



Office of The Attorney General  
**State of Connecticut**

**TESTIMONY OF  
ATTORNEY GENERAL GEORGE JEPSEN  
BEFORE THE PUBLIC HEALTH COMMITTEE  
MARCH 17, 2014**

Good afternoon, Senator Gerratana, Representative Johnson, and the distinguished members of the Public Health Committee. Thank you for the opportunity to offer testimony in support of House Bill 5326, *An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients*. This bill would add Connecticut to the growing list of states that provide a choice for patients when it comes to private and personal end-of life decisions.

In 1994, voters in the state of Oregon approved Measure 16 – known as the Death with Dignity Act – and made Oregon the first state to support the right of mentally competent, terminally ill patients to choose how they live and, when the time comes, how they die. The Oregon Death with Dignity Act was enacted in 1997, and four additional states – Montana, New Mexico, Vermont and Washington – currently allow terminally ill patients to seek aid in dying.

This year's proposed legislation is modeled closely on the Oregon Death with Dignity Act, which provides a process for adults who receive a terminal diagnosis and are of sound mind to make the decision to obtain and self-administer life-ending medication. The Oregon model is ideal not only because it was the first in the nation but also because after 16 years of close monitoring there has been no evidence of abuse, coercion or misuse of the law.

Like Oregon's law, the proposed legislation is appropriately stringent. It applies only to mentally competent adults. It includes a demonstration of Connecticut residency and requires two written requests, two witnesses – including one with no familial or financial relation to the patient – and the approval of both the patient's attending physician and a consulting physician. Patients may rescind a request at any time. Anyone attempting to abuse the law would be subject to severe criminal penalties.

This is a carefully crafted, precise proposal that closely follows a law that has not only proven practicable and operational but also has brought peace of mind and comfort to thousands of citizens in our country.

While I understand the uncertainties and concerns that this proposal elicits from some, it is important to remember that aid in dying, as proposed in this legislation, is entirely voluntary. No potentially eligible patient is required to seek the medication. No healthcare provider or facility

is obligated to participate. Aid in dying medication is self-administered by the patient, and no patient who obtains life-ending medication is required to actually take it.

Should Connecticut enact House Bill 5326, many qualified patients – thousands, in fact, as we have seen in Oregon – will not choose to request aid in dying. Of those who do, some will ultimately choose not to take the drug at all. In Oregon, only 59 percent of those who obtained prescriptions actually self-administered the medication.

Aid in dying is not about taking options away from individuals; it is about giving more options and about individual choice.

It is the freedom of choice inherent in this proposed legislation that makes it both compassionate and humane. Each individual is free to make what is, perhaps, the most difficult of all decisions based on what they believe is best. I believe it is wrong to compel a competent individual who is terminally ill and soon to die to remain alive, against his or her will, even though they may be in severe pain or experiencing a quality of life they deem unbearable.

Aid in dying is not a replacement for continued treatment, hospice or other services; it is merely an option to be considered. We owe our friends, our neighbors and our loved ones the chance to make such a choice for themselves. I would encourage you to offer every Connecticut resident facing such a difficult, terminal illness the opportunity to make that choice.

Thank you for your consideration of this legislation. I would be happy to answer any questions from the Committee.