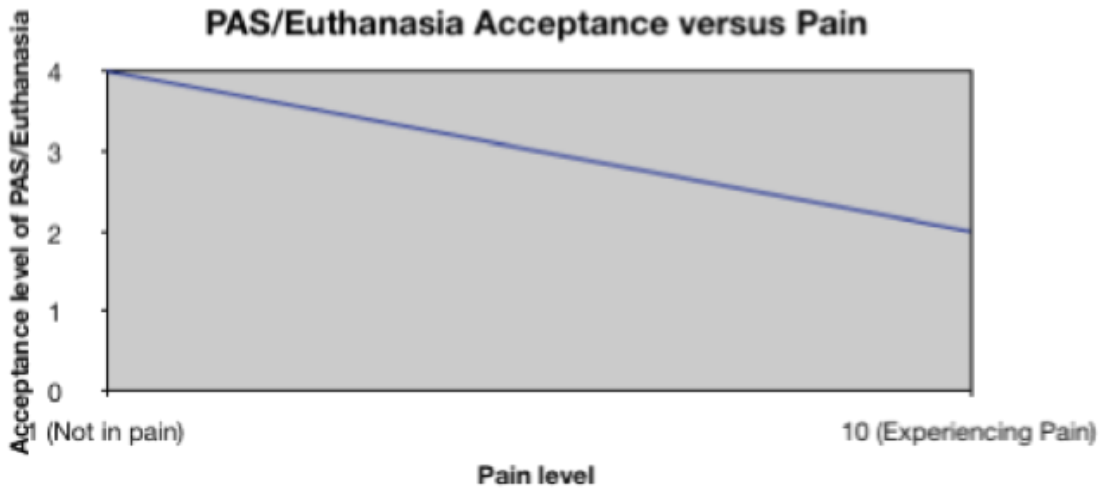
March 17, 2018

Dear Connecticut Legislator:

I am opposed to legalization of assisted suicide. I am a professor emeritus at Oregon Health & Science University and for the past 38 years have lived in and continue to practice Family Medicine in Oregon—both before and after the legalization of assisted suicide.
Since its legalization, I believe medical care and patient safety have deteriorated in my state. As such I am opposed to Connecticut General Assembly's "Raised Bill No. 5417"—a bill euphemistically titled "An act concerning End-of-Life Care" that would permit doctors to prescribe lethal overdoses of medication to patients wanting to kill themselves. This is assisted suicide—pure an simple.
As an experienced physician in Oregon, I am aware of at least 10 myths associated with the promotion and practice of assisted suicide. These should be considered prior to embracing assisted suicide as the solution to suffering.

Myth #1: Needed for pain

- Seldom is the reason for PAS
- In reality, it is the "fear" of pain
- Virtually all pain can be controlled with modern approaches
    - Morphine
    - Nerve block
    - Radiation
    - Palliative surgery
    - Radiation
    - Sedation
- Inverse relationship of desire and actual pain itself



Myth #1: Needed for pain (continued):
Patients in more pain were significantly less likely to find euthanasia and PAS acceptable Lancet 1996:347: 1805-1015

Pain is not among the top concerns* related to requests…

	n=1127 (%)
1. Losing autonomy ("Dignity")	1,025 (91.4%)
2. Decrease in activities that make life enjoyable	1,007 (89.7%)
3. Loss of dignity	767 (77%)
4. Losing bodily functions	524 (46.8%)
5. Burden	473 (42.2%)
6. Inadequate pain control**	296 (26.4%)
7. Financial	38.4 (3.4%)

*OHD, Public Health Division, Center for Health Statistics
February 10, 2017
**Although this issue was discussed with the doctor, these individuals were not necessarily experiencing pain

Myth #2 PAS—no problems in Oregon

- Reporting system inherently flawed
- Doctor **NOT** present **86%** of the time*
- Reports 2nd and 3rd hand
- **Never** any investigation by OHD or government
- OHD **NOT** authorized or funded to investigate**
  *OHD, Public Health Division, Center for Health Statistics
  February 10, 2017
  **OHD news release. March 4, 2005
- Is any procedure without problems?
- All reports by the relatively small number of doctors (<2%) who have agreed to participate in (or who actively promote) PAS
- 48% (543/1127) of reports indicate "unknown" as to any complications*

Myth #2 PAS—no problems in Oregon (continued)

- Records are actively destroyed by the OHD in the name of "privacy"
- Thus, we really don't know about complications*OHD, Public Health Division, Center for Health Statistics February 10, 2017

Myth #3—PAS only for <6 months to live

- No "crystal ball" courses in medical school
- Prognosis and even diagnoses can be wrong
- 6 months entirely arbitrary—why not 12 months? Why not 6 years?
- Already a push in Oregon to double eligibility time
- Netherlands–criteria will include having "a completed life"
- Essentially **anyone eligible—anytime for any reason**

Myth #4—there are no abuses

- Already had nurse-assisted suicide
- A "caretaker" stole $90,000 and a home after "assisting" the person she was "caring for."
- There are no witnesses
- The ultimate elder abuse
- **Never** any investigation by the state
- There is suicide "tourism" to Oregon—e.g. Brittany Maynard
- Doctor shopping for the "right" answer—death*

*Kate Cheney and daughter, Erika, The Oregonian. Oct 17, 1999

Myth #5—Death is "Dignified"

- If suicide by overdose is dignified, are those who die naturally "undignified?"
- Taking a massive overdose of sleeping pills can cause problems
    - ◦Nausea and vomiting
    - ◦Prolonged dying (agonal breathing) potentially over days
- ◦Death doesn't always occur—David Pruitt woke 67 hours later
- Suicide parties reflect apathy about the person taking the overdose*

*Lovelle Svart, The Oregonian. 9/28/2007

Myth #6—PAS improves end of life care

- Perception of pain control by surviving family members worse after passage of assisted suicide*
- High usage of opioids before passage of PAS and high usage after**
- Palliative care improved in states that specifically passed laws outlawing assisted suicide**
- In fact, some other states prohibiting PAS have higher per capita usage rates of opioids**

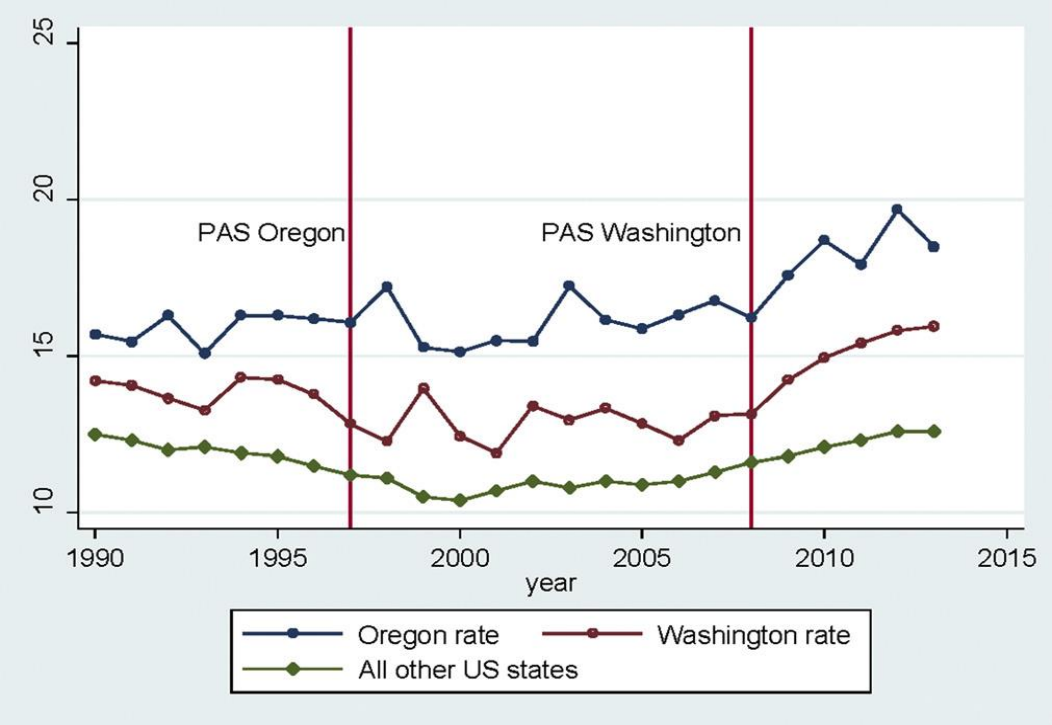
*E. Fromme *et al., "Increased Family Reports of Pain or Distress in Dying Oregonians: 1996 to 2002," J Pall Medicine 7 (2004): 431-42 at 437, 439.*

**_On Point. Doerflinger Lozier Institute,_ http://lozierinstitute.org/the-effect-of-legalizing-assisted-suicide-on-palliative-care-and-suicide-rates/

Myth #7—Expands patient choice

- Patients have the right to take their life now
- Suicide is not illegal
- 43,000+ **non-assisted** suicide annually in the US
- Oregon is among the highest rates (top ten) AND **increasing***.

Non-assisted suicide rates—Oregon, Washington, & all other



*Jones A, Paton D. Southern Med J;2015 108(10):599-604.

- In truth, empowers <u>doctors</u> to assist suicides
- Patients already have the right to refuse treatment
- The real problem is **<u>accessing</u>** care
- Patients who desire care have been denied care (while offered 100% coverage for PAS)—Barbara Wagner and others**

*Jones A, Paton D. Southern Med J;2015 108(10):599-604.

**_Eugene Register-Guard_ June 3, 2008

Myth #8—PAS—patients are screened for depression/mental illness

- Doctors often don't recognize depression
- Some doctors believe "depression" is normal
- Of patients given prescriptions to kill themselves:
  - 25%were depressed
  - 23% had anxiety disorder.
  - **<u>None</u>** were detected by the doctors giving them overdoses.*
- Overall, only 5% referred for psychiatric evaluation**

*Ganzini L et al. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562435/
**OHD, Public Health Division, Center for Health Statistics; 2February 10, 2017

Myth #9—PAS involves doctors who know the patient well

- One doctor wrote for 25 prescriptions last year alone—clearly not all his/her patients*
- Average length of time with prescribing doctor—13 weeks (and falling)
- Already a drive-in "death with dignity" clinic in San Francisco California**

*OHD, Public Health Division, Center for Health Statistics, February 10, 2017
**Dr. Lonny Shavelson https://www.bioedge.org/bioethics/california-doctor-opens-end-of-life-clinic/11914

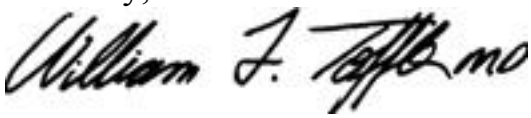
Myth #10—PAS is the solution to suffering

- Rather…the solution is **Care not Killing**
- If a person …
  - is in physical pain—**treat the source** of the pain
  - is lonely—**provide companionship**
  - doesn't value their lives—**work to reflect their inherent value**—just as we do others who aren't labeled "terminal"
  - is fearful—**address their fears**

I very much appreciate the opportunity to provide this information to each of you as legislators of Connecticut. I urge each legislator to consider the longstanding position of the American Medical Association and recently affirmed position of the American College of Physicians in opposition to physician-assisted suicide. The solution to suffering should not be to end the life the sufferer.

Please do not hesitate to contact me if I can provide any further information or documentation for your deliberations. Thank you.

Sincerely,



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