

Mr. Speaker, this motion to recommit is offered on behalf of myself, the gentleman from Oregon (Mr. Wu), the gentleman from Oregon (Mr. DeFazio), and the gentlewoman from Oregon (Ms. Hooley).

The supporters of this legislation have every right to attempt to ban assisted suicide or to promote the pain management in this country. Unfortunately, the legislation that we have been offered today is the worst of both worlds. It does not just trample on States rights, but it most assuredly does so, effectively overturning legislation that has been approved, not just once, but twice by the citizens of Oregon.

In addition, the physicians that I represent in Oregon tell me that, regardless of their position on physician-assisted suicide, it will make it much, much harder to manage pain, allowing additional second-guessing of their professional judgments as they seek to meet the needs of their patients.

I sincerely believe that virtually nobody outside this Beltway wants to criminalize doctor-patient decisions of this most sensitive manner. Tough decisions are made every day in hospitals all across the country, withdrawing life support, and sometimes, in instances, withdrawing drugs that can, in fact, hasten death.

There are some tragic cases that involve actual suicide. Outside of Oregon, people are often driven to desperate acts alone, seeking to insulate their families from the trauma.

We have heard repeatedly in the course of this discussion that pain management is a serious problem around the country. But most often in this country, as these decisions are made in quiet, most of America looks the other way and ignores the difficulty and the trauma. The citizens of Oregon have taken a difficult decision to help deal with these end-of-life questions, providing the only framework in the United States.

Those of us who listened to the debate on the floor of this assembly heard very eloquent statements by my colleagues about how they arrived as individual citizens in making the decision to vote on that measure themselves, the eloquence of the gentleman from Oregon (Mr. Walden) from Hood River talking about very personal instances that affected his family.

Twice Oregonians have decided this is the way they want to go. Despite all the rhetoric about opening the flood gates for physician-assisted suicide, such has not been the case. There are only 15 cases last year in Oregon, and in fact the research suggests and common sense would reinforce that when we give people, their families, and their physicians control over the situation, they are less likely to take desperate and unfortunate action.

The ironic approach that is taken by the supporters of this legislation may actually lead to an increase, if they are successful, in suicide in my State but without the framework.

Mr. Speaker, I strongly urge that Members of this assembly move this bill back to committee to strip away the provisions that would criminalize the decisions that are made by physicians exercising their professional judgment on how best to meet the needs and wishes of their patients and the patients' families, and that we would exempt States which have, by a vote of their citizens, squarely addressed this issue.