

Compassion and Choices – Legislation Speech

Mr. Doe was once a strong vivacious, charismatic, and muscular man, who now lay on sterile linen surrounded by pumps, drips, and whirrs. Surrounding his bed were the pictures of his children, his wife, and his life before his diagnosis. Mr. Doe was afflicted with a form cutaneous T-cell carcinoma – in which his immune system, which normally fights infections, had turncoated against his skin. Slowly his body decimated his skin, allowing for infections and constant pain. After months in his hospital room, no further treatments could help reverse his condition. Pain management required a constant state of sedation which leads to parenteral feeding, medically forced bowel movements, and urinary catheters. Mr. Doe exercised his autonomy to withdraw his feeding tube and for his pain to be well-managed in moving toward the end of his life.

I had the privilege of sitting with Mr. Doe at the end of his life, when no one else could. Maybe his family was miles away, maybe they couldn't bear to see shell of someone they once knew, or maybe there wasn't peace to be found amongst the buzzers, chimes, and pumps. I thought about how much it must petrify patients to be diagnosed with a rapidly progressing disease. I thought about what fears they may have about death, or being cared for until death. I thought about their final wishes, who they may have wished to pass with, and how they wished to be remembered. For those with a terminal diagnosis, these questions have complicated answers, but I believe that all patients can agree on wishing to retain their autonomy, choice, and dignity.

Aid in dying should be an option for residents in the state of Connecticut, as it offers empowerment to the patient in the times where they are being robbed of it by their disease and its sequela. Offering choice at the end of life betters patient outcomes by relieving physical pain, reducing mental anxiety, and offering better transitioning to the end-of-life. Aid-in-dying has been offered in Oregon for over fifteen years, and in which a third of patients who receive the prescription never use it. Oregon and Washington have proved that aid-in-dying can be well regulated and enforced. Finally, it is now our turn in Connecticut to be the first east coast state to take a step forward to offer choice to the people of Connecticut with terminal illnesses. I can't speak to what Mr. Doe would have selected, but I do know that it was the right thing to offer Mr. Doe as many choices as legally affordable. As a future physician, it is my duty to care for all from birth through death, and I hope that you will offer my future patients another choice in helping to maintain their autonomy, choice, and dignity.