

Dear Public Health Committee Members,

Re: **Public Health hearing on HB 5326, Monday, March 17, 2014,**

I have reviewed HB 5326 and urge you to strongly oppose it. The proposed legislation is in total conflict with the American Medical Association (AMA) 1993 statement:

“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

- **Incompatible with physicians role as healer:**

The AMA says *“There is, in short, compelling evidence of the need to ensure that all patients have access to quality palliative care, but not of any need for physician-assisted suicide ...”*

- **Difficult to control:**

In Oregon where assisted suicide is legal, there are well publicized cases including published doctor letters showing safeguards, such as the 2-doctor approach, failed to protect vulnerable patients -- including the chronically ill and disabled, and the elderly

- **Pose serious societal risks:**

Consider, since Oregon legalized assisted suicide in 1997, the Oregon suicide rate has climbed. In 2010 it was 41% higher than the national average, with 48 suicides/month, not including deaths by PAS. The suicide rate for ages 15-24 rose from being the third leading cause of death to the second.

The contradiction of this proposed legislation with the physician’s true role in providing medical care is clearly portrayed in Section 16 of the proposed legislation. “Suicide” is already defined in the English dictionary. Section 16 mandates that the already defined term be re-defined, for all public agency documents, as “aid in dying.” Clearly, the purpose of insertion of that mandate is an attempt to avoid the stigma of conflict with the above AMA statement re the physician's proper role.

Sincerely,

Henry Vosswinkel
69 Hunter Lane
Ridgefield, CT 06877