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TESTIMONY

Delivered by Sherra Stewart-Rego, RN, BSN, MPH, CHPN
Visiting Nurse Services of Connecticut Hospice at Home
Before the Judiciary Committee

March 18, 2015

To OPPOSE Raised 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 Sherra Stewart-Rego, Director of Hospice at Visiting Nurse Services of Connecticut. I am an RN with 25 years experience, the last 15 of which have been dedicated to the practice of hospice and palliative care. I am a Certified Hospice and Palliative Nurse and am a member of the Hospice and Palliative Care Committee at the CT Association for Healthcare at Home.

Rather than making the leap to "aid in dying" I believe we should instead confront existing issues that Connecticut residents face at the end of life. Many of us approach end of life without advance directive in place, without DNR orders, without a referral to hospice or palliative care. Bereaved family members are left unprepared, overwhelmed and ultimately wringing their hands, hoping they have acted in accordance with a loved one's undocumented and often, unspoken, wishes. It is an ironic fact that Connecticut, the birthplace of hospice in America, ranks far below other states in hospice utilization, evidencing the lowest hospice lengths of any state in the U.S. Despite 40 years of education and outreach, too many physicians and healthcare professionals lack fundamental understanding of hospice and palliative care. Many physicians remain admittedly ill prepared to have end of life conversations with their terminal patients. Physicians are actively seeking help to learn how to communicate bad news and end-of-life choices to their patients. Should we expect then, that they are up to the task of aiding them in dying?

In Oregon, Washington and Vermont, the number of persons who legally act to end their lives prematurely has been described as "very low" when compared to the number of persons who consider the option. In Oregon, 17% of terminally ill persons in 2008 explored Death with Dignity with their physician, yet reports indicate that only 1 in 1000 dying persons followed this option to its terminal conclusion. It is estimated that approximately 90% of these individuals received hospice care. Aside from providing relief from pain and other distressing physical symptoms, hospice teams have the ability to address matters of equal and sometimes greater importance: those of a psychological, social and existential nature. Hospice involvement has indeed been shown to tip the scales in favor of allowing natural death.

The qualifying criteria of Bill 7015 are troubling in their non-specificity. For example, what are the tests of competence in this context? Of voluntary expression? Will attending and consulting physicians have adequate training to evaluate psychological and cognitive status and make the right call? When a patient must doctor shop to find a physician willing to qualify him/her, will the physician's unfamiliarity with the patient, family and its associated social and cultural dynamics impact an assessment of whether the patient's request is indeed voluntary? And finally, does the law intend its inclusion threshold to be so loose as to include any person who wishes aid in dying, allowing some people who seem to meet the criteria (but actually do not) to end their lives? Or should it be so tight as to risk excluding some qualified persons, resulting in denying them their "right to end their life on their own terms?" I favor the latter.

Statistics show that only a small number of persons pursue physician assisted suicide in states where it is legal. I believe our sights are better set on optimizing existing end-of-life choices for the people of Connecticut. Let's continue to move forward with the MOLST initiative, for example, and support hospice and palliative care education opportunities for our physicians and other health care professionals. Our choice should be to place an orange bracelet on Bill No. 7015.

Respectfully submitted,
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