

My name is Frances Smalkowski, CSFN. I am a registered nurse, certified psychiatric clinical specialist, and a certified chaplain.

For close to forty-five (45) years, I have been involved in a variety of ways caring for the chronically ill, sick, elderly, and dying here in Connecticut.

I speak against this bill, H.B. No. 6645, "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients" that would enable mentally competent patients who have a terminal illness to self-administer physician prescribed medication to bring about their own deaths for the following reasons:

1. There has been major progress made in compassionate aid in dying already provided by the ever growing Hospice movement (which provides all that is needed at this phase of life along with regular ongoing human companionship). The years of experience of Hospice has made them a premier voice especially in medication management for all symptoms of the dying experience -- along with helping the terminally ill and dying to resolve unresolved issues and find spiritual meaning and comfort in their last illness. There is no way for that to happen when someone simply takes medication to end their lives. (Oftentimes, too, the pain in the last illness is worsened or even caused by a need to ask forgiveness, mend a longstanding quarrel, or share some secret hurt, etc.

which enables the person to die with greater peace rather than haphazardly and simply "to end it all" at a given time).

2. People change through insights gleaned "even in their last days," or simply through an outpouring of love which opens up new meaning and clarity that would be impossible to someone trying to "end it all." I have personally witnessed this happening numerous times in the lives of persons I have journeyed with.

3. Properly addressing ALL THE PAINS of those with terminal illness is the best way for compassionate aid in dying for terminally ill patients. This means helping the dying person with physical pain and discomfort, emotional pain and discomfort, intellectual pain and discomfort, and not least of all, spiritual pain and discomfort. This way speaks to the needs of the total person at a given point in that person's journey -- a respect each one of us deserves as a human being. Self-administered medication to end one's life does not allow for the chance for this "healing in dying" to occur.

Thank-you for your attention to my offering.

Frances Smalkowski, CSFN, RN, PMHCS, BC, BCC