

Testimony for the Legislature regarding Physician Assisted Suicide

My name is Dr. Alberto J. Rodriguez. I am a Family Physician and I have been practicing medicine in CT for the past 30 years. I have been in various leadership positions throughout my career but I consider myself first and foremost a friend and advocate for my patients. Thinking about my responsibilities in fulfilling my role as healer and advocate I had no other choice than to make you aware that many of my fellow colleagues' and I oppose the legalization of PAS in Connecticut.

Philosophically it goes against our Hippocratic Oath ("I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect."), and against the trust that has been deposited in us by our patients, especially when they are in an extremely vulnerable place. Our mission for centuries has been to cure and to relieve suffering, not to end life at the patient's request. If we don't respect life and take an action to end it, for whatever reason, we violate the central tenant of our relationship with our patients and the bond of trust will be destroyed. This will end what could have been one of the most supportive relationships for that patient and his/her family during a critical period in their life. After being present at the time of death of many of my patients, I can testify that this relationship brings peace, relieve fears, reassures the family and makes the difficult situation a better experience.

Another concern that I have is how this law will affect the more vulnerable, socially marginalized groups. The elderly, the mentally ill, children with terminal illnesses, those with mental or physical disabilities who may be a burden to their families or caretakers will be at risk for someone other than themselves to make the decision to end their life. It may seem that if we set up guidelines, rules and legislate to protect these individuals it may help safeguard them from abuse and subtle coercion. But this has not been the case in most regions of the world in which PAS exists. Listen to what Philip Nitschke (PAS leader in Australia) had to say: "My personal opinion is that if we believe that there is a right to life, then we must accept that people have a right to dispose of that life whenever they want.... So all people qualify, not just those with the training, knowledge or resources to find out how to 'give away' their life. And someone needs to provide this knowledge, training or resource necessary to anyone who wants it, including the depressed, the elderly bereaved [and] the troubled teen."

The following is a list of countries that have expanded their definition and accessibility of PAS:

- Netherlands – from competent, suffering, terminally ill adult, to now include chronic mental health, terminally ill adolescents, handicapped newborns
- Belgium – from unrelievable suffering in competent adult, to now include infants; proposal to expand to include teens, degenerative diseases (e.g., Alzheimer)
- Switzerland – from AS for terminally ill Swiss adults, to now include tourists from other countries, people with chronic diseases (e.g., Alzheimer, epilepsy, arthritis, cerebellar ataxia); proposal to include mental illness and to expand to euthanasia

- Australia – terminally ill adult with unacceptable suffering; law repealed after being in place less than a year, primarily because of inadequate access to palliative care options
- Oregon – no expansions on the books
 - law requires self-administration, but numerous reports of “assistance” to debilitated patients
 - Deputy Attorney General believes law violates ADA and may need to be expanded to include those unable to swallow pills without assistance
 - law prohibits lethal injection, but Barbara Coombs Lee, 1 of the authors, believes wording allows delivery of lethal drug by inhalation or intravenous infusion
 - Kathryn Tucker, legal council of Compassion & Choices, referring to the "safeguard" that requires a 15 day waiting period, explained that, after failing in several states, their strategy evolved: "...that a 15-day waiting period would be struck down immediately as unduly burdensome...But in the legislative forum, to pass, you need to have measures that *convince people* that it's suitably protective so you see a fifteen day waiting period."

The Oregon experiment has not been able to safeguard patients against abuse. There have been multiple reports of possible illegal application of the law in that State but the way the law is written and the lack of accountability makes these reports impossible to research and prosecute. The only statistical indicators of Oregon's assisted suicides are dutifully trotted out by state bureaucrats in a bare-bones annual report. By clever mandate of law, "the information collected shall not be a public record and may not be made available for inspection by the public." Violators are expected to self-report. No penalties are provided for non-reporting. No watchdogs or media can review even redacted records. The government only reviews a sampling of records, does not verify their accuracy and subsequently destroys the records.

Doctor-prescribed suicide is not needed because under existing law, every patient and/or his designated decision-maker have the right to refuse prolonging life by artificial means. No one has to linger indefinitely when natural causes would lead to death. It is ethically acceptable to refuse or discontinue futile treatments. And this is done routinely right now.

And finally, during these times of financial stress in our country and our state, there are real financial incentives in passing of this law. The greatest expense a person has is usually during the last months of life. As a result of use of expensive technology, drugs, procedures, hospitalization, expectations in our society, etc. at the end of our lives, the amount of money we expend is exorbitant. Add to this the number of aging Americans that will face this dilemma in the next decade or two has the potential to bankrupt the healthcare system as we know it. It is easy to see how opting for premature deaths of the less productive members of or society will make sense to the

proponents of this law. Since it's always cheaper to give a patient a suicide pill than to provide real care, imagine the financial incentives prescribed suicide offers to HMOs, government payers, insurance companies and heirs.

We should be talking about how to provide real, compassionate, effective, supportive care in an environment of respect, instead of taking the cheaper, easier, slippery road at the end of life. We can advocate for educating our communities about end of life issues and give them the peace of mind that each life is valuable and worth caring for, even to the very end.

Thank you.

CURRICULUM VITAE

ALBERTO J. RODRIGUEZ, M.D., F.A.A.F.P.

PERSONAL INFORMATION

Home Address: 26 Coventry Lane
Avon, CT 06001
(860) 675-6581

Present Position: Private Practice 1987-present
Business Address: Hartford Family Medicine Center
345 North Main Street, Suite 245
West Hartford, CT 06117
(860) 236-3000

Date of Birth: April 27, 1955

Place of Birth: Bayamón, Puerto Rico

Citizenship: United States

Marital Status: Married - Debbie E. Rodriguez
Children - Kristoffer, Nicole, Michelle, Nicholas

EDUCATION

University of Puerto Rico, Rio Piedras Campus 1972-1976
Rio Piedras, Puerto Rico
Degree: B.S. Biology, Cum Laude; Minor - Education

Universidad Central del Caribe School of Medicine 1976-1980
Cayey, Puerto Rico
Degree: M.D.

The Hahnemann Medical College and Hospital 1980-1981
Philadelphia, Pennsylvania
Training: Family Medicine Residency, First Year

West Jersey Hospital System 1981-1983
Voorhees, New Jersey
Training: Family Medicine Residency,
Second and Third Years

Duke University Medical Center 1983-1984
Durham, North Carolina
Fellowship: W.K. Kellogg Teaching Fellowship in Family Medicine

Bethel / Seminary of the East 2001-2002
In process of obtaining M.Div.

BOARD CERTIFICATION AND LICENSURE

Diplomate, American Board of Family Practice July, 1983
Recertification ABFP 1989, '95, '02, '10
Connecticut Medical License #26403 June, 1985-present
Puerto Rico Medical License #8028 February, 1986

PROFESSIONAL SOCIETIES

Member:
American Academy of Family Physicians 1978-present
Connecticut Academy of Family Physicians 1984-present
Society of Teachers of Family Medicine 1981-1987
Christian Medical Association 1984-present
Connecticut State Medical Society 1984-2003
Hartford County Medical Society 1984-2003
American Association of Christian Counselors (AACC) 1995-present

HOSPITAL AND ACADEMIC APPOINTMENTS

Full-time Faculty Member/Residency Program 1984-1987
Assistant Clinical Professor 1984-present
Department of Family Medicine
University of Connecticut School of Medicine
Farmington, Connecticut

Assistant Attending Staff 1984-1993
Department of Family Medicine
John Dempsey Hospital
University of Connecticut Health Center
Farmington, Connecticut

Senior Attending Staff 1985-present
Department of Family Medicine
Saint Francis Hospital and Medical Center
Hartford, Connecticut
Privileges in IM, Pediatrics, OB/Gyn, Intensive Care units

Assistant Professor 1991-1992
Yale University Nursing School
Family Nurse Practitioner Program
New Haven, Connecticut

Assistant Clinical Instructor 1993-present
Yale University Medical School
Physician Associate Program
New Haven, Connecticut

Assistant Attending Staff 1993-present
Hartford Hospital
Hartford, Connecticut

Courtesy Staff 1999-present
Connecticut Children Medical Center
Hartford, Connecticut

PUBLICATIONS, PRESENTATIONS, RESEARCH AND GRANTS

Feder HM Jr, Rasoulpour M, **Rodriguez AJ**. Campylobacter urinary tract infection: Value of the urine gram stain. JAMA 256: 2389, 1986.

Rodriguez AJ. Minor surgical procedures: Teaching them where they belong, the ambulatory setting. Presented at the 19th Annual National Meeting, Society of Teachers of Family Medicine, San Diego, California, May 1986.

Rodriguez AJ, Cooper T. Socioeconomic status and ethnicity as risk factors in gynecological infections. Presented at the American Anthropological Association Meeting, Philadelphia, Pennsylvania, December 1986.

Rodriguez AJ, Crabtree BF, and O'Connor PJ. The effect of social support and ethnicity on pregnancy outcomes in an urban population. Unpublished. 1987

Rodriguez, AJ Candida Albicans antigen as Immunotherapy for the treatment of the common wart. Clinical trial. Ongoing outpatient clinical research. Unpublished. 1996

PROFESSIONAL ACTIVITIES AND RESPONSIBILITIES

Coordinator, Primary Care Clerkship 1984-1985
Family Medicine Tract for Senior Medical Students
University of Connecticut School of Medicine
Farmington, Connecticut

Member, Primary Care Clerkship Committee 1984-1985
University of Connecticut School of Medicine
Farmington, Connecticut

Coordinator, Obstetrical Curriculum 1984-1987
University of Connecticut School of Medicine
Family Practice Residency Program
Hartford, Connecticut

Member, Provider Challenge Committee and Ambulatory Care Committee of the Maternal Outreach Program, Hartford Action Plan on Infant Health Hartford, Connecticut	1984-1987
Research Affiliate, Hispanic Health Council Hartford, CT	1984-1994
Community Preceptor - Primary Care Clerkship University of Connecticut, Medical Students	1987-present
Member, Community Advisory Committee Institute For The Hispanic Family Hartford, Connecticut	1991-1994
Connecticut Academy of Family Physicians DIRECTOR, Board Member SECRETARY PRESIDENT ELECT PRESIDENT INMEDIATE PAST PRESIDENT Past President at Large Past President at Large	1991- 2001 10/94-10/95 10/95-10/96 10/96-10/97 10/97-10/98 10/98-10/99 10/99-10/01
Core Content Review of Family Medicine Member of Executive and Editorial Board Nationally Recognized CME Organization OAFP & CAFP	1995-2000
United States Commission on Civil Rights Connecticut Advisory Committee Member	1994-1996
Commissioner Latino & Puerto Rican Affairs Commission CT State Legislature Hartford, Connecticut	1995-1997
Director, FamilyLife Hispanic Outreach FamilyLife, Little Rock, Arkansas	1999-2005
Impacto Familiar - (New affiliate) National organization dedicated to improving the skills and providing tools to improve marriages and parenting among Latinos.	2005-present

Faculty Member, OB Residency Program
St. Francis Hospital & Medical Center
Hartford, Connecticut

2001-2005

Corporator, Catholic Family Services
Catholic Charities
Capitol Region, Hartford, CT

2003-2006

Awards and Recognition

Preceptor of the Year
University of Connecticut
Department of Family Medicine

1995-1996

Named Top Doctor for Families in Connecticut
Peer recognition published in Connecticut Magazine

April 2003

Recipient of The Leonard Tow 2003 Humanism
in Medicine Award in recognition of exemplary
compassion, competence and respect in the delivery
of scientific clinical care.
Outstanding Faculty Role Model
University of Connecticut School of Medicine
Presented by The Arnold P. Gold Foundation

June 2003

Humanitarian Award
Connecticut Academy of Family Physicians

October 26, 2005

SPECIAL INTERESTS

Professional:

Sports Medicine: Injury prevention, sport physiology and training.
Clinical Obstetrics in Family Practice
Education: Medical Students & Residents, Health Professionals and Patients
Office Procedures: Therapeutics/Diagnostics
Psychosocial Factors Affecting Health
International and Cross-cultural Aspects of Family Practice

Personal:

Family Relationships
Church Activities

Sports: Played and Coach: Basketball, Tennis; Soccer, Volleyball

Head Coach: Middle School Boys Basketball Team; Middle School and Varsity Girls
Basketball Team; **Assistant Coach** Varsity Girls Soccer Team - The Master's
School, Simsbury, CT (Over the last few years)

Head Coach and Assistant Coach for Girls and Boys Soccer & VB Leagues, Avon, CT
Team Physician, Puerto Rico National Woman Soccer Team: U-17 (Qualifiers for
World Cup in Trinidad and Tobago, July 2008 and U-20 (Caribbean Qualifiers for World
Cup in Haiti and Cuba, October 2011 and January 2012.