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PUBLIC HEALTH COMMITTEE
Testimony regarding HB 5326
An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients
March 17, 2013

Senator Gerratana, Rep. Johnson, and members of the Public Health Committee:

My name is Cathy Ludlum, and I am a member of Second Thoughts Connecticut. I am here to express strong opposition to HB 5326. The disability community has an important perspective on this issue, and I want to thank you for letting me share a few aspects of it.

So what does disability have to do with assisted suicide?

Let's start with the realities of **misdiagnosis and wrong prognosis**. As a college student and young adult living in Wethersfield, I was greatly influenced by Thomas Lasher. Tom had retired after he was diagnosed with ALS, which many people think of as a death sentence. He devoted the remaining **14 years** of his life to making Wethersfield a fully accessible town. Through his tireless advocacy, stairs were removed from government buildings and curb cuts were installed... years before the Americans with Disabilities Act. He founded a town committee on disability issues, which I joined.

More recently, I came across the story of Dr. Rahamim Melamed-Cohen, who has had ALS for **20 years**. Unlike Tom Lasher, who used a ventilator but retained his speech, Dr. Cohen communicates, writes, and paints through computer software that reads his eye movements. He is a loved and valued member of his family and community, and has called these "the most beautiful and happiest years of my life." <http://www.aish.com/sp/pg/48960166.html>

I am well aware of Section 2 (b), which reads, "A person is not a qualified patient under sections 1 to 18, inclusive, of this act, solely because of age, disability or any specific illness." Unfortunately, life really falls into neat parameters, so this section cannot provide the protection advocates claim it will.

I have already mentioned ALS, which some call a disability and others call a terminal illness. Do you mean to tell me that a person of advanced age will not be considered terminally ill for purposes of this legislation?

Not everyone with a disability has a terminal illness, but pretty much everyone with a terminal illness will be disabled, meaning they will need some assistance, whether it be with bathing, eating, or other personal tasks.

People are understandably afraid of situations they think of as hopelessly limiting. As these stories illustrate, however, with caring and support, people can live out their lives surrounded by love and hope. Contrary to what you will hear from proponents, people do not generally ask to end their lives because they can't escape from the pain. They do it because they fear abandonment and because they don't want to be a burden on their families.

There is enormous potential for **abuse** in this legislation.

People like to cite Oregon as having no problems after 16 years of implementing its assisted suicide program, but the records are shredded after one year and the primary witness is dead. I am not suggesting things go wrong all the time. But I am suggesting that there is no basis for arguing that abuse doesn't happen.

When an heir can assist the patient in the process of requesting the lethal prescription, certify his or her eligibility, be a witness, and pick up the prescription, how can you know what happened after that? If the person struggled, who would know?

Tami Sawyer was convicted of defrauding the estate of Thomas Middleton. Middleton died under Oregon's assisted suicide law the same month he moved into Sawyer's home. She sold his house and pocketed the money. Was it fraud—or homicide as well? <http://truedignityvt.org/?p=905>

There is also the likelihood of **expansion**, which would surely endanger the lives of people with disabilities.

The State of Washington began its program in 2009. Less than three years later, there were discussions to expand that law to direct euthanasia of non-terminal people. (Brian Faller, "Perhaps it's time to expand Washington's Death with Dignity Act, *The Olympian*, November 16, 2011.

<http://www.theolympian.com/2011/11/16/1878667/perhaps-its-time-to-expand-washingtons.html>)

On March 8, 2012, a *Seattle Times* column suggested involuntary euthanasia for people unable to support themselves. "After Monday's column, . . . a few [readers] suggested that if you couldn't save enough money to see you through your old age, you shouldn't expect society to bail you out. At least a couple mentioned euthanasia as a solution." (Jerry Large, "Planning for old age at a premium." <http://seattletimes.nwsourc.com/text/2017693023.html>)

These discussions aren't just happening in Washington State. I was recently talking about assisted suicide with a young adult, and she suggested that prisoners with life sentences be given the option of assisted suicide. Her reasoning wasn't wrong. Without any hope of freedom, they are suffering too. But it shows that it is not a question of **whether** the process will expand; the question is **how far** and **how fast**.

HB 5326 is not about choice. Neither is it about compassion. It is about disability phobia.

VOTE NO on this misguided bill. Let's focus instead on good legislation like Medical Orders for Life-sustaining Treatment, and focus on what people actually need to make their lives not just manageable, but peaceful and fulfilling.

Thank you for your time.

Second Thoughts Connecticut

Advocates against the legalization of assisted suicide

HB 5326: IT'S STILL TOO DANGEROUS

Deadly Mix: Assisted suicide is a deadly mix with a cost-cutting healthcare system.

- Assisted suicide is usually much cheaper than treating people's medical conditions.
- Public and private insurers, including health maintenance organizations (HMOs) have an incentive to save money by denying treatment, even when it means patients will die sooner. This danger would be far greater if assisted suicide were legal.
- It is no coincidence that the author of Oregon's assisted suicide law, Barbara Coombs Lee, was an HMO executive when she drafted the measure.

Self-determination: Assisted suicide is unnecessary because current law gives every person the right to refuse lifesaving treatment and to have adequate pain relief, including palliative sedation. Assisted suicide decreases self-determination by giving doctors, insurers, and heirs the power to decide whether you will live or die.

Abuse: The proposed law is a recipe for elder abuse.

- **More than 1 in 10 Connecticut elders are abused—an estimated 73,299 cases of elder abuse in Connecticut annually.** Most cases go unreported. People with disabilities are more than twice as likely as non-disabled people to be abused.
<http://web.archive.org/web/20101021101332/http://www.eadaily.com/15/elder-abuse-statistics/>
- Abuse diminishes the quality of life, and increases pain, isolation, and hopelessness.
- People who are abused are unlikely to tell a doctor if they are being pressured by family members to apply for assisted suicide when they go to request the drug.
- An heir can help sign someone up, certify their eligibility, be a witness, and pick up the prescription. The other witness can be a close friend of that heir. Once the drug is in the home, no one knows who takes it, or how it is administered. If the person struggled, who would know?
- Tami Sawyer was convicted of defrauding the estate of Thomas Middleton, who died under Oregon's assisted suicide law the same month he moved into Sawyer's home. Was it fraud—or homicide as well? <http://truedignityvt.org/?p=905>

Safeguards: A lack of safeguards and oversight in the proposed law puts people at risk of misdiagnosis, deprivation of treatment, and economic pressure to choose suicide, while protecting doctors from liability.

- If a doctor refuses to write the lethal prescription, the patient or family can easily find another doctor (“doctor shopping”).

- The terminal diagnosis may be incorrect or premature. Senator Ted Kennedy lived 15 months instead of 2-4 as predicted. Also, the definition of “terminal illness” in the proposed law does not consider the effect of treatment on prognosis. Jeanette Hall requested suicide but accepted treatment, and is thankful to be alive 14 years later.
- Nothing in the law can offer protection when family pressures, whether financial or emotional, distort patient choice.
- The law does not include enforcement provisions, investigation authority, oversight, or data verification. The only foolproof safeguard is for the prescribing doctors. The law holds doctors to a "good faith" standard, which makes any safeguards unenforceable.

Discrimination: HB 5326 singles out some people (such as old, ill, and disabled people) for discrimination. When young, healthy, non-disabled people express a desire to die, they are given social services and frequently detained and subjected to forced psychiatric drugging or even electroshock to prevent their suicides. Yet when people with disabilities or terminal illness express such a desire, they are steered toward assisted suicide. Both suicide assistance and forced psychiatric intervention are out of step with Connecticut’s progressive tradition as a leader against discrimination.

**AT FIRST GLANCE, PASSAGE OF HB 5326 MAY LOOK LIKE A GOOD IDEA,
BUT ON **SECOND THOUGHT**,
IT’S BAD FOR PEOPLE AND BAD PUBLIC POLICY.**

VOTE **NO ON HB 5326**

Disability Rights groups opposed to Assisted Suicide.

<ul style="list-style-type: none"> ▪ American Disabled for Attendant Programs Today (ADAPT) ▪ Association of Programs for Rural Independent Living (APRIL) ▪ Autistic Self Advocacy Network (ASAN) ▪ Connecticut Council on Developmental Disabilities ▪ Council of Canadians with Disabilities ▪ Disability Policy Consortium ▪ Disability Rights Education and Defense Fund (DREDF) 	<ul style="list-style-type: none"> ▪ Justice For All (JFA) ▪ National Council on Disability (NCD) ▪ National Council on Independent Living (NCIL) ▪ Not Dead Yet (NDY) ▪ Not Dead Yet UK campaign ▪ TASH ▪ United Spinal ▪ The World Association of Persons with Disabilities (WAPD) ▪ The World Institute on Disability (WID)
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