



March 12, 2015

Attn: Judiciary Committee, Connecticut House of Representatives

This Letter Indicates that I OPPOSE S.B. 7015.

To the Honorable Members of the Judiciary Committee,

I write today to urge you to oppose S.B. 7015, misnamed, “An Act Concerning Aid in Dying for Terminally Ill Patients” and the harm it would bring to the people of Connecticut, especially those who are vulnerable and in greatest need of support and care. I am a bioethicist and public policy scholar with a Ph.D. in Public Administration and Policy from University of North Texas. As an American, I represent the U.S. affiliate of the Euthanasia Prevention Coalition (EPC), an international organization that was founded in Canada but has affiliates in Europe, Australia and around the world. My specializations as an academic are in public health policies, particularly state-level laws that govern end-of-life decisions and I have taught policy courses in my home state of Texas and most recently, in the health policy studies program and the University of Michigan-Dearborn. My research on this particular issue has been published in many venues, most recently in [The Public Discourse](#). This is why I can assure you from my own studies and reviews of academic literature that the legalization of active, voluntary euthanasia through assisted suicide will usher in considerable harm for your state.

In late 2012, I conducted a thorough [literature review](#) that scoured academic studies on the effects of assisted suicide (AS). The goal was to learn the consequences to states which have legalized this practice (specifically Oregon and Washington) in order to determine the actual costs and benefits with which to compare to claims by both AS proponents and opponents alike. Opponents cited fears of poor end-of-life care, elder abuse and misdiagnosis- all of which have been vindicated by research. [Predictions](#) that legal AS may lead to coaxing and coercing unwilling patients toward ending their lives by limiting or denying palliative care have been confirmed by [reports](#) of incidents where terminally ill citizens were told by state medical plan authorities that they would not pay the cost of pain-control, but would cover the cost of their suicides. While spending for palliative care has increased, one [study](#) indicated that 24 percent of patients who chose AS reported that they did not have adequate

finances to cover expenditures for medical care and equipment, in spite of the fact that 98 percent of respondents had health insurance. Pressure on patients to end their lives for the benefit of others has been established in Oregon and Washington in [study](#) after [study](#), which found patients choosing AS did not report a higher quality of death than those dying naturally, but caregivers sometimes did. Additional [research](#) also found that caregivers of patients in both Oregon and Washington who ended their lives by AS were themselves suffering from substantial financial and health-related harms, and although respondents [claim](#) that none of these factors was associated with the decision to end the patient's life, Washington State [reported](#) in 2011 that over half of respondents choosing AS mentioned "concerns about being a burden" as a reason for choosing to take their own lives.

There is also the reality of patient misdiagnosis and the possibility of treatable depression. A [review](#) of studies also determined that physicians' medical diagnoses were often incorrect, both in declaring a patient to have a terminal condition and estimating their life expectancy at six months or fewer. Another [study](#) of physicians who were willing to prescribe the lethal dose found that 27 percent were not confident that they could determine if a patient only had six months or fewer to live. A prognosis of only six months equals 180 days maximum, and yet Oregon's [report](#) indicates the number of days between writing the lethal prescription and the patient's actual death ranged from zero to 698 days (nearly two years). One [report](#) discusses a AS opponent from Oregon who was told that she had only six months to one year to live; today, over 11 years later, she is still alive. There is also substantial [evidence](#) that many patients opting to end their lives suffer from treatable depression and physicians report that patients for whom interventions were made (like treating depression) were more likely to change their minds about wanting to end their lives. One analyst, after examining Oregon's most recent annual report [found](#) that physicians who prescribe the lethal medications are failing to refer for necessary psychiatric evaluations of patients, many of whom might reconsider suicide if properly treated. This prompts the question of how many people freely choose AS or are pressured into the decision by negative circumstances, especially circumstances for which there is some or complete relief.

Furthermore, new studies have emerged since my last literature review regularly that show negative consequences to society that opponents had not yet fathomed. For example, exposure to suicide leads to an increase in the likelihood of suicide (a phenomenon known as "suicide contagion") which was confirmed in this [study](#) released in 2013 and suggests that acceptable AS may contribute to an increase in suicides among even those who are not ill and not facing the natural end of their lives.

AS is an act [condemned](#) by the medical community and deemed devastating through [scientific studies](#) and my review of these articles fail to suggest any benefits of AS, but rather have uncovered scores of negative consequences in those states that have this practice. I urge you to take these states as a cautionary tale and vote against S.B. 7015 and its attempt to legalize assisted suicide, for the sake of the citizens of Connecticut who are vulnerable and in most need of protection from the effects of legalized euthanasia.

Sincerely,



Jacqueline C. Harvey, Ph.D., M.S.S.W.
Dallas, Texas