

HOUSE BILL #6645

March 20, 2013

Though I am 82 years old, I wish to state at the outset that my opinion about this bill is not shaped by any direct and immediate personal stake in its passage. In other words, I am not sick.

Nor is my perspective solely that of a physician with long clinical experience in dealing with severe and terminal illness.

I think I can best illustrate the development of my thinking by relating a brief anecdote, concerning a medical school classmate, who a few years ago was stricken with a particularly aggressive and vicious form of bladder cancer. His course was characterized by severe pain, due to obstruction of both ureters, the outlets of urine from the kidneys into the bladder, because of invasion of these organs by tumor. This necessitated diversion of his urine by placement of tubes, drained into external bags, inserted through skin and muscle into each kidney—a procedure known as nephrostomy.

The tumor proved resistant to chemotherapy, whose use had already been compromised by damage to his kidney function as a result of disease. This cancer is relatively resistant to radiation treatment. In short, medical science had nothing to offer by way of hope of a cure, or of palliation, beyond narcotic pain killers, which in turn are prone to create nausea and severe constipation among other side effects.

I apologize for the graphic nature of this accounting, but I do think it essential to remember that we are dealing here with a dying, which is by its nature nasty, messy and undignified.

During a visit to his home, he asked me in a pleading tone whether I might know of a way to “get” him “out of this.” I offered to speak to his doctors about further medication to blunt his suffering, but could not lawfully do what he was clearly asking me to do. How can I describe the feelings of sorrow, helplessness and guilt at my own impotence, and my feeling for this very old and treasured friend whose torment we were all witnessing? If I acted, I would be doing something unlawful. If I did nothing, I would be abandoning a friend in dire need of relief.

Surely we are humane enough as a society to develop a way to end such torture when its victim resolves not to go on tolerating it uselessly. This bill provides for prior examination, and evaluation by at least 2 physicians, but would allow patient and physician to proceed on a course to end torment, to ease progress toward an outcome which is both inevitable and imminent. We share, I think, a consensus against torturing enemy prisoners in war. Should we sit by passively and allow this form of torture of our friends and relatives by terminal disease whose course we are powerless to alter and who wish simply not to continue enduring it? Where is the harm to society in allowing this degree of autonomy to human beings in desperate need of our compassion and our courage? Enact House Bill # 6645 into law.

Herbert Ross MD

201 Blood St. Lyme, Ct 06371