

Testimony of

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on

HB 5326, “An Act Concerning Compassionate Aide in Dying for Terminally Ill Patients”

March 17, 2014

I am honored, on behalf of The Connecticut Hospice, Inc, and of my colleagues, Rev. Godbolt and Nurse Practitioner, Kathleen Nopper, to share this time with the advocates of the disabled. We are a diverse group, and share important positions.

1. Relief of suffering is paramount to all.
2. Physicians and other caregivers need to focus attention more closely upon relief of suffering of patients and families, as well as, upon disordered physiology.
3. We all share the burdens and frustrations of chronic, often partial, and seemingly endless illnesses.

We acknowledge the concerns of the bill’s proponents but have different solutions. We **oppose HB Bill 5326** for three sets of reasons.

First, palliative and hospice care is clearly and demonstrably effective at providing relief from fear, anxiety, pain, dyspnea, nausea, and delirium. In occasional cases where complete relief eludes our efforts, we can use medications more aggressively if the patient and family are agreeable to reduced alertness and increased somnolence. Our goal is comfort; the duration of the patient’s life is often lengthened a bit, most often unchanged, and rarely shortened by palliative care in this setting. In my seven years at Connecticut Hospice I have discussed assisted suicide with fewer than five patients and believe that good relief of symptoms almost always ends the discussion. In this way, the patient’s wishes are honored and a comfortable death expected.

More and better palliative care will answer our shared three needs listed above.

Second, HB Bill 5326 is filled with unclear language and inner contradictions. Sec 3(d), prescribing that an extended care facility, in which the patient resides, shall designate a witness for the death, seems inconsistent with 3(b) wherein the facility owner/operator shall not participate in this. Section 6(4) refers to a consultant confirming the diagnosis of terminal illness by the attending physician. Is there certainty here, or preponderance of probability, which is more likely in my experience? Must we not be certain here? 6(b) legalizes the falsification of a death certificate by forbidding the entry of assisted suicide as the cause of death. This will cause endless difficulties with medical examiner, law, insurance, annuities despite 11(d) which assures us that no such difficulty will occur. Insurance companies will look at all this quite closely.

15(c) forbids any public agency to call "suicide" or "assisted suicide" any name but "aid in dying."

16(b) provides that the measures in the bill do not violate 53a-56. But they do violate it.

I am not a lawyer, but these linguistic and conceptual problems do not increase respect for our laws. At least 1 - 6(b) legalizes the illegal.

Third, good laws tend to make it easier for us to behave prudently and keep our integrity in our social and ethical lives. We protect children from drugs and alcohol by law; we protect lives and property in many ways; we acknowledge by laws the impossibility of utopian perfection in the dark wood which is the world.

It is understandable that we would wish to abolish individual intolerable suffering by assisted suicide; yet I believe the impulse offers a narrow, solitary solution to a problem with complex cultural effects. We are all not alone. We are members of civil society, families, kinships, and networks. After 40 years in medicine, I can testify that people in pain and misery will change their goals and wishes even from day to day. The idea of death divides families, often bitterly.

If I provide my patient the means of death on a Monday, would he or she have changed his mind Tuesday? Ah, he or she is gone Tuesday, a citizen of death's gray land, they will have no shares in time's tomorrows.

And the survivors? They will have compassion fatigue, burnout, stress, and shared pain. Death may give them an ambivalent mix of relief from toil and economic gain, even as bereavement deepens. Many will feel guilt about their gains, and doubt the right of what was done.

Some attempts to use the power of the state and the laws to improve our lives and our

society can work. Witness the story of civil rights 1964-2014. Yet, state power used for social ends can and has led to horror beyond imagining. Witness the laws under the Third Reich and all that followed their enforcement. Those who deny the “slippery slope” do so at peril to us all.

And so I conclude that the burdens of HB Bill 5326 outweighs any benefit. To make it work you will need to shatter and scatter the renowned role of medicine in our society, all to pursue the mirage that death can always be made free of suffering for all involved.

The central error is the overthrow of a good work for the illusion of a perfect work.

Families and friends will be divided by these patients’ choices; the clinicians who participate will be uneasy and will feel their dignity ebb into self-doubt. The weak remedy of legality will not relieve the pain of moral failure.

I will oppose HB Bill 5326 and if it is passed, will not obey it, and I will urge my fellow physicians and APRNs to disobey it also, in defense of the sick, disabled, ourselves, and our deepest convictions.