

**Re: HB 7015 - An Act Providing a Medical Option of Compassionate
Aid in Dying for Terminally Ill Adults - 2015**

Statement for the Public Hearing of the Judiciary Committee - 3/18/15

Chairman Coleman, Chairman Tong, Members of the Judiciary Committee:

I am Phyllis Ross of Lyme, Ct.

Much of what those opposing this bill are saying is driven by conjecture, inaccuracies and fear. I will show you, **using evidence**, that their arguments do not justify rejecting this bill.

My data come from documentation by the state of Oregon, having 17-years' experience with a Death With Dignity law that is the model for our Connecticut bill. Additional proof comes from the state of Washington, with seven years' experience, and from a comprehensive study of patients at the Seattle Cancer Care Alliance.

First, look at the opposition's "slippery slope" conjecture, meaning that if this bill passes, it will lead to dire consequences—death of the disabled or euthanasia. This is completely untrue. A 17-year history with Oregon's law indicates there has been no evidence of violations or abuse, no uncontrolled expansion.

Secondly, we've heard that an aid-in-dying bill isn't necessary because we have hospice and will someday have better palliative care. While all things are fine, they are not sufficient. Palliative care may give some relief to a suffering patient, but in the final months and weeks of life, the suffering is still there.

Hospice care helps to alleviate pain, but that is not enough. In Oregon 91% of patients who chose Death with Dignity were under hospice care. They still chose aid in dying.

The Washington study shows that pain is not the primary reason patients wanted the option to end their lives. 97.2% of them said it's "loss of autonomy." This cannot be satisfied with palliative or hospice care.

Thirdly, the organized opposition has claimed when the terminally-ill choose to end their lives, it is "an irrational, often hastily-made decision." Evidence from Oregon shows this is false. Among patients who received death-inducing medicine from their doctors, 40% chose not to ingest it. Of those who did ingest it, the average time they waited was 6 weeks. These are not hasty decisions.

In closing, I would like to point out that a Quinnipiac poll in 2014 showed a majority, 61%, of the people in Connecticut favor compassionate aid in dying.

A vocal minority is campaigning against this legislation. Passing this law does not compel them, or anyone else, to use its provisions. **Defeating this bill would be cutting off the options of those who truly need it.**

I urge you to vote for this bill.

Thank you.

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