

Connecticut Health Committee Hearing HB 5898
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3 minutes

Members of the committee, my name is Kristen Hanson and I represent the Patients' Rights Action Fund, a national, secular, non-partisan organization opposed to the legalization of assisted suicide.

One year ago, as my husband was dying, I made a promise to him to continue sharing his story to protect terminal patients from assisted suicide.

JJ was a healthy 33-year-old Marine Corps war veteran who was suddenly diagnosed with terminal brain cancer.

Three different doctors told us there was nothing we could do. They told us to go home and enjoy the time we had left together.

Thankfully, we didn't listen and JJ had great success with treatment. He outlived his grim prognosis by over 3.5 years. During that time our son created priceless memories with JJ and we welcomed a second son into the world.

But if assisted suicide was legal at the time, JJ could have had the lethal drugs on his nightstand during his darkest days when he questioned if we'd all be better off with him dead, fearing he was a burden to us.

Thankfully, JJ didn't end his life. But if he had suicide pills, he might have taken them. And you can't undo that. You can't unmake that choice.

These laws abandon vulnerable patients, like JJ, who can experience periods of depression at any point following their diagnosis.

Many people who consider or go through with assisted suicide have similar fears. Twenty years of data from Oregon show the main reasons patients request assisted suicide relate to existential suffering, such as fear of becoming a burden to friends and family, loss of autonomy, and inability to participate in activities they once enjoyed. Pain and suffering never makes it into the [top five reported reasons](#) patients choose assisted suicide.

Sadly, in Oregon, less than 4% of patients requesting assisted suicide are ever referred for psychological evaluation. Worse still, we'll never truly know how many patients were clinically depressed when they took the suicide pills because once patients receive the prescription, they're on their own. There's no requirement for a doctor to follow-up with them.

But, as a caregiver, my greatest fear is that when assisted suicide becomes a medical treatment, it injects governmental pressure and profit-driven insurance decisions into everyone's end-of-life care.

You cannot focus on the individual patient when you look at this legislation. Assisted suicide is bad public policy because it endangers all terminal patients. It puts a disproportionate pressure on people with disabilities and the economically disadvantaged, leaving a great many with suicide being the only "treatment" to which they have equal access.

Instead, please focus your efforts on improving multidisciplinary care for terminal patients, which addresses patients' concerns at the end of life instead of removing society's care at a time when they need it most.

Thank you.