

I have been a physician in New Haven, Connecticut for more than twenty years. My practice includes both an office practice and an active inpatient service. As a result I have seen numerous critically ill patients.

Through the span of my practice I have never had a patient ask me for help ending their own life. The bill that is being proposed creates a false narrative that there are people suffering because the medical profession insists on it.

What I have seen in the past several years is an increase in medical staff putting pressure on families to withdraw care from critically ill patients. The sickest of patients go to intensive care units and may have their lives supported by mechanical ventilation or drugs to support blood pressure. If a patient is temporarily dependent on a ventilator to breath there is little difference between withdrawing support and euthanasia.

It is the most vulnerable members of society that are likely to suffer when supporting life becomes secondary to convenience.

While I have had many cases of critically ill patients, there are two specific cases that illustrate the danger of letting go of life too soon.

The first woman was a patient of mine for a number of years. I had taken care of her when her diabetes led to profound vascular disease. This resulted in her needing bilateral leg amputations. Her life changed dramatically, but it did not end.

This patient became confined to a wheel chair and was a resident at a nursing home. When I visited her at the nursing home she was always happy to be seen. She had an electronic wheel chair and she enjoyed leaving the facility to visit her friends and family. She left the facility often to visit her church for worship and for BINGO.

A few years later she developed a urinary track infection and was transferred to the hospital. I admitted her to my service and started her on antibiotics. A few hours later her condition took a turn for the worse and she was transferred to the intensive care unit where she needed medications to support her blood pressure. The staff that joined in her care immediately started to encourage this woman's family to withdraw care. They told the family that she had no quality of life because she had lost her legs and they should not prolong her suffering.

I reached out to this patient's daughter and encouraged her to ignore the advice of the nurses and residents and we pursued aggressive care. A few days latter this patient recovered and was able to return to her previous life.

She was of course still not able to walk, but for the next several years she was able to enjoy her family, her friends and her church before she eventually passed away.

More recently I had a patient who suffered from complications following a routine procedure to remove a growth on his neck. He suffered a seizure and probable aspiration pneumonia. He was placed on vent support two or three separate times. During this difficult course there was pressure to withdraw care. His several children had very heated arguments. This patient pulled through.

When I last saw this patient his greatest concern was that his shoulder pain makes it difficult for him to swing a golf club, but he plans on trying as soon as the snow melts.

This patient is very happy to be alive and grateful that we persisted in his care. He has no memory of being sedated and on a ventilator. While there was concern for his suffering he was not suffering. Every effort was made to maintain both his comfort and dignity. Now that this patient can speak for himself it is clear that these efforts were successful.

To me these two cases illustrate the point that while there is life there is both hope and value. Not all cases end up this well. Many patients do die after aggressive treatment, but these patient's were happy that they were not abandoned.

These were both cases when family members felt pressure to end the lives of their loved ones. Under our current rules life sustaining treatment can be stopped when substitute decision makers decide.

One of the great concerns about allowing patients to ask that their life be ended is the potential for abuse of our most vulnerable. I fear that patients with progressive or debilitating illness will be pressured to take their own lives to avoid becoming a burden.

My greater fear is that we are cheapening life to the point where it is acceptable to end life for the sake of convenience. When we change how we value life euthanasia will become as acceptable as any other treatment. Insurance companies will be able to suggest suicide over expensive chemotherapy.

As physicians we must stand against this perversion of our profession. Our job is to provide comfort and hope to our patients. There will always be patients that we cannot save, but there are never patients whom we cannot treat. We must be able to assure our patients that what we are doing is in their best interest. We cannot do this if our profession believes that euthanasia is the moral equivalent of providing treatment and care.

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