

March 18, 2017

Senator Terry Gerratana  
Senator Heather Somers  
Representative Jonathan Steinberg  
Connecticut State Legislative Joint Committee on Public Health

**RE: HB 5148**

Dear Sens. Gerratana and Somers, Rep. Steinberg, and Public Health Committee Members,

My name is Matthew Drago and I am a Neonatologist and Bioethicist at Yale University. I write in support of HB 5148 because Connecticut's current pregnancy exception law violates the fundamental ethical principle of autonomy. As physicians, we are called on to provide compassionate care to our patients that promotes their health and well-being, minimizes harm, and acknowledges their preferences and beliefs. The principal of autonomy promotes a patient's right to voice their wishes and values in medical decision making in order to ensure that they receive the compassionate care we strive to provide. Without this voice, we risk harming patients through unwanted care and medical procedures, and therefore we have a duty to support patient autonomy through the use of advance directives. Incapacitated pregnant women should have the same freedom to control their medical care that any other citizen would have if they were rendered unconscious. In fact this freedom is doubly important for pregnant women, because during pregnancy a woman not only voices her own wishes, but is also relied upon to speak on behalf of her unborn child who cannot speak for themselves. Therefore it is essential that you pass HB 5148 to protect the freedom of a pregnant woman to voice her wishes for herself and her child in the event that she becomes incapacitated during pregnancy.

As a Neonatologist who cares for critically ill newborns, I frequently first meet the mothers of my patients just days, hours or even moments before birth. My first job is to try to understand who the mother is as a person and what she wishes for her child. I do my best to educate the mother on what medical care her newborn may require and what the child's prognosis might be. I answer her questions, and in the face of uncertainty about how best to care for her child, I will ask for her vital input.

However, it is not always possible to have these critical conversations about what a mother would want for her child because sometimes mothers are incapacitated. This represents a worst case scenario because we are then tasked with trying to make difficult and value laden decisions without being able to speak to her.

These situations are relatively rare but in my 6 years of practice, I have already encountered two patients who became permanently unconscious during pregnancy (due to cardiac arrest in one case and chronic illness in another). In both cases, it fell to me and the other physicians to manage care for the mothers and their fetuses without the benefit of doctor-patient communication. In these situations, the ethical course of action is to attempt to treat our patients in accordance with their preferences and values, and the best source of information is a patient's written healthcare instructions—which can either describe their wishes or appoint a decision-maker who she trusts to implement her intentions.

Connecticut's pregnancy exception is medically unethical because it forces doctors to ignore patients' stated wishes. It violates a basic dignity that all patients should have the right to refuse invasive life support systems like feeding tubes and artificial nutrition, and forces a woman to undergo an unauthorized cesarean section.

Moreover, Connecticut's pregnancy exception law was clearly written to benefit fetuses, but it is medically wrong to assume that continuing a pregnancy by maintaining a mother on life support will always be in the child's best interest. From experience, I know that the potential to save the life of the fetus varies from patient to patient and depends drastically on the health of the mother, the medications needed to sustain the mother's life, and the health of the fetus. Events that may precipitate a coma in a mother, such as cardiac arrest, may have devastating impact on a fetus, and the medications and procedures needed to sustain an incapacitated mother's life may further do damage to the developing child. Given these risks, HB 5148 is ethically sound because it returns decision-making power to patients and their families. This is a necessary change over the current system, which requires doctors to attempt to bring the fetus to term regardless of whether that is possible, regardless of how the fetus is developing, and regardless of the wishes of the patient and her family.

Finally, the current pregnancy exception law requires doctors to keep women on life support regardless of their pain if they are terminally ill but medically incompetent. A terminally ill pregnant woman might be medically incompetent because of altered mental state as a symptom of their condition or side effect of their treatment. HB 5148 would give pregnant women suffering from potentially painful terminal illnesses to the right to mercy by being spared prolonged pain and suffering while being kept on life support.

The death of a newborn is incredibly heart breaking, and the possibility of losing both a child and mother doubly so. But HB 5148 would allow doctors to handle these situations in accordance with basic medical ethics, which means allowing mothers to voice their preferences that can then guide physicians like me and their loved ones in their decision making during these tragic time. I ask for your support of patient autonomy and dignified, compassionate care for incapacitated mothers in Connecticut by supporting HB 5148. Thank you very much for your consideration.

Respectfully submitted,



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