

Testimony
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An Act Concerning Aid in dying for Terminally Ill Patients
Barbara Bennett Jacobs, MPH, PhD, RN, HEC-C
37 Belknap Rd. West Hartford, CT 06117
Bjacobs44@gmail.com
Barbara.jacobs@uconn.edu
homejacobs@aol.com
barbara.jacobs@hhchealth.org

After 40 years being a nurse and 18 of those being a clinical bioethicist and currently one of two certified health care ethics consultants in CT, I have accumulated over 800 ethics consultations mostly related to end-of-life care. These experiences form the basis for my testimony today.

My opposition to this bill is related to 1) the fact that physicians - defined as those who *“prescribe medication to a qualified patient who is terminally ill to self-administer to bring about his or her death”* - would be in violation of the American Medical Association’s (AMA) Code of Medical Ethics that states – *“allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.”*

Codes of ethics are a source of moral authority to the practice of medicine. Professional codes of ethics are developed by and endorsed by government, business and health professions and ought not to be challenged by those outside of the professions. The authority rests with the very profession for which the code acknowledges.

Why would you as an ethically-endowed body of law makers ask physicians to lie, to cover up the truth – to violate the most fundamental bioethical principle – veracity? The death of a person after he/she ingests a lethal dose of medications is no doubt due to said ingestion; to tell physicians to declare that the cause of death is the underlying terminal illness is wrong and ought not be sanctioned as legal. This is a violation of medical education, medical ethics, medical science, and legislative ethics that erodes the very essence of our common morality. Physicians ought to be outraged that our CT government would endorse and legalize lying and falsifying information on a public record.

Dr. Edmund Pellegrino one of the most referred international experts in medical ethics once said, ;;;*“With today’s advanced methods of pain relief and palliative care, assisted suicide is not necessary. When a patient asks for this desperate measure, it is a serious indictment of the physician’s competence. When the patient senses this gross failure he turns in desperation to a request for accelerated death.”* This *“morally noxious activity”*, is a breach of the *“first principle of medical ethics – benevolence in helping, healing and alleviating pain and suffering.* He acknowledges that we in medicine and the allied professions have sophisticated, enhanced, and well established palliative care that is universally accessible - in CT, from Demsey, to Windham, from Hartford, to St. Francis, from Yale to Bridgeport and home care, palliative programs have flourished and provide moral and clinical expertise.

The second opposition to this bill is 2) it is bad public health policy. Oregon’s 21 year history of PAS documents that 1,459 persons have died over the 21 years - that is 69 persons/year. This proposed 5898 bill will target an extremely small percentage of CT citizens

making the utilitarian moral calculus (most frequently used in public health planning) yield a minimal benefit. Ought we focus on ways to improve the end-of-life care for all our dying citizens through access to quality Palliative Care, i.e., the greatest good for the greatest number?

The Oregon experience has not significantly influenced other states to pursue PAS – in 21 years only 7 other states have legalized PAS – we are one of 43 who have not. There are far more pressing public health issues needing attention - asthma in children, immunization objections threatening the public's health, and of course gun violence – attention to these issues and others have a more strategic net benefit.

The tendency of supporters to euphemistically refer to this bill as providing a “choice” is a smoke screen of deception, dishonesty, and manipulation of those who may feel threatened that dying is always a painful process. To suggest to our vulnerable elderly population that if they don't support this bill, there is a strong probability that they will die in pain, will suffer, and will lose their dignity is reprehensible, abusive, untrue, and is not supported by the data from Oregon and others. This bill is not supported by scientific evidence.

Last week Rep. Josh Elliot of Hamden made the following statement on Channel 8 news.

“This is only going to be available for people with the diagnosis of 6 months or less to live and only people who are in deep and dire pain.” This is not true, there is nothing in this bill that sets *deep and dire pain* as a prerequisite to obtain lethal prescriptions to use to commit suicide.

The 2018 Oregon experience ranks *"inadequate pain control or concern about it"* sixth in a list of seven end of life concerns. That represents 31%. The four leading end of life concerns were losing autonomy – 95% , less able to engage in activities making life enjoyable 96% loss of dignity (79%) and losing control of bodily functions 46%.

I have been on the advisory board of two public health department initiatives – one addressing what to do when a pandemic happens and one that lead to passing the law legalizing Medical Orders for Life Sustaining Treatment (MOLST). MOLST provides the opportunity for persons to discuss with their physicians and document in writing specific doctor's orders for treatments they do or do not choose at the end of their lives. Autonomy is alive and well.

In New York, passage of the New York Palliative Care Information Act in 2010 requires that all terminally ill patients be explained the options of care available to them including palliative and hospice options, completing a living will, and MOLST. And what does CT want to offer? - a bill that redefines centuries of medical ethics without any authority to do so, a bill that promotes suicide, a bill that makes no provisions for improving one's end-of-life but promotes extinguishing it, a bill that eschews the exceptional work of our dedicated palliative and hospice providers, a bill that is couched as "compassion" but is anything but compassionate when it scares those who are thinking the most about the dying process and their ultimate death.

Please leave the medical care of terminally ill patients in the good and moral hands of health professionals who have published standards of care to follow, who accept the

responsibility for ensuring their patients a good death, and who have the expertise to do so

We have been here before – the same rhetoric of a *“right to die”* a *“right to choose”* is a hollow reason to ask physicians to be complicit in the death of his/her patient. Patients do have rights to choose their health care providers, to decide the types of treatments they do and do not want, and to express their autonomy. They can do so by having conversations with their physicians and nurses to determine their end of life plan through MOLST and their living wills and to use the expanding and professionally-based palliative and hospice care programs that are replete throughout the state of CT.