

I ask that you reject HB 5898, and any others that pertain to allowing or encouraging physicians to assist patients in committing suicide, for the following reasons:

- * The first and most important duty of a doctor is to do no harm! It isn't right or fair to pressure doctors to be morally compromised.
- * It has been demonstrated in many other places with suicide-assistance laws that this creates a slippery slope, whereby patients are pressured into committing suicide because of monetary costs of care, time and nuisance costs of care by family or friends and even hastening a person's death to get an inheritance.
- * If a so-called terminally ill patient could still in fact have six months to live, there is time to find alternative treatments or new discoveries that might cure the patient or at least make them more comfortable. However, no doctor can say for sure how long a person will live anyway, even at the very end of life.
- * Medical staff who help patients at the end of their lives (such as hospice) are trained to help these people psychologically to overcome the powerlessness that is often the source of the will to die. Then the patient is better equipped to make sure their affairs are in order and they can face the end better.
- * Suicide is morally wrong. Although everyone likes to think it, there's no guarantee that death will actually ease anyone's suffering. And by committing suicide, it is most likely to take the patient to a place of much worse suffering, and for eternity.
- * Everyone who encourages or assists a patient to commit suicide will be morally accountable too.
- * My parents were highly intelligent and productive people and they said their worst nightmare would be if they got dementia. They always said "just shoot me" if they got that way. They were both big proponents of patient assisted suicide and supported efforts to change the law. Then my father was diagnosed with Alzheimer's Disease in 2010 and my mother took care of him at home as long as she could, watching him deteriorate bit by bit each day, slowly losing capacity. But each time he needed more care she found new resolve to deal with it. She finally moved him into a nursing home in 2017 and she visited him every day. In all those years, and until the days they both died, I never heard them once mention assisted suicide again. It is one of those things that sounds good in theory, but when the time comes it's unthinkable; what is a good day to die? I'm just so glad they weren't legally able to have chosen death, perhaps on a 'bad' day, not realizing that the next day was going to be better - Dad would remember things, or respond, or even speak. Our whole family got so much out of our new and different time with Dad, finding new ways to help him, spending time with him, making him laugh, sharing memories, stretching ourselves in the process. The nursing home staff learnt so much from him too - although he virtually didn't speak, he communicated in other ways and they could see he was a gentleman with a sense of worth despite his illness, and they grieved with us when he died.
- * Every person's life should be valued in whatever physical condition they are in. If they want to commit suicide then our job is to help them here. An assisted suicide bill tells the world that some people are not worth it - we don't have time, or can't be bothered, to walk with them on their journey and care for them.

Sincerely,

Rachel Higgins, Essex, CT