

**H.B. 5898 "An Act
Concerning Aid In Dying for Terminally Ill
Patients", which supports the legalization
of physician-assisted suicide in Connecticut.**

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Honorable Members of the Public Health Committee

I am writing to share my views on the H.B. 5898 “An Act Concerning Aid in Dying...” which matter is before you for consideration today. Thank you for the opportunity to do so. I urge you not to move this bill forward, not to recommend it for consideration by the full House of Representatives.

The Hippocratic Oath, the statement foundational to not only medical ethics but applicable to all ethical considerations by professional practitioners and ordinary lay persons as well, clearly states that our first obligation is to do no harm. I know the words of this oath will be quoted to you often today, but I will ask you to consider them again and take them to heart:

I will give no deadly medicine to any one if asked, nor suggest any such counsel

Into whatever houses I enter, I will go into them for the benefit of the sick and will abstain from every voluntary act of mischief and corruption.

Upheld by centuries of unanimous philosophical and legal opinion from all cultures and societies and still unquestioningly endorsed without hesitation by our medical profession, this is the oath you are here today to reconsider once again and whether proposed changes to it are justified by changed circumstances. The changes envisioned by this proposed law are radical and run counter to a tradition that has served humanity throughout the ages and has served to call us to the highest moral standards, ones that always put the value of human life and the individual person first. Let’s be very careful in our consideration and let us also humbly consider our provenance to do so. We are not philosophers or prophets or doctors but only ordinary men and women elected by a handful of voters to see to the administration of a small state. Are we equipped, are we entitled to make such a momentous and far-reaching decision? Were you elected for this?

The preservation of human life has always been considered the highest moral imperative. Even in the extremes of war we do not condone the killing of the wounded no matter how life threatening their injuries or how much pain they may be in or how expeditious it may be to do so. We make the fundamental assumption that life is to be saved, almost at any cost. And so our Marine corps swears to leave no one behind, and medics even at the risk of their own lives

minister to the wounded on the field to save lives. We, in the comforts of our hospitals and homes, should do no less.

Some may say that continuing human life is a choice left up to the individual. At what point is it up to the individual to choose to live? We universally urge our youth that life is worth living – this in spite of the challenges they all face and the diminishing prospects many especially those handicapped or underprivileged may face. We consider teen suicide a tragedy even though their mental anguish may be as great as any physical suffering. We attempt to treat depression with medication in order to restore the will to live. We consider the decision to opt for suicide a cowardly act of desertion when chosen by a father and husband who has ruined his career, finances, or reputation. We recognize both that life is worth living and that we have an obligation to live it. And we feel obligated to help people to go on living.

Has something ethically fundamental changed in these last years to make the choice to opt for suicide ethically acceptable to society or even a good thing for the individual opting for it? If anything, with advances in palliative care and in pain management, the plight of the terminally ill and those suffering at the end of life can be substantially alleviated. The almost universal availability of hospice care makes it possible that no one has to die uncared for; and it greatly alleviates the burden that the death of a loved one puts on family caregivers.

Some may urge compassion and mercy. And we are obligated to be merciful and compassionate, but once a person is no longer alive, mercy and compassion are pointless, the person no longer has the life that calls out to us for help. The person who would seek our mercy no longer exists. How is that merciful? Rather our mercy and compassion should consist in being present with a loved one to the end of life. Their physical suffering can be alleviated by medication; that is compassion. Their anguish as they face an experience that we all have ultimately to face can be shared; that is compassion. In facilitating death, we are perhaps more concerned with reducing our own anguish and the difficulties that living with a dying person brings into our life.

Some would look forward to dying with dignity. Perhaps that is possible; and some religious minded even pray for a happy death, but death is death, and it comes to us all, unavoidable, unwanted, but inevitably. We must all accept it. Death is a messy thing, always, no matter what. It is the greatest indignity, but one which we all must suffer. We accept death with dignity not by hastening it but in the act of accepting it as it comes. Just as we are born, not being asked, and exercising no control, not making a decision to be born or not, so we leave life not asking to leave it but accepting it as it comes. That is the dignity.

Life is a gift. We did nothing to deserve to be born. We did not do anything to accomplish it. It was a matter completely out of our control. We must admit that the control we have over our lives is limited. We can not do whatever we want. In spite of our talents and hard work we are not always successful. In many ways, life is a rearguard action. Life is about learning to accept our limitations; and often it is the acceptance of limitation that leads to success. It is the same thing with death. Death is the ultimate limitation. We cannot control it, and we attempt to do so at our own peril. We can, if we can, overcome death only by accepting our death on its own terms when it comes to us, just as we accepted our birth, and as hard as it can sometimes be, we will do everything we can to hold onto to it until our dying breath. This is our natural instinct; the

body always chooses life, it is programmed to continue to breathe until it can no longer. It will do this even if a suffering and misguided mind dares to choose otherwise.

Life is worth living to the last breath no matter how challenging; it is incumbent on us all to make life worth living not to end it.

Finally, as someone who has contemplated suicide myself, I thank God for the obstacles small and large that prevented me from carrying through on my misguided intention. I changed my mind. Thankfully most people do.

Respectfully,

Joseph T. Moller