



American College of Obstetricians and
Gynecologists Connecticut Chapter

Connecticut State Medical Society

Testimony on House Bill 5148, An Act
Concerning Pregnant Patients Exercising
Living Wills

Provide to the Public Health Committee
March 19, 2018

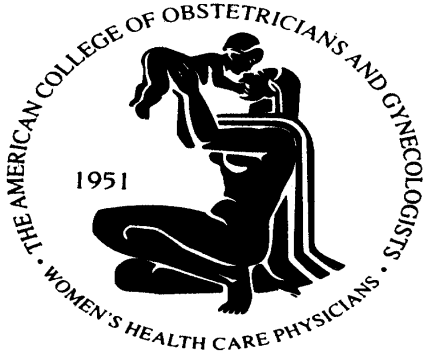
Senator Gerratana, Senator Somers, Representative Steinberg and members of the Public Health Committee, on behalf of the physicians and physicians in training of the American College of Obstetricians and Gynecologists Connecticut Chapter (CTACOG) and the Connecticut State Medical Society (CSMS), thank you for the opportunity to provide this testimony to you today in support of **House Bill 5148, An Act Concerning Pregnant Patients Exercising Living Wills.**

It is always tragic when an obstetrician-gynecologist encounters a pregnant patient at the end of her life. It is especially difficult when a dying pregnant patient also loses her capacity to communicate her medical wishes. The Ethics Committee of the American College of Obstetricians and Gynecologists (ACOG) has concluded that, in these sad and medically complex situations, it is especially important for doctors to stay true to key principles of medical ethics. One such key principle is that of *informed consent*: it is unethical to perform medical interventions that are (or would have been) contrary to a patient's wishes or beliefs. We write in support of HB 5148 because it represents the position of ACOG's Ethics Committee and would allow ACOG members to practice in accordance with basic medical ethics and the standard of medical care for pregnancy.

In thinking about pregnancy and advanced directives, it is worth remembering the case of Marlise Muñoz, a Texas paramedic who became permanently unconscious 14 weeks into her second pregnancy, collapsing on her kitchen floor due to a blood clot in her lung. Marlise had told her husband to refuse life support if she were ever in such a situation. But because Texas has a pregnancy exception to the exercise of a living will, her doctors were legally prohibited from removing Marlise from life support. The situation erupted into a statewide controversy and a protracted legal battle, with Marlise's family fighting to remove life support. Ultimately, her husband prevailed only because Marlise's condition was so severe that she was considered dead under the law--and therefore was not a legal patient anymore.

Connecticut has a living will statute similar to that in Texas, and it is only a matter of time before we have our own Marlise. In the past few years, members of ACOG in Connecticut have treated seriously ill pregnant patients who have lost the capacity to communicate due to stroke and neurodegenerative diseases. The only reason that these complicated situations did not become national stories is that the mothers made it known in advance that they intended to *accept* (rather than decline) life support. If they had made a different decision, they would have been overruled by Connecticut's statute denying pregnant women living wills or advance directives. Connecticut's pregnancy exception harms patients. It violates the dignity of women to require that they be subjected to invasive life support systems when they have made the deliberate decision to opt out of such interventions.

Finally, it is important to remember that pregnancy itself actually increases the risk of tragedy for many women, especially those with pre-existing health conditions. For years, ACOG members have routinely distributed living wills to high-risk pregnancy patients because they believed that pregnant women were more likely to



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need them. Only recently have we become aware that these documents are meaningless in our state during pregnancy and that we were giving our patients false hope that they could control their own end-of-life care.

ACOG strongly supports HB 5148 because it repeals Connecticut's pregnancy exception and places end of life decision-making in the hands of pregnant patients, in accordance with medical ethics. We ask for your support. Thank you very much for your consideration.

Respectfully submitted,

Julia Cron, MD; Chair, CT ACOG

Amanda Kallen, MD; Vice Chair, CT ACOG

Abigail Cutler, MD; Member, CT ACOG