

**Testimony for Public Hearing
Committee on Public Health
HB 5417, An Act Concerning End-Of-Life Care
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I strongly urge you to support HB 5417, An Act Concerning End-Of-Life Care. End of life care decisions should be based on the mentally competent, terminally ill person's life stance and personal choices. Horror stories abound, and just like with the vaccination issue, there are a lot of 'pretend' scientists who will spout misinformation that has no foundation in reality.

Oregon's Death with Dignity's 2017 Annual Report (<http://www.healthoregon.org/dwd>) accurately showcases why laws like this work:

- The median age at death was 74 years
- *"A total of 92 physicians wrote 218 prescriptions during 2017 (1–29 prescriptions per physician). Five patients were referred for psychological or psychiatric evaluation."*
- *"During 2017, no referrals were made to the Oregon Medical Board for failure to comply with DWDA requirements."*
- *"Of the 218 patients for whom prescriptions were written during 2017, 130 (59.6%) ingested the medication; 129 died from ingesting the medication, and one patient ingested the medication but regained consciousness before dying from the underlying illness and is therefore not counted as a DWDA death."*
- Choices were made because of *"decreasing ability to participate in activities that made life enjoyable (88.1%), loss of autonomy (87.4%), and loss of dignity (67.1%)."*
- *"Excluding unknown cases, most (99.1%) had some form of health care insurance."*

On a more personal note, as a person with a psychiatric illness and a neurological disorder, I truly understand the fear the opponents of this bill have: the poor, infirmed and disabled will be forced to take a lethal medical cocktail. Yet the bill, as it is written, cannot be used against me by my physicians, by my health insurance company, by my family or by my depressive self.

As a Humanist, I embrace reason and science while tempering it with compassion and empathy. This law is not something new – it has been passed in several countries under much wider parameters. In America, Oregon's 20-year experience with their Death with Dignity law solidly proves the opponents wrong.

This bill will give people who are mentally competent and terminally ill a choice – nothing more nothing less. As the Oregon law so clearly demonstrates, only 60% of the people who choose this option actually ended up using it. The opponents' scare tactics are not based on reality, and their misinformation should be treated the same way as anti-vaccinations myths – with disdain and resentment for the misery their lies have caused our communities.

Respectfully,

Rebecca Williams
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