

Greetings Senators

My name is Michael King, and I am a Bachelor's-prepared Registered Nurse.

Two of the seven tenets of Nursing Ethics are beneficence and non-maleficence. Beneficence means to do good, while nonmaleficence means to not do harm.

While vaccines are well-documented as an important part of Nursing care from a health-promotion perspective, a demonstration of beneficence, this must be combined with the ethical practice of informed consent, which deals with nonmaleficence.

It is a fact that every drug and medical procedure carry medical risks, even if the risk is something as small as the momentary pain of a blood draw or blood sugar check.

Vaccines are no different, and as such it is important that informed consent be enforced as a vital part of both doing good and not doing harm.

From an ethical perspective, informed consent guides everything we nurses do in our nursing practice. Whether giving medications or treatments, or even doing something as basic as giving someone a bed bath, informed consent means that we have to inform either the patient or other responsible party of what we are doing and what it means for them, and obtain their consent to do so. What I find happens most frequently in regards to vaccine administration is that consent is given, but it cannot possibly be considered "informed" consent.

The CDC paperwork currently in use, as well as most other doctor-derived information sheets, are woefully inadequate. It is a two-paged, massive-font document that contains at maximum the information on a single 8.5x11 sheet of paper at normal font. It doesn't provide vaccine ingredients, and in most cases glosses over or completely omits significant side effects of some vaccines such as seizures, encephalopathy (also known as brain swelling), and death. While some symptoms may be rare, consent for a vaccine cannot truly be considered "informed" consent if significant neurological dysfunction and death are left off the list of possible results where applicable.

I attempt to properly educate each of my patients on both the risks and benefits of vaccines, but I cannot possibly remember the side effects of each vaccine for each disease adequately enough to inform my patients in a given moment. This is why I support SB 649. It will require that we provide vaccine information packets to patients being vaccinated that are much more substantial than the inadequate documents currently in use. It also means that the OHS will maintain additional vaccine data such as package inserts and ingredient lists for easy public access and public education.

THIS is what informed consent SHOULD look like, and I am pleased to see this bill being considered. Senators, for the well-being of all Oregonians, and for the benefit of nurses, medical personnel and patients everywhere, please support SB 649.