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*Testimony of James Bailey Brislin to the Joint Committee on the Judiciary
of the Connecticut General Assembly
Regarding H.B. 7015 “An Act Concerning Aid In Dying for Terminally Ill Patients”
Wednesday, March 18, 2015*

Senator Coleman, Representative Tong, respected members of the Judiciary Committee, good evening. I appear before you this evening in opposition to H.B. 7015 “An Act Concerning Aid In Dying for Terminally Ill Patients”.

There has been a great deal of testimony this evening, so I shall keep my remarks on this matter brief. I will highlight three of the many reasons why I have concerns with the proposed legislation.

I have serious concerns about the manner in which this legislation involves doctors in the patient’s choice to commit suicide. I particularly have concerns about Subsection (b) of Section 9, which requires the participating doctor to falsify the cause of death. Legislation requiring any professional—let alone a doctor to engage in dishonest conduct fundamentally undermines the integrity of the profession. The purpose of any professional licensing scheme is to protect the public from being taken advantage of by individuals lacking in moral character and intellectual fitness. This bill actually allows doctors to recommend suicide to their clients as a treatment option. Doctors who participate in physician-assisted suicide actually violate the Hippocratic Oath. This fundamentally undermines the trust and emphasis on treatment that undergirds the doctor-patient relationship.

I also want to express concern that this legislation is a beachhead for further expanding eligibility for assisted suicide. Right now, the proposal is to make this applicable only for people who have less than six months to live. Ladies and gentlemen of the Judiciary Committee, I can assure you that this is just the beginning. In subsequent years, there will be a clamor to expand eligibility to cover additional conditions and non-terminal patients, until we become Belgium, which last year legalized physician assisted suicide for children. In Oregon, statistics bear out that the legalization of physician-assisted suicide was accompanied by a commensurate increase in suicide contagion. These are a lot of innocent unnecessary

As an attorney who works with the disabled, I also have serious concerns that this measure contains inadequate safeguards to protect elderly, disabled, and vulnerable patients. If you review the legislation, you will see that it contains no minimum standard for witness impartiality. The only restriction on who can serve as a witness is that they not be a devisee. However a friend or associate of a devisee can serve as a witness. Likewise, the only qualification for doctors to prescribe the lethal suicide medication is that they not be a devisee of the patient seeking the medication. There legislation requires doctors to refer a patient to a psychiatrist or psychologist if they believe them to be suffering from mental illness, but do not establish a minimum standard of expertise or competence for a doctor making such a determination.

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I am very concerned that the legislation treats examination by a psychiatrist or psychologist as an option, not a requirement. To me, it seems unconscionable to prescribe a lethal dose of medication without first having absolute moral certainty that such person is not suffering from depression or another treatable mental illness.

Finally, I have serious concerns that the legislation imposes inadequate controls on the possession of lethal medication. Under this law, a patient could fill a prescription for lethal medication and possess it in an unlocked medicine cabinet for weeks or years, with the potential for access by a child or theft by someone in the market for poison. The legislation contains no requirement for the possessor of an unused prescription to return it after a particular period of time.

For these reasons, I hope you will reject this legislation, and instead strengthen patient access to palliative and experimental medicine.