



Office of The Attorney General
State of Connecticut

**TESTIMONY OF
ATTORNEY GENERAL GEORGE JEPSEN
BEFORE THE JUDICIARY COMMITTEE
MARCH 18, 2015**

Good morning Senator Coleman, Representative Tong, and distinguished members of the Judiciary Committee. I appreciate the opportunity to support House Bill 7015, *An Act Concerning Aid in Dying for Terminally Ill Patients*. Under this bill, Connecticut would join the growing number of states that provide a choice for patients when it comes to private and personal end-of life decisions.

In 1994, voters in the state of Oregon approved Measure 16 – known as the Death with Dignity Act – and made Oregon the first state to support the right of mentally competent, terminally ill patients to choose how they live and, when the time comes, how they die. The Oregon Death with Dignity Act was fully enacted into law in 1997, and four additional states – Montana, New Mexico, Vermont and Washington – currently allow terminally ill patients to seek aid in dying.

This year's proposed legislation is modeled closely on the Oregon Death with Dignity Act, which provides a process for adults who receive a terminal diagnosis and are of sound mind to make the decision to obtain and self-administer life-ending medication. The Oregon law is a sensible model because 16 years of closely monitored implementation have yielded no substantial evidence of abuse, coercion or misuse of the law.

Like Oregon's law, the proposed legislation is appropriately stringent. It applies only to Connecticut residents who are mentally competent adults with a "terminal illness," which the bill defines as "the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient's death within six months." An attending physician and a second "consulting physician" must independently diagnose a patient as terminally ill, mentally and psychologically competent, and determine the patient to be acting voluntarily.

Patients must make two written requests, not less than fifteen days apart, to an attending physician. Both requests must be witnessed by two persons. Witnesses may not have a familial or financial relation to the patient, be an owner, operator or employee of a healthcare facility where the patient resides or receives medical treatment, or be the patients' attending physician at the time the request is signed. Attending physicians must inform patients about the availability of counseling by a psychiatrist, psychologist or licensed clinical social worker. If, in the medical opinion of the attending or consulting physician, a patient may be suffering from depression or other psychological condition that is causing impaired judgment, the attending or consulting

physician shall refer the patient for counseling to determine whether the patient is competent to request aid in dying. Patients may rescind a request at any time. Anyone attempting to abuse the law would be subject to severe criminal penalties.

This is a carefully crafted proposal that closely follows a law that has proven practicable and operational. While I understand the concerns this proposal raises for some, it is important to remember that aid in dying, as proposed in this legislation, is entirely voluntary. No potentially eligible patient is required to seek the medication. No healthcare provider or facility is obligated to participate.

Aid in dying medication is self-administered by the patient under the bill. No patient who obtains life-ending medication is required to actually take it. Should Connecticut enact House Bill 7015, many qualified patients – thousands, in fact, as we have seen in Oregon – will not choose to request aid in dying. Of those who do, many will ultimately choose not to take the drug at all. In Oregon, only 59 percent of those who obtained prescriptions actually self-administered the medication.

Aid in dying is not about taking options away from individuals; it is about giving more options and about individual choice. It is the freedom of choice inherent in this proposed legislation that makes it both compassionate and humane. Individuals are free to make what is, perhaps, the most difficult of all decisions based on what they believe is best for them. I believe it is wrong to compel a competent individual who is terminally ill and soon to die to remain alive, against his or her will, even though he or she may be in severe pain or experiencing a quality of life they deem unbearable.

Aid in dying is not a replacement for continued treatment, hospice or other services; it is merely an option to be considered. We owe our friends, our neighbors and our loved ones the chance to make such a choice for themselves. I would encourage you to offer every Connecticut resident facing such a difficult, terminal illness the opportunity to make that choice.

Thank you for your consideration of this legislation. Please feel free to contact me with any questions.