

TESTIMONY SUBMITTED IN OPPOSITION TO H.B. 7015

March 17, 2015

SUBMITTED BY: Nancy Strini, Barkhamsted, CT

To the Members of the Judiciary Committee:

My name is **Nancy Strini**. I live in Barkhamsted, CT. **I am respectfully submitting testimony in vehement opposition to House Bill 7015**, which would allow Physician-Assisted Suicide in Connecticut, for the reasons listed below:

Lack of oversight, reporting, and safeguards against abuse:

- Because in this bill a witness to a patient's assisted suicide is not required, no reliable reporting regarding the number of patients who actually use the prescribed medication will be available.
- No one will know whether coercion or undue influence occurs at the time of ingestion or death: Was the patient alone? Was anyone else present? Was there any coercion? Did the patient really self-administer the medication? Or did somebody else?
- Since only persons "other than a qualified patient" are required to return the suicide medication to the prescribing physician or the Commissioner of Consumer Protection, we won't know what happens to the lethal drugs once they are dispensed. Huh? Who else would be in possession of the suicide drugs? How will the suicide medication return process be monitored and policed? Are a qualified patient's unused suicide meds properly stored and secured from accidental ingestion by an "unqualified" patient—say, a child?

Suicide contagion:

- In Oregon, the overall suicide rate has risen by 49% since the physician-assisted suicide bill was enacted in 1997—much higher than the national rate.¹
- The Netherlands recently legalized neonatal euthanasia. In Belgium, terminally ill children of any age may be euthanized legally. H.B. 7015 will result in blurring of boundaries for its use and open the door for a discussion of extending state-sanctioned permission to commit suicide to other vulnerable groups.
- Since this law would make it OK to expedite natural death by ingesting a suicide drug, Connecticut residents will jump to the conclusion that **this** "conclusion" is a better option than further—perhaps successful—treatment and/or palliative care.

Falsifying of death certificates:

- The fact that doctors would not be required to list “assisted suicide” as the cause of death creates a falsehood that turns the Hippocratic Oath into the “Hypocritical Oath”. This oath was put in place to protect the public and vulnerable people from misuse of medical power.
- The actual cause of death will be inaccurately reported on the death certificate; therefore, no one will know exactly how many people actually ingest the drug to commit suicide.
- And, as you know, the American Medical Association stands against the doctor’s proposed role in Physician-assisted Suicide.

Bad Public Policy:

- This bill has already died in committee twice. A recent poll specific to this issue shows that 55% of CT residents do not favor physician-assisted suicide².
- Outside groups are behind this bill’s introduction—this bill did not surface from Connecticut residents’ grass-roots efforts.
- The intentional taking of a human life is never acceptable, and should never be endorsed by any ethical medical or social entity.

What we *should* be focusing our efforts on:

- The citizens of Connecticut would be far better served by efforts to afford them proper care when terminally ill: increased access to hospice and palliative care, including earlier access to hospice care³; better medical training for doctors on how to care for people living with terminal disease, and better efforts to coordinate symptom management and hospice/palliative care with clinicians. Get rid of the suffering, not the sufferer.

I have watched four members of my family die a natural death after both extended and acute illness. It was so very hard for me to be present when my husband’s mother died—but, thanks to hospice care, her death was peaceful and painless, and yes, dignified. My mother’s death, as well as that of my younger brother, took place after I gave the OK to stop all extraordinary measures to keep them alive. It broke my heart to give this permission, but it resulted in each of them succumbing peacefully and without pain to their respective ills.

And so I ask each of you: Do *you* have the heart—never mind the stomach—to sit by as a witness to your partner’s ingestion of pills that will shortly kill him or her? Do *you* have the stomach to throw your husband an “exit party”, to laugh and celebrate with him knowing he will take his own life after the last song on the iPod playlist? Are you certain that your elderly parent will take the pills correctly, and in

total, in order to avoid a mistake like that which will happen when drugs possibly similar to those used in death row inmate executions are used and the attempt is horrifyingly botched?

Think hard about this. Be sure you actually have the stomach for this before you sign your name to it.

Respectfully submitted,

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¹Center for Disease Control

²Marist Polls, March 2014 and January 2015: The End of Life Debate, *A Survey of Connecticut Residents*

³Matthew R. Kenney, VP for Mission and Ethics, Saint Francis Hospital and Medical Center