

March 18, 2018

To the Committee assessing Physician Assisted Suicide legislation,

It has come to my attention that there is a bill that has come up exceptionally quick that will not be getting the attention and thought that it needs to have before making drastic decisions. This is a matter of life and death and should NOT be tread upon lightly OR quickly OR hastily!

I am a health care giver. I am an Occupational Therapist that works at the Cancer Institute of The Hospital of Central CT in New Britain. I have the PRIVELEDGE of working with people who are struggling with cancer. As much as it is a "horrible", life threatening disease, I have also had many people say it is the best thing that ever happened to them. To these people, it has given them an eternal "insider" look at life. It puts life into perspective. It makes people really search and find what important and what is not. They get to see how precious life is. And they come to rely on God's decision on when they are alive and when they die. That is a truly comforting thing!

Imagine if you had to trust a family member to tell you when you should die? Imagine if the family member has mixed motives? Or if the physician has mixed motives? Imagine if, heaven forbid, there were some financial gain in the decision to die? How could one ever truly make a loving or "correct" decision? After all, we are all human—how can anyone make the "right" answer on their own?

And what if the person is depressed for a time? I see this all the time ... as is the NORMAL stage that everyone must go through when they get "cancer". According to the well established and accepted book by Elizabeth Kubler Ross "On Death and Dying", the normal stages of grief are denial, anger, depression, etc, BEFORE you come to acceptance—which is a wonderful healthy way to process and allow grief and healing. Who is capable of deciding if the person is depressed and might come through the depression and embrace their end of life time?

And then there is the misinformed and the person that is not educated in all the options, or is a minority and does not have all the information in their own language ? This is extremely common in our state, as I see minorities not getting health care that the white people are getting. Many of our Hispanic brothers and sisters do what they are told by persons in authority. If a physician were to acknowledge that they would be better off dead, then they would go right along with the idea.

The thought of physicians or caregivers making life and death decisions is a CRIME. They took the Hippocratic oath to keep people alive . This is NOT their decision to take life.

PLEASE do not move forward with this piece legislature!

Thank you for your time.

Sincerely ,

Ruth H Satterberg, Occupational Therapist