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TESTIMONY

Written by: Kimberly Skehan, RN, MSN
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Submitted to the Judiciary Committee

March 18, 2015

To OPPOSE House Bill No. 7015:

An Act Concerning Aid in Dying for Terminally Ill Patients

Senator Coleman, Representative Tong and members of the Judiciary Committee, my name is Kimberly Skehan and I am a Senior Manager with Simione Healthcare Consultants which is based in Hamden Connecticut. I am a Registered Nurse with almost 30 years' experience in oncology, hospice and home health care. I am submitting this testimony as a member of the Connecticut (CT) Association for Healthcare at Home Hospice and Palliative Care Committee. I am also a member of the Regulatory Committee for the National Hospice and Palliative Care Organization.

I am writing today to OPPOSE HB 7015: An Act Concerning Aid in Dying for Terminally Ill Patients.

The basic assumption for my opposition is that all people are entitled to a peaceful death at the end of their natural life surrounded by loved ones. Terminally ill patients and their families have a right to the benefits of comprehensive, quality hospice care. Hospice care relieves emotional and spiritual burden and provides patients and their families with a quality of life that is beyond measure. It allows families to spend precious moments with their loved ones for the remainder of their natural lives. This is truly what "death with dignity" means. Instead of focusing on "Aid in Dying" or more accurately labeled "Physician Assisted Suicide," we should be focusing on increasing awareness and utilization of hospice care earlier in the patient's terminal illness to maximize the true benefits of hospice care.

Late Referrals: Unfortunately for many CT patients and families, hospice referrals occur very late in the patient's illness. Connecticut currently ranks 51st in the country in hospice median length of stay. This means that many patients are receiving hospice services for less than 2 weeks and often less than 7 days which does not allow for patient and families to truly benefit from all that hospice has to offer. There continues to be a significant need for the provider community, including medical providers, to promote hospice and palliative care as a vital part of the care continuum.

Earlier admission to hospice allows for not only meeting the patient's physical needs but the patient's and family's emotional and spiritual needs. Hospice is not about how someone dies, it's about how someone LIVES during his/her remaining natural life. I have travelled all

over the country visiting hospices and hospice patients, and have also witnessed firsthand the positive experience that hospice has had on my own family members. The care, symptom management, and emotional and spiritual support that is provided to the patients and families, not just during the patient's terminal illness, but following the patient's death for at least a year, is truly remarkable.

There are countless examples of patients who, once under hospice care, have lived comfortably because their quality of life has improved with the support and intervention of an experienced hospice team. I think about life experiences that patients were able to share by being able to live life to the fullest in their remaining time—being present for weddings, births, graduations and other major life events. The memories of these patients live on in the family long after they are gone. And more often than not, this additional time allows patients and family members to reach closure in relationships and, often, take their relationships to a level of love and caring that may not have been there before. Overwhelmingly, families are thankful for the gift of hospice which has been instrumental in the patient's final days. I have never heard a patient or family say they wish the hospice experience had been shorter...in fact the majority of time, especially here in CT, quite the opposite is true. Hospice patients' families in CT most often say they wish they had known about hospice sooner.

The National Hospice and Palliative Care Organization (NHPCO) has developed an outreach program called "Moments of Life" which highlights beautiful stories of patients and families in their own words. "Moments of Life" demonstrates that hospice is about more than care for the dying. Hospice and palliative care can make more meaningful moments possible for terminally ill patients and their families. I strongly recommend you visit the website www.momentsoflife.org.

The passage of the Medical Orders for Life Sustaining Treatment (MOLST) Pilot is a step in the right direction. The Legislature and the provider community should put our efforts toward completion of the pilot and broad scale implementation of MOLST as a way to provide informed choice and improve physician education for patients, their families and communities regarding available services, goals of care and quality end-of-life care. Increased awareness and earlier referrals to hospice is the key to quality of life for a terminally ill patient and his or her family. Physician-Assisted Suicide is not an option that promotes quality end-of-life care.

Suicide Affirmation Concerns: On a very personal note-I have grave concerns about the acceptance of suicide as an alternative to any life situation, including at end-of-life. The pain, suffering and grief for those left behind when they have not had time to prepare can be devastating to a family. Suicide is not an option that needs a medical team's guidance or initiation to do so. Health care providers should never be asked to hasten death in any way as this goes in opposition to what healthcare professionals and physicians are trained to do in accordance with the Hippocratic Oath ("do no harm"). There is no need for one to take one's own life when expert end-of-life care through hospice programs serving all towns of Connecticut is available.

Thank you for consideration of this testimony. If you have any further questions, please contact me directly at kskehan@simione.com or 860-729-4680.