

**TESTIMONY OF
SUSAN SMITH
President, Pro-Life Council of Connecticut**

**BEFORE THE
JOINT COMMITTEE ON JUDICIARY
CONNECTICUT GENERAL ASSEMBLY
On HB 7015
An Act Concerning “Aid in Dying for the Terminally Ill”**

March 18, 2015

Thank you for this opportunity to share our concerns on HB 7015, an act concerning so-called “Aid in Dying for the Terminally Ill”, a bill that would legalize the practice of assisted suicide in Connecticut.

I am Susan Smith, president of the Pro-Life Council of Connecticut. Founded in 1973, Pro-Life Council is the state affiliate of the National Right to Life Committee, the nation’s oldest pro-life organization. Since its inception in the mid-1960s, the right-to-life movement has been equally concerned with protecting older people and people with disabilities from euthanasia as with protecting the unborn from abortion.

Distinguished members of the General Assembly, you have an opportunity here to stand up and be the voice of reason. When my mother, Regina Smith, served the people of Connecticut as a senator from the 12th Senatorial District, she used every opportunity to advocate for the weakest among us. This bill, which is now before the General Assembly for the third time in three years, violates that principle in every way.

HB 7015 claims to be “an act concerning compassionate aid in dying for terminally ill patients,” but this obfuscates the real truth. HB 7015 is a bill that would bring about doctor-prescribed suicide. Under the guise of “helping” terminal patients, this bill actually seeks to hasten their death at the hands of one who has pledged an oath to heal.

Proponents claim that if “aid in dying” is legalized in Connecticut by HB 7015, there would be “safeguards”, these are either impossible to enforce or in some cases, totally lacking.

Proponents claim that “aid in dying” would be available to patients who are supposed to be “terminally ill”. A patient diagnosed with a terminal illness is very often given a grim prognosis. They are told they may only have six months to live without treatment. But just as often, we hear of patients who long outlive their prognosis – sometimes by years. Yet it is likely that patients in Connecticut could be discouraged by their prognosis and seek out a

Testimony of Susan Smith, Pro-Life Council of Connecticut

Page 2

doctor-prescribed suicide – potentially cutting years off of their life because a doctor misjudged their life expectancy.

We see patients in Oregon (who have lived under a law just like the one before us for nearly 15 years) requesting prescriptions, and holding on to them for years –not merely six months - before ingesting the lethal dose. Even more frightening, conditions we all consider to be manageable, such as diabetes, may fit into this definition of “terminal” – since without treatment a person could die within six months.

Proponents say that “aid in dying” as provided by HB 7015 would only be available to the “competent.” However, there are no safeguards – nothing – currently before this committee and the General Assembly to ensure this is the case. It is a well-established fact that nearly every terminally ill patient who desires death is suffering from treatable depression. In Oregon, where doctor-prescribed suicide has been legal since 1994, we know that fewer than 7% of terminally ill patients have been referred for psychiatric evaluation before obtaining life-ending drugs. Rather than treat clinically depressed, terminally ill patients, the Oregon system, and the system that would be established by HB 7015, indicates that you instead help the patients kill themselves.

Proponents say that “aid in dying,” as provided by HB 7015, requires the request for doctor-prescribed death to be “voluntary” – however, this too is virtually meaningless. Again, as we’ve seen from Oregon, there is no language that would prohibit anyone from pressuring the patient to accede to doctor-prescribed suicide – including the state. Two recipients of Oregon’s state health plan received notice that treatment they needed to survive would not be covered by the plan, but informed the patients that doctor-prescribed suicide was available and would be covered. There is nothing in HB 7015 that would protect against this sort of pressure.

Further, elder abuse claims are at all-time high levels across this country. It is not hard to imagine a situation where children have grown tired of caring for sick parents, or parents themselves come to feel like a burden. In fact, Oregon survey data confirms that those dying from suicide under their law did not want to be a burden. How does this bill before us offer compassion to these people? It doesn’t, it only confirms their worst fear – that no one cares if they die. Also, shockingly, under HB 7015, Connecticut would open the door so that an heir or other family member with a vested interest in a patient’s death could serve as a witness for the patient’s request for life-ending drugs.

Our state and, indeed, our country, are at a crossroads. We must not go down a path that views human life as nothing more than an expendable commodity. We must not make our healers accomplices in killing their patients. The medically dependent and vulnerable deserve our state’s best efforts to treat them, keep them comfortable in their final days, and make sure they know that their lives will always be valued and protected.

I encourage you to follow my mother’s example. Be champions for the rights of the medically vulnerable by rejecting any attempt to legalize doctor-prescribed suicide in Connecticut. Thank you.