Moniz-Carroll, Rhonda

From: David and Susan Giles <docduet@comcast.net>
Sent: Monday, March 16, 2015 7:11 AM
To: JudTestimony
Subject: in opposition to HB 7015 (from Susan Giles MD)

To the CT Judiciary Committee:

As a physician board-certified in Internal Medicine, Rheumatology and Geriatrics, I am writing to you in opposition to HB 7015. It is a well intentioned but dangerous bill which undermines the ethical foundations of our profession. Clearly, this current bill is more tightly phrased than similar bills in the past couple of years with additional safeguards for patient and provider, but none-the-less it misguides patients and tarnishes my profession.

In short:
1) This bill gives someone the legal power to kill. Granted, in a very rare, limited and controlled way, but it is power that I do not want bestowed on my profession which operates on the ancient principal of "first do no harm." What will this paradigm shift do to the trust patients place in us?

2) Physician assisted suicide is opposed by the American Medical Association, Connecticut State Medical Association, American Nurses Association and Hospice. Why would we want to adopt medical legislation opposed by such significant medical professional societies?

3) Physician assisted suicide sidesteps the existing historic and exceptional hospice presence in our state. Connecticut Hospice, the first hospice in this country, serves anyone in need - regardless of ability to pay. Despite its historic roots, hospice is underutilized in our state (Connecticut's average length of stay is among the shortest in the nation). The good news here is that there is much room for us to utilize hospice more and sooner.

4) Physician assisted suicide was the start of the "slippery slope" in the Netherlands and Belgium which has subsequently opened the door to euthanasia of adults and children not only with terminal illness, but with chronic disease and mental illness. What unintended consequences will we see here? (Consider reading the scholarly works of Dutch ethicist, Dr. Theo Boer, known for his initial support of physician assisted suicide, and now his disdain for the practice after evaluating the data).

5) This bill is being considered at a tumultuous time in medicine with the roll-out of the ACA and enormous pressure to contain costs.
Conflicts of interest abound!

6) This bill asks physicians to fraudulently fill out the death certificate--not with the proximate cause of death (ingestion of toxic
medication/suicide) but rather with the underlying disease. This cloak of secrecy is not seen in any other area of medicine.

7) This bill is unnecessary, as it is already legal and ethically acceptable to not only decline and withdraw futile treatment in terminal illness, but to offer adequate pain control to the point of respiratory depression. These strategies can be arranged ahead of time via a trusting physician-patient relationship, living wills and the appointing of medical powers of attorney. Excellent palliative care is complex, collaborative, dignified, autonomy promoting and ethically sound.

Palliative care is a relatively young specialty (the first board was administered in 2008) and clearly there is work to be done to improve its utilization (may I suggest a mandatory continuing medical education module for physician license in CT on the subject of palliative care?
These requirements exist for other timely topics such as domestic violence, sexual abuse, hepatitis C, etc. so it would be simple to incorporate one on palliative care).

Suffice it to say that palliative care and hospice provide true compassionate aid to the dying and the families they leave behind without resorting to the prescription of lethal drugs, and without compromising the integrity of our profession.

Thank you for your consideration.
Sincerely,
Susan Stocker Giles MD, FACP, FACR