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Statement on Raised House Bill 6645

Barbara Coombs Lee, PA, FNP, JD
President, Compassion & Choices

March 20, 2013

The Honorable Terry B. Gerrantana
Chair, Joint Committee on Public Health
Connecticut General Assembly
Hartford, Connecticut

The Honorable Susan M. Johnson
Chair, Joint Committee on Public Health
Connecticut General Assembly
Hartford, Connecticut

Chairwoman Gerrantana, Chairwoman Johnson and Members of the Committee:

I am Barbara Coombs Lee, President of Compassion & Choices, an author of the Oregon Death with Dignity Act and its defender for 19 years.

Compassion & Choices and our 2,500 Connecticut members support Raised House Bill 6645 and the sponsors' efforts to improve the quality of Connecticut's end-of-life care for terminally ill patients and their families. This bill provides practice guidance and protections for aid in dying, the practice by which a dying patient may ask his or her own physician for life-ending medication, to provide peace of mind and to ingest if an agonizing dying process becomes too great to bear.

Many dying patients suffer, even with the best care and pain management. Others fear their symptoms will become unbearable and they will experience delirium or unconsciousness as a secondary effect of palliative medications. Supporters of compassionate care for the terminally ill believe patients should have a full range of end-of-life choices, whether for disease-specific treatment, palliative care, refusal of life-prolonging treatment or the right to request medication the patient can choose to self-administer to bring about a humane and dignified death.

Compassion & Choices is the nation's largest consumer organization working to improve care and protect patient rights at the end of life. We are leaders on this issue nationally and have helped to secure legal recognition of aid in dying in Oregon, Washington and Montana.

Compassion & Choices has been at the forefront of efforts to:

- Ensure that terminally ill patients are able to receive adequate pain and symptom management;
- Provide comprehensive counseling regarding a wide range of end-of-life options;¹

¹ Compassion & Choices brought landmark federal cases establishing that dying patients have the right to aggressive pain management, including palliative sedation. *Vacco v. Quill*, 521 U.S. 793(1997); *Washington v. Glucksberg*, 521 U.S. 702(1997).

¹ Compassion & Choices drafted and sponsored introduction of statues requiring comprehensive counseling regarding end-of-life options. See, California Right to Know End-of-Life Options Act, CAL. HEALTH & SAFETY CODE §442.5; New York Palliative Care Information Act, N.Y. PUB. HEALTH LAW § 2997-c.

physicians.⁷ In nearby Montana, the right is protected under a state Supreme Court decision.⁸ And in a growing number of states lawmakers, like yourselves, are examining the Oregon and Washington experience and developing new legislative approaches that are more appropriate to their own states. We thank you for your leadership in making Connecticut one of several states now undertaking this important work.

II. Connecticut citizens support aid in dying

An independent survey of Connecticut voters found that:

- 68% favor allowing a mentally competent, terminally ill adult the choice to bring about their own death.
- 57% favor allowing such adults voluntarily to receive prescriptions for life-ending medication.
- 57% would provide immunity to physicians who respond to a patient's request for medication to help them end their own lives voluntarily.

Support extends across party lines and religious faiths. Among the most religious voters (those attending church at least once a week), more reject the legal option of aid in dying (42%) than support it (33%)

III. Fifteen years of experience and scientific data answer legitimate concerns

Connecticut today stands in a landscape rich with data about how the availability of aid in dying impacts end-of-life care, the patients who choose it and the practice of medicine. This is a very different landscape than existed when the U.S. Supreme Court considered *Quill* and *Glucksberg*, when there was no data, and the opponent's arguments about risk could not be assessed in light of solid evidence.

⁷ Compassion & Choices has been the steward of implementation of the Death with Dignity Acts in both Oregon and Washington. And our legal team was involved in the successful defense of the Oregon Death with Dignity Act from attack by the United States Department of Justice in *Oregon v. Gonzales*. *Gonzales v. Oregon*, 546 U.S. 243, 275 (2006). See also Kathryn L. Tucker, *U.S. Supreme Court Ruling Preserves Oregon's Landmark Death with Dignity Law*, 2 NAT'L ACAD. ELDER L. ATT'YS. J. 291(2006).

⁸ *Baxter v. Montana*, 224 P.3d 1211, 1214, 1222 (Mont. 2009). The Court decided aid in dying is consistent with current and historic public policy affirming Montanans' right to self-determination in healthcare matters.

ingest them.¹⁶ Deriving comfort from having the option to control their time of death, these patients ultimately die of their disease without exercising that control.¹⁷ Physicians and caregivers often observe a positive impact on the quality of life when patients obtain a prescription or medication, persuading many to assign a palliative therapeutic purpose to the writing of an aid-in-dying prescription.

Overall, objective, third-party observers studying aid in dying in Oregon have concluded that the law poses no risk to patients, to the medical profession, to utilization of hospice and palliative care, or to society as a whole. For example, a Task Force in the state of Vermont, after thoroughly reviewing the Oregon experience, concluded that "it is quiet [sic], apparent from credible sources in and out of Oregon that the Death with Dignity Act has not had an adverse impact on end-of-life care and in all probability has enhanced the other options."¹⁸ Leading scholars have concluded: "I [was] worried about people being pressured to do this ... But this data confirms ... that the policy in Oregon is working. There is no evidence of abuse or coercion, or misuse of the policy."¹⁹

Indeed, rather than posing a risk to patients or the medical profession, the Death with Dignity Act has galvanized significant improvements in the care of the terminally ill and dying in Oregon. Oregon physicians report that since aid in dying has been openly available, they have worked hard to improve end-of-life care, taking educational courses in how to treat pain in the terminally ill, how to recognize depression and other psychiatric disorders, and more frequently referring patients to hospice.²⁰ Surveyed on their efforts to improve end-of-life care since aid in dying became available, 30% of responding physicians had increased referrals to hospice care, and 76% made efforts to improve their knowledge of pain management.²¹ Hospice nurses and social workers surveyed in Oregon observed an increase in physician knowledge of palliative care and willingness to refer to hospice.²²

In addition to the improvement of end-of-life care, the option of aid in dying has psychological benefits for both the terminally ill and the healthy.²³ The availability of the option of aid in dying gives the

¹⁶ See *Annual Reports*.

¹⁷ *Id.*

¹⁸ ROBIN LUNGE ET AL., LEGIS. COUNCIL, OREGON'S DEATH WITH DIGNITY LAW AND EUTHANASIA IN THE NETHERLANDS: FACTUAL DISPUTES, at § 3.E. (Vt. 2005), available at http://www.leg.state.vt.us/reports/04Death/Death_With_Dignity_Report.htm.

¹⁹ William McCall, *Assisted-suicide Cases Down in '04; 37 Terminally Ill Oregonians Took Lethal Drug Doses*, THE COLUMBIAN, Mar. 11, 2005, at C. (quoting Arthur Caplan, director of the Center for Bioethics at the University of Pennsylvania School of Medicine). See also Straton, *supra* at 482.

²⁰ See Ganzini et al., *supra*, at 2363, 2367-68; Lee & Tolle, *supra*, at 267-69; Quill & Cassel, *supra*; Lawrence J. Schneiderman, *Physician-Assisted Dying*, 293 J. AM. MED. ASS'N 501 (2005) (reviewing *PHYSICIAN-ASSISTED DYING: THE CASE FOR PALLIATIVE CARE AND PATIENT CHOICE* (Timothy E. Quill, & Margaret P. Battin eds., 2004.)) ("Indeed, one of the unexpected yet undeniable consequences of Oregon's Death with Dignity Act permitting physician aid in dying is that 'many important and measurable improvements in end-of-life care' occurred following the Act's implementation. Rather than becoming the brutal abattoir for hapless patients that some critics predicted, the state is a leader in providing excellent and compassionate palliative care.")

²¹ Ganzini et al., *supra*, at 2363.

²² Elizabeth R. Goy et al., *Oregon Hospice Nurses and Social Workers' Assessment of Physician Progress in Palliative Care Over the Past 5 Years*, 1 PALLIATIVE & SUPPORTIVE CARE 215, 218 (2003).

²³ Kathy L. Cerminara & Alina Perez, *Empirical Research Relevant to the Law: Existing Findings and Future Directions, Therapeutic Death: A Look at Oregon's Law*, 6 PSYCHOL. PUB. POL'Y & L. 503, 512-13 (2000).

Some people fear the bill will promote "suicide" and somehow cause the deaths of healthy people. But aid in dying is an option only for people whose deaths are already imminent. When you are terminally ill and death is inevitable, your choice is not "whether or not to die" ...but rather "how and when to die...how much pain and suffering to endure before death." This is one reason that the public strongly supports aid in dying, under the parameters such as will be laid out in the Connecticut legislation.

Some people fear such legislation would allow doctors to "kill" people. But the bill specifically rejects illegal practices such as euthanasia, mercy killing and assisted suicide. It only permits those already dying to ask their personal physician for a prescription for medication which they can, if they choose, self-administer for a peaceful and dignified death.

Some fear that the elderly and disabled will be singled out, but the bill specifically prohibits that. It provides strong patient protections and clear guidance for physicians honoring a patient's request for aid in dying.

Thank you again for your leadership on this important issue.