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Dear Madame Chairperson and members of the Committee:

I am writing to express my opposition to HB 5898 titled "An Act Concerning Aid in Dying for Terminally Ill Patients".

While this bill appears to have a number of safeguards, it has many problems. Several of them for me include:

- 1) I value my integrity. Being directed to tell a falsehood into the medical record already speaks volumes about this process/action.
- 2) The waiting period is woefully too short to allow a person to adjust to their new disease, or disability. The period of adjustment will be cut short by an irrevocable final choice.
- 3) I value my relationship with patients. Currently, there is no question about the nature of the help / assistance I have to offer. The Hippocratic oath speaks to this as well.
- 4) Helping individuals to "live well in the face of dying", as opposed to eliminating the individual — whether because of suffering or discomfort or a terminal illness/diagnosis, forces me to work diligently.
- 5) The safeguards are weak. In other settings (Oregon, Canada, Netherlands) despite the safeguards designated, there has been a rapid expansion of the use of these dangerous and unnecessary methods.

I do not know the sponsors of this bill. But in other locations it has been white people of reasonable resources. But this bill is for the public of Connecticut. All the members of our society are going to be included in it — the poor, disabled, elderly, minorities, all groups that stand to be disproportionately affected by this position. The right to die rapidly becomes the duty to die. Further, this is boon for managed care and cost containment. In Oregon the payment for physician assisted suicide has been offered while the payment for other more costly modalities is denied. Additionally, the ineffectiveness of oral medication (up to 25% of the time) has led to the intravenous administration of medications, which has led to euthanasia and the administration of regimens to significant numbers of individuals with whom even a discussion of these interventions has not taken place.

Much more could be said. I have spoken mostly about consequence-based reasons for opposing this bill. More could be said about principles and virtues that speak to this topic. The years ahead will illustrate problems here in the US. We in CT can afford to watch this unfold. There is no need to move into this arena. It is fraught with danger, and it seems all the more as technology advances.

Thank you for your consideration.

Sincerely,

David Giles, MD