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Written Testimony Supporting House Bill No. 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients

Senator Gerratana, Representative Johnson, and members of Public Health Committee, I'm Andrews Schneider, executive director of the American Civil Liberties Union of Connecticut and I'm here to support House Bill No. 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients. I commend you for taking up this issue, which addresses fundamental concerns about privacy, autonomy and human dignity.

Since 1997, adults in Oregon suffering from advanced terminal illness have had access to voluntary, safe and legal medical assistance in dying under a law that is similar to the legislation before you today. Washington state has had a very similar law since 2009. Oregon's long experience and careful record-keeping provide us with 15 years of facts and statistics, which clearly show that the law has worked as intended. It's rarely used but provides immeasurable comfort to those who, facing the ends of their lives, are assured of options to preserve their dignity and choose for themselves the level of suffering they will endure.

The Oregon Public Health Division reported that in 2012 physicians prescribed aid in dying medication for 115 terminally ill people in that state and that 77 patients died from taking the medications -- 66 who received the prescriptions in 2012 and another 11 who had received prescriptions in a previous year. Of those 77 people, 97 percent were in hospice care and 75 percent had cancer. Attending physicians reported after the patients' deaths that the three most frequently mentioned reasons for obtaining the prescriptions were loss of autonomy, by 93.5 percent; decreased ability to participate in activities that made life enjoyable, by 92 percent; and loss of dignity, by 78 percent.¹

These statistics tell us something about what the Death with Dignity law has done for the people of Oregon for the past 15 years. The statistics can't, however, quantify the amount of pain, suffering and indignity that has been relieved or the peace of mind that has been granted. We may not be able to

¹ OREGON PUBLIC HEALTH DIVISION, OREGON'S DEATH WITH DIGNITY ACT—2012, <http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year15.pdf>

understand that fully unless we watch someone we love endure an agonizing death, or until we endure it ourselves.

The legislation before you is carefully structured and has been thoroughly tested. It sets out a series of safeguards against abuse. To receive a prescription for aid in dying medication, a patient must be a competent adult who has been diagnosed with a terminal illness and whose prognosis is for no more than six months of life remaining. The patient must make a written request for aid in dying, without coercion, before witnesses. Provisions are made for a second medical opinion, counseling when warranted and the right to revoke the request at any time. These are the same safeguards that have worked in Oregon and Washington.

I urge you to approve this legislation in a spirit of courage and compassion and out of respect for individual human dignity. As Dr. Marcia Angell, former editor-in-chief of the *New England Journal of Medicine*, wrote "Why should anyone — the state, the medical profession or anyone else — presume to tell someone how much suffering they must endure as their life is ending? We respect people's right to self-determination when they're healthy. That shouldn't be denied to them when they're dying."²

² Angell, Marcia, "A method for dying with dignity," *Boston Globe*, Sept. 29, 2012, available at <http://www.bostonglobe.com/opinion/2012/09/28/angell/wNelafbRFk50sy4KdYiXCK/story.html>