Who decides which patients get the *Right to Try* medications & treatments?

Greetings!   March 28, 2015

At least 23 states to date have passed legislation making it easier for terminally ill patients to have access to drugs and treatments prior to their full FDA approval. Oregon's version of **'Right to Try'** (HB2300) has passed the House and is under deliberation in the state's Senate Committee on Health Care. One particularly high profile case is **Diego Morris**, a young man pronounced terminally ill at age 15 with a rare form of cancer. Diego found a cure by receiving treatment legal in England, but not in the U.S.

Are the terminally ill special cases that justify greater access to investigational treatments? On April 20th, BRI was a proud co-sponsor of a **debate concerning this very topic**. Along with *The Arthur N. Rupe Foundation*, student organizer Xiao-Yu Han of OHSU brought together a moderator and five panelists with different viewpoints on the ultimate question:

Who gets to decide?

Who should decide what medical treatments can be offered and used? Doctors?

Patients? The FDA? Legislatures? Drug developers? Researchers? From what viewpoint should we make this ultimate decision? What stance provides the greatest protection of individual rights, including property rights, and the freedom of association?
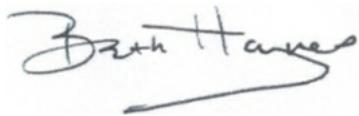
As you watch the debate video (1hr20m) on **BRI's YouTube Channel**, ask yourself: What underlying moral and political principles are motivating the various arguments? BRI supports patient-doctor autonomy and free enterprise as the principles most consistent with liberty and limited government. How do the panelists viewpoints stack up against those standards?

> *Doctors, current and future patients, hospitals, insurance and pharmaceutical companies are all affected, and in significantly different ways, by the proposed changes to current law.*

This debate raises more questions than it answers -- but that is the beauty of BRI events: getting people to think deeper and wider on issues that initially appear straightforward.

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In partnership,

Beth Haynes, MD
Executive Director
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