

To Members of the Public Health Committee:

I am writing in support of HB5326 – An Act Concerning Aid in Dying for the Terminally Ill. I have two very personal reasons to support this bill.

- In 1994, I attended the death of my dear friend Peter in Boston. For many weeks, I took time from my work in Hartford to drive to Boston and help with his care. He had been diagnosed with AIDS just a few years earlier. Peter gathered a circle of friends to aid in his last months. He decided that he wanted to die at home, with friends present, and procured the means to do that. He was extremely ill at the time, having been rushed to the hospital twice for a swelling of his windpipe that almost cost his life. His anorectic body had been besieged by anal fissures, virulent sinus infections, persistent nausea and diarrhea, and a multitude of other secondary infections. He was in pain 24-7 and was bedridden. He made a choice to end his life at 37 and not to prolong his agony. The clarity of his choice allowed for conscious leave taking with his friends and family. It was a foreign idea to me at the time, but in long talks with him and in the witness of his pain and courage, I became convinced of the appropriateness of his decision. It was HIS decision to make, in the face of certain continued agony, and I support that choice to this day, for Peter and all others facing inexorably painful, terminal illness.
- In 2003, I attended the death of another dear friend Earline in Massachusetts. Earline's death taught me that there IS no surety that palliative care is always effective. After her diagnosis of kidney cancer, Earline courageously lived her life as fully as possible, continuing her teaching and community work as long as she could. As a primary caretaker in her last few months, I watched her pain increase to excruciating levels. A fine hospice program was involved and everything possible was done to alleviate her pain. However, once the cancer had spread to her bones, the pain simply could NOT be controlled. I held her hand often, as she screamed in agony, as her porous bones began to break when she moved in bed. She was taken to a hospital and given a direct line to bring pain meds to her as powerfully as possible. Still, she screamed and moaned through her last 48 excruciating hours of life. The experience was shattering. Even the hospice personnel acknowledged that there are cases where pain control is not possible. Her daughter and friends were distraught to watch this wonderful, committed, creative woman succumb in such a horrific fashion.

I NEVER want any of my loved ones, or myself, to face that kind of pain without some means of control of ending our own agony. I believe that it is the CHOICE of each individual of how they die, if faced with a terminal and painful death. I know that Peter's choice gave him a sense of control that enabled him to say goodbye and to leave life on his own terms. He had already suffered so much in the two years before he died.

Recently, National Book Award winner, Dr. Sherwin Nuland died. His ground breaking work, "How We Die: Reflections on Life's Final Chapter" was published in 1994. He vividly describes the process of death from various causes. He was unafraid to look at the painful, often uncontrollable process of death. As he said, "It's unnatural to believe death usually has a beauty and a concordance and is a coming together of your life's work. It leads to frustration for the patient. And it leaves grieving families convinced they did something wrong."

In such unfortunate and dire situations as I have experienced firsthand, I don't want someone telling me I have no choice but to suffer. Our bodies and minds belong to us. This is simply about protecting the right to choose. I urge you to take up this important issue this year. The majority of my fellow CT citizens believe this choice should be in our own hands.

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