

I write today to support House Bill 7015, An Act Concerning Aid in Dying for Terminally Ill Patients.

As a physician, dealing with life and death is part of my everyday calling. Our profession has evolved away from doctor-directed care, where the doctor dictates the terms of treatment, to patient-directed care, where the patient makes a decision in partnership with family and physician. This means that my duty is to help my patients achieve their goal, whether that is to sustain life as long as medically possible, or to avoid a prolonged, painful death.

Like hospice or palliative care, aid in dying provides another option for terminally ill adults who are facing the end of life. But other than providing a prescription, aid in dying is in no way “physician assisted suicide.” Aid in dying, as practiced in five states in the country and delineated in this legislation is entirely patient directed, and is made legally distinct from “assisted suicide” in legislation around the country.

Ultimately, aid in dying is about options; both patient and doctor have the option to participate, or not. By bringing these conversations into the light, patient-doctor relationships are stronger, and end-of-life care improved, whether aid in dying is used or not.

I strongly support House Bill 7015, An Act Concerning Aid in Dying for Terminally Ill Patients, and I encourage passage of the measure.

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