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Public Health Committee  
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Legislative Office Building, Room ID

HB 5326, *“An Act Concerning Compassionate  
Aid in Dying for Terminally Ill Patients”*

Good Morning Senator Gerratana, Representative Johnson and Members of the Public Health Committee. My name is Michael C. Culhane and I am the Executive Director of the Connecticut Catholic Public Affairs Conference (“Conference”). For the record, the Conference is the public policy office of the Catholic Bishops of Connecticut and I am here today to urge the members of this Committee to reject HB 5326, *“An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients”*.

As I mentioned in my testimony last year, the Conference opposes this legislation – not only because it is an affront to the teachings of the Church – but because we join many *other non-religious* organizations representing the medical, hospice, elderly and disability communities who have also publicly, and continuously, opposed this bill. Any attempt by the proponents of this measure to characterize this issue as “religious” is clearly an effort by them to detract from the many serious problems related to this legislation.

The Conference believes that State has an obligation to the sick and suffering within our borders and accordingly, the State should direct their efforts towards research and programs to enhance palliative and hospice care, not concentrating on ways and methods to promote physician-assisted suicide.

The General Assembly took a positive step in the 2013 Session by passing PA 13-55, *An Act Concerning An Advisory Council on Palliative Care*. This bill established an Advisory Council whose main purpose is to study this issue of palliative care and report back to

the General Assembly with its recommendations by January, 2015. This Advisory Council is fully constituted, they have met and the Conference looks forward to reviewing their recommendations when they are finalized.

Additionally, there is legislation before this Committee dealing with *Medical Orders for Life-sustaining Treatment* (MOLST). The Conference supports this legislation **in concept** and we look forward to reviewing the result of the pilot programs as established under this proposal.

In conclusion, I believe that this bill is simply bad public policy. It places the State squarely in the middle of a private decision – where it should not be – and I urge this Committee to reject HB 5326.



Michael C. Culhane  
Executive Director