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**TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE**  
**Testimony regarding HB 6645**  
**An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients**  
**March 20, 2013**

Senator Gerratana, Rep. Johnson, ladies and gentlemen of the Public Health Committee:

My name is Cathy Ludlum, and I am one of the leaders of Second Thoughts Connecticut, a coalition of people with disabilities, advocates, seniors, and others who oppose the legalization of assisted suicide. My associates and I are here to express our opposition to HB 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.

You may be wondering why the disability community would oppose legislation that supposedly applies only to a narrow group: people with terminal illnesses who are competent to make their own end-of-life decisions. The reasons are too numerous to list here, but I will list a few and expand on one.

First, if you look at the Oregon statistics, fewer than 25% of people requesting "Aid in Dying" do so because they are in pain or afraid of being in pain. The overwhelming majority fear becoming a burden on family and friends, on society, or on themselves. This makes it a disability issue. Lacking exposure to the life and culture of disability, people equate loss of physical independence to loss of dignity, when nothing could be further from the truth.

Second, the disability community has worked long and hard to draw distinctions between a desire to die and the lack of supports to live as one chooses. After many years of struggle, we now have more accessible transportation, more accessible housing, and more in-home support options than ever before. The fight is not over. Too many people still live in institutions when they could and would rather be supported in the community. Today you will hear stories of people being denied life-saving cancer treatment but offered the lethal prescription instead. In the same way, where will the incentive be to continue and expand community-based living options when the prescription to die is less expensive and easier to obtain?

Third, especially for those of us with physical disabilities, our lives could be characterized as a dance with death. Whether people come into our community

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through accident or illness, there was likely a vulnerable moment where it could have gone either way. Once someone has a disability, there will likely be times where problems arise and survival is not assured. Add to that the very strong cultural assumption that death is preferable to life with a disability, and you have a recipe for disaster.

I want to expand on this last point.

What exactly is a terminal illness? With what level of certainty can any physician predict how long someone will live? This may be difficult in the general population, but in the disability world it is pretty nearly impossible.

I have a friend whose parents were told on the day was born that he would not live through the night. Fortunately, the prognosis was wrong and he is in his forties now.

We all know people like that... a cancer scare that went away after a second opinion, a risky surgery that was successful, or an illness that did not follow the usual course, allowing the person to live longer and more productively than expected. Look at Ted Kennedy, who lived for 15 months instead of four.

Sec. 1(20) of HB 6645 states that "'Terminal illness' means the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient's death within six months." I have an incurable and irreversible medical condition. There have been times when an attending physician has anticipated that I might not last a few weeks, never mind six months. And fortunately, he was wrong.

Some people think they will be unable to cope with the changes that aging and disability bring. I have embraced technology, including what they call "artificial hydration and nutrition" and respiratory assistance at night. These wonderful but costly innovations have given me over 15 years of life that I would not otherwise have enjoyed. I continue to live in my own home, work, have fun with my friends, and participate fully in my community. But I am only alive because I have these resources available to me.

At this time I am deemed competent, and can refuse the offer of assisted suicide. On the other hand, however, as financial resources become tighter, medical treatment becomes more expensive, resources for living in the community go on the chopping block, and we baby boomers flood the system, how long will it be until this choice is taken from me?

Thank you for listening to my concerns. Please VOTE NO on HB 6645.