

March 17, 2015

TESTIMONY OF JOHN THOMAS, M.D.

of New Haven, CT

Chief Resident, Yale Primary Care Program, 2015-2016

Officer and Board Member of the Catholic Medical Association in Connecticut

Board Member of St. Gianna Center in New Haven

TO

MEMBERS OF THE JUDICIARY COMMITTEE

IN *OPPOSITION* TO HB7015

As a resident of Internal Medicine at Yale with a great interest in end-of-life care and bioethics, I urge defeat of HB7015, “An Act Concerning Aid in Dying for Terminally Ill Patients.”

State of the art patient care in America tends diligently to the multidimensional needs that accompany terminal illness. This includes not only treatment of disease, but also of the complex psychological, spiritual, and social needs experienced by so many persons who come under the hands of a physician. The development of palliative care in this country has tremendously aided in this endeavor, bringing hope and fulfillment to countless persons, but we have a long way to go in reaching all those in need.

Patient requests for assistance in dying are cries for help, in much the same way that suicidal gestures in non-terminally ill patients are cries for help. The answer lies in

providing that much-needed help, not in a destructive way that leads to death, but in a supportive way that assures people that they are cared for, appreciated, heard, and supported, for the remainder of their natural life.

Our society must choose how we respond to these cries for help. We could concede that such patients are a burden to their families and to society, and are better off dead. Or, more honorably, we could recognize the call for more holistic care, demonstrating our great respect for human life and our eagerness to come to the assistance of those in need.

In addition to my concerns raised above, please also consider the following objections, many of which are based on data coming from Oregon:

- Assisted suicide places patients with disability and mental illness in grave danger
- Assisted suicide may be billed as a viable option for those whose insurance companies refuse to pay for further treatment
- Pain is rarely the reason that patients request assisted suicide; rather, it usually has to do with fear of burdening others or becoming debilitated
- Research strongly suggests that Oregon has suffered from poorer quality palliative care since it legalized assisted suicide (Journal of Palliative Medicine, Volume 7, Number 3, 2004, p. 431)

I thank you for your careful consideration of this testimony, and ask that you reflect at length on the grave nature of the issue at hand, as well as your solemn responsibility as government officials in safeguarding our society and the vulnerable individuals within it.