

TESTIMONY AGAINST BILL #7015

Members of the Judiciary Committee:

Having recently read bill # 7015, I wish include some of the many reasons I oppose Bill #7015 in this testimony. I am a retired RN who has worked in nursing homes, public schools, medical hospitals and a psychiatric facility. I also helped out a friend's relative in the last 2 weeks while she was in Hospice care before she died.

Bill # 7015 contains no requirements for reporting incidences and circumstances surrounding the death of patients ending their lives through its provisions. It sounds like the proponents don't care to review the outcomes--they just want to make it happen.

The first paragraph of section 8 of the bill says, "If, in the opinion of the attending physician or the consulting physician, a patient may be suffering from a psychiatric or psychological condition, including, but not limited to, depression, *that is causing impaired judgment*, either the attending or consulting physician shall refer the patient for counseling to determine whether the patient is competent to request aid in dying." (my italics). Many clinically depressed people do not have impaired judgment. In my nursing experience, though, clinical depression often accompanies the top three reasons people in Oregon gave for why they chose assisted suicide: loss of autonomy, decreasing ability to participate in activities that made life enjoyable, and loss of dignity. Why would the State of Connecticut not require these people to be carefully evaluated for depression in general--not just depression that is causing impaired judgment? Then their depression could be treated, and they may not want to end their lives after all.

We are all vulnerable, to some extent to suggestion, and to availability of things we might normally avoid. The availability of "a way out," such as a gun or potent medication in the house, has influenced suicidal action. Legalized assisted suicide for terminally ill patients has increased over the years in states and nations who have adopted it. Do we really want this trend to continue? We won't know in Connecticut if Bill # 7015 passes, as it contains no requirements for reporting incidences and circumstances related to the death of patients ending their lives through its provisions. It sounds like the proponents don't care to review the outcomes--they just want to make it happen.

The nursing profession has long been recognized as caring and honest. There is no honesty in falsifying the death certificate of terminally ill patients who end their lives with drugs as required in this bill. Many of these people die at home, and it is a Hospice nurse who pronounces death and fills out the certificate. The bill requires the physician prescribing the lethal drugs to write the terminal illness as the cause of death. Isn't that odd if the nurse is the one to certify death? I can think of several scenarios involving a nurse that would be problematic where honesty is concerned. The fact that the death certificate is falsified spreads more falsehoods, such as data reported on the terminal illness such as the Center for Disease Control's *Morbidity and Mortality Weekly Report*. Also affected would be research done by medical and nursing professionals and students. One lie really does lead to another. The more a lie is repeated, the more it becomes tolerated and dishonesty in legal documentation in general will spread.

If Bill # 7015 takes effect, I can foresee future discrimination lawsuits by people who are physically incapable of self-administering the lethal drugs. They will probably win, and, more and more, legalization of actively administering lethal drugs will take place. A slippery slope indeed!

I hope Bill #7015 will die--with or without dignity--in committee.

Thank you.
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