues testimony.</p> <ul style="list-style-type: none"> >need to be clear and not misleading
167	Sen. Qutub	The OMA doesn't propose to fix Measure 16?
172	Hamilton	That is correct.
177	Sen. Brown	Do you think the patient has the right to decide in this situation?
183	Hamilton	The OMA set aside philosophical and moral issues. It is clear that Measure 16 doesn't work. The act would remove autonomy from the patients and give it to the doctors, the health care system, and the government.
195	Sen. Brown	So the patient doesn't have the right to make the decision?
196	Hamilton	Right now, everyone has the decision. When it's made a medical decision, you give your control away.
202	Sen. Dukes	Is it possible to come up with some combination that a patient can administer to themselves without the additional intervention? So a physician doesn't need to administer an injection?
215	Wernow	You would discriminate against those who don't have the ability or dexterity to do that. Even with a Dr. Kevorkian machine, someone still needs to administer an intravenous solution into the veins.

230	Sen. Dukes	Is there nothing else available which could be provided where the patient alone acts in causing death.
233	Wernow	You could do it through some sort of anesthesia, but you would still need someone to be there in case something goes wrong.
238	Sen. Dukes	Are these methods expensive?
240	Wernow	I haven't looked at the cost.
261	Barbara Coombs Lee	Chief Petitioner of Measure 16 >Submits testimony and testifies in opposition of HB 2954 (EXHIBIT J). >goes through the book for the committee >tab 1: letters from the chief petitioners >tab 2: editorials from newspapers
301	Coombs Lee	Continues testimony. >tab 3: <i>Journal of Pharmaceutical Care in Pain & Symptom Control</i> article >tab 4: excerpts from Dr. Charles Hoffman's testimony to the House Judiciary Committee
351	Coombs Lee	Continues testimony. >tab 5: letter from Governor John Kitzhaber
401	Coombs Lee	Continues testimony. >tab 6: minutes from the House Judiciary Family Law Committee meeting >moralistic legislators gave in to special interests
Tape 2, B		
001	Coombs Lee	Continues testimony. >Sending this back is contrary to what the people want. >deep distrust of elected officials >editorials of different newspapers
050	Coombs Lee	Continues testimony. >the people have spoken, please respect that
		Physician >Submits materials and testifies in opposition to HB 2954 (EXHIBIT K).

076	Joan Tanner	>The OMA's position has been an important factor in sending this back to the people. >proponents versus extremists
126	Tanner	Continues testimony. >Physician assisted suicide may be ethically accepted. >Most OMA delegates don't deal with terminally ill patients.
176	Tanner	Continues testimony. >Measure 16 allows for the patient to control decisions and the quality of life.
199	Sen. Brown	Can you comment on capital punishment versus death with dignity?
210	Coombs Lee	A majority have voted that we should have the right to take our life with a physician's guidance.
226	Sen. Brown	Can you comment on the "new information" rationale?
231	Coombs Lee	Under that rationale, the voters should consider everything every year. Everything should be referred back to the electorate.
250	Sen. Brown	Can you talk about the "failure rate?"
256	Coombs Lee	I object to the "failure rate" language. Currently, people only can stop eating and drinking as their means of dying. To me, that is a failure.
280	Sen. Qutub	Referring to Tab 4, will you continue to produce the leaflet that says the OMA wants to fix Measure 16 rather than the testimony from today in which they stated they support HB 2954?
293	Coombs Lee	I don't believe that there is anything which is a misrepresentation on this sheet. It doesn't identify this as the official OMA position.
298	Sen. Qutub	My question was regarding Dr. Hoffman's testimony today. Are you going to keep printing the leaflets which state the OMA's previous position?
301	Coombs Lee	I am hoping that we don't have to reproduce anything. I hope we don't have a campaign.
304	Sen. Qutub	If you do, will you keep printing this literature which is a misrepresentation of testimony today?
306	Coombs Lee	I object to the word misrepresentation. It isn't misrepresentation.
309	Sen. Qutub	According to today's testimony, it is.
309	Coombs Lee	The testimony today was OMA testimony. I don't know what will be used in the campaign.
313	Sen. Qutub	You will go ahead and distort information, because later testimony is not what this piece of paper says?
317	Coombs Lee	The Oregon Right to Die campaign was a campaign of very high integrity.
323	Sen. Qutub	Then I should hear from you that you won't misrepresent this. There is later testimony which refutes what is said on this paper. I can't be sure that you will run a campaign of great integrity.

336	Coombs Lee	We will not misrepresent the OMA's position. It is what it is. Dr. Hoffman testified the way he testified.
342	Sen. Qutub	He testified today that he doesn't support a fix, but this paper states something totally different.
346	Coombs Lee	I believe today that he testified the OMA doesn't support a fix. He, as the president, doesn't support a fix.
349	Sen. Qutub	He testified, as president, that he supports HB 2954.
354	Coombs Lee	I don't believe that there is anything that says Dr. Hoffman doesn't support HB 2954.
364	Sen. Qutub	Referring to tab 3, do you think that the study outweighs the study from the Netherlands where they have been aiding people in dying for 10 years?
372	Coombs Lee	Yes, euthanasia is not avoided in the Netherlands. There is a high number of lethal injections in the Netherlands. This study is the only information we have, but, in the Netherlands, information is widespread.
396	Sen. Qutub	Have you seen the letter from the San Diego Coroner's office?
400	Tanner	No.
401	Sen. Qutub	Reads the letter, which explains what the Heaven's Gate victims had in their stomachs at the time of death.
Tape 3, A		
001	Tanner	We don't recommend the approaches of the Hemlock Society. Self-termination can be effective.
004	Sen. Qutub	That doesn't sound like too peaceful of a death.
008	Coombs Lee	That evidence indicates how desperately we need legalization. Phenobarbital is the only thing that Heaven's Gate could use to hasten their deaths. They could not obtain the effective medications needed, so they had to use plastic bags over their heads.
018	Chair Baker	Sen. Qutub is pointing out the inconsistencies in Dr. Tanner's testimony. What I saw in the newspapers was that suffocation was probably the more prevalent cause of death. What is the accuracy of this method or any method which is self administered?
026	Tanner	The point I was trying to make is that it works. I am not suggesting that this is an ideal way.
029	Chair Baker	It may have worked because someone assisted. In a time of distress, a doctor or family member may assist. What are the legal implications of that?
032	Coombs Lee	Assistance would not be necessary had they been able to take effective medication.
035	Chair Baker	Are you also disputing the studies which show that twenty to twenty-five percent of deaths don't occur within three or four hours?
037	Coombs Lee	I don't dispute that some deaths don't occur within three hours, but I am disputing that it is a failure. We aren't in a hurry to achieve death; we just want a peaceful ending.

041	Sen. Dukes	Referring to the study, it doesn't appear that their process fits very well with Measure 16. Is there such a thing as compassionate assisted suicide?
080	Coombs Lee	The study actually tracks quite closely. The compassion in dying experience is most important. Refers to section 3.01, the safeguards of Measure 16. It is the attending physician's duty to inform the patient of his prognosis, the risks involved, the problems of taking the medication, and the feasible alternatives.
115	Sen. Dukes	Pain should not be the main reason for assisted suicide. I thought that people were afraid of dying in severe pain. It appears now that pain isn't the primary reason.
134	Coombs Lee	Pain is not the primary reason. We know that pain can be controlled. For some, the agony is making the choice whether to live in pain or succumb to unconsciousness.
155	Sen. Dukes	The system we are in the process of setting up focuses on the patient. How do we have the ability to prepare family members, who may be there, to avoid placing the plastic bag over the head? The farther we go, the worse it gets.
191	Coombs Lee	I don't think things can get much worse than they are now. Aid-in- dying probably occurs as much here as it does in the Netherlands, but people don't know about it.
214	Sen. Dukes	Do you think people will turn to Measure 16 for other reasons?
221	Coombs Lee	Yes.
222	Sen. Dukes	The people passed Measure 16 for one reason, but it may be being used for some other reason.
224	Coombs Lee	I don't agree that people who voted for Measure 16 equated pain with suffering. People want an option and want control over their worst nightmare.
251	Sen. Dukes	Do you believe that the conversation between the patient and the doctor and the prescription would be written at one point with the suicide happening at a later time?
264	Coombs Lee	On its face, the process would be no less than 15 days. Different doctors may want to do it differently. It is the doctor's choice as to how they want to proceed with the process.
282	Sen. Dukes	There would be no reason that a patient would say to the doctor that he wants to deal with it in the end. After going through the process, the patient could have the prescription for four or five months and then decide that he doesn't want to go through with it.
301	Coombs Lee	The point of Measure 16 is to transfer the control from the doctor to the patient. There is no control by the patient right now.
316	Sen. Dukes	The patient could have the mental calmness to not want to die. I think they could get that prescription and not have it filled at the point it is written. Someone else could fill the prescription when the patient is in an emotional state.
328	Coombs Lee	Yes, I agree with that.
331	Sen. Qutub	Physician assisted suicide is happening in the United States at the same rate as in the Netherlands? Where could I find information that would validate that?

338	Coombs Lee	There was a study published in the "Journal of American Medicine." If you take the numbers and extrapolate them, it is at least as frequent if not more.
351	Sen. Qutub	I would like for you to extrapolate the numbers of this study for me.
356	Coombs Lee	I can provide you with that information.
363	Chair Baker	Introduces the next panel.
374	Gary Schnakel	Oregon Board of Pharmacy >Testifies in opposition to HB 2954. >The board is neutral in respect to assisted suicide.
424	Schnakel	Continues testimony. >The name of a drug is not worth anything without knowing what it does.
Tape 4, A		
002	Herb Crane	Private citizen >Submits written materials and testifies in opposition to HB 2954 (EXHIBIT L). >How can this be referred back to the people?
026	Chair Baker	Why don't you have a conversation with us?
028	Crane	This isn't a question of whether or not assisted suicide is a happy occasion. It's a question of whether or not the legislators want to refer Measure 16 back to the voters.
043	Chair Baker	The legislature didn't make that decision. I would like you to focus on this issue.
047	Crane	We have already stated our position. It should be Oregon law. What sense does it make to vote again? The Oregon legislature is responsible to the Oregon voters.
073	Salliral Henderson	Counselor to Elders >Testifies in opposition to HB 2954. >The faith community is split on the issue. >Polls show that Catholics and Protestants support the right to die. >Gives examples of personal experiences.
123	Henderson	Continues giving examples.
173	Henderson	Continues giving examples.
223	Henderson	Continues testimony. >Terminal patients don't cry out to God.

		>This issue is ultimately a religious decision.
235	Sen. Brown	There are technical concerns with the measure. Would you support an attempt to correct the technical wording that needs to be fixed?
243	Crane	What I understand is that the exact bill is being referred back to the people.
246	Sen. Brown	There may be another alternative to fixing this measure. Would you support that?
251	Crane	Yes.
253	Chair Baker	Recess the committee at 5:50 p.m.
254	Chair Baker	Reopens the committee at 6: 20 p.m.
264	Grant Higginson	Oregon Health Division >Submits testimony and testifies on HB 2954 (EXHIBIT M). >Emergency Administrative Rules for the measure to go into effect >safeguards put into measure
314	Higginson	Continues testimony. >documentation to vital records >Confidentiality is important for the measure. >neutral on the measure >unresolved issues >Residency is not defined in the measure. >There is no enforcement mechanism in the measure.
364	Higginson	Continues testimony.
376	Chair Baker	What happens if you don't match up death certificates with the registry?
389	Higginson	If there was any question, it would become a state medical examiner's case.
403	Sen. Bryant	Do you see a problem with marking on the prescriptions that it is for the Death with Dignity Act? What about an exception for the police?
417	Higginson	We have considered that. It is not something that has been formalized.
Tape 3, B		
003	Shelly Olsen	Terminally Ill Cancer Patient, >Testifies in support of HB 2954. >diagnosed 3 years ago as terminal

		>Gives personal experience dealing with cancer.
053	Olsen	Continues testimony. >Our government should not be involved with killing people. >Doctors should not be involved with suicide.
084	Chair Baker	Introduces the next panel.
096	Norine Goplen	Evangelical Lutheran Church in America >Submits and reads testimony in support of HB 2954 (EXHIBIT N). >There is new information which impacts the public's decision. >It is important for society to reach a consensus on public policy.
146	Goplen	Continues testimony. >There is a large number of legal issues which need to be fully addressed. >The social contract between the patient and the doctor needs to have integrity. >Financial considerations drive this issue.
196	Goplen	Continues testimony. >We are concerned with the lack of public investment to assure the options are available.
218	Ephriam Davidson	Orthodox Jewish Community >Submits and reads testimony in support of HB 2954 (EXHIBIT O). >The condition of the patient and the clear lucid permission given by the patient are ethical considerations.
268	Davidson	Continues testimony. >It is a dangerous statement of public policy to allow the killing of a human being. >right to die versus a duty to die >Life is only valuable when it is free from pain.
318	Davidson	Continues testimony. >The killing of individuals should be outlawed.
	Max	Lutheran Church--Missouri Synod >Submits and reads testimony in support of HB 2954 (EXHIBIT P).

353	Metcalf	>Physician assisted suicide violates religious, moral, and ethical values. >violates religious values of world religions
403	Metcalf	Continues testimony. >violates moral values of justice in our society
Tape 4, B		
030	Metcalf	Continues testimony. >ethical evil which violates the principles of beneficence and nonmaleficence
057	Olive Hodson	Oregon Association of Evangelicals and Salt Shakers <Submits and reads testimony in support of HB 2954 (EXHIBIT Q). >I am concerned with licensing doctors to kill. >I am concerned that a physician will be able to end a life without the family knowing or being consulted. >There are other ways to relieve pain and suffering.
107	Hodson	Continues testimony. >relates relative's experience prior to death
132	Sen. Brown	There has been discussion over technical changes which are being proposed. What would be the church's position on that?
135	Hodson	The church doesn't have a position on the technical changes, but the church opposes physician assisted suicide due to the additional information available.
140	Sen. Brown	I am curious as to whether your church has a position on capital punishment?
142	Metcalf	I would have to check on that and get back to you.
145	Sen. Brown	What happens in the Netherlands when it comes to euthanasia? What is the legal position in the Netherlands?
150	Chair Baker	Introduces the next panel.
161	Chris W. Nielson	Director of Social Concerns and Compassion Ministries Pacific Conference of the Evangelical Church >Submits and reads testimony in support of HB 2954 (EXHIBIT R). >Christian opposition to suicide >remain understanding of and compassionate towards persons who are at the brink of suicide
		Chairman of the Radiation Oncology Department at Oregon Health Sciences University

214	Kenneth R. Stevens	<ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT S). >harm and danger to physicians >represents a reversal role toward suicide not as healer, comforter, and consoler >a threat to their receiving proper medical care >Dana-Farber Cancer Institute of Boston research
264	Stevens	<p>Continues testimony.</p> <ul style="list-style-type: none"> >not an appropriate response to inadequate pain management >personal experience
313	Stevens	<p>Continues testimony.</p> <ul style="list-style-type: none"> >I don't want to learn how to kill.
329	Steven L. Marvel	<p>Lung Disease and Critical Care Specialist</p> <ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT T). >Do not confuse physician assisted suicide with compassion. >The guidelines and safeguards are difficult to monitor. >This would not preserve the rights of our patients.
379	Marvel	<p>Continues testimony.</p> <ul style="list-style-type: none"> >Society has always perceived suicide as a cry for help.
429	Marvel	Continues testimony.
449	Sen. Brown	What about the diagnosis of a terminally ill patient who is told he only has six months to live?
460	Marvel	It is always an estimate. Patients can live two days or five years.
Tape 5, A		
028	Sen. Brown	Why should the legislature not respect voters' beliefs on Measure 16?
033	Nielson	As an elected official, each of you have a responsibility to hear all the interests and desires of all Oregonians.
039	Chair Baker	Do you think that twenty-five percent is an accurate figure when it comes to assisted suicide failing?
047	Marvel	The figures are realistic as to what happens in the Netherlands.
057	Sen. Brown	Are a large portion of the suicide attempts you treat terminal?
062	Marvel	Most are not terminal. The oral ingestion mechanism is the same.

070	Sen. Brown	None of the people you have seen are under a doctor's care for a terminal illness?
072	Marvel	Correct, but the patients are still taking toxic medication.
076	Chair Baker	Introduces the next panel.
085	Keith White	Physician >Testifies in opposition to HB 2954. >The duty of a physician is primarily to the patient. >It is extremely rare that a terminal patient will ask for assisted suicide. >Issues over length of care or life are not relevant. >There are safeguards present in Measure 16.
135	White	Continues testimony. >The OMA vote a month ago doesn't represent myself as only a certain number of physicians deal with terminally ill patients. >Measure 16 is well written. >The twenty-five percent failure rate is not going to happen. >Clinical guidelines are missing from the bill.
173	Sen. Dukes	In your experience do you believe there are lethal combinations that can be accepted by the system of someone who has gone through part of the dying process?
183	White	There aren't large numbers of patients who will ask a physician to assist. The physicians will need to make clinical judgments.
196	Sen. Dukes	Are we facing the possibility that the patient will have to take the combination of medications while he is still able to swallow?
200	White	That is a decision the patient will have to make.
202	Sen. Dukes	Will the patient have the choice? If a patient can't swallow the medication, will we have patients faced with the dilemma of ending their lives early or suffering for a period of time?
211	White	It is difficult to project a decision that far out.
217	Sen. Dukes	Do you think that will be a dilemma we will face?
218	White	It is a possibility. There are excellent medicines which keep people from vomiting. There is also a gastrointestinal tube which can be used.
230	Sen. Dukes	Referring to the tube, you wouldn't use that for this process?
231	White	The patient could use it just like he uses it to feed himself.
237	Sen. Dukes	Someone in that condition could keep the medication down.

238	White	The large doses of medications suppress the nervous system which control breathing.
248	John McAnulty	Physician >Submits and reads testimony in opposition to HB 2954 (EXHIBIT U). >I wish patients could die without pain and suffering. >An individual's wish as to their comfort is most important.
298	McAnulty	Continues testimony. >There are enough safeguards in Measure 16 to prevent potential abuse. >There is a potential that assisted suicide will fail.
349	McAnulty	Continues testimony.
358	Sen. Dukes	Would either of you be willing to assist in suicide under Measure 16?
367	White	How Measure 16 is written, there are guidelines, safeguards, and literature available to aid in my decision. Yes, I would
420	McAnulty	Yes, I could assist a patient's desire to commit suicide.
438	White	I don't think it would be difficult to be competent in this area. It is not a difficult technical issue.
450	Sen. Qutub	We're you in attendance at the OMA delegate meeting?
456	White	No.
456	Sen. Qutub	Have you had an opportunity to read the resolution and findings?
458	White	I have read a summary.
460	Sen. Qutub	Are you also a member of the AMA?
461	White	No.
462	Sen. Qutub	Are you a member of the OMA?
465	McAnulty	Yes.
465	Sen. Qutub	Are you a member of the AMA?
466	McAnulty	No.
Tape 6, A		
026	Penny Schlueter	Citizen >Testifies in opposition to HB 2954. >My friends do not want to vote again. >personal experience >Refers to a fifty percent failure rate.

076	Schlueter	<p>Continues testimony.</p> <ul style="list-style-type: none"> >The act is like an insurance policy. It is peace of mind. >Measure 16 provides a choice not a requirement. >If Measure 16 is referred to the voters, I will spend my last days fighting to enact it. >We should be looking for alternatives >The irony may be that I will complete suicide earlier than I need to.
126	Schlueter	<p>Continues testimony.</p> <ul style="list-style-type: none"> >At the end of a person's life, each one should make their own value choices.
144	Carolyn Tomei	<p>Counselor</p> <ul style="list-style-type: none"> >Testifies in opposition to HB 2954. >Gives an example of the grieving process at time of death. >There is guilt and pain for not being able to provide for the wishes of the dying. >Wounds of those unable to aide in comfort at time of death are reopened. >Oregon voters stated a person must respect the rights of a patient. >If Measure 16 is returned without a single change, we look like we were wrong
194	Tomei	<p>Continues testimony.</p> <ul style="list-style-type: none"> >Comfort, control, and quality are offered throughout the dying process by loved ones. >The public asks for this measure.
230	Peter Goodwin	<p>Family Physician and Chief Petitioner of Measure 16</p> <ul style="list-style-type: none"> >Testifies in opposition to HB 2954. >Chairman of the Oregon Right to Die Committee >Responds to the OMA resolution >The twenty-five percent failure rate statement is a misread of the information. >The proponents of assisted suicide don't promote active euthanasia.

		>Measure 16 bars active euthanasia from occurring.
280	Goodwin	Continues testimony. >The right to die will not become the duty to die. >Opponents of Measure 16 packed the delegate meeting. >Dr. Hamilton's testimony was biased and inaccurate.
330	Goodwin	Continues testimony.
339	Chair Baker	The debate lasted over two-and-one-half hours?
342	Goodwin	Yes. The delegates voted to oppose Measure 16 on a voice vote.
345	Chair Baker	What was the vote?
345	Goodwin	There was a huge amount of confusion over the voice vote. I was told that there was only one "nay", but many delegates remained silent.
358	Chair Baker	If you don't raise your voice you are actually abstaining?
359	Goodwin	Yes. Continues testimony. >Two OMA physicians stated that Measure 16 has more regulations >Over half of emergency room doctors have decided whether or not to resuscitate patients.
409	Goodwin	Continues testimony. >A plea for assisted suicide is a cry for help.
Tape 5, B		
001	Goodwin	Continues testimony. >the failure rate given in the United States is a false one. >The Netherlands restricts the practice of assisted suicide to nursing homes. >In Oregon it is illegal to give a lethal injection.
029	Sen. Brown	Do you agree that the informed consent provided by Measure 16 is inconsistent with the guidelines surrounding consent?
034	Goodwin	These are the type of vague statements made about the safeguards in the law which are unanswerable.
041	Sen. Brown	Reads portions of the informed consent part of Measure 16. Is this inconsistent with Oregon statutes?
048	Goodwin	Not that I know.
051	Sen. Brown	There have been concerns raised over physicians recognizing mental illness and depression. Can you comment on that?
		There could be concern over diagnosing depression in a terminally ill patient.

056	Goodwin	Physicians miss a diagnosis of depression because they are concentrating on organic diseases.
081	Sen. Brown	The statute provides that it be a terminal disease and death within six months. I am concerned over doctors defining terminal disease and pinpointing death within six months.
088	Goodwin	The six month time frame is a starting point. The doctor develops a relationship with the patient which is like no other.
109	Sen. Dukes	Is there a fine line between a sedative to calm and what is happening right now? My concern is with your process which seems to be compassionate.
123	Goodwin	The fine line is undiscovered. It is somewhere there under the rug. The law draws an obvious line. If a doctor acts arbitrarily, there are consequences to his actions.
143	Sen. Dukes	What about this caring situation in which the patient is still living after five hours of waiting. Who will bring the lawsuit? Does the law have the proper sanctions which will stop the doctor from deliberately taking a life?
156	Goodwin	The issues will have been discussed between the patient and the doctor. It will be very rare if any action is taken prematurely.
166	Sen. Dukes	It seems that at end of life, a person could not likely consume enough medication. What are the chances a person who obtains medication earlier to end their life while they are still able to have control over their own body, will be forced to end their life earlier than planned?
185	Goodwin	There will be patients who will elect to end their life early in order to enable them to have the option of dying with their loved ones around.
214	Sen. Dukes	What was the option asked for by the wife in your example?
216	Goodwin	The wife didn't ask me explicitly. I don't know how some sedatives will work in every situation.
243	Sen. Qutub	Referring to the testimony on informed consent, what Measure 16 states is contrary to state law?
250	Goodwin	It is my understanding of Measure 16 that the request for assisted suicide must come from the patient. If the doctor says anything, it could be construed as undue influence.
270	Sen. Qutub	Referring to the pamphlet sent out in 1994, you stated that the initial medication would be given orally. Do you think it is misleading to state that this is the only way the medication will be given?
280	Goodwin	The initial medication will always be given orally. I don't think the law excludes the possibility of intravenous medication, but that wasn't in my mind. If the initial medication doesn't cause death, intravenous medication may need to be administered. We all learn from experience. My knowledge of this issue has increased immensely since 1994.
318	Sen. Qutub	I find it interesting that we are told about literature which brings new light to the subject, but the information we are given is misleading. Who are we to believe?
326	Goodwin	The original article discusses the development of physician assisted suicide in Holland. The assumption made by our opponents is that patients will suffer

		because we aren't allowed to give them injections to relieve their suffering.
359	Chair Baker	What is the difference between the intervention that the physician administers after 5 hours which is permanent versus the injection which causes fairly immediate death?
371	Goodwin	Maybe it is the intent of the injection to cause the death as opposed to sedating the patient.
377	Chair Baker	Sedating the patient permanently.
378	Goodwin	That is a recognized way of dealing with a terminally ill patient.
380	Chair Baker	A terminally ill patient who is in the last few hours of life is a different matter than someone with six months to live. I am trying to make a distinction between someone who is in relative good health and one who is on their last breath.
408	Goodwin	I contest that statement. Having one day to live is a judgment call. My assumption is that no physician wants to end a patient's life prematurely. This is a process by which we help the patient.
426	Chair Baker	What about the patient who has already taken the medication, and you are called as the physician?
Tape 6, B		
001	Goodwin	That is the problem faced by the emergency room physician. The physician who is the primary doctor should take the responsibility of caring for the patient. It would be a difficult and ethical decision if the doctor doesn't know the patient.
015	Chair Baker	We have a clear rule right now, and we are going to replace it with a guideline which has no clear line? We have an absolute rule right now.
021	Goodwin	The law says exactly what a physician can and can't do. Your present law is not held up. Refers to a survey presented by Dr. Stevens which stated that fourteen percent of oncologists aided patients in dying.
033	Sen. Dukes	If fourteen percent are willing to do this when the line can be drawn back to them, what will the percentage be when there are no such rules in effect?
039	Goodwin	The reason why physicians do it now is because they are driven to it by compassion. It is my belief that we have such a rigid law that were a doctor to assist, he would invariably be acquitted by a jury.
058	Sen. Dukes	It would seem that compassion could lead to a doctor ending a patient's life earlier than needed.
062	Goodwin	I would agree that could be a danger. However, there are safeguards within Measure 16. The second physician could counsel the first about what is appropriate.
068	Sen. Dukes	I think that when a patient has not succumbed to the medication within five hours or so, the consultation will be thrown out the window. I am also concerned with a patient who has six months to live, gets the prescription, and doesn't use the medication.
081	Goodwin	It is a matter of opinion. I believe that professional guidelines will be established for the process.
		Ends the invited testimony. Allows for time to sign up to give public testimony.

089	Chair Baker	Explains the format for Thursday's meeting.
143	Patricia Smith	<p>Citizen</p> <ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT V). >twenty-three difficult questions which need to be addressed and answered before voting on Measure 16
193	Smith	<p>Continues reading testimony.</p> <ul style="list-style-type: none"> >History issues warnings about tinkering with physician assisted suicide.
243	Smith	Continues reading testimony.
260	Michael Howden	<p>Oregon Center for Family Policy</p> <ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT W). >Gives personal experiences of friends going through this. >What is the value of one's life compared to the inconvenience, cost, and emotional factors fighting the disease? >This issue pits family members against one another.
310	Howden	<p>Continues reading testimony.</p> <ul style="list-style-type: none"> >six versus twelve months to live >constitutional questions about rights >Suicide doesn't serve the best interests of the patient.
360	Howden	<p>Continues reading testimony.</p> <ul style="list-style-type: none"> >Limitations will be placed on either doctors or patients.
395	Sharon Caldwell	<p>Citizen</p> <ul style="list-style-type: none"> >Submits and reads testimony in support of HB 2954 (EXHIBIT X). >Oregon will no longer be safe with purposeful killing going on.
Tape 7, A		
001	Caldwell	<p>Continues testimony.</p> <ul style="list-style-type: none"> >I lobbied against the first living will legislation in 1987. >Relays personal experiences of loved ones dying. >If you send this back to voters with the lethal injection inserted, it will be

		<p>assumed you support lethal injection.</p> <p>>You should send Measure 16 back with a recommendation of getting rid of the entire legislation.</p>
050	Caldwell	<p>Continues testimony.</p> <p>>There is tremendous potential for abuse.</p>
081	Bevin Gilmore	<p>Health Care Worker</p> <p>>Testifies in support of HB 2954.</p> <p>>implications of new competitive standard on assisted suicide</p> <p>>What is the penalty for coercion?</p>
131	Gilmore	<p>Continues testimony.</p> <p>>Measure 16 will allow the physician to coerce patients.</p> <p>>The principal of informed consent will be discarded.</p>
146	Peggy M. Graden	<p>Citizen</p> <p>>Testifies in opposition to HB 2954.</p> <p>>There is nothing which protects the entire population.</p> <p>>We need to be allowed a choice.</p>
188	Barbara Oskamp	<p>Citizen</p> <p>>Testifies in opposition to HB 2954.</p> <p>>Gives personal reasons for wanting Measure 16 enacted.</p>
216	Tommy Gholson	<p>Citizen</p> <p>>Testifies in support of HB 2954.</p> <p>>Gives personal reasons for wanting Measure 16 enacted.</p>
266	Gholson	<p>Continues testimony.</p> <p>>No one knows what will happen tomorrow.</p>
316	Gholson	<p>Continues testimony.</p> <p>>It is hard to trust the doctor.</p> <p>>Chemotherapy kills people.</p>
341	Chair Baker	Adjourns the meeting at 9:40 p.m.

Submitted By, Reviewed By,

Gina Cross, Sarah Watson,

Administrative Support Office Manager

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EXHIBIT SUMMARY

A - HB 2954, Committee Rules, staff, 5 pp.

B - HB 2954, written materials, Thomas Reardon, 9 pp.

C - HB 2954, written testimony, Charles Hoffman, 2 pp.

D - HB 2954, written testimony, Benneth Husted, 4 pp.

E - HB 2954, written testimony, Ellie Jenny, 2 pp.

F - HB 2954, written testimony, William Petty, 3 pp.

G - HB 2954, written testimony, Jerome Wernow, 15 pp.

H - HB 2954, written testimony, Dave Fiskum, 2 pp.

I - HB 2954, written testimony, Gregory Hamilton, 14 pp.

J - HB 2954, written materials, Barbara Coombs Lee, 62 pp.

K - HB 2954, written testimony, Joan Tanner, 4 pp.

L - HB 2954, written testimony, Herb Crane, 1 p.

M - HB 2954, written materials, Grant Higginson, 14 pp.

N - HB 2954, written testimony, Norine Goplen, 3 pp.

O - HB 2954, written materials, Ephriam Davidson, 21 pp.

P - HB 2954, written testimony, Max Metcalf, 12 pp.

Q - HB 2954, written testimony, Olive Hodson, 2 pp.

R - HB 2954, written testimony, Chris Neilson, 1 p.

S - HB 2954, written testimony, Kenneth Stevens, 2 pp.

T - HB 2954, written testimony, Steven Marvel, 4 pp.

U - HB 2954, written materials, John McAnulty, 1 p.

V - HB 2954, written materials, Patricia Smith, 8 pp.

W - HB 2954, written testimony, Michael Howden, 4 pp.

X - HB 2954, written testimony, Sharon Caldwell, 4 pp.
