



March 14, 2014

**State of Connecticut
Joint Committee on Public Health
H.B. 5326
Hearing on March 17, 2014**

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My name is Catherine Glenn Foster. I am an attorney serving as litigation counsel at Alliance Defending Freedom, an alliance-building, non-profit legal organization based in Scottsdale, Arizona, and with offices around the country and world. Most of my current work is in litigation, including advocating for the right to life. In that arena, I have been active in supporting the citizens of various states in promoting respect for life through natural death, as well as in numerous cases of assisted suicide, denial of care, and euthanasia. I have had the opportunity to advise clients and my fellow attorneys about compliance with state laws, and the dangers presented by proposed legislation. I speak today based on my experience and my work with my clients.

H.B. 5326 would permit a competent person who is suffering from a terminal illness to “request aid in dying” from a doctor through administration of prescribed medication. I have two major concerns regarding H.B. 5326: (1) it will open the door to pressuring Connecticut citizens, and particularly especially those who depend on others in some way and are most in need of our care and protection, toward suicide; and (2) it contains no exemption for constitutionally and statutorily protected conscience rights.

Bad for Citizens: Pressure on Patients

The State of Connecticut is currently ranked as the seventh-healthiest state in the United States.¹ Its citizens want to keep it that way!

Only 16% of Connecticut citizens have even heard much about this bill.² The pressure appears to be coming not from the grassroots, but from the organization Compassion and Choices, formerly known as the Hemlock Society, which is promoting assisted suicide through activities like movie screenings. Once they do hear what is being advanced, 70% of Connecticut citizens *do not support* the legislature’s push for Oregon-

¹ <http://www.americashealthrankings.org/CT>

² <https://www.kofc.org/un/en/resources/communications/kofc-end-of-life-debate-ct-survey-032014.pdf>

style physician-assisted suicide legislation, according to a recent study conducted by The Marist Poll and sponsored by Knights of Columbus³ - a more reliable indicator than the flawed Quinnipiac University poll.⁴ According to this poll, only 38% believe a doctor should actively assist in taking a life, and people are less likely to trust a doctor who is willing to do so. Strong majorities are concerned that this Oregon-style bill would carry with it deficiencies, consequences, and dangers, such as inaccurate diagnoses, a reduction in end-of-life options, the documented broadening of its application to non-terminal illnesses and conditions, sloppy procedures on the part of doctors, and increased pressure from facilities and families on elder or infirm adults and disabled individuals, particularly those in health care facilities. They worry that the focus will be on saving money – not saving lives.

Connecticut has a strong public policy against suicide, and has called it a “serious public health problem.”⁵ And whether the reason for suicidal thoughts is due to depression or pain, it can be treated effectively.⁶ The *New York Times* has explained, based on numerous studies of patients with severe and, in many cases, terminal illnesses, the reason for assisted suicide is rarely pain, or even fear of pain. Instead, patients have reported that their reason for killing themselves is “depression, hopelessness and fear of loss of autonomy and control.... In this light, physician-assisted suicide looks less like a good death in the face of unremitting pain and more like plain old suicide.”⁷ Normally we would offer counseling and caring, yet H.B. 5326 would hand a loaded gun to the “poor, poorly educated, dying patients who pose a burden to their relatives.”⁸

When physician-assisted suicide is legitimized, patients – or their families – are incentivized to “physician-shop” until they find a doctor willing to call their condition terminal. And H.B. 5326 allows any doctor, not only mental health professionals, to determine the patient’s state of mind. Then the victim has to choke down a bitter, poisonous potion that usually takes up to three hours to kill the patient, and can take up to 48 hours. Vomiting is common, and 1 in 5 patients don’t die from the drugs at all, but a doctor intervenes to kill them – thus converting the suicide into euthanasia. We are legitimately concerned about the pain experienced by criminals sentenced to die; it would be tragic to subject Connecticut’s weakest citizens to even more pain at the end of their lives.

Connecticut must not become the fourth state⁹ to legitimize killing under the guise of mercy. Connecticut citizens prioritize health over death. Suicide doesn’t cure, it just kills, and we should be killing the pain, not the patient. Allow doctors to do their duty by

³ <https://www.kofc.org/un/en/resources/communications/kofc-end-of-life-debate-ct-survey-032014.pdf>

⁴ For example, the QU poll did not use the word “suicide” and omitted key populations from its pool.

<http://www.ctfamily.org/blog/2014/03/06/q-poll-flawed/>; *see also*

<http://alexschadenberg.blogspot.com/2013/05/gallup-support-for-assisted-suicide.html>

⁵ [http://www.ct.gov/dph/lib/dph/publications/family_health/suicide_prevention_plan\[1\].pdf](http://www.ct.gov/dph/lib/dph/publications/family_health/suicide_prevention_plan[1].pdf)

⁶ http://ethics.missouri.edu/docs/Anderson_Nov_2002.pdf

⁷ <http://opinionator.blogs.nytimes.com/2012/10/27/four-myths-about-doctor-assisted-suicide/>

⁸ <http://opinionator.blogs.nytimes.com/2012/10/27/four-myths-about-doctor-assisted-suicide/>

⁹ <http://www.montanansagainstaassistedsuicide.org/p/baxter-case-analysis.html>

healing, not killing. And allow families to give their loved ones one final gift of love and honor by caring for them and cherishing them in their final days.

When we abandon these positions, and allow practicing doctors to play the role of grim reaper, the weakest among us are sure to suffer. At stake are the lives of innocent human beings who do not deserve to be subjected to what may well be an excruciating death. Suffering patients need understanding, counseling, and sound medical treatment, not encouragement to kill themselves and free up another hospital bed.

I urge you to keep Connecticut healthy – not by killing off its weakest and most vulnerable citizens, but by giving them the help they need.

Bad for Doctors: An Affront to the Right of Conscience

Doctors are supposed to guard life: “first, do no harm.” The Hippocratic Oath states, “I will give no deadly medicine to any one if asked, nor suggest any such counsel.” They are trained to lift their patients to a better life, not push them to an early grave.

Supporters of H.B. 5326 contend that it is not open to abuse because it applies only to “a competent person.” But the “assisted” part of “assisted suicide” necessitates the involvement of a second party: a doctor to prescribe lethal drugs to the person killing himself or herself. Not only does that open the door for people, especially those who depend on others in some way and are most in need of our care and protection, to be influenced toward death, it opens the door to pressuring doctors to kill.

Our Constitution and statutes protect against this pressure. The First Amendment’s Free Exercise Clause provides that “Congress shall make no law ... prohibiting the free exercise of religion,” and court cases such as *Chrisman v. Sisters of St. Joseph of Peace* and *Taylor v. St. Vincent’s Hospital* have recognized that the freedom of religion includes that of those who respect life. The Church Amendments provide that recipients of federal healthcare funding can’t require employees to take a life, or discriminate based on an employee’s refusal; the Church Amendment passed 372/1 in the House and 92/1 in the Senate, and supporter Sen. Ted Kennedy proclaimed: “I believe that the Court will sustain the judgment to protect individual rights and liberties.” As the U.S. Congress stated, in passing the Religious Freedom Restoration Act and restoring the compelling interest test to laws that substantially burden religion, “the framers of the Constitution, recognizing free exercise of religion as an unalienable right, secured its protection in the First Amendment to the Constitution.” 42 U.S.C. § 2000bb(a). Numerous state laws provide similar protections.

But H.B. 5326 contains no explicit conscience protection. It contains no provision protecting physicians from coercive or mandatory participation in death, and leaves life-affirming physicians at risk.

Even a reasonable doubt about this bill's lack of conscience clause should prevent its passage. This is something a state has to get right, and this bill doesn't work. In a State that is willing to devalue the lives its poor, poorly educated, dying patients, and especially those who depend on others in some way and are most in need of our care and protection, no one is safe. New Hampshire has rejected such a measure. Vermont is considering repeal of its law.¹⁰ Today I ask you to do the right thing. H.B. 5326 is a bad idea. It is bad for patients, and bad for doctors. Don't kill Connecticut citizens. Kill this bill.

¹⁰ <http://www.truedignityvt.org/vermont-senate-president-john-campbell-supports-repeal-assisted-suicide-law/>