

In support of H.B No. 7015

My name is Adlyn Loewenthal and I live in West Hartford, CT.

When death is immanent, death is immanent. To draw moral or semantic lines about the cause of death, in the face of its immanence, is, I think, a kind of delusion.

When my mother was admitted to Sloan Kettering Hospital, five days before she died of end stage breast cancer, it was noted in the emergency room that she had an elevated white blood cell count. After being transferred to a room on a medical floor, where she was soon surrounded by her extended family, a nurse entered and asked us all to leave so she could draw blood from my mother's arm. When I asked why blood was being drawn, I was told that they needed to monitor, and then treat, her elevated white blood cell count. I told the nurse that my mother was actively dying of cancer, but if pneumonia got her before the cancer did, that would be OK. They were not to stick any more needles in her arm, but only keep her comfortable.

My mother's pain increased over the next few days, as did the amount of morphine that was administered. The pain continued to increase, but at a certain point the nursing staff balked at further raising the dose, saying that higher amounts of morphine would kill her. The situation was surreal. Death was what was happening, but the medical staff seemed determined to stand in its way.

My mother was aware that she was dying. She had lived a rich and full life, for which she expressed great gratitude. She had said her goodbyes to her family – to my father, to her sister, to myself and my two brothers, and to her grandchildren. She was not afraid, and though her life was being cut dramatically short at age 68, she accepted that she was dying. She had expressly stated to us her wishes to not have her dying prolonged, but to hasten it however possible. Had she had the agency to do so, she would have hastened it herself.

When death is what is happening, when two physicians determine that a person's death will likely occur within six months, when that person is deemed mentally competent and desirous of meeting their immanent death on their own terms, it behooves the medical establishment to help facilitate that death. To dictate the terms of that death, to say you can die of cancer but you can't die of pneumonia, or of a major dose of morphine, or of a prescription for end of life medication, is to display great hubris in the face of the implacability of death. To facilitate, at a person's request, a peaceful and dignified end, is to demonstrate honor, and respect, and true compassion.

I urge you to enact H.B. No, 7015.