

Moniz-Carroll, Rhonda

From: Holmes, Dr. Catherine <CHolmes@grovehill.com>
Sent: Tuesday, March 17, 2015 5:20 PM
To: JudTestimony
Subject: HB7015

March 17, 2015

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

Dear Members of the Judiciary Committee:

My name is Catherine Holmes. I reside in Berlin and am a practicing physician of Internal Medicine in Southington, CT. I would like to express my opposition to HB7015. As a physician I have served patients and their families during the process of death in a variety of circumstances. This includes death from terminal and chronic illness, sudden death, accidental death, and suicide. In each circumstance there is some pain, but primarily grief. I have learned that death involves grieving loss of self, loss of loved ones, loss of lifestyle and loss of control in general. Initially, there may be fear of pain, but in most instances pain can be managed effectively with use of resources readily available to us such as that are offered by palliative and hospice care teams. It is a struggle to alleviate grief, but again, in most instances, time will allow healing from grief.

Having witnessed death and terminal illness, I do not believe that physician-assisted suicide is the answer to overcoming the pain, loss, and grief associated with death. Suicide simply creates greater loss –loss of opportunity for healing and recovery. In speaking with colleagues, we have all met patients whom we felt were experiencing a terminal condition yet went on to exceed our expectations for survival—a cancer that disappears, an incorrect diagnosis, a slower rate of physical decline. Despite science and medical advances people defy the odds everyday. As a society we need to take our time and consider: Do we wish to take responsibility for putting the value of life and death on potentially inaccurate information? Even a criminal on death row has a jury trial with means for appeal –not just a physician determining that a life is terminal. Also, I am concerned that our most vulnerable citizens will become even more vulnerable –the elderly citizen who is afraid of becoming a burden to their children; the under-insured who fear financial distress, the disabled who already fight to maintain independence. These are just a few examples of many intricacies that this act would entail.

Please consider taking additional time to allow for public education and discussion regarding this act. I am hopeful that given the attention that such an act deserves, you will agree that this is not a good idea and not one which the people of Connecticut would want to see become a bill.

Sincerely,

Catherine Holmes MD

****DISCLAIMER**** The information contained in this e-mail and attachments, if any, is confidential and may be subject to legal privilege. If you are not the intended recipient, you must not use, copy, distribute or disclose the e-mail and its attachment, or any part of its content or take any action in reliance of it. If you have received this e-mail in error, please e-mail the message back to the sender by replying and then deleting it. We cannot accept responsibility for loss or damage arising from the use of this e-mail or attachments, and recommend that you subject these to your virus checking procedures prior to use.