

March 18, 2015

Testimony to The Joint Judiciary Committee on the Matter of
Proposed Bill #7015

My name is Joseph Andrews, a general physician in practice since 1974 and for eight years, the Medical Director at The Connecticut Hospice and Hospital for Palliative Care. I wish to speak against Bill 7015 for the following reasons:

1. All physician and nurses wish earnestly to anticipate, prevent and treat intolerable suffering. My experience at Hospice has shown repeatedly that a palliative care team can identify many sources of pain, loneliness, anxiety and fear for each patient as a unique individual and as part of a suffering family. Each of us suffers uniquely and we are each part of a network of shared suffering. Outcomes are unpredictable. I recall a patient we cared for with widespread cancer. As a last resort, we tried an old, seemingly outdate hormonal approach to help her. The patient did so well that she was discharged from Branford, went off Hospice all together and lived comfortably for more than 14 months. Aid in dying – assisted suicide would have denied her this choice and closed her open door with a “one-size fits all” treatment. Effective palliative care is truly helpful --- assisted suicide is not.
2. Bill 7015 creates a legal privilege for only a few of us. Candidates for assistance with death must be 18, alert and communicative, have a six month survival prognosis,

certified by two physicians; a candidate must declare before two witnesses on two occasions, two weeks apart that he or she wishes death at a time chosen. Witnesses cannot be blood relatives, heirs, assigns, or beneficiaries of the patient. In my long experience, many patients who are gravely ill are unable to meet these standards to make their wishes known. Many valiant men and women who overcome incredible disabilities every day may have difficulty with such communication and yet remain devoted to their lives and values.

If assisted suicide is in fact the desirable right to be guaranteed in law and safeguarded by 7015's rules for participation, how can we restrict it as a privilege to the few patients able to satisfy the bill's criteria? We cannot restrict this right; therefore surrogates for the gravely ill – next of kin, powers of attorney, conservators of the person, probate officials will step in to a situation in which an error will lead to a wrongful death. And because 7015 forbids reporting of assisted suicide on the death certificates, it will be difficult to discover such errors. Oregon, Holland, Belgium and Switzerland are all civilized modern states and countries; yet with surrogates involved in choices of compassionate death, euthanasia, even of children, is slowly increasing. Moreover, if assisted suicide is legalized, pressure will increase upon physicians to grant assistance to patients wishing a comfortable and timely death for any reason of their own.

3. We look to our legislators to protect our fragile civil society – our families, benevolent organizations, spiritual and religious institutions of all kinds. Bill 7015 creates a direct usurpation, by the full force of the state through law, of charitable intelligent and subtle functions of that civil society as we struggle to help each other to cope with inevitable mortality, loss of autonomy, dignity, and a sense of life well lived. Though people are dying, they are still alive. Their last days should not be lost days. The Bill creates a right entirely new in law and custom and is a terrifying threat to decent medical practice and to the safety of many of us, especially the disabled, weak and young. Death, like taxes, will come for us all. We can deal with it through effective, accessible and sensible palliative care.