

WRITTEN TESTIMONY

Written Testimony from Cynthia Emiry Roy, MS, LCSW, CHA, President and CEO of
Regional Hospice and Home Care of Western CT for the
Public Health Committee

March 17, 2014

Raised Bill No. 5326

An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients

Senator Gerratana, Representative Johnson and members of the Public Health Committee. My name is Cynthia Roy and I am President and CEO of Regional Hospice and Home Care of Western CT. I have been an Administrator and Social Worker in hospice care for the last 18 years. I serve on the Board of Directors for CT Association for Healthcare at Home and am the Chair-person for the Hospice and Palliative care committee which represents a majority of the licensed hospice agencies in CT. In September 2013, I was appointed by Speaker of the House J. Brendan Sharkey to Governor Malloy's Palliative Care Advisory Council as a licensed social worker experienced in working with persons with serious chronic illness and their family members.

Our state association represents 60 licensed and certified home health and hospice agencies that perform 5-million home health and community-based visits in our inner cities and rural Connecticut towns each year.

The CT Association for Healthcare at Home is the united voice for Connecticut's hospice and palliative care providers. Our membership includes uniquely and highly qualified individuals and organizations with perspectives and expertise drawn from direct care experiences with those facing terminal illness.

The CT Association for Healthcare at Home opposes Bill No. 5326

An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients

As an Administrator and Social Worker in hospice care for the last 18 years, our state has not changed much in its view of the needs of dying people. We still have far too many medical professionals that view hospice care as a "last resort" and with whom make an inaccurate assumption that hospice care is for the immediately dying patient. Sadly this is represented in our national statistics: Connecticut currently ranks last or 51st in the country in hospice length of stay which translates into "last minute hospice or end-of-life care." The medical provider continuum is not doing enough to promote hospice and palliative care services resulting in poorly informed consumers regarding their end-of-life options including palliative care.

Good hospice care can and should be provided within the last six months of dying. It relieves emotional and spiritual burden and provides patients and their families with a quality of life that is beyond measure. It allows families to spend precious moments with their loved ones for the remainder of their natural lives.

Hospice care should be the best option for every terminally ill person living in CT. **PAS is not an option that promotes quality end-of-life care.** PAS is physician assisted suicide. Suicide is an option any healthy or terminally ill person has the right to choose. It is not an option that needs a medical team's guidance or initiation to do so. Health care providers should never hasten death in any way.

Hospice values people's lives until their natural end, making their death a true "death with dignity." Our Association and its members affirm and promote the importance and ongoing need for education and access to hospice and palliative care for terminally ill people and their families.

Hospice and Palliative Care provides:

- Offer expert, compassionate relief of pain and suffering at end of life enhancing the quality of both living and dying.
- Strive to help patients and families deal with important physical, psychological, social, spiritual and practical issues, and their associated expectations, needs, hopes and fears.
- Promote opportunities for meaningful experiences, and personal and spiritual growth so patients may live life to the fullest and die with dignity.
- Assist patients and families cope with loss and grief through best-practice bereavement support and
- Support the patient's right to participate in all decisions regarding their care, treatment and services based on knowledge and access to all forms of treatment that have been shown to enhance quality of life and reduce suffering.
- Good end of life palliative or hospice care can relieve symptoms and support families and patients as they die.

The CT Association for Healthcare at Home is committed to the hospice philosophy cherishing life until its natural end while reinforcing dignity, quality and comfort. Our Association and its hospice providers afford the highest regard for person-centered choice and self-determination. We look forward to participating in and guiding the ongoing dialogue and debate to continuously improve upon and promote comfort and dignity in life closure. However, *we do **NOT** support the legalization of physician-assisted suicide.*

Thank you and if you have any further questions, please contact me directly at croy@regionalhospicect.org or 203/702-7400.