

HB 5326: Testimony on AAC Compassionate Aid in Dying for Terminally Ill Patients
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I am submitting this testimony in support of bill 5326 as I strongly believe that terminally ill individuals who are of sound mind should have the right to determine when and how to complete their life.

I am the sole surviving member of my immediate family that I grew up with up. My mother died in hospice care in 2000. She had dementia in her last years and would not have been a candidate for compassionate aid in dying. My sister Phyllis died at age 62 in 2011 from cancer. My sister spent several months in and out of the hospital, at times was in tremendous pain, and chose to seek every treatment possible until the day before she died. Phyllis was of sound mind until death, she died on a palliative care floor, and while she met the criteria of this bill she was not a candidate for aid in dying because she chose to extend her life as long as possible. My father on the other hand would have benefited from compassionate aid in dying.

My father lived just short of his 99th birthday. He was a World War II veteran who fought in 6 campaigns through North Africa, Sicily and Italy. He returned home, went into the hardware business with his brother, married, raised two children, retired to Florida for over 30 years, moved back to Connecticut at age 96 and had a very full life. Dad went to the hospital the day before Thanksgiving at age 98 with congestive heart failure. He was discharged to a nursing home and that December began hospice care. For the next 7 months my father waited to die.

Dad was of sound mind until his last few weeks of life. I would visit him almost every day and each time I walked in the door his first comment was “why am I still alive?” Dad tried praying for death though eventually giving that up. He then reduced the amount of food he ate in hope that it would speed his body’s death process. This too proved less successful than he desired.

My father’s days became going from the bed to a chair and back to the bed. He was in physical discomfort but mentally was perfectly sharp. Dad watched CNN all day and as the Democratic presidential primary heated up (this was 2008) we talked politics. Dad was a Hillary fan, thought it was time for the country to have a woman president, and followed her campaign closely. He kept a sense of humor, for example when my daughter showed dad her tattoo and explained that all her friends are getting them, he responded “it looks like I am getting out just in time”.

My dad wanted to die. He was ready to die. He had a full life and now being confined to a nursing home room was no life for him. Over the months visits became harder for my wife and I as we knew his wish was to complete his life and we could do nothing to assist him in making that happen. Hospice care was truly wonderful for our entire family but ending of life was beyond all of our reach.

Would my father have actually used medication to finish his life? I can't say yes for sure. What I am sure of though, is that it would have given dad a sense of control and ease of mind knowing he had the option. Instead he spent over six months of his final year mentally sound, physically ill and intellectually desirous of finishing his life.

In the final few weeks of my father's life he became less responsive and eventually unresponsive until June 24, 2008 when his body gave him his wish to die.

I have long been a proponent of self-determination. I am a social worker and that is one of the key principles of our profession. Now I am even a stronger advocate of compassionate care in dying because I have seen my sister's choice to do everything possible to stay alive and my dad wanting to finish his life. My sister chose an option that was available and that gave her hope until the day before she died. My dad wanted to have an option but the law did not allow for such and thus he spent months without the comfort of knowing he had an option as to timing of what was a soon to be his inevitable end to life.

I urge the Legislature to give the right of aid in dying to those individuals who are of healthy mind, but with terminally ill bodies, and who seek to have final control over the completion of their life.