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Testimony Supporting House Bill 7015, An Act Concerning Aid In Dying For Terminally Ill Patients

March 18, 2014

Senator Gerratana, Representative Ritter and distinguished members of the Public Health Committee, my name is Patrick Gallahue. I'm the Communications Director for the American Civil Liberties Union of Connecticut and I'm here to testify in support of House Bill 7015, An Act Concerning Aid in Dying for Terminally Ill Patients.

Connecticut voters overwhelmingly favor supporting a terminally ill patient's choice for aid-in-dying. A recent Quinnipiac poll found that 63 percent of Connecticut voters are in favor allowing doctors to legally prescribe lethal drugs to help terminally ill patients end their own lives. All party, age and gender groups support the idea of terminally ill patients having this right. This significant support is further evidenced by the large number of states considering similar laws this legislative session.

Currently five states allow their terminally ill residents to make a determination at the end of their lives how much suffering to endure when to hasten a peaceful death. Oregon, Washington, Vermont, Montana and New Mexico now grant individuals that right. So far in 2015, 16 other states have introduced Aid in Dying legislation.¹ Those states honor until the very end of life the self-determination that is so valued in our culture and our Constitution. Connecticut must not pass up another chance to join them. I urge you to pass this session.

We say that justice delayed is justice denied. For the terminally ill who are suffering now, whose time is short, justice can't come too soon.

The American Civil Liberties Union of Connecticut supports aid-in-dying legislation because we believe people should have the liberty to make personal and intimate decisions not just about how to live but also about how to die. We understand the concerns that some opponents have, but we are convinced this bill addresses those concerns with proven safeguards to protect the terminally ill from coercion and mistakes. In the 17 years that Oregon has allowed aid in dying, its Public Health Department has never found a single case of coercion, abuse or misuse of the law. This legislation is modeled on that law, with stringent safeguards.

We understand that some people will not even contemplate the choice offered by aid in dying because their religious beliefs or moral understanding don't permit it. Nobody – no doctor, hospital, institution or individual – can be compelled to participate in another person's choice of aid in dying. This bill protects them. But no person should be able to deny the choice to others. They must not presume to dictate an agonizing death for another human being.

This bill ensures that aid in dying will be voluntary and permitted only for patients who are mentally competent and terminally ill, with a prognosis of no more than six months of life remaining. Patients must make two written requests, with a 15-day waiting period between them, for a prescription for aid

¹ New York, Massachusetts, New Hampshire, New Jersey, Maryland, District of Columbia, California, Colorado, Alaska, Kansas, Missouri, Montana, Oklahoma, Utah, Wyoming, Iowa.

in dying. Witnesses are required for those requests, and doctors must keep detailed records of the entire process. The bill mandates a second doctor's opinion and provides for counseling and multiple opportunities to withdraw the request.

Passing this bill will not bring an onslaught of aid-in-dying requests. In 2014, doctors prescribed lethal medication for 155 terminally ill people but only 105 actually chose to take it. Of those 105 people, 93 percent were in hospice care. Over 17 years, more than a third of those who obtained aid-in-dying prescriptions in Oregon didn't use them. We can't calculate the suffering that was alleviated for those who chose to use the medication. We can't quantify the peace of mind afforded everyone who obtained a prescription, whether they used it or not. We can't know how many people were comforted merely by the knowledge that the option existed. But we can act to help the residents of our own state in the same way.

As Judge Nan G. Nash wrote, in the decision that guaranteed aid-in-dying rights to residents of New Mexico under that state's constitution, "This Court cannot envision a right more fundamental, more private or more integral to the liberty, safety and happiness of a New Mexican than the right of a competent, terminally ill patient to choose aid in dying. If decisions made in the shadow of one's imminent death regarding how they and their loved ones will face that death are not fundamental and at the core of these constitutional guarantees, then what decisions are?"²

Please support this important legislation.

² http://www.patientsrightscouncil.org/site/wp-content/uploads/2014/01/Morris_v_NM_Decision_01_13_14.pdf