



March 17, 2019

TO: The Honorable Members of the Public Health Committee

This testimony is in opposition to H.B. 5898, AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

On February 26, 2009 I learned what despair feels like. That was when a surgeon told me that Terri, my wife of 21 years, had stage 4 stomach cancer with a prognosis of three months to live. Hours later, I could not contain my anguish when I had to relay that information to my two teenage sons. An utter lack of hope engulfed me. A few days later, while taking the dog for a walk, I prayed for the strength to cope with the crushing news. Many friends were praying for my wife. During that walk, my despair was replaced with deep determination to fight and beat this cancer, despite the odds.

Armed with coaching from a friend who was a nurse, I successfully begged and negotiated treatment for my wife. This started with artificial nutrition (TPN) to strengthen her for chemo. The chemo treatment arrested the cancer for a time, and Terri outlived her three-month prognosis by three years. She was granted three years to see her sons grow up, take two Cape Cod vacations with extended family, attend the wedding of her favorite niece on the West Coast, and repair our marriage.

Why am I sharing this story? This bill, if passed, would allow a physician to prescribe medication to aid a patient in dying if that patient is expected to die from a terminal illness within six months. The point of this personal anecdote is to illustrate that doctors' prognoses are often wrong. This is my first objection to this bill.

There are many other problems with this proposed law. My second objection is that it requires the medical professional who signs the death certificate to lie by listing the “underlying terminal illness” as the cause of death, not suicide. This lie is unethical, and would allow evasion of any public accounting of physician-assisted suicide.

The third objection to this bill is that it offers a means to negate suicide clauses in life insurance contracts. This amounts to defrauding the companies which issue the policies.

My fourth, and most important objection to this bill, is that physician-assisted suicide is always morally wrong. One motive for the bill could be deduced to be reducing the costs of end of life care. But physician-assisted suicide devalues the sanctity of human life, corrupts the role of physicians as healers, and undermines the value of all human life throughout the culture.

The widow of Senator Ted Kennedy, Victoria Reggie Kennedy, stated all of this eloquently as follows:

“My late husband Sen. Edward Kennedy called quality, affordable health care for all the cause of his life. [Physician-assisted suicide] turns his vision of health care for all on its head by asking us to endorse patient suicide—not patient care—as our public policy for dealing with pain and the financial burdens of care at the end of life. We’re better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line.”¹

Respectfully,

//ORIGINAL SIGNED//

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¹ <https://www.newsweek.com/physician-assisted-suicide-always-wrong-317042>