

POPE JOHN PAUL II BIOETHICS CENTER
AT
HOLY APOSTLES COLLEGE & SEMINARY

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TO: Public Health Committee
FROM: Rev. Deacon Tom Davis
Associate Director
Pope John Paul II Bioethics Center
RE: HB 5326
DATE: March 17, 2014, Feast of St. Patrick

Senator Gerratana, Representative Johnson and members of the Public Health Committee, my name is Tom Davis. I am a deacon of the Melkite Catholic Church serving at St. Ann parish in Danbury, Connecticut. I am also the associate director of the Pope John Paul II Bioethics Center at Holy Apostles College & Seminary in Cromwell, Connecticut, a research and advocacy center promoting the primacy of ethical values at the interface of technology and human life. At Holy Apostles I also teach Law & Bioethics and Introduction to Medical Ethics as an adjunct member of the faculty. I am also a practicing attorney. I offer these comments in opposition of HB 5326, "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients".

Opponents of physician assisted suicide, above all else, cherish the dignity of human life. We identify the source of human value in one simple and self-evident notion: dignity is inherent. It is not dependent on health, vigor, beauty, physical prowess, or any other notion of corporeal excellence. "A person's a person, no matter how small."¹ And a person is precious, unique and unrepeatable no matter how healthy, no matter how lonely, no matter how disabled.

I mention this foundational concept because there has been testimony to this committee suggesting otherwise. It was just last year, during the long hours of public hearing on HB 6645. Some appeared before this committee and promoted a notion of dignity dependent on health. Dependent on vigor. Dependent on vitality and vibrancy.

Those views came from varied sources: from other faith traditions, from secular humanism, and even from fear.

¹ Theodor Seuss Geisel, better known by his pen name, Dr. Seuss, *Horton Hears a Whol* (1954).

One witness in particular presented herself to this committee as a member of the Board of Directors of Smith House, a nursing home owned and operated by the City of Stamford. She lamented the sometimes slow decline accompanying terminal illness and the loss of awareness she witnessed in a friend's husband administered pain relieving drugs. In her written testimony she said she would choose death on her terms:

"if I was suddenly told I was ill with some illness that my physician and other physicians stated there was nothing more that could be done for me other than to fill me with narcotics to help keep me pain free."²

In her live testimony she expanded on that sentiment to include circumstance of suffering:

"I would never in a million years wish to remain alive. ... I have been too strong. I have been too well to see myself go down the drain and suffer in that fashion."³

Her view is not a solitary one. She does speak for a segment of society. But I believe it is a frightened segment, one that has lost contact with the inherent value of human life. It fears limitation and decline. At its root it recoils from the reality of the human condition. In Washington v. Glucksberg, 521 U.S. 702 (1997), the Supreme Court unanimously rejected the claim of a constitutional right to physician assistance in dying for the terminally ill. During oral argument Justice Scalia famously remarked that "we are all terminally ill." In that remark he touched upon the essence of the debate we face today. We are mortal. We are contingent. And we will die. But we are one family and one race. The measure of our moral greatness is the love and practical concern we extend to the least capable among us.

Last year my uncle, Monsignor William Nagle, was a patient at Smith House. He died after an extended illness. His physical suffering was well controlled by caring staff, appropriate use of narcotics, and the conviction of family and surrogate decision makers that his life was a gift not to be discarded. There are many like him cared for at Smith House today. Can you imagine the suffering of patients and family if that member of the Board of Directors who appeared before you last year were given free reign to preach her message of vitality versus going "down the drain" to the residents of Smith House?

No one supports infliction of senseless pain. No one is proposing extraordinary or disproportionate intervention to prolong the life of a dying person whose illness has entered its final stage. That language regarding "final stage" is actually part of the definition of "terminal illness" in the Connecticut general statutes governing the removal of life support systems. The proposal before you today would significantly

² Written Testimony of Gloria Blick, <http://www.cga.ct.gov/2013/phdata/Tmy/2013HB-06645-R000320-Blick,%20Gloria-TMY.PDF>.

³ Public Hearing Transcript, Public Health Committee, March 20, 2013: <http://www.cga.ct.gov/2013/phdata/chr/2013PH-00320-R001030-CHR.htm>.

move that general marker for measuring proportionality. And it would fundamentally change the nature of health care. Our health care system and the laws governing this most essential and intimate series of relationships, is grounded on a covenant of non-abandonment between care giver and patient. It rests on a spiritual communion between them. That would be overshadowed by a contradiction. The promise to walk the walk, to accompany the dying person in solidarity, would be replaced by another message. To one confronted with the existential questions, the answer becomes: "whatever". That is a sure road to disposable humanity, not only for the dying person but for a society that would condone the message.

I would like to incorporate my comments from last year in my testimony today. To that end I have annexed my written testimony on HB 6645 and that of Sister Frances Smalkowski, a registered nurse and psychiatric clinical specialist who works at the John Paul II nursing home in Danbury, Connecticut.

Thank you for your time and courtesy.

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TO: Public Health Committee
FROM: Deacon Tom Davis, Associate Director
The Pope John Paul II Bioethics Center
RE: H.B. No. 6645
DATE: March 19, 2013

My name is Tom Davis. I am a deacon in the Melkite Catholic Church and I am the associate director of The Pope John Paul II Bioethics Center at Holy Apostles College & Seminary in Cromwell, Connecticut, a research and advocacy center promoting greater respect for the precious gift of life and human dignity. I am also a practicing attorney. I offer these comments in opposition to H.B. No. 6645, "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients".

The development of Hospice and palliative care modalities have revolutionized end of life care since the 1960s. Leading the way has been Calvary Hospital in the Bronx. Under the direction of Dr. Michael Brescia, who I understand will also address this committee on HB 6645. Calvary Hospital was the first certified palliative care hospital in America and continues to set the standard for the care of our dying brothers and sisters. By committing to the basic principles of non abandonment and professional excellence, Dr. Brescia and his staff, as well as countless care givers across the nation and the globe, have infused the dying process with compassion, companionship, and relief from excessive suffering. When that kind of care and presence are maintained it dramatically reduces the despair some express as death approaches.

Physician assisted suicide (PAS) will undermine much of the spiritual and emotional progress modern palliative care provides. Rather than offering solidarity and meaning, PAS will lurk in the background of end of life care. Some will face subtle pressure to make a quick exit and others will undoubtedly encounter the cynicism of a society preaching love but offering convenience. There is an alternative. It is "physician assisted living", and that requires adequate resources for pain management, state of the art medical care, social work, and companionship.

I have had the opportunity to review the testimony of Sr. Frances Smalkowski, CSFN, RN, PMHCS, BC, BCC, a catholic religious sister, registered nurse, psychiatric clinical specialist, and chaplain. She has been a prominent advocate of patient centered care in nursing

homes and hospitals for more than forty years. I had the pleasure of meeting her through her service as director of pastoral care at the Pope John Paul II Health Center, a nursing home in Danbury, which is also the city where my parish of St. Ann is located. Her service to and companionship with countless dying patients in Danbury is well known. Her comments are especially appropriate and I wish to adopt them as my own. Rather than repeating what she has said, I refer you to her written testimony on file with the committee.

Three years ago I accompanied my own father on his walk to the end of this life. His was a difficult and arduous final illness for various reasons, including the onset of mild dementia. Yet his physical pain, which would otherwise have been excessive, was well managed and he was able to share a deeper relationship with me and many people as death approached. It was instantly apparent that personal visits and commitment to non-abandonment encouraged him to find deeper resources of meaning and joy in his final weeks and months. How many more are there who will benefit from love? PAS is a failure of love. A better course for legislative action would be promoting greater access to pain specialists as well as the entire range of other specialists that make up palliative care in nursing homes, hospitals, other treatment locations, and residential settings.

Thank you for this opportunity to express my opposition and the opposition of The Pope John Paul II Bioethics Center to HB 6645.

My name is Frances Smalkowski, CSFN. I am a registered nurse, certified psychiatric clinical specialist, and a certified chaplain.

For close to forty-five (45) years, I have been involved in a variety of ways caring for the chronically ill, sick, elderly, and dying here in Connecticut.

I speak against this bill, H.B. No. 6645, "An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients" that would enable mentally competent patients who have a terminal illness to self-administer physician prescribed medication to bring about their own deaths for the following reasons:

1. There has been major progress made in compassionate aid in dying already provided by the ever growing Hospice movement (which provides all that is needed at this phase of life along with regular ongoing human companionship). The years of experience of Hospice has made them a premier voice especially in medication management for all symptoms of the dying experience -- along with helping the terminally ill and dying to resolve unresolved issues and find spiritual meaning and comfort in their last illness. There is no way for that to happen when someone simply takes medication to end their lives. (Oftentimes, too, the pain in the last illness is worsened or even caused by a need to ask forgiveness, mend a longstanding quarrel, or share some secret hurt, etc.

which enables the person to die with greater peace rather than haphazardly and simply "to end it all" at a given time).

2. People change through insights gleaned "even in their last days," or simply through an outpouring of love which opens up new meaning and clarity that would be impossible to someone trying to "end it all." I have personally witnessed this happening numerous times in the lives of persons I have journeyed with.

3. Properly addressing ALL THE PAINS of those with terminal illness is the best way for compassionate aid in dying for terminally ill patients. This means helping the dying person with physical pain and discomfort, emotional pain and discomfort, intellectual pain and discomfort, and not least of all, spiritual pain and discomfort. This way speaks to the needs of the total person at a given point in that person's journey -- a respect each one of us deserves as a human being. Self-administered medication to end one's life does not allow for the chance for this "healing in dying" to occur.

Thank-you for your attention to my offering.

Frances Smalkowski, CSFN, RN, PMHCS, BC, BCC