

Stephen M. Lyon  
23 Winter Street  
Willimantic, CT 06226

Juris Doctor Candidate 2014  
University of Connecticut  
School of Law

**Testimony Opposing House Bill 5326**  
**“AN ACT CONCERNING COMPASSIONATE AID IN DYING FOR TERMINALLY**  
**ILL PATIENTS.”**

Thank you Chairwomen Gerratana and Johnson and other members of the Joint Committee on Public Health for accepting my testimony. My name is Stephen Lyon, from Willimantic, CT, and I am testifying against House Bill 5326, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients, because aid in suicide is never compassionate, the judgment of medical professionals regarding terminally ill patients is uncertain at best, the use of death-causing drugs is under regulated, there is risk of patients being pressured into dying, the risk of doctor shopping is possible, medical records will necessarily be falsified, and there is a hypocrisy presented to Connecticut’s youth regarding life’s value.

The first reason I oppose H.B. 6645 is that aid in suicide is never compassionate. Our societal values have established life as being the asset of highest value. We have criminalized suicide. The United States Supreme Court has made the death penalty harder and harder to apply, as being cruel and unusual, to the point where it is only appropriate to someone who has maliciously taken the life of someone else, and here in Connecticut we have outlawed it all together. In this situation, the drugs being administered do not guarantee a peaceful or painless death, and in states where assisted suicide by physician is already legal, there have been cases of panic attacks, choking, vomiting, and terror. This bill does not aid in giving compassionate aid in dying; it sets a new standard for our state to value life less than it ever has.

Second, this bill is detrimental to the citizens of Connecticut because the judgment of physicians, or any other qualified individual under this bill, regarding the lifespan of terminally ill patients, is uncertain at best. When researching this type of proposal in Massachusetts it came to my attention that about 30% of individuals diagnosed as dying in the next 6 months survive past that point, and many of them live on for years. Individuals who rely on doctors’ statements regarding their chances may be relying on unsound information, and therefore making decisions they would not if they knew they could live longer. Further, the 6 month diagnosis requirement is a no-treatment diagnosis; treatment in many cases would provide longer lives. We should not give authority to prescribe death-causing drugs to individuals who cannot give concrete answers as to whether or not the individuals being prescribed to will actually die soon on their own.

Another reason this committee should oppose such legislation is that the drugs are under regulated. One of the requirements of this bill is that the individual self-administer the drug. They do not need to do it in the office and can do it wherever they see fit. This provides several risks: 1) there is no guarantee that the patients will use the drug themselves, 2) it is possible for the drug to get into the hands of individuals who have not adhered to the legally mandated process, and 3) the location of drug use (without knowledge as to how long it will take for the drugs to have their impact) can result in danger to others (i.e. risk from driving after having taken the drugs, ovens and other cooking vessels left on). The state should not allow drugs that cause such dangerous consequences to be self-administered, especially in this under-regulated state.

There is even a risk of patients being pressured into dying. Patients are vulnerable to family members who can put undue pressure on to them, as well as by physicians who can make the reality of their situation seem much worse than it actually is. There is even a risk of the state and insurance companies pressuring patients to choose death over treatment, even if unintentionally. In Oregon, which has such legislation already in place, the state told patients that it would not pay for treatment for their illnesses, but that it would pay for the death-inducing medication. This is something which should be avoided at all costs, and this legislation does not even come close in its safeguards to stop such actions from taking place

Another problem with this proposal is that there is serious risk of patients shopping for doctors until they find ones that will prescribe such drugs. The law requires that two doctors sign off on the prescriptions as a safeguard, but this, while it sounds good on paper, does not work in practice. There are plenty of opportunities for individuals seeking such drugs to go to as many doctors as possible to get their prescription signed off on, with often the advice and opinion of their primary caregiver being ignored. This is not adequate enough of a safeguard.

This bill also creates a problem for data and research. The bill requires that the cause of death be listed as the terminal illness, not the drugs. This skews medical statistics, regarding the longevity of life after such a diagnosis (resulting in an even higher risk of uncertain diagnosis, as mentioned earlier), make it harder to do research, and most importantly, it requires medical professionals to lie regarding the cause of death; being sensitive does not trump honesty, and falsification of records is dishonest and irresponsible at best.

Finally, passing any bill which allows for death by choice, presents an inconsistent message to our young people, and a hypocritical philosophy regarding the value of life. We spend years teaching our children that suicide isn't the answer, even when life gets tough, discouraging, or even painful. It is the ultimate hypocrisy to tell them that all life is valuable, and then say, unless you have a terminal illness, then it's okay; we change our stance to suicide not being the answer, unless life is really tough, then it is the answer. We are at the precipice of changing from a civilized society that states, "all life is precious," to a society which weighs the value of life, saying that one is more important than another – this is a path we dare not traverse.

For the forgoing reasons I respectfully request that the members of this committee vote against H.B. 5326.

Sincerely,

Stephen M. Lyon

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