

Testimony on

H.B. 5417 "An Act Concerning End-of-Life Care"

Before the Public Health Committee

March 20, 2018

Thank you for this opportunity to testify against HB 5417. My name is Leslie Wolfgang from Waterbury, CT. I am writing to address one of the more frequent arguments I hear in favor of "aid in dying": that what we do for our best pet, we should be willing to do for our loving parent. As someone who lost a beloved pet recently, I can totally relate.

But let's not kid ourselves into believing that we only put our animals "to sleep" when they are in pain. The analogy comparing euthanizing pets to people is incomplete unless we consider the other reasons we give pets "aid in dying". According to the Society for the Prevention of Cruelty to Animals, the single most common reason pets are euthanized is that they have a personality or behavior problem - accounting for up to 60% of cases. According to the Humane Society, animals are euthanized because they are abandoned or unwanted. They are given the "big sleep" because caregivers are no longer able to care for them, they are too expensive to care for, because they look bad.¹

That said, the push for "aid in dying" to be extended beyond people diagnosed as "terminally ill" has already happened. The people of Belgium and The Netherlands are not that much different from us. They had the good intention of restricting their laws too. But now through administrative rulings and judicial interpretations, they have licensed doctors that give "aid in dying" to people who are depressed, have had botched operations, or were sexually abused.² They now euthanize "competent" children. Can't happen in America? The Los Angeles Times editorialized this month that similar legislation should be adopted in their state. In the comment threads of US social media sites devoted to "aid in dying", the commentators regularly want laws "also for children" and "also for dementia patients".

The analogy to pets also fails because the risks for euthanizing pets as creating pathways for fraud and financial abuse seem very low. Animals own very few estates, and are hardly subject to manipulation by greedy heirs or fraud. Yet the risks for humans, in the form of elder abuse and discrimination is very high.

The second point I'd like to address is the assertion made by the proponents of this bill that there has "never been a single case of misuse or abuse" of the Oregon Law.

¹ http://www.mercatornet.com/articles/view/lets_put_this_pet_theory_to_sleep

² <http://www.alexschadenberg.blogspot.ca/2014/03/there-is-no-smear-campaign-against.html>

“If any surgeon or physician had told me that he did 200 procedures without any complications I knew that he possibly needed counseling and had no insight. **We come here and I am told there are no complications. There is something strange going on.”³**

Study of Oregon’s experience with assisted suicide by House of Commons Committee, United Kingdom

Supporters of “aid in dying” very eagerly hold up the “Oregon Reports” as proof that there has “never been a case of misuse or abuse”. Which is patently absurd, just from the standpoint of a program run by human beings, for years. Never? But we don’t have to guess. The “Oregon Reports” rely on self-reporting by doctors, and their compilers have stated over the years that they “are not given the resources to investigate”.⁴

We know there has been abuse from personal testimonies and news stories.

- Dr. Charles Bentz of Portland, Oregon had a patient who was encouraged to die by assisted suicide and laments “I was not able to protect my depressed patient.”⁵
- Barbara Wagner and Randy Stroup, of Oregon, received form letters from the state run health plan that while their doctor prescribed treatment would not be covered, their assisted suicide would.⁶
- Last year, Tami Sawyer, a former real estate broker from Oregon, was indicted for first-degree criminal mistreatment and first-degree aggravated theft related to the “aid in dying” of father of three, Thomas Middleton, who transferred his estate, moved into her home, died that month by assisted suicide and then his house was placed on the market 2 days later. She is now serving a nine year

³ <http://www.patientsrightscouncil.org/site/the-oregon-experience/> “Witnesses’ testimony was published in: [House of Lords Select Committee on the Assisted Dying for the Terminally Ill Bill, “Assisted Dying for the Terminally Ill Bill \[HL\]”](#) Volume II: Evidence. Apr. 4, 2005. (Hereafter referred to as HL)

Remarks by Lord McColl of Dulwich, HL, p. 334, Q.956 (Emphasis added.)”

⁴ <http://www.patientsrightscouncil.org/site/the-oregon-experience/>

⁵ Montana Standard, Letter to the Editor, 1/27/13

http://mtstandard.com/news/opinion/mailbag/oregon-doctor-could-not-save-patient-from-assisted-suicide/article_a4b605ba-6767-11e2-bf94-0019bb2963f4.html

⁶ <http://www.katu.com/news/26119539.html>,

<http://www.foxnews.com/story/2008/07/28/oregon-offers-terminal-patients-doctor-assisted-suicide-instead-medical-care/>

sentence for her crimes along with her husband.⁷

- Kathryn Judson of Oregon wrote . . . “To my surprise and horror, during the exam I overheard the doctor giving my husband a sales pitch for assisted suicide. ‘Think of what it will spare your wife, we need to think of her’ he said, as a clincher.”⁸
- From Marlene Deakins, about her brother who lived in Washington . . . “When he was first admitted to the hospital, he made the mistake of asking for information about assisted suicide. I say a mistake, because this set off a chain of events that interfered with his care and caused him unnecessary stress in what turned out to be the last months of his life.”⁹
- Carlos Benedetto and his wife, owners of an elder care home in Oregon wrote “Since the act passed, we have also noticed that some members of the medical profession are quick to bring out the morphine to begin comfort care without considering treatment.”¹⁰
- Other cases of botched assisted suicides and complications have made it into media accounts, but you won’t see them reported in the “Oregon Reports”¹¹

It is a little known fact that Oregon doctors have resisted assisted suicide in their state and Compassion & Choices is involved with over 75% of the deaths by assisted suicide in Oregon, and by their own reports, aiding in 97% of the deaths in 2009.¹² “Exit parties” arranged by patients and Compassion in Dying, Compassion and Choices, and attended by the media, show patients dancing with George Eighmey, C&C executive director, immediately prior to taking the barbiturate overdose. They do not appear to be having pain. (New York Times, June 1, 2004; The Oregonian ‘Lovellev Svart’ series in Sept. 2007)¹³ Assisted suicide is Big Suicide coming into states, changing longstanding protections for the vulnerable and interfering with the doctor/patient

⁷ <http://storify.com/thebulletin/timeline-of-events-in-tami-and-kevin-sawyer-case>

⁸ Hawaii Free Press, February 15, 2011, available

<http://www.choiceillusion.org/2013/12/i-was-afraid-to-leave-my-husband-alone.html>

⁹ Missoulia, March 4, 2013, letter-to-the-editor.

http://missoulia.com/news/opinion/mailbag/legalizing-assisted-suicide-allows-physicians-to-pressure-patients/article_5726f258-84fb-11e2-9707-001a4bcf887a.html

¹⁰ <http://www.massagainstaassistedsuicide.org/2012/05/benedetto-letter-to-boston-globe.html>

¹¹ <http://www.patientsrightscouncil.org/site/oregon/>

¹² <http://www.patientsrightscouncil.org/site/oregon-assisted-suicide-deaths/>

¹³ [Pain and Physician-Assisted Suicide - What is Going On?](#), August 25, 2008

Review by Dr. Kenneth R. Stevens, Jr., M.D., Professor Emeritus Radiation Oncology, OHSU

relationship.

From the testimony of Dr. Ira Byrock, practicing palliative care physician and director of the palliative care program at Dartmouth-Hitchcock Medical Center in Lebanon, NH, to Vermont in 2013

“Proponents of adopting an Oregon-style act in Vermont emphasize safeguards in the law and assert that Oregon’s experience proves that worries about a slippery slope are unfounded. However, a recent PBS Frontline documentary, The Suicide Plan, shows unambiguously that the leaders of Compassion and Choices and the Final Exit Network truly believe that the right to self-deliverance must not be abridged, nor should it be dependent on physical ailments or the willingness of a prescribing doctor.

[\(www.pbs.org/wgbh/pages/frontline/suicide-plan/\)](http://www.pbs.org/wgbh/pages/frontline/suicide-plan/) The filmmakers did not take sides, adopting an unblinking approach to the topic. I encourage any legislator who feels drawn to vote for legalizing physician assisted suicide to see this documentary.”¹⁴

Thank you for your time.

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<http://www.notdeadyet.org/2013/01/vermont-testimony-of-ira-byrock-md-to-vermont-senate-committee-on-health-and-welfare-hearing-on-end-of-life-choices.html> and for a transcript of Frontline, The Suicide Plan, <http://www.pbs.org/wgbh/pages/frontline/social-issues/suicide-plan/transcript-33/>