

March 17,2013

Good afternoon Chairwoman Gerratana and Chairwoman Johnson and members of the Joint Committee on Public Health. My name is Dr. Thomas Finn and I am a resident of Southington where I have worked as a CT licensed psychologist in clinical private practice for 28 years. I am here today to ask you to oppose raised bill H.B. 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.

We would all agree that dying from a terminal illness is a struggle not just for the person who is dying but for their family and care-givers as well. I have personally walked this road with both of my parents, with friends, and with clients who have died after long struggles with terminal illnesses, but I do not believe this Bill and its concepts will benefit the citizens of Connecticut.

My primary objection to this bill centers on the term “qualified patient.” According to the Bill, qualified patients voluntarily seek their deaths, and competently make “informed decisions” regarding the nature, consequences, benefits and disadvantages of their choice to end their lives.

I share the opinion of many health care providers that it is extremely difficult to determine who can be defined as a qualified patient. The desire to hasten one’s death has been associated with higher levels of psychological distress and depression in terminally ill patients which impairs the ability to make a truly informed decisionⁱ[1]. Suicidal ideation and behavior are recognized as symptoms of a Major Depressive Episodeⁱⁱ[2], and a person’s capacity to competently assess his or her medical situation can be distorted by a depressive cognitive state. We describe a “negative triad” that reflects depressive views of oneself, one’s present circumstances and one’s future. These cognitive distortions increase feelings of helplessness, guilt and worthlessness resulting in misperceptions that life is meaningless. The hopelessness experienced in the hearts of these patients distorts their understanding of objective information about the quality of their remaining days, the number of which are often underestimated in their medical prognoses, and can limit their ability to perceive benefit from palliative treatmentⁱⁱⁱ[3].

Given the frequent occurrence of depressive symptoms in patients with terminal illness^{iv}[4], the frequency with which these depressive symptoms are not diagnosed by general practitioners^v[5], and, especially the historically low rate of psychiatric evaluations performed with persons seeking physician-assisted suicide in States such as Oregon (only 40 out of 596 patients)^{vi}[6], patients are at risk to be mislabeled as “qualified” and “competent” in making informed decisions when, in fact, they are not.

To be compassionate means to “suffer with” a person who is in need and to “suffer” means to “bear” the burdens one carries. I hope that we can view a terminally ill person’s desire to die as a request for help in bearing their grief and work to improve our ability as a community to compassionately provide terminally ill patients and their families with services that target effective pain management along with emotional and social support. I hope that you will oppose both H.B. 6645 and physician-assisted suicide.

Respectfully Submitted,

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i[1] Emanuel, EJ, et al., Dept. of Clinical Bioethics, National Institutes of Health, *Annals of Internal Medicine*, 2000, 132(6):451-459.

ii[2] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.), Diagnostic Criteria for Major Depressive Disorder, Washington, DC, 327.

iii[3] Sullivan, M., Depression and the Refusal of Life-Saving Medical Treatment, in Steinberg, M. and Younger, S., eds., *End of Life Decisions - A Psychological Perspective*, American Psychiatric Press, 1998, 68.

iv[4] Block, S., Assessing and Managing Depression in the Terminally Ill Patient, *FOCUS*, 2005, 3:310-319.

v[5] National Institute of Mental Health, Older Adults: Depression and Suicide Facts, NIMH pub. no. 4593, 2007.

vi[6] Oregon Public Health Division,
<http://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents>, years 1-15.