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Madame Chair and members of the committee.

My name is John Pike and I live in Middletown. I'm a licensed physician assistant, practicing at St. Francis Hospital the last 25 years, most of those years in the critical care setting. I am also the CT State Director for the American Academy of Medical Ethics. [www.ethicalhealthcare.org](http://www.ethicalhealthcare.org)

I'm testifying in opposition to HB 5898 titled "An Act Concerning Aid in Dying for Terminally Ill Patients", which would legalize physician assisted suicide. This bill is word for word the exact same bill that was introduced last year and was rejected by this same committee after overwhelming opposition testimony. These physician assisted suicide bills have been introduced frequently since 2013, and each time have been rejected by the committees. To date, the American Medical Association and American College of Physicians remain opposed to physician assisted suicide. I'm very concerned and disappointed that the Connecticut State Medical Society has abandoned its' principled opposition by adopting a position of "engaged neutrality". In my opinion this is an evasion of responsibility which will not continue when additional government rules force physicians to refer for this rather than being "neutral", which is exactly what has happened in Canada where physicians who refuse to refer for assisted suicide can lose their licenses.

Why has this failed every year it's been introduced? What makes it somehow less dangerous this year than in the previous years it failed?

You may rightfully ask: isn't it compassionate to assist with suffering at the end of life? Absolutely!! But you don't have to kill the patient to kill the pain and suffering. Instead, let's affirm the dignity of human life, and advocate to continue the development and use of alternatives to relieve pain and suffering.

- Physicians, and other involved health care professionals, from the days of Hippocrates, have had their patients' respect and trust that they will always be their healers and practice non-maleficence, that is, to do no harm. Physician assisted suicide destroys that sacred trust and compels them instead to become complicit in their death. The healer becomes the killer.
- Elderly and ill patients are in danger of being made to feel by families, insurance companies, and even society, that the "right to die" becomes their duty to die. It opens the door to the worst form of elder abuse by weary or greedy relatives worried about their inheritance.
- Families of these victims are frequently left with guilt and anger about not knowing what was being planned and not being able to stop this desperate act.
- What happens in our country when our lives are not deemed worthy to be lived by an overburdened healthcare system? The terminally ill, the elderly, the disabled or mentally ill, perhaps even the poor could well become targets for ending their lives. When does this slope become so slippery that euthanasia creeps in, as in other countries and is now legal in Canada. I pointed this out last year - do you know the name of the law Canada uses to carry this out? It's called "Medical assistance in dying." Does this sound familiar?

Beyond the dangers that I have detailed for you is the very real and actual requirement in this bill that the person signing the death certificate must - must - put down the cause of death as their illness rather than the fact that they committed suicide - basically to lie.

This bill uses a lot of space to discuss the vetting of a potential assisted suicide victim, but, in my opinion, fails to overcome the ethical and moral dilemmas that I have just addressed.

Thank you for your time in considering my remarks.