

**Written Testimony of Andrew J. Tarutis - Health Care Administrator**  
**In OPPOSITION to House Bill 7015,**  
**“An Act Concerning Aid in Dying for Terminally Ill Patients”,**  
**Physician Assisted Suicide.**

Good morning Chairman and Honorable Committee Members:

My name is Andy Tarutis. I have made a life-long career serving Connecticut seniors as a licensed Health Care Administrator.

I am submitting testimony in OPPOSITION to House Bill 7015, “An Act Concerning Aid in Dying for Terminally Ill Patients”, Physician Assisted Suicide.

My concerns about legalizing suicide and accelerating one’s death are as follows:

- Why do we need such legislation, given the quality of Hospice services currently in place in Connecticut?

In summary I feel we have an effective system in place that balances the respect for human life, with the goal of having a terminal patient die pain-free and with dignity. That system is certified Hospice services provided by a certified Hospice provider. As a Health Care Administrator, I have seen many patients who have confronted their end of life - due to a terminal illness or life limiting condition(s). In those cases, many elected to have Hospice services provided at Connecticut Hospice in Branford, or in their own home, or in the skilled nursing facilities or other settings they were being cared for. Those Hospice services enabled those patients to have a dignified respectful pain-free end of life experience. Personally I have family members and loved ones who have benefited from those Hospices services and were very grateful and comforted by such. As a Health Care Administrator I have heard dozens of other similar outcomes from others who have their loved one be the beneficiary of such services.

- Concern that there can be mistaken interpretations as to “when” a patient’s “end of life” really is – and as a result - ending one’s life untimely.

Again as a Health Care Administrator I have seen episodes of depression that have compromised one’s desire to live, or eat, take medication or other necessary life support. At those times, it is not uncommon- particularly in the elderly - to hear the patient say things to the effect of “I am ready to die...I have lived long enough”. Would that be the trigger that could facilitate a physician assisted suicide – with the rationale that they are going to die anyway by not eating? If so, let me offer another thought. I offer a success story of a patient who was not eating at all and wanted to die, but walked out months later a vibrant man because his underlying

depression, lack of appetite, and diet concerns were properly identified and addressed. Could he have been a victim of untimely physician assisted suicide? Yes, because at the time, his wishes and end fate by not eating seemed evident. Thankfully the clinicians at hand recognized a severe underlying depression may be the culprit. Successfully it was treated and the success story I just shared with you above was the alternative result. I caution that many similar patients - elderly in particular - could be offered an untimely death solution, when other (non-costly and non-invasive) solutions should be considered first.

- The opportunity for an untimely death could be motivated by an unethical decision maker for their own self benefiting motives (heirs to an estate, or co-owners of bank accounts, property or other assets). This sets up a whole set of legal and probate problems – which our system does not need. We live in a challenging world when bad people do things to benefit themselves for financial gain and other unethical reason. Let us not make it easier for them to do so.
- A great majority of our population's religious beliefs do not support a premature death – in contrast to a natural death as a life limiting illness presents itself. As a Roman catholic, I am one of such folk and I know many others that share that position.
- It is against "Public Policy" of a being a society that defends it elderly infirm seniors, many of whom are defenseless and cannot fend for themselves. I recognize this proposed Bill is not restricted to just the infirm elderly, but I believe they could be a significant group negatively impacted by this legislation.

**In conclusion,** I ask that you vote in OPPOSITION to House Bill 7015, "An Act Concerning Aid in Dying for Terminally Ill Patients", Physician Assisted Suicide

Respectfully submitted,

Andrew J. Tarutis,

Licensed Health Care Administrator

23 Melillo Circle, North Haven, Ct. 06473

203-376-8599