

Moniz-Carroll, Rhonda

From: ellan4@cox.net
Sent: Tuesday, March 17, 2015 8:40 AM
To: JudTestimony
Cc: Senator Doyle
Subject: Testimony Opposing The New Assisted Suicide Bill HB 7015 for 2015 CGAI
Importance: High

OPPOSITION TESTIMONY

HB 7015

CGA's NEW ASSISTED SUICIDE BILL
from
Eleanore Marchand, RN of Newington CT:

Dear Honorable Members of the Judicial Committee:

This testimony is given to relate my agonizing experience in 1999 in an OREGON hospital where my Mother was being Euthanized in

spite of not having a terminal condition: She was 93 years old and of sound mind; She was almost blind from Glaucoma and Macular

Degeneration; She was depressed; She had a recently placed Pacemaker for Bradycardia; She fell and fractured her hip--the reason for her

hospitalization; and ; She had H-Pylori (an ulcer causing stomach infection which is usually treated with oral antibiotics).

Apparently, some time before I arrived for my Mother's Day visit with her she had developed the stomach infection and couldn't tolerate the

pills orally and yet did not receive the course of antibiotics via a temporary nasal gastric tube.. I don't know what transpired between Mother,

her doctor, and my sister regarding the decision not to treat. Mother didn't mention it and seemed to enjoy her meals in the dining room

before she fell and broke her hip that Mother's Day evening so it was never discussed. with me.

Several years earlier she had sent me a copy of her Living Will in which she specifically stated that should she become terminally ill and

death was imminent she did not want to be kept alive by any extraordinary means, including nasal gastric tube feedings.

After mother's hip was pinned she was transferred to a deluxe room with an extra bed for me so that I could be with her 24/7. At first I

thought that Mother was getting good care until I realized that the nurses were improperly increasing the morphine and she was becoming

overly sedated, as evidenced by her respirations decreasing down to 6/min, (Protocol dictates that an intermuscular injection of morphine be

given for more immediate relief before increasing the IV morphine hourly rate}. I knew this because I was currently employed at the Newington

VA Hospital on the Hospice Unit where I regularly administered IV Morphine per protocol as described above.

Each time Mother's respirations slowed, I would ring for the nurse to report my concern about her over sedation.

I couldn't safely feed her because she was too sedated to eat or drink.

Since none of my concerns were being addressed, and Mother was getting worse, I requested a consult by a Geriatric Specialist in pain

control and palliative care. He agreed with me that the morphine dose was premature and excessive, and that her plan of care was

inappropriate because none of her medical problems were imminently terminal. Therefore, they should be appropriately treated

The next morning Mother's doctor called a staff meeting with me and my sister. After the consult, I was expecting an opportunity to finally

have an open discussion of Mother's care plan. I was sadly mistaken.

Instead, the meeting was called, first to inform the nurses that I was no longer to be listened to regarding my mother's care; and secondly

to inform me that I was no longer to interfere in my mother's plan of care which, she never did explain or discuss with me. My sister was

standing beside the doctor and said "Yes" when the doctor asked her if she agreed. Then the doctor turned to me and said "Do I make

myself clear?" At that moment I felt that all hope was gone.

At some point the next morning, I noticed that Mother was awake and alert. I also noticed that her IV morphine was leaking into the

bed sheets.. Before I called to report it to the nurse, I asked Mother if she was in any pain? She said "No". Since this was the first time that

she was alert enough to talk to me since she fell and broke her hip, I also asked her if she realized that the morphine she was getting was

going to result in her death? She said "No". I finally asked her if she wanted to die? She said "No".

Naturally I reported to the nurses what Mother had said to me as well as the morphine soaked sheets that needed to be changed.

Before the end of that day, she was transferred out of the Hospice unit into a 3 bed ward, pending transfer to the Nursing Home that was

affiliated with her Assisted Living Apartment.

Because her stomach infection was not being treated, her oral intake was nil. She had increasing difficulty swallowing, and was a high

risk for aspiration, therefore required assistance at all meals. I was grateful that they let me sleep in her apartment next door so that I could

feed and help care for her. She ate very little, was DNR but at least had an IV for hydration.

By Memorial Day she was still only able to transfer to a commode or to sit for a short time in a chair, and had to return to the hospital for

a few days because of chest pain, When she returned to the Nursing Home we were notified that they couldn't hold her apartment any longer.

. It was at that point that I started planning to transfer to the VA in Oregon so that I could be close by and assist with her rehabilitation and

care. In order to do that, I first had to fly home to Connecticut to make the arrangements. I explained this to Mother, my sister and the

nursing home staff. Then, for the first time, I had to leave Mother at mealtime so that I could pack for my return flight the next day.. Around

7pm that evening we got the phone call that Mother had passed away (6/4/1999).

Please don't let the New Assisted Suicide Bill HB 7015 become legal in Connecticut. because, I'm afraid that, like Oregon's assisted

suicide law, it can be manipulated, misinturpreted, or even abused. In other words, "Once the horse has escaped from the barn, it's too late to

close the doors."

Respectfully Yours:

Eleanore Marchand