

Katherine Upson  
HB 5326

Re H.B. No. 5326 AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR  
TERMINALLY ILL PATIENTS:

I am an RN and a two-time cancer survivor. As a nurse I have cared for many dying patients, patients in severe pain and discomfort, and patients who were depressed and suicidal.

Regrettably, in the 1970,s when I was new in the nursing profession, pain relief often fell far short of effective. Attitudes were different then; there was probably too much concern about causing addiction, and not enough concern about using the medication necessary to make the patient comfortable. However, over the years, hospice care and palliative care have come into the fore and patient comfort has a high priority now. And it is accepted practice to administer enough analgesic medication to relieve pain in terminally ill patients, even if doing so may suppress respirations and even perhaps hasten death. That is not assisted suicide.

I am very much opposed to physician-assisted suicide. I believe that the Legislature should practice prudence and not cross the very dangerous line into physician-assisted suicide. I know that the promoters of this bill (H.B. No. 5326) do not like to use the term “suicide” but that is actually what this legislation is about. If this line is crossed, it will have many negative effects on our culture. That is why this is much more than a simple allowance for the individual to do what they choose with their own life and death.

Here are some problems that I foresee if you, God forbid, pass this bill.

- An easing of the cultural taboo on suicide in general. This will not be confined only to those relative few who are terminally ill. It will affect teens, who already have too much stress in their lives and too much suicide. It will affect the disabled, the clinically depressed, the lonely.
- There are some patients who recover from what had seemed a hopeless situation. The problem is, even the best doctors cannot always predict correctly. If we are assisting people to suicide, we will never know if that person might have recovered. The longer I worked as a nurse, the more humble I became, because I saw patients whom we thought had no chance of pulling through, yet they did. You just cannot know for sure.
- People who are disabled or chronically ill, and are a “burden” to family, may begin to think about physician-assisted suicide for themselves, even if they don’t want it or think it is the right thing to do, because they want to unburden the family. They may begin to feel unworthy of the time, effort, and expense of being cared for. A very sad, utilitarian view of life.
- There will be abuses, no matter how the law is written. There always are; it is human nature.

As I mentioned, I had cancer myself, two different types, both metastatic. Both involved extensive surgery and chemotherapy. They occurred 13 and 11 years ago. After the second

cancer, I became very depressed, and had to go on anti-depressant medication. During the worst of it, I was not suicidal, i.e. I had no intention of taking my own life, probably because of my religious beliefs. However, I had the strongest desire for someone to do me a favor and take me out of my misery. I eventually recovered from the depression, and have been in remission from cancer since then. So I have lived to see all my children married and all my grandchildren born, and all the other things that make up life.

It is not uncommon for people going through cancer treatment to become very depressed. Two friends of mine who had the same type of cancer as I did at about the same time, also became very depressed. One of them stopped chemotherapy because of the depression. The other woman kept up the treatment, but her cancer was relentless. Both of those women died from their cancer, but peacefully, with hospice care.

Please be prudent, wise, and do no harm. Please vote against H.B. No. 5326.  
Thank you for your service to the state of Connecticut.

Sincerely,

Katherine Upson  
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