

Cecelia Sullivan
124 Connecticut Blvd., PO Box 167, Oakdale, CT 06370-0167
carepartneradvocacy@yahoo.com

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Dear Members of the Judiciary Committee and Legislators,

I support HB 7015, An Act Concerning Compassionate Aid in Dying
for Terminally Ill Patients

I have testified in the past about the topic of Compassionate Aid in Dying: March 27, 2013 for HB 6645 – An Act Concerning Compassionate Aid in Dying and March 17, 2014 for HB 5326 – An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients. Today I am again asking for your support of a Compassionate Aid in Dying for Terminally Ill Patients proposed bill.

Friday, March 13, 2015, Matthew R. Kenney, Vice President of Mission and Ethics at Saint Francis Hospital and Medical Center, provided Guest Commentary in The Norwich Bulletin. He stated, "... Connecticut ranks in the bottom 2% for timeliness of hospice referrals." As well as, "The dying have a lot to teach the living about life, if we choose to listen".

Decades before my husband Joseph (Joe) Sullivan was diagnosed with Early Onset Alzheimer's (age 58) in 2000, he made clear his end of life wishes; quality of life, not quantity of time. Our Elder Law Attorney determined Joe was capable of making this choice.

February 2006, Joe entered the Special Care Unit at Connecticut Veterans Hospital in Rocky Hill. I provided staff legal documents indicating I was Joe's healthcare agent and advocate. I was told the facility not only offered dementia care but also palliative and hospice care.

July 6, 2007, Joe went into respiratory crisis. He was transferred from the Special Care Unit to the Respiratory Unit. While on the Respiratory Unit, Joe incurred a right hip fracture.

August 4, 2007, Joe had an X-ray at CT Veterans Hospital and another when he was transferred to Saint Francis Hospital. Conclusion of X-rays by UCONN Health Center and Saint Francis staff identified right hip fracture as 1 to 2 weeks old. Prior to confirmation of hip fracture, Joe had been receiving Physical Therapy. Staff was oblivious to Joe's pain.

Because surgery was not appropriate (would have increased his pain with no benefit and been a huge waste of health care dollars), I spoke with Peg Pantoja, Assistant Hospital Administrator, requesting hospice care. Mrs. Pantoja assured me I did not have to speak with a discharge planner regarding other placement. She said, "Mr. Sullivan can be care for at the hospital".

Joe was: 1) transferred from Saint Francis Hospital back to CT Veterans Hospital; 2) not brought to the Hospice Unit; 3) returned to the Respiratory Unit; 4) not evaluated for hospice care.

August 4 and 5, 2007, I watched Joe suffer because staff on the Respiratory Unit could not provide suitable pain management and comfort care. (After Joe's death I learned from Margaret Concannon, Hospital Administrator, Joe's diagnosis was pulmonary disease. Incredible! Joe was admitted to the Special Care Unit due to his Alzheimer's diagnosis; then when it was convenient for staff, his diagnosis was changed to pulmonary. Regardless of the diagnosis change, Joe did not receive quality of life, end of life care).

August 6, 2007, when I saw Joe on the Respiratory Unit: 1) he was in distress; 2) staff neither recognized need for pain management nor attempted to provide comfort care. I demanded Joe be transferred to the Hospice Unit. On the Hospice Unit Joe did: 1) not receive appropriate pain management and comfort care; 2) writhe in pain; 3) have an agonizing death.

August 20, 2007, Joe passed into eternal peace.

The last weeks of Joe's life were hellish as he writhed in agony. Joe's choice was for a dignified death. His wishes were not respected, considered, or honored.

Humans are endowed with the ability to reason; to make choices according to their individual beliefs. Therefore, it is unconscionable that someone, or group, is able to usurp that decision. If our free will allows choice to seek care, should we not also have the choice to decline care?

As Matthew Kenney stated, "The dying have a lot to teach the living, if we choose to listen". What I learned was how the lack of consideration for an individual's life resulted in Joe's agonizing death.

Please respect and honor the wishes of your constituents who choose Compassionate Aid in Dying for the Terminally Ill. Do not feel intimidated to play God with another person's choice. As Dr. Martin Luther King, Jr., said, "The quality, not the longevity of one's life, is what is important."

Thank you for your consideration of my request to support HB 7015 An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients.