

## Statement for Public Hearing Supporting Raised Bill No. 6645 - 3/20/13

Members of the Public Health Committee,

I'm Phyllis Ross of Lyme, CT.

My memory of my mother's pain and suffering in her last months is one of the reasons I'm here today. She was much beloved by friends and family—a happy, vivacious person. That is, until her last year.

At 93 she began to deteriorate rapidly. In her final year she was hospitalized 13 times. At her last hospitalization, her doctor at Yale-New Haven Hospital told us it was a matter of months before she would be gone and suggested we might want to consider Hospice care. My mother, sister and I agreed that she would be better off in her home under Hospice supervision. That meant she would not go back to the hospital, but would receive medication to relieve her pain.

Hospice care was the best alternative we had, but let me tell you, it is not a good solution. The morphine she was given to relieve her intense pain caused her to be sleeping or incoherent most of the time and, eventually, comatose. When family members visited her, she hardly knew we were there. Most of her friends stopped visiting because they couldn't bear to see her like that.

She could not walk or dress herself. She was incontinent, which caused her terrible embarrassment. She had to be fed soft food or liquids. Her slightest movement caused her great pain. She had to be turned in bed to prevent bed sores. She no longer combed her hair or put on any lipstick. She hardly reacted when she had visits from her grandchildren and beloved great grandchild. In her last weeks, when she was conscious, she expressed her desire to pass away.

Seeing her like this was devastating for me and my sister. I would not want to be forced to live like that. Many of my friends and family believe, as I do, that people should have the option of making the decision to die peacefully, if they should be in a similar situation. Knowing that I could have that option, would certainly make me feel better about aging.

It should be noted that in Oregon, with 15 years' experience with a similar Compassionate Aid-in-Dying law, there is a relatively small number of people who actually do this. Yet, health care professionals have concluded that it brings comfort to many more people, who know they can lawfully decide for themselves, in their last months, when it's time to end their suffering.

Let me point out that, in a poll taken in May 2012, Connecticut residents were asked: Do you favor or oppose allowing a mentally-competent adult, who is dying of a terminal disease with no hope of recovery, the choice to bring about their own death? 67% responded they were in favor.

Please help us to have this compassionate end-of-life choice through the proposed legislation.

Phyllis G. Ross - 201 Blood Street, Lyme, CT