

Lenore Snowden Opalak MD  
Northeast Medical Group  
4 Corporate Drive, Suite 394  
Shelton, CT 06484

Re: HB 5417, "An Act Concerning End of Life Care",  
Before the Public Health Committee on March 20, 2018

To the Public Health Committee:

As a Board-Certified Internist with 28 years of experience in Primary Care medical practice in Connecticut, I am deeply concerned about the threat to patient welfare posed by HB 5417. I know from my extensive experience with patients of all types of medical conditions and walks of life, that those who have expressed a desire for "assisted suicide" were suffering from depression and loneliness. These are problems which can and need to be addressed with compassion, appropriate medication and counseling for depression, and improved social support for those who are socially isolated; it would be the opposite of compassion, and a travesty for the medical profession and for society, to offer death as a solution for depression and loneliness.

Another serious and dangerous pitfall of HB 5417 is that the designation "terminally ill patient" is subject to great uncertainty. In my own practice, I have had numerous patients with diagnoses ranging from congestive heart failure to metastatic cancer to dementia, who were considered to be within 6 months of death, yet went on to outlive a full year of Hospice treatment, and survive a year or more beyond that. These additional years of life, which some would consider "poor quality of life", were years that afforded additional contact with loved ones, and precious time together that would be lost if the push for euthanasia were to prevail.

As a medical professional and as a concerned citizen, I would question the agenda of those who would propose legislation with such a misleading title as "An Act Concerning End of Life Care". Hastening a patient's death does not constitute care of any kind, it constitutes abandonment of the patient. There exist approaches in the palliative care specialty that are designed to alleviate the physical suffering that some people experience at end of life, which do constitute true care for the patient. These services are the ones that need to be supported and developed to provide compassionate care for those who need it. We can and must, as a society, do better by frail and sick people, than to relegate them to the tactics proposed in HB 5417. "An Act Concerning End of Life Care" has no place in civilized society.

Thank you, Lenore Snowden Opalak MD