



March 17, 2015

Re: Raised Bill No. 7015, "An Act Concerning *Compassionate* Aid in Dying for the Terminally Ill"

To the Chairs and members of the Judiciary Committee, I am Chief Medical Officer of the non-profit, World Health Clinicians, based in Norwalk. I apologize for being unable to testify in-person today, but it is an honor to have the opportunity to send you my testimony in support of raised bill 7015, "An Act Concerning *Compassionate* Aid in Dying for the Terminally Ill".

As an HIV/AIDS specialist and general internist who has witnessed the pain and suffering and been intimately involved in the dying and death of hundreds of patients over the past 28 years, and also as one who is a strong supporter of Hospice for terminally ill patients with less than 6 months to live, I support 7015, which seeks to give terminally ill, mentally competent individuals the freedom to choose, *if it is right for them*, self-administering healthcare provider-prescribed medications that can be taken to end their prolonged pain and suffering with peace, compassion and dignity. I sincerely understand the concerns of CT's disabled community, but this bill is NOT for the disabled, the elderly, the infirm or anyone other than the terminally ill, mentally competent individual. This bill does not "license doctors to prescribe suicide as a treatment and grant legal immunity to the people who help you kill yourself", as some fanatics claim. What this bill does do is give a **small percentage of terminally ill, mentally-competent human beings one additional choice to consider, if it is right for them**, in their dying days or months. This bill is all about **freedom of choice**, which is consistent with our God-given mental abilities to make decisions for ourselves and about ourselves, especially while living in a democracy.

Having been intimately involved with hundreds of terminally ill patients and friends who have suffered and died from HIV/AIDS-related complications, slow tortuous wasting syndromes, or painful stage 4 metastatic cancers, I support 7015 on their behalf, as well as on behalf of my 93 year old mother and all CT living patients who, *if it is right for them* when the time comes, express the desire to have a **very reasonable and compassionate additional choice** to consider when faced with terminal illness.

30 years ago, upon graduating from the University of Miami Medical School during the beginning of the HIV/AIDS epidemic, I took the Oath of Maimonides to "*never see in the patient anything but a fellow creature in pain*". I acknowledged, "*Oh God, Thou has appointed me to watch over the life and death of thy creatures. Today (man) can discover his errors of yesterday and tomorrow he can obtain a new light on what he thinks himself sure of today.*" Remembering that I took the oath to "*watch over the death*" of my patients, I was tormented that dozens of these deaths were horrific, agonizing, torturous, and, frankly, inhumane. After an enormous amount of soul-searching, I discovered over time that watching these patients die in this inhumane manner was one of my "errors of yesterday", and, as my spoken words from the Oath of Maimonides, tomorrow I "obtained a new light", a new perspective, a new point-of-view on "what (I) thought myself sure of" at that time. I discovered that for some terminally ill patients, their only chance to die with dignity, while

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retaining some control of their remaining lives and inevitable deaths, is “compassionate aid in dying”, and **their only opportunity to maintain dignity in dying remains in your hands today.** I am hoping that all of you obtain a new light, a new perspective, a new point-of-view on what you previously thought yourselves sure of, whether based on religion or personal life experiences, so that you can help prevent horrific, agonizing, torturous, and, frankly, inhumane deaths in a select few terminally ill patients, *if it is right for them.*

A very important point to make is that Hospice Care and “Aid in Dying” are not at all mutually exclusive, as I reference the NEJM article “Implementing a Death with Dignity Program at a Comprehensive Cancer Center” dated April 11, 2013 and written by doctors from the Fred Hutchinson Cancer Research Center in Seattle WA. In short, terminally ill patients who participated in the Death with Dignity Program did so for three main reasons: 1) 97.2% for fear of losing their autonomy, 2) 88.9% because of their inability to engage in enjoyable activities anymore, and 3) 75.1% because of the loss of dignity. The article concluded that the Program was “well-accepted by patients and clinicians” as “patients and families were grateful [and comforted just] to receive the lethal prescription, whether it was used or not”.

I strongly believe that we live in a free nation, all of us with a God-given ability and right to make choices for ourselves, including the choice to decide how and when we want to die **when there is no hope of survival, when we are faced with interminable pain during our remaining time on this planet, when faced with the possibility of being connected to a morphine drip that can render you incoherent, psychotic, and completely unaware of your surroundings or loved ones, while stripping you of your autonomy, of your ability to make rational decisions, and of your last remaining chance to leave this world in a dignified, compassionate and controlled manner.** When considering bill 7015, I truly hope all of you can dig deep and attempt to place yourself in the mind and body of one who is terminally ill and suffering a prolonged, agonizing, and painful death. Even if you have never experienced this kind of horrific and unnecessary death of a loved one, 7015 gives your family, your friends, or your loved ones ***one additional end-of-life choice***, the choice NOT to die an inhumane death.

I close with this thought: ***7015 is not for everyone faced with a terminal illness.*** On the contrary, it is only for the few who, when faced with the prospect of a protracted, undignified, tormenting death, would rather choose to gather their family and friends around them for one last time and make a controlled, planned, compassionate, and dignified exit. ***7015 merely grants another critically important choice*** to my and your terminally ill family, friends, and patients, and I pray you find it within yourselves the compassion to allow them the chance, the option to discuss using prescription medications as another legal and viable end-of-life treatment option. The changes in this 2015 bill when compared to the 2014 submitted bill are significant in that they address the “family/loved one coercion” concern, as well as making sure the witnesses and medical doctor/consultant are well-defined. Connecticut’s legislators have always done the right thing with controversial and complex issues involving ***individual’s rights.*** With your vote in favor of 7510, you will once



again be a champion of *individuals' rights* and *freedom of choice*, while helping terminally ill, mentally competent patients avoid unnecessary and inhumane prolonged suffering, *if aid in dying is right for them.*

Thank you. Respectfully submitted,

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