

Testimony Before the Connecticut Public Health Committee, March 20, 2013

## **Opposing HB 6645**

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On behalf of Not Dead Yet and Massachusetts Second Thoughts

[www.notdeadyet.org](http://www.notdeadyet.org)

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Thank you for the opportunity to testify before the committee. My name is John Kelly, I am the director of Massachusetts Second Thoughts: People with Disabilities Opposing the Legalization of Assisted Suicide. I also represent Not Dead Yet, the national disability rights group that has long opposed euthanasia and assisted suicide. We were the progressive voice in Massachusetts that last November defeated the assisted suicide ballot question. Our opposition is based in universal principles of social justice that apply to everyone, whether disabled or not. The name Second Thoughts comes from our finding that, the more people learned about legalized assisted suicide, the more they oppose it.

We ask people to look deeper into HB 6645 and the real-world threats it and all assisted suicide legislation poses. It draws on bad science to create bad public health policy. This bill amounts to a government recommendation that death is sometimes the best treatment. Innocent people will lose their lives as a result of this bill.

Because as we all know, doctors make mistakes. Under this bill, a misdiagnosis becomes deadly. In a letter to the Boston Globe, Oregonian Jeanette Hall wrote that she voted for assisted suicide and when she received a terminal diagnosis, asked for a suicide prescription. "I didn't want to suffer," she wrote. Her doctor persuaded her to try more treatment. Now, more than 12 years later, she wrote that she is "so happy to be alive."

Underlying the effort to pass HB 6645 is an unwarranted faith in the accuracy of terminal diagnoses. Proponents use the word "dying" to emphasize the imminent certainty of death, but many people with a terminal diagnosis are not yet dying, and doctors admit that they cannot predict when an individual will die. The disability community is full of people who have outlived their diagnoses by years. And then there is the example of longtime proponent of universal healthcare Senator Ted Kennedy, who was diagnosed with aggressive brain cancer in 2008. His cancer certainly would qualify under this bill as "sufficiently advanced"

enough that a second opinion would have been unnecessary. His widow Victoria described his story in a powerful opinion piece that sealed defeat for the Massachusetts referendum.

“When my husband was first diagnosed with cancer,” she wrote, “he was told that he had only two to four months to live, that he’d never go back to the U.S. Senate, that he should get his affairs in order, kiss his wife, love his family and get ready to die. But that prognosis was wrong. Teddy lived 15 more productive months.”

Under this bill, someone in Connecticut receiving a similar diagnosis could be dead within days, based on the tragically mistaken, but government-endorsed, belief that death was agonizingly imminent. Legalized assisted suicide, Vicki Kennedy wrote, “turns Kennedy’s vision of health care for all on its head by asking us to endorse patient suicide -- not patient care -- as our public policy for dealing with pain and the financial burdens of care at the end of life. We’re better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line. “

In this age of induced austerity, the media is full of stories of the expense of people's last year of medical care, while hospitals lose money and try to re-organize. Efforts have been intensifying to reduce medical care expenses at the end of life, and many people see assisted suicide as a cost saver. As social scientist Thomas Edsall wrote last week in the New York Times in an article about poverty, “Throughout the country, often with the active support of state governments, adults of all ages, but especially the elderly, are under mounting pressure to sign cost-saving advanced directives, allowing hospitals and doctors to end intensive procedures at various end-of-life stages.” He then mentions assisted suicide. It is not a coincidence that when Barbara Coombs Lee wrote Oregon’s assisted suicide law, she was an Oregon HMO executive.

In Oregon, Barbara Wagner and Randy Stroup received letters from Oregon Medicaid denying coverage for prescribed chemotherapy; the letters noted, however, that the state would cover the \$100 cost of assisted suicide. Because assisted suicide will always be the cheapest treatment, its availability will inevitably affect medical decision-making. This will actually end up constraining choice.

Vulnerable people will be harmed by this bill. Oregonian Michael Freeland easily obtained a lethal prescription for his terminal diagnosis, despite a 43-year history of severe depression, suicide attempts, and paranoia. When the story came to light,

the prescribing doctor said he didn't think a consult was "necessary." Oregon's statistics for the last four years show that only 2% of patients were referred for a psychological evaluation or counseling. Experts agree that most doctors are not capable of identifying such psychological problems.

And if one doctor declines to approve of a prescription, families can simply go "doctor shopping." So when a consulting psychologist found that Oregonian Kate Cheney lacked the "level of capacity" necessary to weigh her options, and that Kate's daughter was pushing harder for suicide than she was, the angry daughter got the insurance company to fund a second opinion. The second psychologist had the same concerns, but ruled that Kate was competent anyway. On the day that she got back from a nursing home to give her family respite, Kate agreed to take the lethal overdose. She was dead that afternoon.

There is nothing in this or any other assisted suicide bill that can protect people who are being abused. In Connecticut in 2009, 3800 cases of elder abuse were reported. No witness is required when the lethal dosage is taken, which means that the stipulation that someone self administer is merely a recommendation. This bill is dangerously shortsighted, for takes no notice of how self-interest will motivate family members and caregivers. Because of the requirement that death certificates list the cause of death as the underlying illness, investigations will be foreclosed.

Americans place tremendous value on individual, autonomous choice, whereas public health recognizes the social realities that affect people's health and healthcare decision-making. When people become ill and dependent, their desire to live or die is affected by the level of support they receive. Oregonian Kathryn Judson wrote of bringing her seriously ill husband to the doctor. "I collapsed in a half-exhausted heap in a chair once I got him into the doctor's office, relieved that we were going to get badly needed help (or so I thought)," she wrote. "To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. 'Think of what it will spare your wife, we need to think of her' he said, as a clincher."

It is a common complaint that patients sometimes undergo unnecessary treatment to satisfy the wishes of family members who want them to keep "fighting." Likewise, innocent people will feel pushed towards assisted suicide to benefit their family, which may be sending the message that they are a burden. Last year in Oregon, 57% of assisted suicide users were reported as feeling like a burden on their family and caregivers. As proponents themselves admit, it is social reasons like these that drives the movement for legalized assisted suicide. Program users

are reported as choosing suicide because of loss of dignity, loss of autonomy, and loss of control of bodily functions.

We disabled people, whose lives frequently look like the lives of people requesting suicide, do not feel that our dignity is compromised because we depend on others for physical care, or because we are not continent every hour of every day. We know that when social supports such as home care and personal care attendants are made available, family burden can be relieved.

We see some people getting suicide prevention, while others get suicide assistance, based on value judgments and prejudice. Instead, let's make sure that people have the support to live comfortably at home before offering hastened death. Please think about other people, vulnerable and without the sort of control proponents take for granted, innocent people who will be impacted by this piece of bad social policy. Reject HB 6645.

#### **Links to articles mentioned:**

Jeanette Hall, letter to Boston Globe, October 4, 2011,

[http://articles.boston.com/2011-10-04/bostonglobe/30243525\\_1\\_suicide-doctor-ballot-initiative](http://articles.boston.com/2011-10-04/bostonglobe/30243525_1_suicide-doctor-ballot-initiative)

Kathryn Judson, letter to Hawaii Free Press, February 2011

<http://hawaiifreepress.com/main/ArticlesDailyNews/tabid/65/articleType/ArticleView/articleId/3647/February-2011-Letters-to-the-Editor.aspx>

Victoria Reggie Kennedy, op Ed in Berkshire Eagle, "We Are Better Than That"

[http://www.berkshireeagle.com/ci\\_21884917/victoria-reggie-kennedy-q2-is-simplistic-wrong](http://www.berkshireeagle.com/ci_21884917/victoria-reggie-kennedy-q2-is-simplistic-wrong)

Thomas B Edsall, New York Times, "Who Is Poor?" March 13, 2013

<http://opinionator.blogs.nytimes.com/2013/03/13/who-is-poor/?hp>