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Testimony in Opposition to
House Bill 5898

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS

Public Health Committee
Public Hearing
March 18, 2019
Legislative Office Building

The Connecticut Catholic Public Affairs Conference continues to oppose legislation concerning aid in dying, including this year's House Bill 5898.

While the bill is an affront to Catholic teachings on the sanctity of life, from birth to natural death, we base our opposition in today's testimony on secular arguments. At the same time, through our opposition, we do not discount or ignore the pain experienced by the terminally and chronically ill. Their pain or fear of loss of autonomy is palpable. Nevertheless, our concerns of abuse and unintended effects are grave.

First, this bill, if enacted, will likely result in diminished insurance coverage for the sick and chronically ill, with incentives to choose cheaper, life-ending medications over more expensive, life-extending treatment.

- Over time, Connecticut's poorest and sickest residents will have fewer choices in their end of life care.

If enacted, this bill could easily be challenged by someone unable to administer medication by herself, which would lead to court-approved euthanasia, which is not under debate at this public hearing.

- This development would endanger our friends in the disability community as they have cogently argued in their testimony.
- In Oregon, the first state with a "Death with Dignity Act," proposed legislation this year aims to change its definition of terminal illness and also removes the six-month timeline. "Terminal disease" means [an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months] a disease that will, within reasonable medical judgment, produce or substantially contribute to a patient's death. Oregon HB 3222. This could include a multitude of maladies.
- This same Oregon bill manifests our concerns that self-administration will entail euthanasia. Under the Oregon bill, "Self-administer" means a qualified patient's physical act of ingesting or delivering by another method medication to end his or her life in a humane and dignified manner. Here, someone else may legally administer the medication. This increases the risk of serious abuse. IV lines and feeding tubes could easily be used to administer unwanted medication, even if originally requested at some point in time.
- Oregon's bill plans to amend the act even further by allowing non-doctors to write the lethal prescriptions, which increases the proliferation of unsecured medications. Additionally, the storage and disposal of unused medications and potential sales on the black market are problematic and not contemplated by HB 5898.

HB 5898 will create a perceived moral obligation for the terminally ill to relieve family members or caregivers from the provision and standard of care that is due to every individual.

Meanwhile, the country faces a suicide epidemic, and Connecticut's suicide rate increased 19.2% from 1999 to 2016. A third of all pre-teens admitted to emergency rooms across the country are suicide risks. State-approved suicide

creates confusion for our youth, mentally-ill, and sick when the state conversely sponsors and promotes anti-suicide campaigns.

There is no way to ensure that the person prescribed the medication will consume it or consume all of it as prescribed. Likewise, doctors would never know if their patients actually consumed the medication on their own volition. The risk of undue influence and elder abuse cannot be overlooked.

Our public policies should be about valuing and protecting life from inception to the time when we all leave this conscious world. This legislation does not meet those values.