

The Judiciary Committee  
H.B. No. 7015 (Raised) AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS  
Date: March 18<sup>th</sup>, 2015 Time: 10:30am Room 2500 LOB  
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### First Hand Account and Testimony

#### URGING THE STATE OF CONNECTICUT TO DO BETTER WITH THIS BILL

Hello and thank you members of the Judiciary Committee those in attendance for allowing and listening to me while I give testimony, comment and suggestion for H.B. No. 7015 needing additional language and clarification before it is voted on. As I write this, I do not know if I will make the in person deadline to present 50 copies by 5pm in order to testify in person tomorrow, Wed. March 18<sup>th</sup>.

My name is Gail R. Simon, I am a continuing elder advocate, family council supporter, and concerned citizen since my mother died of complications relating to Parkinsons disease while on hospice in a nursing home. I continue my efforts of advocacy for those suffering with Parkinson's disease and other neurological disorders especially with those losing the ability to communicate in final stages and living in a nursing home or assisted living facility.

First, as a concerned citizen and self proclaimed countrywoman I appreciate that the Aide in Dying Committee and/or contributing writers added and enhanced "Sections" to Connecticut's version of "The Oregon Death With Dignity Act" which H.B. 7015 is modeled after.

I voice my concerns in 3 parts. Testimony, comments and suggestions.

#### Testimony

My mother resided in a nursing home and was placed on Hospice in her final weeks. We intended to use the nearby hospital who offered the hospice program but when the hospice rules changed in the State of CT allowing the for-profit industry to enter the hospice business, I was approached by an RN hospice "salesperson" and we signed up with them because they were available immediately. It was also during this time and in my mother's last two weeks of life that I learned that the "concoctions" given by the hospice company differed from what the hospital would have given. One of the drugs that the for-profit hospice provider tried to give my mom was halted when I checked with her neurologist who said, "A person with Parkinson's should absolutely not be given that drug".

I am concerned this will be the case with end of life drugs.

#### Comments

A. Section 1 (NEW) (3) The age should be changed to 21, not 18. You can take a pill to end your life but you cannot drink an alcoholic beverage?

B. Section 1 (9) "Informed decision" should include a "choice" of lethal medication and have protections suggested below.

The 5<sup>th</sup> Annual Report on Oregon's Death with Dignity Act by Oregon's Dept. of Human Services states "during 1998-2001 secobarbital was the lethal medication prescribed for 83 of the 91 patients (91%). In May 2001, Eli Lilly stopped producing secobarbital. As supplies dwindled, physicians began prescribing pentobarbital and Tuinal. The type and amount of medication used affected the interval between ingestion and death. When secobarbital was available, nearly all prescriptions written for 9 grams, but as physicians began using pentobarbital, prescriptions were written for either 9 grams or 10 grams." Complications can also be read within this report and I cannot find these specifics in updated annual reports.

#### Suggestion

As a person who may or may not want a pill to help me die I expect and urge the State of Connecticut to do better and to set a newer bolder example by including language that the "dying terminally ill adult or patient" can

1. Know what exactly what drug and ancillary drug (s) will/may be prescribed and dispensed
2. Choose which "concoction" of drug they will be given and that Morphine should be considered as an appropriate lethal drug choice.
3. That the pharmacy will not be allowed to substitute that drug without other protocol and with the consent of the "terminally ill adult" and that
4. the country of origin of the medication be disclosed to the "patient" and
5. to ensure there is no conflict of interest between the ownership of the Pharmacy and other related health care related businesses.
6. That a nursing home or assisted living facility cannot make a substitution for the drug that is prescribed.

#### Question

Section 3. (NEW) Are notaries allowed to act as one of the witnesses?

#### Comment(s)

Section 3. (NEW) C, "Subcontractor" and "sub-consultant" should be added to "an owner, operator or employee of a health care facility where the patient is a resident or receiving medical treatment."

Section 4 (NEW) Request For Medication to Aid in Dying

Line 133-134 - the nature of medication should be enhanced and consideration to also include exactly what medication will be prescribed and filled by the pharmacy.

Due to time constraints, I will end here in order to make the deadline for submission.

Again, thank you for the opportunity to be heard on such an important issue.

Gail Simon  
03/17/15 4:45pm