

I write to oppose proposed Bill 5326 concerning "Compassionate Aid in Dying for Terminally Ill Patients"

The name and intent of this bill implies a very narrow and misleading vision of the definition of compassion. Its premise is that the way to end physical suffering is to end life, ignoring the many alternative and far more compassionate therapies and interventions available to ease and enrich life in a patient with terminal illness.

As Director of Arts at The Connecticut Hospice and a member of an expert interdisciplinary team of palliative care providers across the state of Connecticut, I have witnessed firsthand countless successes in resolving seemingly insurmountable suffering of the body, mind and spirit. In patients who have come to us ready, and even eager, to give up, a combination of medical, pharmacological, pastoral and expressive therapies have brought new lease of life, with reduction of physical symptoms, spiritual and emotional angst. Against their expectations, patients and their families, who were exhausted and desolate, have gone on to find physical comfort, joy in making new memories and living life to its fullest, and, significantly, relief and gratitude that their lives did not end prematurely.

Disregarding the many ethical, financial, legal and practical ramifications this bill raises, and the seeming loopholes for conflict of interest and even fraud and corruption, the main objection to be found is in this assumption that our legal system should encourage a swift end by being the arbiters of what compassion means, and that our medical system should expend time, energy and money on this expedient end, rather than applying our best mental and fiscal expertise to expanding the resources that improve quality of life, including in the ways I have related above.

Thank you for the opportunity to express my position. Respectfully, Katherine Blossom, Arts Program Director, The Connecticut Hospice.