

HENDERSON     HB 6521

My name is Rebecca Gagne Henderson. I am an advanced practice nurse with 18 years of experience in palliative and end of life care in clinical, academic and administrative roles. I am currently the Palliative Program Manager at Yale New Haven Hospital. I am here to support bill 6521.

I have borne witness to what occurs for patients who are your mothers, fathers, sisters, brothers, wives, husbands and constituents in the absence of a meaningful discussion of their treatment options. The majority of patients who are at risk for unwanted medical intervention are frail older patients with multiple chronic illnesses, or are terminally ill. Many of these patients have never had a discussion with their primary care provider, or anyone else, for that matter, regarding their values about life or dignity and how they want to live and be treated as they near the end of their lives. Even if these patients have these discussions, currently, there is no effective way to make others in the health care community aware of the patient's wishes. The MOLST allows for a compassionate and meaningful discussion between a patient and their primary care provider regarding their goals of care and a means to communicate their wishes to other members of the healthcare team.

I currently teach residents at Yale New Haven Hospital how to have such discussions in the primary care setting in a meaningful and compassionate way to avoid having such decisions made in the midst of crises by the patient's

children or aged spouses who are unaware of their loved ones wishes.

The passage of this bill will allow us to systematically explore the outcomes of a pilot using MOLST which crosses all settings including the primary care office, patients' homes, home health agencies, hospices, skilled nursing facilities, emergency response teams, emergency departments, and the inpatient hospital setting. We anticipate that we will have results that will show that the MOLST used on a system wide basis will result in better outcomes for these patients.

I have seen patients in their 90<sup>th</sup> decade placed on artificial life support, which includes a respirator to oxygenate them, drugs called vasopressors to artificially sustain a blood pressure and given continuous renal replacement therapy, which is twenty-four-hour haemodialysis for kidneys which have completely failed. This is what is known in medicine as multi-system failure. In layman's terms it is known as dying. These scenarios occur daily, mainly because there has been no discussion of the patient's wishes. These families grieve as they watch their loved one become unrecognizable as the beloved and feisty matriarch or patriarch they once knew; lying unconscious with tubes literally placed in every orifice of their bodies. My job is to compassionately educate the patient's family that their loved one is dying and that the machines that they are connected to are prolonging the dying process and are not going to restore the patient to wellness.

My sincerest hope is that someday I will have worked myself out of a job and that all of these patients will have had a discussion providing them with the knowledge of their

options and that their decisions are based on their individual values. The passage of Bill 6521 will bring us closer to this goal. Thank you for your attention.

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