

Moniz-Carroll, Rhonda

From: John Dunlop <jdunlopmd@gmail.com>
Sent: Friday, March 13, 2015 8:29 PM
To: JudTestimony
Subject: IN OPPOSITION TO SB 668/HB 7015

I write in opposition to the proposed physician-aid in dying bill.

I have practiced internal medicine and geriatrics for 42 years and have extensive experience in end of life care. It taught me firsthand how rich the end of life can be in providing closure to a life well lived and to the loving relationships enjoyed through that life. I have been challenged to learn what appropriate medical care looks like as life draws to an end. Key is helping people alter the goal of their medical care from cure to comfort at the right time to both take advantage of the excellent technologies available to fight disease. Most people prefer that death not come at the end of a difficult fight to the finish.

I would urge you to vote against this bill for the following reasons:

1. It is not necessary.

Excellent palliative care can control pain and other noxious symptoms in nearly every case even if taken to the extent of terminal sedation.

2. Though promoted as a merciful way to control pain and suffering assisted suicide is in fact much more about control.

The best documented experience on assisted suicide is available on the Oregon Death with Dignity website and is updated annually. This demonstrates that over 90% of the requests for assisted suicide are prompted by a desire for control while less than 25% are prompted by intractable pain and suffering **OR** fear of intractable pain and suffering.

3. Allowing the freedom to end life by assisted suicide will lead to an obligation to do so for some.

Individuals who may otherwise not choose assisted suicide but who feel that their continued living is a burden on either their loved ones or society may feel obligated to choose assisted suicide if it is a legal option. I note this is the primary objection of the leaders of the disability community to this practice. A survey conducted in Great Britain several years ago showed that 65% of the respondents agreed with the statement "vulnerable people could feel under pressure to opt for suicide."

4. Assisted suicide will have an adverse effect on the medical profession.

Since Hippocrates medicine has been dedicated to healing and the relief of suffering. Assisted suicide will present an option to excellent palliative care and potentially discourage its practice.

5. Assisted suicide will have a deleterious effect on the lives of survivors.

The familial incidence of suicide is well documented in the literature. Furthermore we all need heroes and want to model our lives on those who finish life well not on those who have the "courage" to drop out when the race gets tough.

Rather than supporting the physician-aid in dying bill I would propose that the State of Connecticut:

1. **Expand** educational efforts for all primary care physicians to improve their ability to practice excellent palliative end of life care.
2. **Assure** access for all to excellent hospice services and, for those not wishing to die at home, residential hospices.
3. **Fund** more projects to help people carefully think through the end of their lives and execute advance directives that will appropriately limit any end of life care that they may not want.
4. **Recognize** that the societal implications of this decision are huge and follow the examples of Oregon and Washington to resolve this question by the citizenry as a whole with a statewide referendum.

I am grateful for your careful attention to this matter.

Sincerely,

John Dunlop M.D.

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