

Dear Members of the Public Health Committee:

Today we are experiencing a quantum leap in the depersonalizing and bureaucratization of our culture. The utopian promises of Obamacare lawmakers lie broken and unfulfilled in a myriad of failed technical and executive protocols and processes. They have attained exactly the opposite of their intended goal of improving things. Trust in governance at all levels is being euthanized by the growing gap between what its political leaders are saying and promising and what they are actually doing and realizing. It's becoming an upside down world.

Last October my wife died after a twenty-two year battle with Parkinson's disease. Services in the hospital during her final years became increasingly more difficult. Why? As she approached death she came up against a new bureaucracy that lies between hospital's executive management and its medical staff. It is that of the "Hospitalist". This role was created under the banner of better healthcare, but these people are being sent to the bedside of critically ill patients with an existential agenda. Though they claim to represent the nurses, doctors and other medical professionals, my experience tells me they primarily represent the bean counters among administrators. They claim to be harmonizing the diverse aspects of the hospital's functions, but my experience is that they are incrementally bringing to the bedside a commission that devalues and commodifies the human person. It does so by redefining life primarily in economic and utilitarian terms.

In my wife's case early last year she was admitted to the hospital with aspiration pneumonia. Soon two Hospitalists pressured us against the insertion of a new feeding tube and also pressured us to cease hydration and nutrition in the face of what they claimed to be her immanent death. As a result of going around the Hospitalists and speaking directly to the doctor (who agreed to insert the feeding tube), and by rejecting the pressure from the Hospitalists to cease hydration and nutrition, my wife recovered from the pneumonia survived well for another eight months. Her passing was from an unrelated condition. If we are already facing end of life issues like this, that are occurring before this bill has been enacted, imagine what it will be like if it was to pass. Surely families like ours will increasingly lose their ability to defend the life of their loved ones.

Though I have focused on the role of the "Hospitalist" as it occurs during end of life care, I have many other problems with H.B. 5326. It uses the euphemism of "aid in dying" when in fact it is self administered assisted suicide; a further step down the eugenics slippery slope by which human life is desecrated, community solidarity fragmented, and the common art of rhetorical persuasion is "the lie".

Thank you for this opportunity to make my views known,

Sincerely

Richard J. Payne,  
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