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Testimony of Deborah Tedford, Esq.
On Behalf of the Connecticut Bar Association

IN SUPPORT OF

HB7015, "An Act Concerning Aid in Dying for Terminally Ill Patients"

Judiciary Committee Public Hearing
March 18, 2015

Senator Coleman, Representative Tong, and members of the Judiciary Committee:

My name is Deborah Tedford, and I am past president of the CT Bar Association, past chair of its Elder Law Section, and a practicing lawyer with an office in Mystic. I am here today to testify in support of Raised Bill No. 7015, "An Act Concerning Aid in Dying for Terminally Ill Patients".

The proposed bill allows competent adults who are **terminally ill** to voluntarily choose to obtain a prescription from their attending physician that the competent adult may self-administer by ingesting the medication to bring about his or her death. For an individual who is dying, this proposal promotes the individual's autonomous and informed choice to determine how he or she will die, and to alleviate that person's emotional and physical suffering. Competent adults should be free to make this deeply personal end of life decision.

Appropriate safeguards against abuse are contained in the proposed bill. They include:

- Only an individual who is an adult, competent, acting voluntarily and has a terminal illness that is expected to result in death within 6 months may obtain a prescription. Those who do not want to choose Aid in Dying do not have to. If a physician objects to providing such a prescription, he or she does not have to do so, as participation by any physician is purely voluntary.
- No other person, including a guardian, conservator, agent under a power of attorney or health care proxy, may act on behalf of a patient for the purpose of obtaining Aid in Dying.
- Two dated written requests by the patient signed in the presence of two witnesses (who are not relatives of the patient, nor entitled to the patient's estate upon his or death, nor an owner, operator or employee of a health care facility where the patient is residing or receiving treatment, nor the patient's attending physician) must be made at least 15 days apart, which may be rescinded at any time in any

manner. The attending physician must offer the patient an opportunity to rescind his or her request at the time of the second request, and again before prescribing medication for Aid in Dying.

- The attending physician cannot provide a prescription to any patient suffering from a psychological condition including depression that is causing impaired judgment, and must refer such a patient for counseling.
- The proposal does not permit a physician or any other person to end a patient's life by lethal injection, mercy killing, assisting a suicide or any other active euthanasia.
- The act provides that anyone who willfully alters or forges a request for aid in dying or coerces or exerts undue influence on a patient to request aid in dying with the intent or effect of causing the patient's death is guilty of murder.
- The consulting physician must be qualified by specialty or experience to make a professional diagnosis and prognosis regarding the patient's terminal illness, and not routinely share office space with the patient's attending physician.
- Nothing in the act shall limit the jurisdiction or authority of the Office of Protection and Advocacy for Persons with Disabilities.

The Elder Law Section of the Connecticut Bar Association conducted an intensive and extensive review of this proposal and other states' laws regarding aid in dying. The proposed bill is modeled on the Oregon act which has been in effect since 1997, where only 59% of the 1,173 individuals who requested a prescription (81% of which had a diagnosis of cancer) actually used it. The Oregon Medical Board which oversees Oregon's program reports that they have found no cases of coercion, abuse, or misuse of the law, and nine independent studies have confirmed these results. Hospice care has increased in Oregon according to the Journal of the American Medical Association reporting that "End of life care including increased use of hospice care has actually improved in Oregon since the passage of their Death with Dignity Act." In Oregon, 98% of those requesting a prescription had health insurance. Similar laws have been adopted in the State of Washington and Vermont.

Without the strict protocols required in the act, individuals have in the past and will continue to resort to other more dire means, and family members and health care professionals may be exposed to potential criminal prosecution. Abuse is far less likely to occur in an open and transparent system rather than one where people are forced into clandestine actions. A Quinnipiac University Poll found that 61% of Connecticut voters from all age, party and gender groups favor allowing a mentally competent adult dying of a terminal disease to obtain aid in dying.

The Connecticut Bar Association's Elder Law Section urges this Committee to act favorably on the Act. I would be happy to answer any questions you may have.