

Testimony of David V. Hunter from Cheshire, CT
To Members of the Judiciary Committee
March 18, 2015

I am unable to be present at the Hearing of the Judiciary Committee, and am compelled to provide written testimony on the matter of Physician Assisted Suicide because of the graveness of this important topic, it's negative impact on the delivery of health care services, health care clinicians and importantly the Families of Connecticut who will be subjected to a policy that is wrought with moral and ethical challenges, particularly in view of the financial pressures which already play a tremendous role in many, if not most, health care decisions.

I have been employed in health service for my entire career, first in the emergency medical response field and for the past 37 years I have worked in the post-acute, long term care and home and community-based services fields. I currently serve as chief executive officer for a nonprofit continuum of care organization in New Haven. This organizations provides post-acute and long term care, hospice care, assisted living, adult day health, primary care, outpatient care and transportation. I currently serve as a member of the board of directors of LeadingAge Connecticut (formerly CANPFA), on an ethics committee for a Connecticut hospice care program, and I am past president of the board of directors of the Connecticut Coalition to Improve End of Life Care. I am a recipient of the Humanitarian Award from LeadingAge CT and the Distinguished Service Award for End of Life Care from the CT Coalition to Improve End of Life Care. I am submitting testimony in OPPOSITION to House Bill 7015, "An Act Concerning Aid in Dying for Terminally Ill Patients", Physician Assisted Suicide.

The first hospice care center in the United States of America began in Branford, Connecticut. Since inception of hospice care services to the citizens of this State, hospice care services have grown to where hospice care services are provide in all hospitals, many skilled nursing centers, and there are many hospice care services to individuals in the home setting. The growth of hospice and end of life care services in the health care field is the progress in the treatment modalities which directly benefits people with terminal illness and their families.

This is a direct benefit to individuals with terminal illness and families. Most individual sufferings with illness fear the pain that is attributed with these illness, and many individuals suffer with depression as they move through the illness and dying process. The advances in palliative care and medicines have alleviated the suffering attributed to end of life illness. The reality is that anyone dying in discomfort that is not otherwise relievable, may legally today, in all 50 states, receive palliative care sedation, wherein the patient is sedated to the point where the discomfort is relieved while the dying process takes place. A fact of the increase in utilization of benefits can be seen in the increase in seniors utilizing the Medicare Hospice Benefit in the USA. According to Kelly Vontran, of the Centers for Medicare and Medicaid (CMS), 20% of all Medicare Beneficiaries who died in 2000 utilized the Hospice Medicare Benefit and that number increased to 45% of all Medicare Beneficiaries in 2013. In addition, of those receiving Medicare Hospice Benefits those with Alzheimers Disease were the most individuals receiving

the Hospice Benefit, overtaking those with cancer.¹ This is an indication that more individuals are aware of and benefitting from this Hospice Care Benefit.

A larger problem stems from the fact that our culture in America fails to identify with death as part of the life cycle resulting in the lack of family discussion and the abhorrence to familiarize oneself with treatments and services afforded to this stage of life. The result is a lack of knowledge and increase of misconceptions. In addition to medicines and treatments we have seen the expansion of services to address the psycho-social dimension of the individual including bereavement services for those left behind. Often, this benefits the individual who fear burdening their families as they become sicker and/or disabled. It would be far more beneficial for State and elected officials to develop methods for educating the public about these services, and from a matter of policy this would be far more effective in population health.

The concern I have with a Physician Assisted Suicide legislation is the increasing number of seniors in our society and particularly in CT, which is considered the third 'oldest' State in the Country. The demographic, coupled with the tightening of financial resources has the potential of individuals dying prematurely in their dying process. This fact and reality might not be done overtly, but it is very possible that subliminal messages for a senior citizen who is sick to 'do the right thing for the next generation'.

It is for these reasons and others, that I urge members of the CT Judiciary Committee to vote against Bill 7015, "An Act Concerning Aid in Dying for Terminally Ill Patients", Physician Assisted Suicide.

Respectfully yours,

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¹ Kelly Vontran during presentation at PEAK Leadership Summit, Washington, DC, March 17, 2015