



## State of Connecticut

### HOUSE OF REPRESENTATIVES STATE CAPITOL

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ENERGY AND TECHNOLOGY COMMITTEE

March 18, 2019 \* 10:30am \* 1D

*Testimony in opposition* of HB 5898 AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

Dear Chairmen Daugherty Abrams and Steinberg, Ranking Members Somers and Petit, and distinguished members of the Public Health Committee:

I appreciate having the opportunity to submit testimony on HB 5898 on your public hearing agenda today.

There are many reasons to oppose this proposed “right to die” legislation. For a start, let’s call it by its rightful name- physician assisted suicide. , The American Medical Association, the body whose members would be required to enable this act and provide the means to carry it out, continues to oppose it. In its Code of Medical Ethics, 5.7, the AMA reiterates its opposition to this practice. “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.

Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Physicians:

- (a) Should not abandon a patient once it is determined that cure is impossible.
- (b) Must respect patient autonomy.
- (c) Must provide good communication and emotional support.
- (d) Must provide appropriate comfort care and adequate pain control.”

<https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide>

The Society’s own Council on Ethical and Judicial Affairs (CEJA) conducted an exhaustive two year study of the history, practice and implications of physician assisted suicide, collecting information from doctors, ethicists, in the U.S. and Canada. In June of 2018 CEJA offered its report and recommendations to the AMA House of Delegates policy-making body for its consideration. The CEJA report included a review of the European experience where physician assisted suicide began with terminal patients, then

progressed to healthy people with depression and mental illness, elderly couples who feared abandonment, and in Belgium, children. In Europe and now, frighteningly, in Canada, PAS rapidly progressed to active euthanasia (direct physician killing of patients). In 2017, approximately 25% of all deaths were induced or caused by physicians. That includes 83 people suffering from mental illness. In the Netherlands, organ harvesting is permitted and takes place after death when possible. Should we also take this view and implicitly send the message to our loved ones that they are worth more to society dead than alive?

Some may argue that the slippery slope argument is not applicable, yet the experiences of Canada, the Netherlands and Belgium prove otherwise. What about the pressure the availability of assisted suicide places on the patient who wishes to live, but fears becoming a burden on his or her family, either physically or financially? What about the disabled individual? These points from Not Dead Yet, a national, grassroots disability rights group that opposes legalization of assisted suicide and euthanasia as deadly forms of discrimination, are particularly pertinent.

“The key arguments against legalizing assisted suicide can be summarized as follows:

- **Deadly mix:** Assisted suicide is a deadly mix with our profit-driven healthcare system. At \$300, assisted suicide will be the cheapest treatment. Assisted suicide saves insurance companies money.
- **Abuse:** Abuse of people with disabilities, and elder abuse, is rising. An heir or abusive caregiver may steer someone towards assisted suicide, witness the request, pick up the lethal dose, and even give the drug — no witnesses are required at the death, so who would know?
- **Mistakes:** Diagnoses of terminal illness are too often wrong, leading people to give up on treatment and lose good years of their lives.
- **Careless:** No psychological evaluation is required. People with a history of depression and suicide attempts have received the lethal drugs.
- **Pressure:** Financial and emotional pressures can also make people choose death.
- **Unnecessary:** Everyone already has the right to refuse treatment and get full palliative care, including, if dying in pain, pain-relieving palliative sedation.
- **No true safeguards:** The safeguards are hollow, with no enforcement or investigation authority.
- **Our quality of life underrated:** Society often underrates people with disabilities’ quality of life. Will doctors & nurses fully explore our concerns and fight for our full lives? Will we get suicide prevention or suicide assistance?”

<http://notdeadyet.org/disability-rights-toolkit-for-advocacy-against-legalization-of-assisted-suicide>)

In short, there are many reasons to oppose assisted suicide. The legislation stipulates that it is only open to patients with a terminal condition and limited life expectancy – that is an unknown quantity and many

patients outlive by many months their doctor's prognosis. What are the safeguards against coercion either overt or subtle? If physician assisted suicide is available, how many individuals will forfeit days, weeks or even months and years that they may have had with their loved ones? In Kristen Hanson's editorial in USA Today of 8/26/2018, she states that her 36 year old husband with terminal brain cancer "admitted that during his illness, he sometimes felt such despair that he may have taken a lethal prescription had it been legal in New York, where we lived, and if he had it in his nightstand during his darkest days. He was tempted to believe that ending his life would relieve the burden on his caretakers and allow him to bypass the experience of illness-induced disability that the disease would otherwise cause.

There's no telling what would have happened to J.J. and our family if lethal pills were available to him during that dark period. What we do know is that, as J.J. said, the support and hope of loved ones carried him past that difficult time....

Hope inspired us to try standard and experimental treatments to combat J.J.'s cancer. Those treatments extended his life beyond the initial four-month prognosis to three and a half years. If we had relied on the initial prognosis, given in to the depression and given up on hope, we would have missed out on so very much. Our oldest son, James, would never have gotten to know his father; our youngest son, Lucas, would never have been born..."

Rather than authorizing physicians to prescribe lethal cocktails for their patients, we as a society must ensure that every individual has access to the palliative care he or she requires to allow a peaceful pain-free end of life.

I appreciate you taking my comments into consideration on HB 5898. Thank you.

Sincerely,



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