



**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Public Health Committee
In support of HB 5326
March 17, 2014**

Good afternoon, Senator Gerratana, Representative Johnson, Senator Welch, Representative Srinivasan and members of the Public Health Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA").

I appreciate the opportunity to share my perspective on the merits of HB 5326, An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients. This complicated issue polarizes society like few others, and yet it is fundamentally about one thing – self-determination. As an advocate for many years, even prior to my roles at OHA, a key principle of my work has always been to ensure that consumers have the information and opportunity necessary to make their own decisions in their healthcare. However, when people are faced with the reality of their own mortality, and medical science has exhausted their options, we do not recognize one of the most important and personal decisions that they can make.

Throughout the course of medical treatment, people weigh options for treatment that may have significant impact on their likelihood of survival. People receiving diagnoses of advanced cancer or other terminal illnesses may choose to forgo chemotherapy and surgery if the prognosis for success is low, and we accept that as a reasonable and personal decision, in spite of the fact that such a decision will inevitably result in their death far sooner than if they had tried all other medical interventions. This emphasizes a desire to focus on quality of life instead of quantity, and is recognized as critical to the maintenance of the principles of personal autonomy and self-determination. Medical providers do not argue that these patients are incapable of making rational decisions because they are essentially opting to die in the manner that they choose. Instead, this

is considered a component of the medical decision-making process and this right has been zealously protected.

There is very little difference on the patient side between a person choosing to forgo months of painful, debilitating treatment for a terminal illness with little likelihood of success and a person who has decided that they do not want to spend their few remaining days or weeks in pain, incapable to care for themselves, burdening their loved ones with the dual role of caregiver as they too try to process the loss. There might be a difference from the provider perspective between inaction and action, though it is clear that pain medications are often prescribed in high enough doses to patients dying in hospital beds to cause death, but the provider has a choice as to whether to prescribe medications to a terminal patient.

Watching a loved one slowly deteriorate, losing the ability to eat, move, care for themselves, communicate, with no hope of recovery and everyone praying that they not suffer is a life-altering experience. None of us is immune to that experience. One might choose hospice and palliative care, but one might also choose the option allowed under HB 5326. Indeed, these choices are not mutually exclusive.

HB 5326 protects the most basic right of self-determination for people suffering with incurable, terminal illness and preserves it throughout the entirety of their life, instead of limiting choice when it most matters. Its criteria protect the patient, their loved ones and the medical provider through stringent measures for determining eligibility and methods, and prevent the risk of abuse of this practice. Modeled after the Oregon law, which has not created a great demand for the right to access medications to end life immediately, this bill strikes the right balance by allowing patients and physicians a choice. And as many point out, it is critical that measures are in place to ensure that those with disabilities are protected. However, at its root, the bill preserves each person's right to make decisions concerning their lives at a point when hope of recovery is gone. Many of us believe people should have that choice. Ultimately, HB 5326 is less about how those with terminal illness die, but how they choose to live.

I thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.