

Jonathan Feinberg, MD 5326

I am a retired Family Physician and Addiction Medicine specialist, having practiced in San Mateo, California for 43 years.

In that time I treated many patients with terminal illness and was forced to helplessly observe some of these patients endure seemingly endless suffering and loss of control of their remaining lives. Many patients and their families would have liked to have had a conversation with me about ways that the course of these severe, terminal processes could be shortened, but knew that it was not something that their longtime physician, confidant and sometime friend could deal with in a meaningful way.

The bill under consideration by the Connecticut Legislature is labelled as "Physician Assisted Suicide" by its all-too-vocal opponents. However, that is a mischaracterization and misnomer. These patients generally do not want to die or commit suicide, but they and their physicians know that their agonizing disease is killing them and wish support and aid from their physicians at the time of their most existential need. So the more correct and descriptive term for the law really is, "Physician Aid in Dying." (PAD). That is what physicians do - provide aid throughout the life of their patients and do not abandon them when conventional therapies can no longer be effective.

PAD is a legitimate medical intervention requiring standards in its application just like any other medical intervention. Continuing to criminalize physicians who engage in this needed, legitimate practice is inhumane and counterproductive. I urge passage of Bill 5326

Sincerely,

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