

## Concerning House Bill 668

Members of the Judiciary Committee:

I am a Registered Nurse whose specialty certification was in Hospice Nursing. I had ten years of experience working for a large Home Hospice agency. In all that time, in hundreds of patients, not one patient asked to hasten death. We provided excellent pain and symptom control, and psychological and social support to the patients and families. Never in those ten years did I ever witness a patient “Writhing in pain”, as you will hear in testimony advocating Physician Assisted Suicide. Modern pain control is very effective, even for those whose conditions would cause unbearable pain were they not properly medicated. Do not let that sort of rhetoric influence your deliberations. It is possible to kill the pain without killing the patient.

Recently there has been much publicity about the “Right to Die”. There are many sad and compelling stories which may lead people to believe that Physician Assisted Suicide is a Compassionate Choice. To those who cannot see all aspects of the situation, it may seem like a good idea. But those who are armed with the facts, who can see all aspects of the discussion, and who are involved in the very real, every day experience of caring for the sick and dying, see a completely different picture. This is why the American Medical Association, the American Nurses Association, the National Hospice and Palliative Care Association, and many other such organizations (see addendum) have position papers in opposition to Physician Assisted Suicide.

The A.M.A. states that P.A.S. is “fundamentally inconsistent with the pledge that physicians make to devote themselves to healing and to life”. It cuts at the very root of the physician/patient relationship if the physician can help to kill the patient. The American Nurses Association forbids nurses from taking part in Assisted Suicide or euthanasia because “these acts are in direct violation of the Code of Ethics for Nurses”. (A.N.A. position statement) The A.N.A. statement goes on to say that “the reality that all forms of human suffering and pain cannot necessarily be removed except through death is not adequate justification for professional sanctioning of assisted suicide”.

Those whom the public trusts for medical advice and decisions should be heeded in this matter as well. Public opinion, swayed by sad stories and rhetoric about “Choice” should not carry the same weight as the overwhelming opposition by those whose mandate and mission is the care of the most vulnerable. We know how this can lead down the slippery slope to abuse and, as society gets used to the idea of physicians providing death, to euthanasia. It has happened in the Netherlands. It can and will happen here.

Herbert Hendin was one of only three foreign observers to study the medical practices of the Netherlands regarding PAS and euthanasia. He stated in Congressional Testimony , “over the past two decades, the Netherlands has moved from assisted suicide to euthanasia, from euthanasia for the terminally ill to euthanasia for the chronically ill, from euthanasia for physical illness to euthanasia for psychological distress, and from voluntary euthanasia to non voluntary and involuntary euthanasia.”

Physician Assisted Suicide is dangerous, and unnecessary. Good hospice care is the proper way to care for our vulnerable and dying population. Take the advice of those who understand the issue—the Medical and Nursing professions, and let HB 668 die a “Compassionate Death” in committee.

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Addendum: Organizations which oppose Physician Assisted Suicide

The American Medical Association

The American Nurses Association

The National Association for Hospice and Palliative Care

The American College of Medical Quality

The American Geriatric Society

The American Medical Directors Association

The Hospice and Palliative Care Nurses Association

Numerous Disability Rights associations