Testimony in Support of Raised H.B. No. 5417:
An Act Concerning End-Of-Life Care
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Public Health Committee Hearing
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Good afternoon Senator Gerratana, Senator Somers, Representative Steinberg, Senator Kennedy, Senator Somers, Senator Logan, Representative Luxenberg, Representative Srinivasan, and distinguished members of the Public Health Committee. Thank you for the opportunity to provide testimony in support of Raised H.B. No. 5417: An Act Concerning End-Of-Life Care.

My name is Shannon Sanford. I am a Registered Nurse. I currently teach nursing and am working on my doctoral degree in nursing education. My area of focus for my dissertation is on communication in end-of-life care. I studied the Oregon Death With Dignity Act in detail when I earned my Master's as an Oncology Clinical Nurse Specialist at the Yale School of Nursing. It is within this context that I offer my testimony in support of Raised H.B. No. 5417: An Act Concerning End-Of-Life Care.

I would like to speak specifically to the American Nurses Associations (ANA) Position Statement related to End of Life Care as a member of the ANA.

The ANA (2013) position statement on *"Euthanasia, Assisted Suicide, and Aid in Dying"* concedes the debate regarding assisted suicide and euthanasia is ongoing and while nurses' direct "participation in assisted suicide and euthanasia is strictly prohibited" in accordance with The Code [of Ethics] the ANA "acknowledges that there are nurses working in states where assisted suicide is legal" (p. 9). The ANA Code of Ethics for Nurses (2015) has clear provisions for conscience-based objections to nurses' participation in care, provided timely alternate arrangements are made for the patient (p.37).

In states like Oregon, where medical aid-in-dying is legal, the Oregon Nursing Association has clear guidelines for nurses as to what their professional expectations are and are not:
http://c.ymcdn.com/sites/www.oregonrn.org/resource/resmgr/imported/Assisted Suicide Adjusted.pdf

Connecticut is not blazing a new trial. Any issues with the verbiage of the raised bill we need only to look at our neighbors in Oregon, Washington, Vermont, California, Colorado and the District of Columbia with current legislation on the books to guide us.

Finally, medical aid in dying is not synonymous with end of life care. In fact, as a healthcare provider it makes me very sad and frustrated to think that for some people this

is the only option to relieve what must be unendurable pain and suffering when facing death. That is one key to understanding this bill; the people who would benefit are terminal. They are facing death. This is a small subset of the population.

A recent study in the Journal of the American Medical Association (JAMA, 2016) reported that in "the 18 years (1998-2015) of reporting from Oregon and the 7 years (2009-2015) of reporting from Washington state data show that death by PAS [Physician Assisted Suicide] typically accounts for less than 0.4% of all deaths" (p. 83). Of note, the authors stated that despite concerns of marginalized populations being pressured into accepting medical aid in dying, the demographic profile of patients in the United States receiving prescriptions have been "white, well-educated and well-insured" (JAMA, 2016, p. 87).

If we as healthcare providers have done everything in our power to treat the patient, and the person continues to suffer, is it fair to deny them access to medical aid in dying? Or worse, force them to relocate to another state where they can have access to that care? I respectfully ask the committee to support raised H.B. No. 5417: An Act Concerning End-Of-Life Care.

Thank you.

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