

March 18, 2019

CGA-Public Health Committee

RE: H.B.No. 5898

Dear Public Health Committee Members,

My name is Joanne Avoletta from Torrington, CT. (06790). I am writing to voice my strong opposition to the Right-to-Die Bill (HB 5898). I recently experienced the loss of my brother due to a progressive illness. There was no cure and symptoms were no longer being managed effectively with the treatment plan for his type of diagnosis. He had end stage 'COPD' (Chronic Obstructive Pulmonary Disease). His symptoms included severe breathing problems with associated panic attacks due to severe anxiety which is part of the disease. I know all too well the pain of loss, grief and forgiveness, and the complex emotions which can include anger. Six years ago, I also advocated for my husband who suffered from stage IV metastatic lung cancer. He had the very best treatment available for his specific type of cancer but it still failed. He also had less than six months to live. Advanced hospitals such as Yale already have an end-of-life program in place. It's called **Palliative Care**. These specialty physicians are excellent in providing comfort care by using the appropriate combination of medicines to manage all symptoms with a focus on improving quality of life and allowing patients to die with dignity. Palliative Care Specialists and Teams work with the patient's physician to address the physical, psychological, social and spiritual distress of a serious illness and its treatment. They do a phenomenal job at making patients comfortable and relieving family and medical staff of any guilty thoughts or feelings that would no doubt arise from allowing patients to suffer needlessly or making choices that would directly contribute to their loved one's death.

It is unfortunately true that many physicians and other health care professionals confuse Palliative Care with Hospice Care. As such, they don't offer Palliative Care Services early enough or at all because they either don't know about it or understand it and believe it is the same as Hospice. Physicians and Nurses are also very uncomfortable approaching this discussion, as well. There is a significant difference between Palliative Care and Hospice Care. Under Palliative Care, the person can still receive aggressive treatment for their diagnosis and also receive additional support and medication to provide much needed comfort and excellent pain management. Under Hospice Care, treatment stops and only comfort measures are provided. Hospice should be offered only later in the illness. More training and education in Palliative Care for physicians and medical staff would be highly beneficial to patients and their families.

It is definitely **NOT** necessary to provide a lethal dose of medication to patients who have six months or less to live and who are in deep pain and in despair. In fact, at times the Palliative

Care and/or Hospice care is so effective, patients live longer than 6 months and even go off Hospice. This Bill is inherently wrong, there is too much room for error, it will lead to unnecessary conflict and guilt in families and among medical staff and it will open up Pandora's Box. What we **DO NEED** is to educate all doctors, especially hospitalists and other medical professionals about when is the best time to offer Palliative Care. Many attending physicians lack knowledge and UNDERSTANDING about the value in introducing Palliative Care Services. Education and training in both Palliative Care and Hospice Care is what we should be focusing on, not directly suggesting the right to die to innocent, confused and vulnerable patients.

I appreciate your time, consideration and lengthy decision making process.

Please kill the bill and not the patient and vote "**No**" to H.B. No. 5898.

Joanne Avoletta