

## Haggerty, Katie

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**From:** Oldham, Mark <mark.oldham@yale.edu>  
**Sent:** Thursday, March 19, 2015 8:09 AM  
**To:** JudTestimony  
**Subject:** IN OPPOSITION TO SB 668/HB 7015

**I write in opposition to the proposed physician-aid in dying bill.** As a psychiatrist who works at a tertiary care teaching hospital in Connecticut, I am routinely involved in the care of acutely, critically, and terminally ill patients where I am asked to evaluate decision-making capacity. I also frequently evaluate patients for safety including risk of suicide. This proposed bill would create a conflict of interest for my specialty, not to mention for the broader medical community, by asking doctors who are charged with preserving life to prescribe medication with intent to terminate it. I maintain that someone who has the idea, intent, and plan to commit suicide is inherently *not* of "sound mind."

"Death with dignity" is a term that belies the underlying intent of suicide. My heart goes out to those who suffer, to the patients who cannot find a reason to live, and this compels me to advocate so strongly for them, especially when they cannot advocate for themselves. I routinely provide care to acutely suicidal patients whose perspective of life and death is profoundly clouded by depression, and I also meet with patients immediately after unsuccessful suicide attempts who remain in existential anguish. **Suffering at a conscious and neurobiological level is suffering regardless of whether a patient has a medical illness considered to be terminal. Physician-enabled suicide creates an artificial rule of what suffering is worthwhile and what is not. It sets a slimy-slope precedent that could easily be expanded to a broad range of other chronic conditions that are often associated with a great deal of suffering including most mental illness.** Were this bill more honest in its ostensible intent to end suffering, it would eliminate the "terminal disease" requirement and apply to all forms of suffering, but I suspect that such a bill would have limited to no meaningful support.

I strongly advocate for better, more assertive care that address patients and their suffering. This bill does the opposite of protecting the most vulnerable among us. I perish the thought of a medical paradigm under which I am asked to evaluate which patients' nihilistic wishes are to be sanctioned and which are not. All human life is precious. May we steadfastly remain a community of healers.

Sincerely,  
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