

Members of the Public Health Committee,

I am writing to oppose the above bill, and here are just a dozen of the many points to consider:

1. Suicide is the taking of one's own life, but physician assisted suicide is now termed "end-of-life" care in the bill's title, and "aid in dying" within the bill. Euphemisms help the public to accept this kind of suicide as a good thing, but they do not change what something is.
2. "6 months to live" is a guess. Following that pronouncement, many people have lived much longer and even improved or been cured.
3. In section 9, 6b, the bill states that the person signing the patient's death certificate "shall list the underlying terminal illness as the cause of death." A legalized lie on a death certificate will lead to incorrect data about a disease's morbidity which will skew a physician's judgment on how long a future patient with the same disease has to live. Also, falsification will naturally spread to other aspects of medical record documentation in general.
4. Real compassion is "suffering with" someone who is suffering, and trying to alleviate it with a multidisciplinary approach and companionship rather than abandonment to a quick death. It makes no sense to help someone commit suicide because we don't yet have a cure for the disease.
5. The slippery slope argument is valid: we have only to look at Belgium, Switzerland, the Netherlands and Oregon to see how assisted suicide has increased and expanded and even led to euthanasia for more reasons besides incurable disease.
6. Supposed safeguards in this bill are inadequate, and their implementation are yet to be determined, if ever. Safeguards have not been enforced in several cases that we know about in Oregon.
7. Suicide has always been something we try to prevent, but now we're trying to prevent some cases and facilitate others. The lines are blurring and this is dangerous. Suicide rates in general have increased where physician assisted suicide is legal.
8. If this bill becomes law, discrimination law suits on behalf of people physically unable to self administer a lethal drug dose will result in allowing other people to do it for them. That's euthanasia.
9. The more assisted suicide is accepted, the more the elderly and disabled will see themselves as burdens to society.
10. Dignity and the right to life is inherent in every human being, no matter how weak or sick or old or disabled or disfigured or "unproductive."
11. In Oregon, Medicaid has denied chemotherapy coverage to some cancer patients because the chemotherapy prolongs life rather than curing it. Instead, Medicaid offers to cover assisted suicide. This doesn't surprise me.
12. "First do no harm." No explanation needed on that one.

Thank you for your consideration of my testimony.

Sincerely,

Susan Y. Okamoto

West Hartford, CT