

Testimony in Support of H.B. 7015: An Act Concerning Aid In Dying  
For Terminally Ill Patients  
Shannon E. Sanford, MSN, RN  
Judiciary Committee Hearing  
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Good Afternoon Senator Coleman, Representative Tong, and distinguished members of the Judiciary Committee:

My name is Shannon Sanford. I am an Oncology Clinical Nurse Specialist employed as adjunct faculty at St Vincent's College. I have experience working at the bedside in oncology and teaching hospice nursing. I studied the Oregon Death With Dignity Act in detail when I earned my Master's degree at the Yale School of Nursing. I am a resident of Seymour, CT. It is within this context that I am here testifying before you today in support of H.B. 7015: An Act Concerning Aid In Dying.

I have provided testimony in support of similar legislation the past two years, along with letters of support from residents of the State of Connecticut, when Aid In Dying was heard before the Public Health Committee. In 2012, over 1,500 residents in Connecticut sent letters of support for the Aid in Dying bill. In 2013, we had over 4,000 residents write letters of support for Aid in Dying legislation.

Similar efforts date back to the late 90's when then Attorney General Jepson was a Senator and sponsored an Aid In Dying bill and Derek Humphrey, the president of the Hemlock society & author of Final Exit, came to Connecticut to testify. Humphrey published and sold over a million copies of Final Exit (1991), a self-delivery guide to the dying on suicide. As a healthcare professional, it is shocking to read and more horrifying to consider that my patients may be attempting some of the methods in the book. There had to be a better answer.

I had an e-mail exchange with Mr. Humphrey regarding the protracted death of my father from liver cancer, and asked him what I could do to help the Aid In Dying cause. My father was a supporter. He wrote me "it takes time and consistent, persistent effort." Mr. Humphrey also told me he had been working on the issue full-time since 1980 when he started the Hemlock society in his garage and it would probably take another 20 years before the majority of American states begin to accept lawful medical aid in dying. Here we are again, with our supporters & a stronger bill.

H.B. 7015: An Act Concerning Aid in Dying will allow select patients to receive aid in dying who:

- competent adults (18 years or older with capacity to understand & acknowledge nature & consequences of health care decisions)
- terminally ill (final stage of an incurable and irreversible medical condition)
- attending physician anticipates the incurable & irreversible medical condition will produce death within 6 months
- make 2 voluntary written requests 15 days apart

In order to meet criteria for this legislation, a person must be actively dying. This is a subset of our population where cure is no longer possible, and a person's medical condition cannot be reversed. When the outcome is death, and the person is suffering, and wishes to end that suffering, why must they endure it longer? If that person is of sound mind, with a terminal illness, and we cannot make that person's quality of life worth living, they should be allowed to have a choice to opt for aid in dying.

We can treat physical pain. What about psychic pain? The pain that comes from knowing your body is failing you. Following a partial craniotomy and resection of her temporal lobe, that was supposed to save her life from a brain tumor, she found out she now had six months to live. Her tumor was back and more aggressive, the palliative treatment team gave her the best options available radiation to shrink the tumor, steroids, anticonvulsants, and morphine for the pain. What they couldn't give her was control over her verbal, cognitive or motor skills. That was Brittany Maynard she was 29. Her home state didn't give her a choice of Aid of Dying. She moved to a State that did. I'd like to share a quote from Brittany on Aid in Dying:

"I've had the medication for weeks. I am not suicidal. If I were, I would have consumed that medication long ago. I do not want to die. But I am dying. And I want to die on my own terms. I would not tell anyone else that he or she should choose death with dignity. My question is: Who has the right to tell me that I don't deserve this choice? That I deserve to suffer for weeks or months in tremendous amounts of physical and emotional pain? Why should anyone have the right to make that choice for me?" –Brittany Maynard

As healthcare providers we practice under the Hippocratic oath, and the Belmont principals of respect for person, beneficence, and justice. We have a specialized body of knowledge and principles that remind us daily that our patients have a fundamental right to personal autonomy and self-determination. We have a federal law, the Patient Self-Determination Act, which requires our healthcare institutions to ask and provide patients with information on advance directives, a way to choose which treatments they want to accept or decline. Patients can withhold lifesaving therapies. Patients are allowed to discontinue respirators, dialysis, artificial hydration, and refuse to eat or drink as a way to die. We can even provide palliative sedation where we keep a patient unconscious till death for refractory pain and other unmanageable clinical symptoms. When death is inevitable, prescribing medication to hasten death, if to escape unendurable mental or physical suffering, should be a logical intervention.

H.B. 7015: An Act Concerning Aid In Dying provides several safeguards to patients in addition to the select patient criteria discussed above:

- medication must be self-administered
- terminal diagnosis confirmed by a physician who doesn't share office space w/ patient's attending physician
- provision for psychiatric or psychological referral

- witness of request may not be entitled to portion of estate of person making request or an owner/operator/employee of a facility where the person making the request is receiving care or is a resident

I hope you never have to watch someone go through the process of prolonged dying, when a person endures more pain (physical or psychic) than they are able to bear because we have no effective treatments. When you witness to this you will understand the right to die is not about government or healthcare providers ending lives, it is about empowering terminal ill patients with options. Each terminally ill individual is entitled to prolong their life as long as possible, or to end their suffering more quickly.

An individual being of sound mind can choose for his or herself what is the best course of action at the end of life. Chose to spend each day with every medical intervention we have available, chose palliative care, or chose, if your suffering is more than you can bear, to explore aid in dying. Just allow the individual to make these choices at home, in the State of Connecticut, alongside their primary healthcare provider. Please pass H.B. #7015 An Act Concerning Aid In Dying For Terminally Ill Patients. Our patients deserve the right to chose the best plan of care for them. Thank you.

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