

March 18, 2015

Testimony presented to the Judiciary Committee of the State of Ct.

RE: HB 7015 - *in opposition*

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My name is Priscilla McCaffrey. I am testifying against House Bill 7015, An Act Concerning Aid in Dying for terminally ill patients.

I wish to offer testimony as to why we should resist any effort to make assisted suicide legal. I address this to members of the Ct Judiciary Hearing, to my friends here, and above all, to those guests who come from far and wide to continue the drumbeat of death. Please join us; cross that line and join us to support you in your last struggle for life. Join us in the new efforts to establish sophisticated palliative specialties around the country. Join us to find solutions for the sick and suffering.

The argument that I hear from the opposition is that no person should have to suffer if he find his life intolerable.

Right now the proposed legislation has more medical sounding safeguards -- the person has to be terminally ill and demonstrate that he is not suffering clinical depression. (Clinical depression is pretty debilitating -- why can't they have a go at assisted suicide? That sounds discriminatory to me.) Also the patient has to show he is capable of making this serious decision without compulsion. But we have seen that this kind of law has not been only used by the terminally ill. It has not only been used by adults.

Also, there are already so many testimonies available to you that show how easily an elderly patient might feel pressure to move on, how someone lingering in an expensive hospital room might be pressured by family and doctor to end his or her life. It is not only people who are suffering terribly who are targeted by the legislation before you. Making it legal to secure the means to help someone kill himself makes it much too easy for others to profit from the premature death of another vulnerable person.

I know the most poignant and effective argument supporting legalization of this bill right now is something we all have to face: the suffering of someone we love; or even, the prospect of suffering ourselves.

Who wants to watch his loved one suffer? No one. But most of us in this room will see something of this in our lives, and yet surprisingly little.

For several years I volunteered in the Dominican run Hospital in Hawthorne for the incurably ill with cancer. Wow. Very impressive. If you don't want to be bumped off, and you want to know what it is to die with dignity, and love.....please go there. No one dies alone. The sisters make a vigil with each man and woman they know is dying. And there is a place there for anyone here in this room, even if you spent the most active years of your life trying to get people to consider killing themselves.

I am also personally familiar with this suffering,, which is not surprising at my age, though it was not prolonged. I also know the degradation another can suffer.

My handsome 8 year old son suffered with chronic myelogenous leukemia. If I told you what his little body looked like before he died you might weep. Surely, you might think, no child should have to go through this. I can say a few things about him, but there are other things I cannot say because I am afraid you might think he was hideous, but to his mother and father he was beautiful. Nor did he avert to his bloated and distended stomach, fleshless cheeks and chin, sad eyes, black and blue marks and mottled skin. It was just this and that, and one more bother. He knew to us he was beautiful. He was at peace with that. He never thought for a second that we might want to be done with him. And it never occurred to us, either.

I find it ironic that he died in Oregon. He was on a remarkable study drug. That's where the study drug was being investigated, so we had to make many trips across the continent to be there. His doctors were wonderful; his nurses outstanding. I did learn a little lesson about dying at the hospital. It still shocks me. Not a great deal of attention is paid in a formal or systematic way to the clinical problems incident to the care of the dying patient. No doctor sits with you and watches the life ebb from his patient. Consequently, certain things that could help the dying don't happen. We were fortunate enough to have a friend with us who was a doctor. He stayed because he was a friend. When John was agitated with the drip our friend encouraged us to ask for another medication. It was so simple, something we did not know to ask for and it made all the difference in his final hours. It never occurred to us that they wouldn't know the best medicine for him. But 'they' can't know unless 'they' watch. (By the way, I assume you know there is a new field of medicine where the specialty is the care of the dying. This is a good thing; doctors should be involved to ease the patient's final pains, or to make him as aware as he can be. Palliative care specialists say it is their job to maximize the quality of life of seriously ill patients. It is not necessarily to extend their lives.) It would have been good to have a palliative care specialist to consult, but there seemed to be none around. But we were blessed with the presence of another doctor who gave up a peaceful Sunday evening to be with us. He was Dr. Bill Toeffler who has spear-headed the movement against euthanasia in Oregon. I later wrote him and his wife about how privileged I was to hear the beautiful exchange of courtesies I had with my son late into his final night -- "Thank you, Mommy, best Mommy. I love you. Beautiful Mommy." Had John not been given the second medicine, I don't know if he would have had the clarity to leave me with these words. Indeed these were quality of life moments making the bitter end not so bitter.

But imagine that we had a different society. Imagine that we had the society our opponents advocate for: a society where people with terminal illnesses die, not from the illness, but because they were expected to choose death rather than be a burden. To assuage consciences the death certificates might still give the illness as the cause of death. Then we would certainly have a caste society, and they could be called the killable caste. Our son John suffered for several years with a terminal cancer that is more common in 62 year old men. But if we belonged to that other society, imagine

what it would be like for innocents to say, "I am in that killable caste now, Shall I be like those other men and choose to die?" We cannot put anyone in that caste. No suffering person should ever feel that the world finds it right that he die sooner rather than later.

Since we haven't yielded to that impulse to kill the dying --and why am I expected to believe that is out of love in most cases?-- we have a society that has done some extraordinary things for the dying in America. I can testify to that. You see, John's story was not all sad. We actually participated in a great victory against cancer. John was the first child on a drug that is now the first line of therapy against Chronic myelogenous leukemia. John was featured on a segment of 20/20 back in 1999 in our triumphant days. Because we pushed to get John on the drug, there are now many other children who are alive and who have excellent prognoses. Same with the seniors on the drug. If you gotta get leukemia, CML is the leukemia of choice! The drug gave John 2 good years with us, but because of all the nonsense with the FDA and Novartis we got the drug too late for John; it was a study drug for adults; it was an adult disease, we had to fight to get a child on it.

I can't help but feel that America has a robust research and development industry because of our robust embrace of life; we have the best minds serving the most frail. this is remarkable! It didn't happen in a society with throwaway children or killable seniors. This is the society we must preserve with our laws in Connecticut. Is it really so far-fetched for us to think that there could be medication that might make the dying feel much better? with less pain and nausea? improved sleep and energy.

You'd think from this gloomy tribunal we were talking about something outlandish, like sending a man to the moon! Which makes me hope that we can start the greater and more life-giving conversation on palliative care -- because we love our neighbor!

The opposition has another vision; I suppose you might even call it a solution. But the culture that maintains the solution of death will be an entirely different culture from ours today. It will be a society of the privileged and the killables.

Laws reflect culture, but they also change culture, and sometimes for the worse; the things we as a people hold dear are the things our laws should protect. Life and innocence are what we hold dear, our laws must reflect that. Our laws must speak loud and clear that the suffering, the dying, the vulnerable, the disabled, the poor are part of the same American treasury of human capital. They are not in another caste.

That's the vision of hope and security that we must pass on to our children.
Thank you.