

Sarah M. Coors, BSN, DO

Dear Public Health Committee,

As a physician I would like to urge you to vote NO on HB5326, the bill seeking to legalize physician-assisted suicide. This bill was defeated a year ago, and I was able to attend the majority of the hearing. Those sponsoring the bill presented very emotionally driven arguments and testimonies by big name, high-power persons, and have significant financial support, signifying to me that they are trying to push their agenda of death on the physicians of Connecticut. As I am unable to attend this year, please accept this email testimony.

I am a physician. I am working daily to save life, to help families cope with chronic illness like cancer, diabetes, physical disabilities, and birth defects, and to prevent chronic illness and disability. I encourage you to vote NO on this bill, as the wording and specifics are not well detailed (as was discovered a year ago), and it leaves a lot of room for error and physician judgement. For example, again this year, the name of the medication to be prescribed has not been included. How are physicians in the state of Connecticut to know what medication is allowed (or not allowed) to promote aid in dying? How is this different (as Peggy Sayers mentioned a year ago in the Public Health Hearing on this issue), from a physician, friend, or internet resource recommending that a patient take a bottle of Tylenol, easily accessible over the counter?

As a pediatrician, I care for patients who have chronic illness, often since birth. I interact with families (many of them fostering) who spend their life going to multiple doctors appointments at multiple specialty offices for irreversible conditions. Their children are often wheelchair bound, incontinent of urine and stool, require constant care and supervision, have seizures, cannot see, frequently cannot hear, become too heavy for their parents to lift in and out of bed, have respiratory problems requiring them to be hospitalized, often have seizures, and a myriad of other problems. Not once have I heard a family member say, "I wish my child could die so they wouldn't have to suffer." They spend their day trying to earn a smile from their child. If these lives were not valuable, I would not be seeing these patients into their teens and beyond, who have been cared for by loving family members for years.

Prior to becoming a physician I worked as a registered nurse with adult patients, many of whom were elderly with chronic, debilitating illnesses. Even in extreme pain, no one mentioned wanting to end his or her life.

This bill is inconsistent with my years of practice and experience with families of children and adults with chronic disease and disability. Please do not allow it to pass in Connecticut. It is very harmful to medical practice as it does not provide enough specifics as to what, how, when, and to whom 'aid in dying' should be provided.

I thank each of you for your service to our community, and pray God's blessings on each of you as you proceed through this hearing and others which impact our state.

Sincerely,  
Sarah M. Coors, BSN, DO