



**Connecticut State Medical Society
Connecticut Chapter of the American College of Surgeons
Testimony in opposition to House Bill HB 5326
An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients
March 17, 2017**

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the physicians and physicians in training of the Connecticut State Medical Society (CSMS) and the Connecticut Chapter of the American College of Physicians (CT ACP) and the Connecticut Chapter of the American College of Surgeons (CT ACS), we are here today to provide testimony in strong opposition to House Bill 5326, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.

The ancient Greek physician Hippocrates, known as the father of modern medicine, prescribed specific ethics and guidelines for physicians. Thousands of years later, his Hippocratic Oath is still taken by physicians as they enter the practice of medicine. As part of this Oath, physicians pledge to devote themselves to healing and to life, and they speak the words, "I will give no deadly medicine to anyone if asked nor suggest any such counsel." As the bedrock of physician ethics, the Hippocratic Oath is fundamentally inconsistent with the concept of physician-assisted suicide. Laws sanctioning the use of physician-assisted suicide undermine the foundation of the physician-patient relationship, which is grounded in trust and the knowledge that the physician is working wholeheartedly for the patient's well-being.

The American Medical Association (AMA) has come down strongly against physician-assisted suicide. AMA Ethical Opinion 2.211 states, "allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."

Society has acknowledged the right of patients to self-determination on matters of medical care, even if the exercise of that self-determination results in the patient's death. The provision of medical care offers both benefits and detriments, and only the patient can determine whether advantages of treatment outweigh the disadvantages. However, there is a fundamental difference between refusal of life-sustaining treatment and demanding a life-ending treatment. When a life-sustaining treatment is declined, the patient dies primarily because of an underlying disease. In assisted suicide or life-ending treatment, death is actively induced by the taking of a lethal drug. Although patients cannot be forced to accept treatment against their will, even if it is life-sustaining, the inability of a physician to prevent a patient's death does not imply that physicians are free to help bring about the death.

The legalization of physician-assisted suicide would also place tremendous social and economic pressure on both physicians and patients. Insurers and managed care organizations already stress the need to reduce health care spending. There is a real and relevant fear that physicians would

be pressured into utilizing assisted suicide as a means of reducing the cost of caring for enrollees. There is also a fear that families may pressure patients to choose assisted suicide. Finally, even without overt pressure from others, patients may opt for assisted suicide as they feel they have become a physical, emotional and financial burden.

Undoubtedly, proponents of this legislation will draw a distinction between the legalization of physician-assisted suicide and the ethical parameters – arguing that even if physician-assisted suicide were legalized, no physician would be forced to participate in the practice. While true, the legalization of physician-assisted suicide opens the door to policies that carry far greater risk and presents a very slippery slope for physicians and patients. If physician-assisted suicide is made legal, where will it stop? Will it slowly spread to the disabled or those who are not terminally ill? What will keep society from assisting in or urging the death of anyone whose life is deemed worthless or undesirable?

Physician-assisted suicide goes against every fiber of that obligation, threatening the very core of the physician's ethical integrity. CSMS stands strongly behind thousands of years of medical ethics and modern AMA policy against physician-assisted suicide.

We ask for your support in opposing HB 5326.