

Good day Senators Coleman, Tong, Bye, Winfield, Doyle, Judiciary committee members and hearing attendants,

My name is Mary T. Nagy. I am a Registered Nurse of 39 years with credentials and experience in multiple domains of practice, residing in Connecticut for 30 years. My professional credentials include a Baccalaureate degree in Nursing Science from Russell Sage College in Troy New York, Masters Studies at the (now) University of Saint Joseph in West Hartford Connecticut and additional course work at CCSU in New Britain. My areas of experience include (but are not limited by) Occupational and Environmental Health, Nursing Education, Psychiatric, Hospice and Palliative care, Emergency Response, School Nursing, Public Health Nursing, Skilled nursing facilities and acute care. I ask you to reference certain expert witness nursing testimonies from the 2014 made to the Public Health Committee at last legislative session. (These testimonies can be found at www.cga.ct.gov/ASP/menu/CommDocTmyBillAllComm.asp?bill=HB-05326&doc_year=2014).

Mary T. Nagy, R.N., C.O.H.N.-S., B.S.N.

Barbara Bennett Jacobs, R.N., Ph.D. (Nurse Ethicist)

Anita Vigeant, R.N., B.A.

Carol Mahier, R.N., M.S.N.

Cheryl Fusco, A.P.R.N., B.C.

Eleanore Marchand, R.N.

Susan Okamoto, R.N.

There are additional testimonies of Connecticut license holding nurses at this site opposed to raised HB 7015 for this year that have given testimony in last year's public health committee hearing that are not on this brief list.

I would like to outline my areas of opposition to raised HB 7015:

- (1.) Definitions, current practice, educational preparation and licensure issues,
- (2.) landmark research in the fields of thanatology (death and dying), near-death experiences (NDE's), suicide, drug safety, pronouncement of death
- (3.) Suicide, anger management, and accessibility of death causing agents
- (4.) American rights, freedoms, the American ideal of self-determination
- (5.) Current medical and governmental initiatives in the field of health, wellness and longevity, and health promotion.

You will have to do research with citations provided and will not be sufficiently informed to rush into a vote today. DON'T JUMP at a bill title that might appear benign, however DO jump at a research and health promotion thrust to provide you with educational data.

- (1.) Definition problems Some of these are cited in 2014 testimony. However 'self-ingest' in the current bill does not mean this act is voluntary. 'Drug' implies safety. By definition cannot cause death, cannot be approved by the FDA. A lethal agent should never be legalized. 'Patient' in the title, future years, can prospectively include children, and vulnerable populations who are wards of state, setting up a machine of state sponsored suicide. 'Dying' found in the title implies some background in pronouncing death and study of the field, having access to and reading, absorbing studies that are required readings in nursing and medical curriculums. No one has talked of these, ignoring or remaining in the dark and ignorant of relevant work. Doctors are almost never present at death. It is nurses who frequently pronounce and complete death certificates.
- (2.) Thanatology is the field of death and dying. In the 1970s studies done by Elizabeth Kübler-Ross, an American Swiss born psychiatrist, revolutionized and removed the death taboo. Her four essay book On death and dying is required text in nursing and medical curriculums. Kübler-Ross describes five stages that are not fixed but one can pass back and forth between them. She witnessed over 20,000 deaths and 51% had near death experiences (NDE) in the dying process. She was a scientist and skeptic before this, and an unwanted child herself. We never knew much of her personal life, until she published a sequel titled Life after death (1991, 2008 Celestial Arts) Here we learn more about her. She was a first-born first of triplets, describing herself as two pounds birth weight, scrawny, ugly, followed by her two pound sister, and then a wanted six and half pound sister. Her parents had been expecting one 10 and half pound baby, not three. By age sixteen it was customary to give children a confirmation name or theme. With three children the parents did not know what to do. In needing to give three instead of one, they gave them, LOVE, faith and hope. Elizabeth the first born unwanted, became LOVE, and was inspired at this age to help people traveling to Russia and Spain. She established first aid stations for travelers. This is how her work on death and dying began. I believe she died in 2004, but have not confirmed this date. Her son has created a website about her at www.ekrfoundation.org. Ross felt assisted suicide not only interferes with self determination, but removes a person's freedom. From the website she is quoted; **"Lots of my dying patients say they grow in bounds and leaps, and finish all the unfinished business. But assisting a suicide is cheating them of these lessons, like taking a student out of school before**

final exams. That's not love; it's projecting your own unfinished business". And **"It's only when we truly know and understand that we have a limited time on earth – and that we have no way of knowing when our time is up – that we will begin to live each day to the fullest, as if it was the only one we had"**. This is when we truly begin to live and love. Love is the most important thing. She wrote. Love casts out the fear and pain from dying. We need to give more love and be love for one another. With love and correct palliative care, people will not want to commit suicide and will not ask for it. With correct palliative care we will not over or under medicate people. (I have seen and known both). Increasing a dose too much can cause premature unconsciousness and coma, not allowing people to be either comfortable or able to complete unfinished business, as in the Oregon case of Eleanore Marchand RN from Newington CT's mother whose testimony is provided in 2014 and again this year. Her mother had a fall, a hip fracture and was not terminal. She lived several years after this incident.

Near death experiences (NDEs) are not mental health problems. The term was coined by Dr. Raymond Moody in about 1975. Ross witnessed 51% of her dying patients having NDEs. This made her wonder about how common they are. NDEs happen in sleep, surgery, during stressful events, and occur in some 15% of the population. They can be positive and negative. Due to stigma attached, people do not talk of them, though many even prominent people have had them. I being a nurse, many people have trusted me with theirs and told me of them. You would be surprised to learn who some of these people are. NDEs are not explained by science, but are unexplainable, mysterious ways we know and remember things. An association now exists International Association of Near Death Studies (IANDS www.iands.org) with an annual conference this year in Texas.

Suicide studies Rosen published his seminal work "Suicide Survivors" in the Western Journal of Medicine (WJM) in April 1975, 122(4): 289-294. This study interviewed suicide survivors who jumped from the San Francisco and Golden Gate bridges completed close to 1937. This gave 38 (nearly 40 years) of data. Some 535 people jumped to their death, but 10 survived. Rosen interviewed eight of them. Suicide survivors had an NDE whereby they experienced unconditional love. Even chronically suicidal people were never, ever suicidal again.

Survivors testified that access to bridges was a major factor with impulsivity, and survivors supported barricades being constructed, especially to prevent suicidal behavior in young people. We need to review this research to think about ways to decrease access to use of lethal agents, impulsivity and other factors that promote risk behaviors of drugs, lethal agents and alcohol to attack our health behaviors and culture. We need more health promotion initiatives to recognize triggers, decrease access, and promote joy and health.

In my work as Employee Health Coordinator at the Institute of Living in Hartford Connecticut one of my supervisors was a nurse by the name of Joanne Desanto. She wrote her master's thesis in about 1992. It was titled 'Near death experiences among suicide survivors'. Joanne's research was done locally. You can read it at the Pope Pius XII library at the University of Saint Joseph. Joanne is a Masters prepared psychiatric nurse. She interviewed six persons. She was interested in the serendipitous NDE factor and wanted to find out what changed whereby a chronically suicidal person becomes no longer suicidal. It was a near death experience of unconditional love.

Pronouncement of death includes obtaining five clinical signs: no pulse, no respirations, no blood pressure, pupils of the eyes fixed and dilated, and no response to painful stimuli (deep sternal rub). The nurse who is authorized by doctor order will pronounce death. Bill 7015 does not explain how death of the body will be handled, who will assess death and how, and if there are questions, no investigation can be made. In many cases due to unfinished business as mentioned by Kübler-Ross, death is stressful, as there is unfinished business and families fight. In one death pronouncement I was a part of, a family member threatened with a gun. Who can help? And who will really know what happens, when someone might change their mind and not really want to die.

In the medieval ages people were sometimes buried alive because of widespread disease contagion, epidemics and plagues, ignorance of signs of death and fear. With this same bill and fear of death, it would seem, are we going back to the Dark Ages? Why propose a contagion of suicide? If someone changes their mind, but has taken a certain number of pills and not died, what about emergency response? Access?

- (3.) Suicide and anger management An expert in the field of managing anger, Mitchell Messer, M.A., L.P.C., authored the Anger Institute in Chicago. He published a book titled "Managing Anger - A handbook of proven techniques" (2001). On page 191 item 80 he speaks about suicide. He says we need to give suicidal persons emotional first aid when they need it and not debate with them. He acknowledges that when we respect the anger of a suicidal person they will not be angry with themselves, and will be free to stop trying to relieve their pain and anger in the wrong way. (angerclinic.com, angerinstitute.org)
- (4.) American ideals When we truly respect and love one another unconditionally, we will automatically embrace the ideals of freedom, self-determination, and the rights and responsibilities we have to a long life and a natural death full of all of its accomplishments. American ideals are not embraced by all other countries and governments. We need to recognize what is true for us as Americans. Genesis of other ideals as the Hemlock Society (Holland) and 3,000 years ago, Greek suicide, are the antithesis of American standards.
- (5.) Wellness, longevity studies, Active Lifestyles, Harvard conference I recently had the gift of attending a conference in December 2014 at Harvard Medical School. The conference presenter began by stepping on a treadmill and walked during his entire presentation. Active healthy American lifestyles were placed on display. It was wonderful! We have many government initiatives to promote active lifestyles, how much exercise we need, what works and what does not. Other U.S. states and countries tout having centenarians. This is the kind of legislation we need to promote here in Connecticut too! We want to live longer, healthier lives. The research reflects the intervention of exercise on depression, coronary disease, and all kinds of health conditions. When we get moving, we release endogenous morphine and this makes us feel great! This is the kind of natural drip we need, our own hormones naturally, not those ingested or injected. All the research bears it out.

As for death, we can contemplate it. We must. But Ross eliminated the word death from her vocabulary. We keep on living when we shed our bodies. Now, let us work on our activity levels to keep us healthy and happy and living long natural lives, living and dying healthfully well past 100 years.

My college motto is Esse, Scire, Facere. To be, to know to do. Let us be love, know love, do love. Love is not the biggest, most expensive present or medical

treatment, as this motivation might be fear. Love is and can be very little. Love in little ways, little things. Slow down and simply love a little more.

Do promote conversation about death and how you want to die, if you are in an accident whether you want extended measures or not. An initiative called the conversation project was recently launched by Ellen Goodman a syndicated columnist at www.theconversationproject.org. How do you want to die and where? Why is it that most people who want to die at home (80%) actually do not die there? This is what we need to talk about and work on, and listen, really listen to our loved ones.

Oppose bill 7015. It is not reparable. Start over.

Thank you. Respectfully,

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