

To the Members of the Public Health Committee

March 17, 2014

My name is Dr Herbert Ross, and I live in Lyme. I am a retired physician, having spent 45 years in the practice of medicine in New York City and Westchester County. During that time many patients passed through my hands, in the last phases of their illnesses. But my position on this legislation is best explained by the story of a colleague—a cancer specialist, whose plight required me to confront this issue both as a physician colleague and as a friend since Medical School.

Briefly, he was found with almost no warning to be suffering from a highly invasive bladder cancer, which at the time of diagnosis had obstructed his kidneys and invaded his bowel causing intestinal obstruction as well. Curative treatment was out of the question. He had nevertheless undergone surgery to relieve the pressure on his kidneys, a source of immense pain, and to place a feeding tube to try to maintain nutrition. He underwent a trial of chemotherapy, with no meaningful response. He was dying and he knew it. He was dependent on caregivers to manage the bags of urine attached to the tubes in his kidneys, and to provide nourishment through a tube placed through his abdominal wall into his small intestine. He was in constant pain, which was relieved to some extent by morphine or similar narcotics, which also made him dizzy, drowsy and nauseated.

During a visit to his home after he was discharged from the hospital, he had me to come to his bedroom alone, and asked me if there was something I could do to help him “get out of this.” His meaning was unmistakable. To do so would have put at risk my license and career at risk, and indeed jeopardized my freedom, should it be discovered.

I would ask you to consider what benefit accrues to society if we are unable to confront this issue? What harm is caused by facing the plight of such patients squarely and honestly? The bill under consideration contains robust safeguards against abuse or error in prognosis, and most importantly affords suffering patients control over the manner of their impending death. Even if, after being provided with such medication, the patient elects not to use it, the knowledge that there is a choice is immensely comforting. This has been substantiated by surveys of such people in Oregon and Washington, 40% of whom did not actually use their drug.

Conversely, we dehumanize many terminal patients by forcing them to endure their end in a manner which robs them of their dignity, and exposes them to the tortures attendant on their last days, despite the laudable efforts of organizations like Hospice. I think we have an obligation to do better by these people, some of whom may be our friends, loved ones and yes, even ourselves. Report this legislation favorably onto the floor of the House.


Herbert Ross MD

201 Blood St
Lyme, CT 06371