



House Bill 2217 will put vulnerable Oregonians at risk.

House Bill 2217 expands an existing dangerous loophole in Oregon’s physician-assisted suicide law. This expansion will put vulnerable people at further risk of elder abuse. HB 2217 will make it even easier for vulnerable Oregonians to be manipulated into requesting a lethal prescription and coerced into ending their lives. HB 2217 has two fatal flaws:

1. HB 2217 expands the ways assisted suicide can be administered to the point that it could become euthanasia. The bill increases the ways the drugs can be used by removing the word “taken” and replacing it with the term “self-administer.” “Self-administer”¹ is defined so broadly that the drugs could enter the body through an IV, feeding tube, injection, or a gas mask.²

Under current law, the lethal drugs are a prescription intended to be taken orally. The use of an IV, feeding tube, injection, or gas mask not only extends the ways in which the drugs are administered but adds a complexity that would foreseeably require aid from another person. Involuntary or voluntary, this is euthanasia.

2. HB 2217 makes it easier for bad actors to continue to harm the elderly, which is already a significant problem in Oregon. In 2016 alone, there were almost 4,000 reported victims of elder abuse.³ In 2018, Karin Boldt was sentenced to prison for the attempted murder of two elderly people within her care.⁴ In 2016, Harvey Hanson died by an overdose of narcotics and tranquilizers administered to him by Avamere Riverpark of Eugene staff.⁵ Rather than helping prevent elder abuse, HB 2217 will make it worse.

Oregon’s physician-assisted suicide law already lacks effective protections to prevent someone from administering a prescription to a patient illegally. If a patient has a suicide prescription and ends up dead, the assumption will be that they took it. This bill will exploit this loophole by adding ways a bad actor can more easily administer a suicide prescription, thus allowing more murders to be disguised as suicides.

The following testimony was submitted by Dr. Kenneth R. Stevens, Jr. MD, in opposition to HB 2217.

¹ HB 2217 Section 3 (12): “Self-administer’ means a qualified patient’s physical act of ingesting or delivering by another method medication to end his or her life in a humane and dignified manner.”

² <http://www.patientsrightscouncil.org/site/oregon-2019-expansion-bill-hb-2232/>. HB 2217 adds the same definition of “self-administer” as HB 2232. Therefore the same analysis can be applied.

³ These numbers are only the reported victims of elder abuse. Between 2005-2016, 7,846 complaints were not filed with the online database. https://www.oregonlive.com/health/index.ssf/2017/04/senior_care_abuse_neglect_poor_care_hidden.html.

⁴ <http://mailtribune.com/news/top-stories/woman-drugged-defrauded-two-medford-seniors>

⁵ <https://www.registerguard.com/rg/news/local/35013880-75/eugene-nursing-home-sued-in-death-of-couple-ages-92-and-91.html.csp>

Date: March 18, 2019
Re: Opposition to House Bill 2217
House Health Care Committee

Dear Chair Salinas, Vice Chair Hayden, Vice Chair Nosse, and members of the committee,

I have been a medical physician for 53 years. I have been on the OHSU Radiation Oncology faculty since 1972. I was chair of the OHSU Radiation Oncology Department from 1989 to 2005, and I am currently Emeritus Professor of Radiation Oncology at OHSU. I continue to practice medicine. I have cared for many thousands of patients with cancer. My first wife died of cancer in 1982. I have studied and written articles about assisted suicide for many years and have learned of its many inherent dangers to patients, medicine and society.

House Bill 2217 is one of the four bills proposed in the 2019 Oregon Legislative Assembly that would eliminate the limited safeguards in Oregon's assisted suicide law. If these "safeguards" are eliminated, then members in medical fields, doctors specifically, will have a wider opportunity to end their patient's lives.

Specifically, House Bill 2217 adds the phrase "or delivering by another method" which authorizes and permits injection or inhalation of lethal drugs. A patient would only have to push a button to open a valve in the IV and lethal drugs come flowing into their body. It is the same actions with a facemask that has lethal gas hookup through a tube.

You cannot get around the fact that inhalation through a facemask or lethal drugs through an IV is euthanasia, even though self-administered. The problem with this setup is that very easily another person could administer the drugs without the patient having any knowledge of what is going on. In other words, the patient is killed without giving their consent or even being aware of it.

In 1996, an Oregon doctor illegally euthanized a comatose terminally ill woman. The doctor was not prosecuted and the Oregon Medical Board suspended his license for only two months. Although this is currently illegal, the four bills would allow Oregon doctors the legal ability to commit euthanasia.

The effect of HB 2217 would legally allow what happened to the comatose terminally ill woman to go on and to a larger group of people.

If the new language in this bill, or in the other proposed bills, had been included in the original Measure 16 language in 1994, would the citizens of Oregon have approved that measure? I think that most knowledgeable Oregonians would have respond "NO"; and that Measure 16 would not have been approved if it had included the proposed language.

I oppose HB 2217 for these reasons.

Dr. Kenneth R. Stevens, Jr. MD,
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