



STATE OF CONNECTICUT
OFFICE OF PROTECTION AND ADVOCACY FOR
PERSONS WITH DISABILITIES
60B WESTON STREET, HARTFORD, CONNECTICUT 06120-1551

Craig B. Henrici
Executive Director

Phone 1/860-297-4308
Confidential Fax 1/860-297-4305

**Testimony of the Office of Protection and Advocacy
for Persons with Disabilities
Before the Judiciary Committee**

Presented by: Craig B. Henrici
Executive Director
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Good morning Senator Coleman, Representative Tong, Senator Kissel, Representative Rebimbas, and members of the committee. Thank you for this opportunity to comment on Raised Bill No. 7015, An Act Concerning Aid in Dying for Terminally Ill Patients. Our Office opposes this measure.

The Office of Protection and Advocacy for Persons with Disabilities is an independent State agency created to safeguard and advance the civil and human rights of people with disabilities in Connecticut. The Office is concerned that by hearing this bill in the Judiciary Committee, the focus is on criminality of aiding in someone's suicide. The Office believes the focus should be on the implications to the quality of life and health care options of people with disabilities and people who have a terminal illness.

There is still, despite much progress, an unspoken bias against people with significant disabilities. People asked about supporting assisted suicide often cite "loss of dignity" as a reason to support assisted suicide. What remains unspoken is the judgment that, "I'd never want to live like that." "That" is a normal part of the human experience. No person is entirely self-sufficient. Even people with vast resources must rely on others for support. Our society equates health and vitality as if they mean the same thing. They do not.

The bill does not address the appropriateness of giving persons time to adjust to the news of a terminal diagnosis. There is no time for reflection and no emphasis on counseling, which is listed last, after palliative care. Time may help people to determine how they want to live their last months instead of how to die more quickly.

The focus seems here to be the legal implications of helping someone take their own life. The Office respectfully disagrees with this legalistic approach to a very real health and quality of life issue.

The bill speaks first of suicide, then of palliative care. The Office believes this is out of order. The bill lists, in order: diagnosis, prognosis, medication to aid in dying, expected result, feasible alternatives, and additional health care treatment options, including palliative care and the availability of counseling.

Finally, the bill does not allow for any outside agency or organization to track and report on the provision and use of aid in dying medication. The bill requires the person to be counseled to have another person with them when they self-administer the medication and also the importance of not dying in a public place. The death certificate, under the bill, would list the underlying terminal illness and make no mention of the actual cause of death, which is suicide.

These are just a few reasons the Office strongly opposes this bill.