



## Franciscan Home Care and Hospice Care

### TESTIMONY

Delivered by Laura Borrelli, R.N., B.S.N., Hospice Director,  
Franciscan Home Care and Hospice Care  
Before the Judiciary Committee  
March 18, 2015

**To OPPOSE Raised Bill No. 7015:**

**An Act Concerning Aid in Dying for Terminally Ill Patients**

Thank you, Senator Coleman, Representative Tong and members of the Judiciary Committee for hearing my testimony opposing Bill #7015 An Act Concerning Aid in Dying for Terminally Ill Patients. My name is Laura Borrelli, Hospice Director of Franciscan Home Care and Hospice Care and a Board member and Hospice and Palliative Committee member for the Connecticut Association for Healthcare at Home. As an RN with over 27 years of hospice experience I am vehemently opposed to Bill #7015 because it forsakes the dignity of the human person, is misleading in its presentation of the dying process and will reduce hospice care and services.

Providing dignity to individuals at the end of life comes as a result of caring for them through their illness AND naturally dying process. Beyond the physical changes that occur there are also psycho-social and spiritual transformations that happen if one is allowed to do so naturally and integrate these important movements for a healthy, peaceful death. The antithesis of care, compassion and dignity occurs when we negate the human person's natural journey through death. For even in a human body that is not healthy or autonomous there is dignity and any bill that disallows for this disregards human potential. Dignity is not provided when we, as a society, seek to legalize an act of suicide that actually has the possibility of pressuring the terminally ill into feeling they have a duty to die as to avoid being a burden. The potential for abuse and coercion of the most vulnerable to choose assisted suicide will only lead to an undignified dying process.

Effective end of life care would be limited as a result of passage of this bill. The state of Connecticut currently ranks last for length of stay in hospice care, meaning too many people are seeking hospice care too late. If you really want to provide aid in dying then help improve public awareness of the benefits hospice and palliative care has to offer. Individuals wanting autonomy at the end of life will find it through patient centered hospice plans of care. Families can find physical, emotional and spiritual support through the care of a hospice team so individuals do not feel as a burden and families have the ultimate gift of providing loving care for them. The cornerstone of all hospice care is comfort through effective symptom management. We are the experts in this field of death and dying and we know how to successfully provide potential relief from pain, breathing or other issues at the end of life. And furthermore hospice provides bereavement support for families up to thirteen months after the death. Support that would be severely impacted if families were not made aware of an individual's request for assisted suicide.

In conclusion, do not allow yourselves to have a myopic, distorted vision of death, for it entails more than just the physical and more than just the terminally ill. Hospice and Palliative care can realistically meet the needs of individuals through their naturally dying process. Bill #7015 would degrade the dignity of the human person, limit hospice and palliative care and would unnaturally limit lives.

Thank you for your time and consideration.

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