

Testimony Against

H.B. No. 5898

AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS

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Joan Cavanagh  
34 Walnut Street  
New Haven CT 06511  
(203) 668 9082

[joan.cavanagh@gmail.com](mailto:joan.cavanagh@gmail.com)

For the sixth year in a row, I speak in opposition to the legalization of doctor assisted suicide in Connecticut. Thus far, these bills have fortunately been defeated. In the name of human rights, I implore the members of the Public Health Committee to once again reject this dangerous, short-sighted legislation.

As a long-time peace and justice activist and a pro-choice advocate, I am appalled that progressive people have been led to believe that this legislation offers patients a real choice. It does not. What it offers is a recipe for both institutional and personal abuse and coercion. In an environment of medical cost-cutting and with a federal administration dedicated to the destruction of all the social safety nets that attempt to protect the most vulnerable among us, to pass such a bill would be irresponsible at best.

I have shared the details of my experience with my mother, an elderly Medicare/Medicaid patient, in previous years' testimony and in several articles. (You can read my forum piece about it from 2014 at <https://www.nhregister.com/opinion/article/Forum-Aid-in-dying-bill-neither-11375068.php> if you are so inclined.) In short, I was continually harassed for months by hospital personnel and several doctors who wanted to withhold treatment, and they attempted to override my wishes.

As I believe other testimony will underscore, this experience was by no means unique. Prejudicial attitudes against the elderly, poor and disabled are already being used by hospital administrators and by insurance companies to enforce the cost-cutting agenda. That these attitudes are couched in euphemisms such as "quality of life" and the "right to die" only makes them more dangerous. While many of its proponents may sincerely believe it is merciful in individual cases, the implications of doctor assisted suicide in this larger context are anything but.

In states where this practice is legal, the cost-cutting agenda has already shown its face in cases where insurance companies have refused more expensive (and potentially life-saving or life-extending) treatment to seriously ill patients but instead offered payment for the death alternative. The "right to die" becomes the "duty to die," the only option a patient is permitted. This is not a choice. And these are only the cases that have received publicity.

The leading proponents of assisted suicide have spent many years and vast amounts of money to lobby the public and their legislators in its favor. We might indeed wish that their energy and their funds had been used instead to try to rein in the profit motive that drives so much of our health care system, from the pharmaceutical companies to the insurance companies to the hospital administrators enslaved by the bottom line. As a society, we need access to real health care for all who require it, at all stages of our lives. We need to be able to trust that our providers have our best interests at heart no matter who we are or what our physical or mental capacities. We need to have the right to refuse treatment at any point, of course, if that is our decision. But we must not have treatment refused to us. And we must not empower our health care providers to end our lives. That is not, and should not become, their role.

Please do not vote this legislation out of committee. Thank you for the opportunity to testify.