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

**RE: HB 6487**

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

My name is Laura Morrison, and I am a practicing palliative care physician at Yale New Haven Hospital and faculty member at Yale School of Medicine in New Haven, CT. My clinical practice involves seeing patients with serious illness of all types and at all stages across the adult age spectrum in the hospital setting. My patients are often facing great medical complexity and potentially life-limiting illness. Our interdisciplinary team works to support patients and families as fully as possible in these situations and align patient values and goals with available treatment options.

I am writing in support of HB 5148, requesting your support of this important bill that will provide updated language to prior policy.

Though fortunately rare overall, women can face life-threatening illness while pregnant. The palliative care teams in which I've practiced have seen a handful of these cases over my 15 years of practice. Sometimes a new cancer is diagnosed in a pregnant woman with emergent complications related to progression of disease or treatment. A woman can also suffer from a new emergent condition like a stroke, develop organ failure (e.g. heart failure), or have worsening of a previously diagnosed medical condition while pregnant. In this spectrum of evolving illness, a medical condition may threaten a pregnant woman's life during or after the pregnancy period.

Palliative medicine practice in the U.S. prioritizes the elicitation of patient goals and values in the process of shared medical decision making around serious illness. Families and legal surrogates are encouraged toward this focus on patient wishes. As above, medical teams ideally aim to match these patient goals and values to available treatment options. Cultural, religious, spiritual and other patient specific domains are also taken into context and supported.

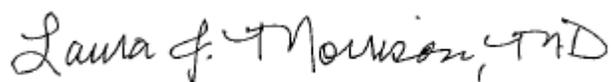
In line with above, a pregnant patient with a potentially life-threatening condition would be approached for elicitation of wishes and alignment with treatment options. This would be pursued in the context of full palliative care team support. The palliative care team would also facilitate patient sharing about any specific

considerations related to the pregnancy. Considerations would depend on the unique characteristics of the patient, the medical condition including acuity and prognosis, family support, and other factors. If the pregnant patient were unable to participate in decision making about her care, the legal surrogate would be supported to act on the patient's wishes, expressed previously in verbal form or in a living will document.

Of note, the current Connecticut State living will law explicitly excludes pregnant women, which conflicts with the prioritization of patient wishes in palliative care by leaving women unable to express preferences for future care related to potential pregnancy. HB 5148 would reverse this policy and align the law with the standard of care and best practices of palliative medicine, with potential benefit to patients, families, and the healthcare team. Those who prefer not to consider this new option or for whom it does not apply, could simply not complete that section.

As a practicing palliative care physician for adults, I strongly support this addition in HB 5148 and again ask for your support as well. Thank you very much for your consideration.

Respectfully submitted,

A handwritten signature in cursive script that reads "Laura J. Morrison, M.D." The signature is written in black ink and is positioned above the typed name.

Laura J. Morrison, M.D., FAAHPM  
Associate Professor of Medicine (Geriatrics)