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"Testimony of Judith M. Mascolo, MD, concerning H.B. No 6645, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients

TO: Public Health Committee, State of Connecticut General Assembly
FROM: Judith M. Mascolo, M.D.
DATE: March 19, 2013"

I am a family physician in private practice in West Hartford. I am also the mother of a 12 year-old girl with an intellectual disability. I strongly oppose physician assisted suicide. PAS is not medical treatment and it is not compassionate care.

As a physician, I strive to help my patients achieve their best health possible. In all my years of education and training I have focused on being a healer. When the illness cannot be cured, I don't abandon my patients, but let them know that I am still there to care for them, talk and offer support to them and their families. PAS is not the answer for terminal patients. It is not medical treatment and has no place in healthcare. There is nothing compassionate about giving a patient a lethal dose of a drug and leaving them to die, often alone. This is abandonment of patients during their most vulnerable time.

The process of dying from a lethal dose is not always as easy and peaceful as the proponents of PAS would have the public believe. It can take up to 48 hours for some patients to die and during that time they can suffer from nausea, vomiting, abdominal pain, muscle cramping, seizures and irregular heartbeats. There is usually no doctor present and the patient and family are often alone to deal with these side effects. PAS can be a violent death.

It is known that patients ask for PAS because of fear of death, loneliness and pain. These people do not need a lethal dose of medication; they need loving support from their families and their caregivers. They need to be treated for depression. They need to know that they will receive adequate pain control when the time comes. They need to know that they won't die alone.

I truly fear what PAS will do to my profession if this becomes law. I fear that there will be an erosion of trust between doctors and their patients. I worry about the kind of doctors who will be involved in PAS and how this will affect their practice of medicine and their ability to be healers to their other patients. I think PAS is bad for the medical profession and ultimately, bad for the public. People do not go into medicine to be executioners.

As a mother of a special needs child, I worry about the extremely slippery slope of PAS. One needs only to look at what is happening in Europe to see what can happen here if PAS becomes widespread. Initially it was offered as a solution for the terminally ill, but in many countries, it is now offered to anyone who no longer wishes to live: to teens who are depressed, to the disabled child of parents who no longer want to care for him, and to the chronically ill. In the Netherlands, lethal doses of drugs are given to mentally ill or intellectually disabled adults without the patients' or their families' consent. Only two doctors have to agree that a person's life has no value and that patient can be euthanized. Patients can go to their doctor's offices for what they may think is a physical exam, and leave in a body bag.

The Netherlands did not start out this way when a 1973 court decision legalized PAS. Strict guidelines were set for doctors to assist terminally ill patients who wanted to die and to protect terminally ill patients who did not want to be euthanized. In the Netherlands, the right to die has become the responsibility to die.

People with disabilities, the elderly, the mentally ill and those who are dying are our most vulnerable populations. They deserve our protection. This bill, if it becomes law, will only target them.

Finally, as a family physician, I worry that legalizing PAS and making it into a medical treatment would send the wrong message to those who may be vulnerable to suicide. Connecticut already has a very high suicide rate, as reported by the Hartford Courant in 10/22/2011. In 2008-2009, CT had the second highest suicide rate in the US among people 18 and older. In 2012, the Courant reported that the rate was at a 20 year high in 2011. (Hartford Courant 4/30/2012).

So many people have been touched by suicide. In my town alone, in the past several years, two middle school boys took their own lives just days apart. These senseless acts changed the lives of their parents, siblings and classmates forever. Three years ago a mother of three young boys took her life. One of my daughters was a close friend of one of her sons. Trying to explain what happened and how a mother could do this to her family was one of the most difficult parenting experiences I have ever had. My daughter was too young to learn this lesson. Just last month, I heard that a favorite preschool teacher of my youngest daughter killed herself a couple of years ago. I was overwhelmed with sadness and anger for days. Suicide leaves a lot of victims as its after-effects ripple out into a community. PAS would be no different. Sanitizing it, calling it medical treatment does not change what it is: it is the taking of another human life.

What is the antidote to PAS? It is improving access to palliative and hospice care and to adequate pain control. It is providing mental health counseling and treatment to terminal patients and their caregivers. This is the healing role of physicians in caring for the dying.