



March 18, 2018

This testimony is in opposition to HB 5417, AN ACT CONCERNING END-OF-LIFE CARE.

On February 26, 2009 I learned what despair feels like. That was when a surgeon told me that Terri, my wife of 21 years, had stage 4 stomach cancer with a prognosis of three months to live. Hours later I could not contain my anguish when I had to relay that information to my two teenage sons. An utter lack of hope engulfed me. A few days later, while taking the dog for a walk, I prayed for the strength to cope with the crushing news. Many friends were praying for my wife. During that walk, my despair was replaced with deep determination to fight and beat this cancer, despite the odds.

Armed with coaching from a friend who was a nurse, I successfully begged and negotiated treatment for my wife. This started with artificial nutrition to strengthen her for chemo. The chemo treatment arrested the cancer for a time, and Terri outlived her three-month prognosis by three years. She was granted three years to see her sons grow up, take two Cape Cod vacations with extended family, attend the wedding of her favorite niece on the West Coast, and repair our marriage.

Why am I sharing this story? This bill, if passed, would allow a physician to prescribe medication to aid a patient in dying if that patient is expected to die from a terminal illness within six months. The point of this anecdote is to illustrate that doctors' prognoses are often wrong. This is my first objection to this bill.

There are many other problems with this proposed law. My second objection is that it requires the medical professional who signs the death certificate to lie by listing the “underlying terminal illness” as the cause of death, not suicide. This lie is unethical, and would allow evasion of any public accounting of physician-assisted suicide.

The third objection to this bill is that it offers a means to negate suicide clauses in life insurance contracts. This amounts to defrauding the companies which issue the policies.

My fourth objection to this bill is that it violates the theistic worldview which this nation and state were founded on. There are three references to deity in the Declaration of Independence, and the signature page of the U.S. Constitution includes the phrase, “In the Year of Our Lord.” The Connecticut Constitution mentions God twice. Of course, both Constitutions prohibit making laws regarding the establishment of religion or restricting the free exercise of religion. All laws, however, are based on a worldview.

The strongest supporters of this bill call themselves secular, which is defined as the absence of anything religious. A coalition of non-theist and secular organizations, atheists and humanists, submitted testimony in support of this bill. Both atheism and humanism are recognized “faith and belief” systems by the U.S. government, both in U.S. Supreme Court decisions,¹ and by the Department of Defense.² The essence of humanism and atheism is that each person is his or her own “god.” What follows from holding these beliefs is that a human is therefore free to end his or her life before their appointed time, in essence “to play god.”

The question is not whether faith or belief should influence public policy on physician-assisted suicide, because it is unavoidable that they do. In a free society, however, worldviews should be free to compete on a

¹ <https://www.summit.org/resources/articles/separating-secular-humanism-and-the-state/>

² <http://americanhumanist.org/wp-content/uploads/2017/04/Faith-and-Belief-Codes-for-Reporting-Personnel-Data-of-Service-Members.pdf>

level playing field. It is a myth that a secular approach to governance is neutral, when it is actually an attempt to impose the belief systems of humanism and atheism upon all citizens of the State.

House Bill 5417 should be opposed because prognosticating life expectancy is imperfect, lying on death certificates is unethical, defrauding insurance companies is illegal, and basing law on humanism is unconstitutional.

Respectfully,

//ORIGINAL SIGNED//

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