

Moniz-Carroll, Rhonda

From: Courtney, Malachi <malachi.courtney@yale.edu>
Sent: Monday, March 16, 2015 10:15 AM
To: JudTestimony
Subject: RE: In Opposition to HB 7015 and SB 668

I had sent the below email on Friday afternoon to be posted as public testimony against HB 7105/SB 668. I do not yet see it posted to the website. When can I expect it to be posted?

Thank you,

Malachi Courtney, MD

From: Courtney, Malachi
Sent: Friday, March 13, 2015 10:03 AM
To: judtestimony@cga.ct.gov
Subject: In Opposition to HB 7015 and SB 668

Judiciary Committee,

I write in opposition to the proposed "Physician Aid in Dying Bill" (HB 7015 and SB 668). As a practicing physician in Connecticut, I am deeply concerned that a bill in support of physician-assisted suicide is again being proposed in our legislature.

I oppose this bill for three primary reasons:

- 1) **It is against biomedical ethical principles for physicians to be involved in the delivery of medications to hasten death.** It is wholly inappropriate and unnecessary to involve a profession whose express purpose is to compassionately care for those who are ill. Physicians are not necessary to complete suicide and in adherence to the Hippocratic Oath, physicians should never participate in hastening death.
- 2) **Physicians are in positions of power in doctor-patient relationships.** As humans, physicians can often impose their personal views on the patient. Physicians can (and do) transition from discussing medical options for care to recommending/pressuring patients to pursue a possible intervention based on the physician's perception of the patient's quality of life. The evidence is overwhelming that patients are not clearly informed of different options for their care and often follow the physician's directive. In a position of power, physicians who perceive a patient to have poor quality of life can move from offering physician-assisted suicide as an option to making it a highly-recommended (or only) option for the patient's care.
- 3) **The most vulnerable of patients will be offered physician-assisted suicide.** Medical research shows that a minority of patients have advanced directives or have even discussed with their family or their physician their desires for the end of their life. I can think of times when I was ill...I would do or say anything to be out of pain or discomfort. When an ill and vulnerable person is offered an option to end her life by a person in a position of power, in the moment, it reasonably is an easy decision for the person to respond that she will do anything to end the discomfort. A bed of illness is an extremely vulnerable position, and I am concerned that the dynamic that is created in the physician-patient interaction will cause patients to hasten their death.

Thank you for your consideration.

Sincerely,

Malachi Courtney, MD
American Academy of Medical Ethics: Connecticut Director
Yale Health: Chief, Hospital and Transitional Care