

Please accept this as testimony concerning HB668. I hope that this helps you make a godly decision.

I firmly believe that assisted suicide is NOT something to which we should aspire. However, in one sense, it is sort of already practiced, in the sense that doctors can prescribe medications that in effect kill the patient by suppression of certain normal functions while the doctors are treating the primary cause of the patient's illness. In the case of the patient who is already dying of a dreadful illness this is not seen as assisted suicide.

My late wife had cortico-basal ganglionic degeneration (CBDG), a kind of a speeded up version of Parkinson's, with horrible muscle contractions and other painful symptoms. As there was no way to treat the illness itself, we could only do everything possible to help her be as comfortable as possible. As the illness progressed, the increasing pains required increasingly higher med doses and the addition of more drugs, until such time as her normal breathing was so suppressed by the meds that she died of pulmonary and cardiological failure. The illness itself didn't kill her, but the increasing pain levels required increasing medications, the side effects of which sent her home to Jesus. Increasing the med levels was the only humane thing that we could do to try to help her remain as comfortable as possible during her excruciating ordeal. Assisted suicide? No. She didn't want the illness and she didn't want to die.

I wish she were still here, alive and healthy, but, despite my strong biblical faith, I have no guilt about the doctors' necessity to use increasingly stronger medications to attempt managed suppression of the almost continual pains from which she suffered. Even the Bible says to give strong drink to a dying man. Numbing the physical pains of a dying person is not murder. I watched my wife dying for almost three years, and our only real hope and peace was in Jesus Christ, as professional medicine had nothing more than compassion and painkillers to offer to her.

Increasing my wife's pain meds afforded her a better quality of life than if she had been in continual physical agony those last three years. Oh, she had emotional, psychological, and spiritual pain also, with which she had to make her peace before she died. However, the premature, deliberate termination of someone's life is an entirely different matter than attempting the management of physical pain over which the patient and doctors have zero real control. Emotional, psychological, and spiritual pain are real, but they also mean that the patient has not fully dealt with the nature of their condition with themselves or with God. Unlike the highly medicate suppression of physical pain which may lead to failure of the patient's body, people in psychological, emotional, or spiritual pain are in no condition to decide to terminate their lives.

Hospice is something else that needs addressing. Different insurance companies and doctors evidently start hospice treatment at different times and there seems

to be a 'magic' six month number regarding that. Over a year and a half prior to her death, I had to start building my own version of a hospice program to help my late wife, because we already knew that she was terminally ill. It wasn't a matter of IF, but of WHEN. Because of the erratic nature of CBDG, doctors and insurance did not agree about a start date for hospice, until the last few weeks of her life, even though she had obviously been getting continually worse for months and months. Redefining the parameters hospice to an 'as needed' basis would go a long way to helping those who are suffering, and their care providers. I realize that there is a huge dollar cost for insurance companies associated with hospice, but a better standardization of definitions and practices would definitely improve the availability of patient care and ease the burdens on caregivers.

In conjunction with death and hospice, the last issue I wish to broach is current chronic pain and drug management practices. In the case of my wife's illness there was never a problem getting adequate medication to numb her pain, as she had already been diagnosed as terminally ill. But, for those patients who suffer chronic or acute pain, but who are not under a diagnosis of death within the following year or two, there seems a huge disconnect with reality in the 'pain management community'. I know a man who is almost 70 who has been living with continual chronic pain with his back, for close to 20 years. State and federal regulations, and the fear exhibited by insurance companies and doctors, have allowed this guy to repeatedly suffer unreasonably. Medication rules on the drugs he needs are so tight that even one lost pill can put him in agony and subject to suspicion by authorities and his doctor, and the rules dictate when he can get medication, irrespective of when or whether his pain levels increase. My concern is that the state and federal government, and insurance companies, have NO BUSINESS controlling the manner in which any responsible doctor seeks to treat a patient's acute or chronic pain. The lame refrain about "potential addiction of the patient" is ludicrous as a person in pain has no other choice, but suffering. It is up to the individual patient and his doctor to work on the type, means, and frequency of the medication used to treat the patient.

Thank you for considering my comments.

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Hope in Salvation: <http://www.godssimpleplan.org/gsp.html>
Respect for History: http://www.youtube.com/watch?v=HVz_j0DzuEk
Voice In The Wilderness: www.craigszwed.blogspot.com
My Arts & Values: www.craigszwed.net

Life Member:

281st Assault Helicopter Co. Association
Disabled American Veterans
Military Order of the Purple Heart
National Rifle Association

Member:

Connecticut Carry (Volunteer Editor)

Connecticut Citizens Defense League
National Association for Gun Rights
Oath Keepers
The American Legion
United States Concealed Carry Association
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**Real courage, in all things great or small, is nothing more, or less,
than simply doing what is right, in spite of feelings, personal interests,
or circumstances. (Craig M. Szwed, 2013)**