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To the Committee on Public Health in reference to “An Act Concerning Compassionate Aid in Dying for Terminally Ill Patients: Raised Bill HB 5898

My husband, John Pollack, and I, Mary Kelly Pollack, citizens of and taxpayers to the State of Connecticut testify that we are opposed to HB 5898. We have consistently opposed this bill for several years now. Our reasons for opposing it has not changed. John father passed away four years ago today. He suffered for 15 years from a very debilitating disease. He slowly lost his ability to use his muscles. He never complained, though he did wonder why this had to happen to him. We did not seek any extraordinary care. He died a natural death; he received the the sacrament of the sick and the Eucharist the day they he died; he was able to say goodbye to his loved ones. It was obvious that his suffering drew him ever closer Lord which is what we all,whether we know it on not seek.

We are deeply concerned about the tragic effects that this action will have on the weakest members of our state: the sick, the terminally ill, the disabled and the elderly, our loved ones. We are equally concerned about the long term effects this action will have on the goodwill and credibility of our doctors as well as the rapid erosion of the sense of trust we have in the integrity of our elected representatives and the honor of the office itself. We expect that as elected officials your vision is longsighted and directed towards what is best for all of our citizens. We hope that your judgment is prudent and clear, not clouded by personal self interest or the will of a few.

Anyone who has cared for an elderly parent or child with a disability knows that there are many moments of frustration, moments when the caretaker is tired and overwhelmed. But, these moments pass and most caretakers see the blessings attached to taking care of another person who is in need. To give a sick and dying person the means to take their own life is not charity nor compassion, but rather an escape. An escape from the from the loneliness and pain of infirmity for the sick and dying and an escape from the emotional burden of seeing someone you love suffer loss or because of the inconvenience, the “cost” of caring for the sick.

John and I share in the care of his share in the care of our elderly parents. It is difficult for us as it is difficult for them also. We grumble sometimes, but we know that their lives are valuable and that we will not regret the time we spend with them. We see the miracle of living, and we know how every family member, every friend, every colleague every enemy, even, has made our lives richer, happier; they have allowed us to grow as human beings, allowed us to see and to use gifts that we do not always see in ourselves. We know the peace and happiness that strong bonds of love in the midst of hardships bring. We know the joy of reconciliation, of true friendship. We understand that our struggles make our bonds stronger; they make us better.

Knowing that is is your duty to weigh the long term and widespread effects of this proposed Bill that allows a doctor to prescribe medication to terminally ill patients who will then use to end their own life, and trusting that you take your responsibility to listen to your constituents seriously, we pose several questions.

- 1.) How does this Bill show compassion? Compassion, by definition, means to suffer with. It does not mean to end a persons suffering by allowing them to take their own life? Terminally ill persons who would consider ending their own life are often depressed, afraid of what the future will bring or worried about being a burden to others? The true compassion, genuine love, tender care and palliative medications that will relieve their suffering and fear and allow them to reconcile with those they have been alienated from,

- should not be replaced by doctor prescribed medications that will cause an untimely death.
- 2.) A physicians primary purpose it is to save life. Are their many physicians, are there any physicians, who are really are ready to knowingly and willingly prescribe medications for the express purpose of causing another persons death? The actions proposed in this Bill are contrary to what physicians are called to do and will impede the necessary relationship of trust between doctors and their patients?
 - 3.) Suicide is the intentional taking of ones own life? Is this not the intentional taking one's own life? The Latin roots, of the word suicide are *sui* which means *of one self* and *cide* which means *killer*. Thus, suicide means to kill or to be the killer of oneself just as a pesticide is the killer of a pest. How is this action proposed to this assembly not suicide?
 - 4.) Who is meant to decide when life should end? Do I decide? Does my doctor decide? Should the Governor decide? And by what authority should anyone decide who should die and when they they should die? What individual person or groups of people can make this judgment?
 - 5.) Many of us already know the absolutely devastating effects that suicide and senseless murder have on families and communities? How can any responsible lawmaker vote to encourage actions that will further erode our already fragile families and communities?

Let us not think that we are bringing peace to those who are suffering by ending their life. The personal encounter of caring for the person who suffers pain, the unselfish gift of ourselves to person who is in need of consolation is what brings true peace to those who suffer and to those who give care as well.

Senators and representatives, Please vote no to HB 5898

Your constituents, John and Mary Pollack