



State of Connecticut
HOUSE OF REPRESENTATIVES
STATE CAPITOL
HARTFORD, CONNECTICUT 06106-1591

Representative Elizabeth B. Ritter
Deputy Speaker
38th Assembly District
Waterford & Montville

Legislative Office Building
Hartford, Connecticut 06106
860-240-8500 or 800-842-1902
Elizabeth.Ritter@cga.ct.gov

TESTIMONY TO THE COMMITTEE ON PUBLIC HEALTH
IN SUPPORT OF HB 5326
AAC COMPASSIONATE AID IN DYING FOR TERMINALLY ILL PATIENTS
March 17, 2014

Good Morning Senator Gerratana, Representative Johnson and the members of the Committee on Public Health. My name is Elizabeth Ritter, I am the State Representative from the 38th District, and I am here in support of HB 5326 AAC COMPASSIONATE AID IN DYING FOR TERMINALLY ILL PATIENTS.

I first want to thank the Committee for raising this bill this year. The bill before you takes up where last year's discussion left off, making a changes resulting from the last year's hearing and subsequent work.

The bill offers a terminally ill patient a choice over how to conduct the end of their life, the choice to request and receive from their physician a prescription they self-administer at their own will to bring about their death. The patient must be qualified by their attending physician and a consulting physician to be mentally competent, an adult, a resident of the state, acting under their own volition, and have been already diagnosed with a terminal disease with a prognosis of death. The patient must make the request of their attending physician two times at least 15 days apart, in writing, themselves, and acting voluntarily in the opinion of their physician. The patient must be informed of and understand the full range their alternatives including palliative care. The patient must have a second examination by a consulting physician establishing that they are so qualified. No health care provider or facility has to participate in aid in dying. Patients must be informed of their ability to rescind their request at least three times by their physicians. No patient can qualify solely by reason of age, disability, or specific illness. No person can act on behalf of the patient under any circumstances at any point in this process.

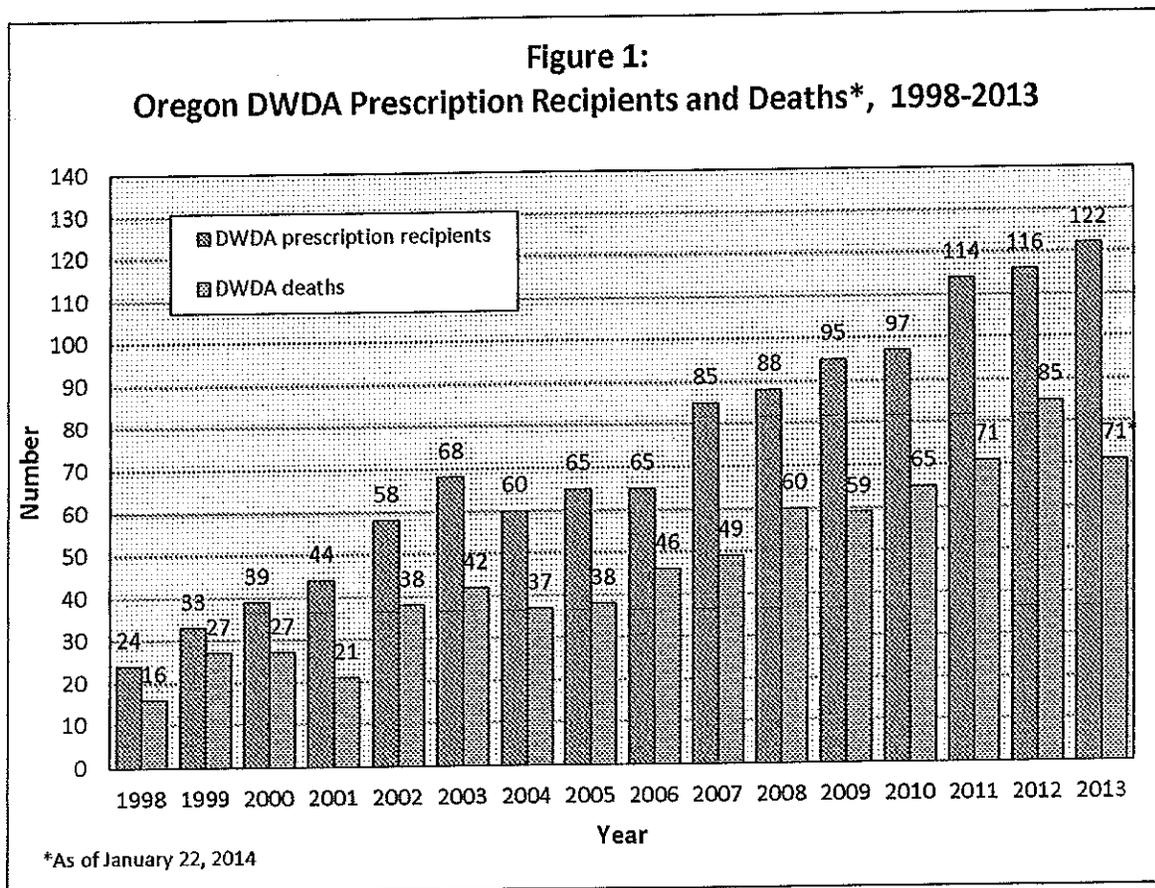
Since last year, New Mexico and Vermont have joined Oregon, Washington and Montana in allowing this choice to their residents. Oregon has collected data since its inception sixteen years ago, and I've attached their most recent report. Most interesting is the understanding that of the 1,172 patients requesting a prescription over sixteen years, 64% have died from ingesting the medication. Of all those qualified patients, 90% were enrolled in hospice at the time they qualified for Aid in Dying, and 95% died at home. Adjusting for the difference in population between Oregon and Connecticut, this translates into about 107 patients a year who might qualify, and potentially 69 who might die from ingesting the medication.

Each year medicine offers us all the promise that the challenging and devastating diseases some of us face will be conquered, that we can all expect long and healthy lives that will not end in desperate suffering and loss of all dignity, that we will see wonderful drugs that eliminate pain without horrible side effects. Along with that promise comes the hope that each of us will be lucky enough to spend our last days in circumstances that are comfortable, comforting, perhaps surrounded by family or friends. For a great number of us, this will be achieved; but for a very few, this is far from the case. The bill provides those few terminally ill patients a choice to get closer to that hope.

Thank you for your consideration. I am happy to answer any questions.

Oregon's Death with Dignity Act--2013

Oregon's Death with Dignity Act (DWDA), enacted in late 1997, allows terminally-ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications. The Oregon Public Health Division is required by the Act to collect information on compliance and to issue an annual report. The key findings from 2013 are listed below. The number of people for whom DWDA prescriptions were written (DWDA prescription recipients) and deaths that occurred as a result of ingesting prescribed DWDA medications (DWDA deaths) reported in this summary are based on paperwork and death certificates received by the Oregon Public Health Division as of January 22, 2014. For more detail, please view the figures and tables on our web site: <http://www.healthoregon.org/dwd>.



- As of January 22, 2014, prescriptions for lethal medications were written for 122 people during 2013 under the provisions of the DWDA, compared to 116 during 2012 (Figure 1). At the time of this report, there were 71 known DWDA deaths during 2013. This corresponds to 21.9 DWDA deaths per 10,000 total deaths.¹
- Since the law was passed in 1997, a total of 1,173 people have had DWDA prescriptions written and 752 patients have died from ingesting medications prescribed under the DWDA.
- Of the 122 patients for whom DWDA prescriptions were written during 2013, 63 (51.6%) ingested and died from the medication. Eight (8) patients with prescriptions written during the previous years (2011 and 2012) died after ingesting the medication during 2013, for a total of 71 DWDA deaths.
- Twenty-eight (28) of the 122 patients who received DWDA prescriptions during 2013 did not take the medications and subsequently died of other causes.
- Ingestion status is unknown for 31 patients who were prescribed DWDA medications in 2013. Seven (7) of these patients died, but follow-up questionnaires indicating ingestion status have not yet been received. For the remaining 24 patients, both death and ingestion status are pending (Figure 2).
- Of the 71 DWDA deaths during 2013, most (69.0%) were aged 65 years or older; the median age was 71 years (42 years – 96 years). As in previous years, most were white (94.4%), well-educated (53.5% had a least a baccalaureate degree), and had cancer (64.8%). In 2013, fewer patients had cancer (64.8%) compared to previous years (80.4%), and more patients had chronic lower respiratory disease (9.9%), and other underlying illnesses (16.9%).
- Most (97.2%) DWDA patients died at home, and most (85.7%) were enrolled in hospice care either at the time the DWDA prescription was written or at the time of death. Excluding unknown cases, most (96.7%) had some form of

¹ The rate per 10,000 deaths is calculated using the total number of Oregon resident deaths in 2012 (32,475), the most recent year for which final death data are available.

health care insurance. The number of patients who had private insurance (43.5%) was lower in 2013 than in previous years (64.7%), and the number of patients who had only Medicare or Medicaid insurance was higher than in previous years (53.2% compared to 33.7%).

- As in previous years, the three most frequently mentioned end-of-life concerns were: loss of autonomy (93.0%), decreasing ability to participate in activities that made life enjoyable (88.7%), and loss of dignity (73.2%).
- Two of the 71 DWDA patients who died during 2013 were referred for formal psychiatric or psychological evaluation.
- Prescribing physicians were present at the time of death for eight patients (11.4%) during 2013 compared to 16.5% in previous years.
- A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about the time of death and circumstances surrounding death only when the physician or another health care provider was present at the time of death. Due to this change, data on time from ingestion to death is available for 11 of the 71 DWDA deaths during 2013. Among those 11 patients, time from ingestion until death ranged from 5 minutes to 5.6 hours.
- Sixty-two (62) physicians wrote the 122 prescriptions provided during 2013 (range 1-10 prescriptions per physician).
- During 2013, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements.

Figure 2: Summary of DWDA Prescriptions Written and Medications Ingested in 2013, as of January 22, 2014

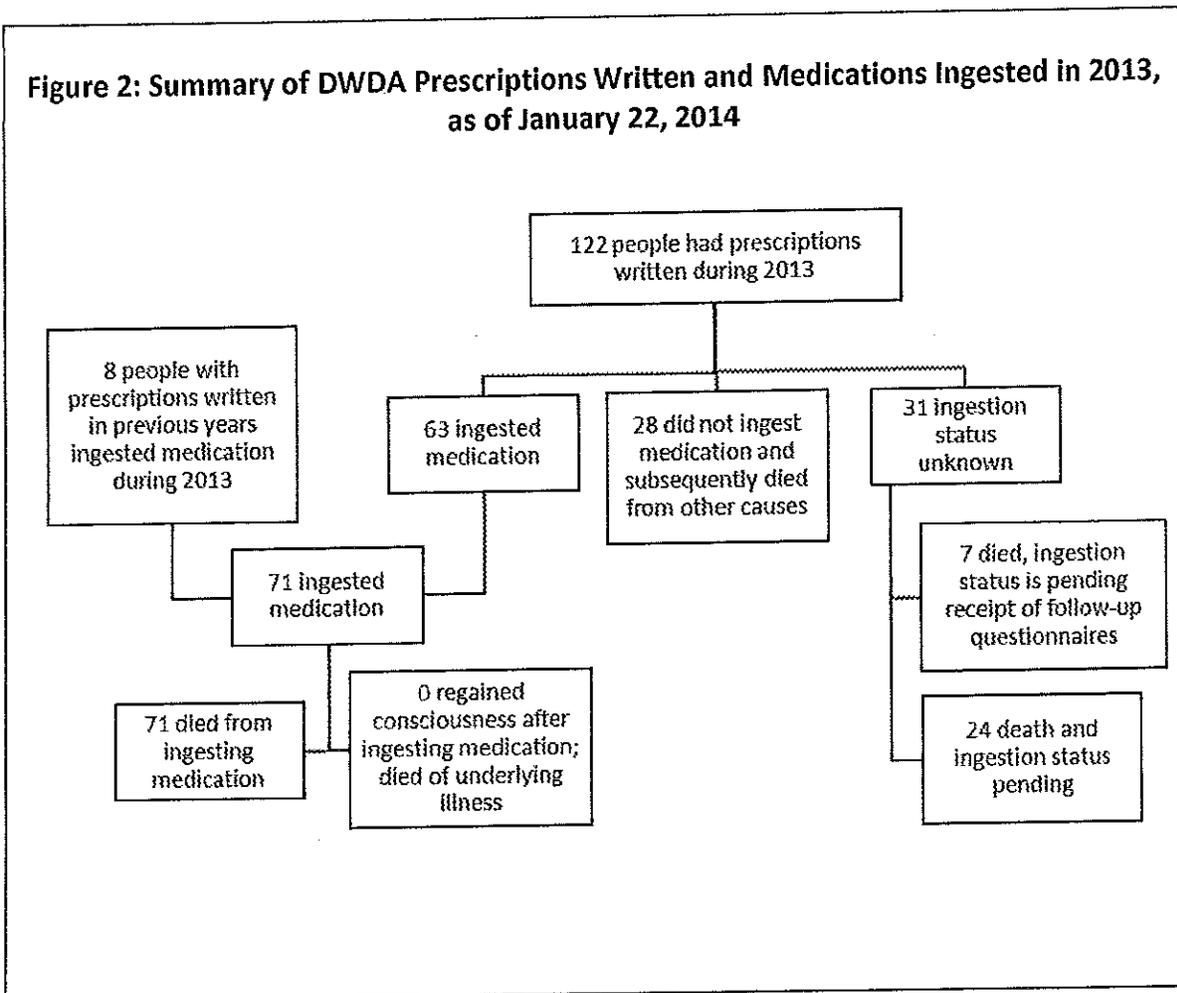


Table 1. Characteristics and End-of-life Care of 752 DWDA Patients who Died from Ingesting a Lethal Dose of Medication as of January 17, 2014, Oregon, 1998-2013

Characteristics	2013 (N=71)	1998-2012 (N=681)	Total (N=752)
Sex	N (%) ¹	N (%) ¹	N (%) ¹
Male (%)	44 (62.0)	352 (51.7)	396 (52.7)
Female (%)	27 (38.0)	329 (48.3)	356 (47.3)
Age			
18-34 (%)	0 (0.0)	6 (0.9)	6 (0.8)
35-44 (%)	1 (1.4)	15 (2.2)	16 (2.1)
45-54 (%)	6 (8.5)	52 (7.6)	58 (7.7)
55-64 (%)	15 (21.1)	141 (20.7)	156 (20.7)
65-74 (%)	23 (32.4)	194 (28.5)	217 (28.9)
75-84 (%)	17 (23.9)	189 (27.8)	206 (27.4)
85+ (%)	9 (12.7)	84 (12.3)	93 (12.4)
Median years (range)	71 (42-96)	71 (25-96)	71 (25-96)
Race			
White (%)	67 (94.4)	662 (97.6)	729 (97.3)
African American (%)	0 (0.0)	1 (0.1)	1 (0.1)
American Indian (%)	1 (1.4)	1 (0.1)	2 (0.3)
Asian (%)	0 (0.0)	8 (1.2)	8 (1.1)
Pacific Islander (%)	0 (0.0)	1 (0.1)	1 (0.1)
Other (%)	1 (1.4)	0 (0.0)	1 (0.1)
Two or more races (%)	2 (2.8)	0 (0.0)	2 (0.3)
Hispanic (%)	0 (0.0)	5 (0.7)	5 (0.7)
Unknown	0	3	3
Marital Status			
Married (%) ²	36 (50.7)	310 (45.7)	346 (46.2)
Widowed (%)	13 (18.3)	158 (23.3)	171 (22.8)
Never married (%)	8 (11.3)	55 (8.1)	63 (8.4)
Divorced (%)	14 (19.7)	155 (22.9)	169 (22.6)
Unknown	0	3	3
Education			
Less than high school (%)	2 (2.8)	42 (6.2)	44 (5.9)
High school graduate (%)	10 (14.1)	154 (22.8)	164 (22.0)
Some college (%)	21 (29.6)	177 (26.2)	198 (26.5)
Baccalaureate or higher (%)	38 (53.5)	303 (44.8)	341 (45.6)
Unknown	0	5	5
Residence			
Metro counties (%) ³	25 (35.2)	289 (42.6)	314 (41.9)
Coastal counties (%)	5 (7.0)	51 (7.5)	56 (7.5)
Other western counties (%)	33 (46.5)	292 (43.1)	325 (43.4)
East of the Cascades (%)	8 (11.3)	46 (6.8)	54 (7.2)
Unknown	0	3	3
End of life care			
Hospice			
Enrolled (%) ⁴	60 (85.7)	593 (90.5)	653 (90.1)
Not enrolled (%)	10 (14.3)	62 (9.5)	72 (9.9)
Unknown	1	26	27
Insurance			
Private (%) ⁵	27 (43.5)	424 (64.7)	451 (62.9)
Medicare, Medicaid or Other Governmental (%)	33 (53.2)	221 (33.7)	254 (35.4)
None (%)	2 (3.2)	10 (1.5)	12 (1.7)
Unknown	9	26	35

Oregon Public Health Division - 2013 DWDA Report

Characteristics	2013 (N=71)	1998-2012 (N=681)	Total (N=752)
Underlying illness			
Malignant neoplasms (%)	46 (64.8)	545 (80.4)	591 (78.9)
Lung and bronchus (%)	10 (14.1)	129 (19.0)	139 (18.6)
Breast (%)	1 (1.4)	56 (8.3)	57 (7.6)
Colon (%)	6 (8.5)	43 (6.3)	49 (6.5)
Pancreas (%)	2 (2.8)	45 (6.6)	47 (6.3)
Prostate (%)	2 (2.8)	31 (4.6)	33 (4.4)
Ovary (%)	1 (1.4)	27 (4.0)	28 (3.7)
Other (%)	24 (33.8)	214 (31.6)	238 (31.8)
Amyotrophic lateral sclerosis (%)	5 (7.0)	49 (7.2)	54 (7.2)
Chronic lower respiratory disease (%)	7 (9.9)	27 (4.0)	34 (4.5)
Heart Disease (%)	1 (1.4)	13 (1.9)	14 (1.9)
HIV/AIDS (%)	0 (0.0)	9 (1.3)	9 (1.2)
Other illnesses (%) ⁶	12 (16.9)	35 (5.2)	47 (6.3)
Unknown	0	3	3
DWDA process			
Referred for psychiatric evaluation (%)	2 (2.8)	42 (6.2)	44 (5.9)
Patient informed family of decision (%) ⁷	62 (91.2)	570 (93.9)	632 (93.8)
Patient died at			
Home (patient, family or friend) (%)	69 (97.2)	645 (95.1)	714 (95.3)
Long term care, assisted living or foster care facility (%)	2 (2.8)	27 (4.0)	29 (3.9)
Hospital (%)	0 (0.0)	1 (0.1)	1 (0.1)
Other (%)	0 (0.0)	5 (0.7)	5 (0.7)
Unknown	0	3	3
Lethal medication			
Secobarbital (%)	7 (9.9)	396 (58.1)	403 (53.6)
Pentobarbital (%)	64 (90.1)	278 (40.8)	342 (45.5)
Other (%) ⁸	0 (0.0)	7 (1.0)	7 (0.9)
End of life concerns⁹			
	(N=71)	(N=677)	(N=748)
Losing autonomy (%)	66 (93.0)	618 (91.3)	684 (91.4)
Less able to engage in activities making life enjoyable (%)	63 (88.7)	602 (88.9)	665 (88.9)
Loss of dignity (%) ¹⁰	52 (73.2)	452 (81.9)	504 (80.9)
Losing control of bodily functions (%)	26 (36.6)	350 (51.7)	376 (50.3)
Burden on family, friends/caregivers (%)	35 (49.3)	264 (39.0)	299 (40.0)
Inadequate pain control or concern about it (%)	20 (28.2)	157 (23.2)	177 (23.7)
Financial implications of treatment (%)	4 (5.6)	18 (2.7)	22 (2.9)
Health care provider present¹¹			
	(N=71)	(N=611)	(N=682)
When medication was ingested ¹²			
Prescribing physician	8	111	119
Other provider, prescribing physician not present	3	235	238
No provider	3	73	76
Unknown	57	192	249
At time of death			
Prescribing physician (%)	8 (11.4)	99 (16.5)	107 (16.0)
Other provider, prescribing physician not present (%)	5 (7.1)	258 (43.1)	263 (39.3)
No provider (%)	57 (81.4)	242 (40.4)	299 (44.7)
Unknown	1	12	13
Complications¹³			
	(N=71)	(N=681)	(N=752)
Regurgitated	0	22	22
Seizures	0	0	0
Other	1	0	1
None	10	477	487
Unknown	59	182	241
Other outcomes			
Regained consciousness after ingesting DWDA medications ¹³	0	6	6

Characteristics	2013 (N=71)	1998-2012 (N=681)	Total (N=752)
Timing of DWDA event			
Duration (weeks) of patient-physician relationship¹⁴			
Median	13	12	12
Range	1-719	0-1905	0-1905
<i>Number of patients with information available</i>	71	679	750
<i>Number of patients with information unknown</i>	0	2	2
Duration (days) between 1st request and death			
Median	52	46	47
Range	15-692	15-1009	15-1009
<i>Number of patients with information available</i>	71	681	752
<i>Number of patients with information unknown</i>	0	0	0
Minutes between ingestion and unconsciousness¹¹			
Median	5	5	5
Range	2-25	1-38	1-38
<i>Number of patients with information available</i>	11	476	487
<i>Number of patients with information unknown</i>	60	205	265
Minutes between ingestion and death¹¹			
Median	15	25	25
Range (minutes - hours)	5min-5.6hrs	1min-104hrs	1min-104hrs
<i>Number of patients with information available</i>	11	481	492
<i>Number of patients with information unknown</i>	60	200	260

- 1 Unknowns are excluded when calculating percentages.
- 2 Includes Oregon Registered Domestic Partnerships.
- 3 Clackamas, Multnomah, and Washington counties.
- 4 Includes patients that were enrolled in hospice at the time the prescription was written or at time of death.
- 5 Private insurance category includes those with private insurance alone or in combination with other insurance.
- 6 Includes deaths due to benign and uncertain neoplasms, other respiratory diseases, diseases of the nervous system (including multiple sclerosis, Parkinson's disease and Huntington's disease), musculoskeletal and connective tissue diseases, viral hepatitis, diabetes mellitus, cerebrovascular disease, and alcoholic liver disease.
- 7 First recorded beginning in 2001. Since then, 31 patients (4.6%) have chosen not to inform their families, and 12 patients (1.8%) have had no family to inform. There was one unknown case in 2002, two in 2005, one in 2009, and three in 2013.
- 8 Other includes combinations of secobarbital, pentobarbital, and/or morphine.
- 9 Affirmative answers only ("Don't know" included in negative answers). Categories are not mutually exclusive. Data unavailable for four patients in 2001.
- 10 First asked in 2003. Data available for all 71 patients in 2013, 552 patients between 1998-2012, and 623 patients for all years.
- 11 The data shown are for 2001-2013 since information about the presence of a health care provider/volunteer, in the absence of the prescribing physician, was first collected in 2001.
- 12 A procedure revision was made mid-year in 2010 to standardize reporting on the follow-up questionnaire. The new procedure accepts information about time of death and circumstances surrounding death only when the physician or another health care provider is present at the time of death. This resulted in a larger number of unknowns beginning in 2010.
- 13 There have been a total of six patients who regained consciousness after ingesting prescribed lethal medications. These patients are not included in the total number of DWDA deaths. These deaths occurred in 2005 (1 death), 2010 (2 deaths), 2011 (2 deaths) and 2012 (1 death). Please refer to the appropriate years' annual reports on our website (<http://www.healthoregon.org/dwd>) for more detail on these deaths.
- 14 Previous reports listed 20 records missing the date care began with the attending physician. Further research with these cases has reduced the number of unknowns.