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**Testimony Opposing House Bill 6645**  
**“AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR TERMINALLY**  
**ILL PATIENTS.”**

Thank you Chairwomen Gerratana and Johnson and other members of the Joint Committee on Public Health for accepting my testimony.

My name is Stephen Lyon, from Willimantic, CT, and I am testifying against House Bill 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients, because aid in suicide is never compassionate, the judgment of physicians and other medical professionals regarding terminally ill patients is uncertain at best, the use of death-causing drugs is under regulated, there is risk of patients being pressured into dying, and the risk of doctor shopping is quite possible.

The first reason I oppose H.B. 6645 is that aid in suicide is never compassionate. Our societal values have established life as being the asset of highest value. We have criminalized suicide. Our supreme court has made the death penalty harder and harder to apply, as being cruel and unusual, to the point where it is only appropriate to someone who has maliciously taken the life of someone else. In this situation, the drugs being administered do not even guarantee a peaceful or painless death, and in states where assisted suicide by physician is already legal, there have been cases of panic attacks, choking, vomiting, and a terror. This bill does not aid in giving compassionate aid in dying; it sets a new standard for our state to value life less than it ever has.

Second, this bill is detrimental to the citizens of Connecticut because the judgment of physicians, or any other qualified individual under this bill, regarding the lifespan of terminally ill patients is uncertain at best. When researching this type of proposal in Massachusetts this past summer it came to my attention that about 30% of individuals diagnosed as dying in the next 6 months survive past that point, and many of them live on for years. Individuals who rely on doctors' statements regarding their chances may be relying on unsound information without knowing, and therefore making decisions they would not if they knew they could live longer than 6 months with reasonably good chances. We should not give authority to prescribe death-causing drugs to individuals who cannot give concrete answers as to whether or not the individuals being prescribed to will actually die soon on their own.

Another reason this committee should oppose such legislation is that the drugs are under regulated. One of the requirements of this bill is that the individual self-administer the drug. They do not need to do it in the office and can do it wherever they see fit. This provides several risks: 1) there is no guarantee that the patient will use the drug themselves, 2) it is possible for the drug to get into the hands of individuals who have not adhered to the legally mandated process, and 3) the location of drug use (without knowledge as to how long it will take for the drugs to have their impact) can result in danger to others (i.e. risk from driving after having taken the drugs, ovens and other cooking vessels left on). The state should not allow drugs that cause such dangerous consequences to be self-administered, especially in such an under-regulated state.

There is even a risk of patients being pressured into dying. Patients are vulnerable to family members who can put undue pressure on to them, as well as by physicians who can make

the reality of their situation seem much worse than it actually is. There is even a risk of the state and insurance companies pressuring patients to choose death over treatment, even if unintentionally. In Oregon, which has such legislation already, the state told patients that it would not pay for treatment for their illnesses, but that it would pay for the death-inducing medication. This is something which should be avoided at all costs, and this legislation does not even come close in its safeguards to stop such actions from taking place

Finally, there is serious risk of patients shopping for doctors until they find ones that will prescribe such drugs. The law requires that two doctors sign off on the prescriptions as a safeguard, but this, while it sounds good on paper, does not work in practice. There are plenty of opportunities for individuals seeking such drugs to go to as many doctors as possible to get their prescription signed off on, with often the advice and opinion of their primary caregiver being ignored. This is not adequate enough of a safeguard.

For the forgoing reasons I respectfully request that the members of this committee vote against H.B. 6645.

Sincerely,

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