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Rep. Steinberg, Sen. Abrams and members of the Public Health committee (specific greeting to Dr. Anwar, a colleague in Northeast Ct),

I provide some thoughts in this letter regarding HB5898(Aid in Dying). I am a practicing family doctor and have served my patients in northeast CT for more than 30 yrs.

You are taking testimony on a bill entitled "Aid in dying for terminally ill patients." To be clear, the heart of this bill is not about dying, compassionately or otherwise, but rather if the state of CT is going to anoint an agent (licensed physicians) to prescribe drugs for the purpose of an individual ending his or her life. This is an ancient issue. Recently the language has changed. Mercy killing, euthanasia, physician assisted suicide and currently medical aid in dying are all the same thing. Euthanasia and suicide have negative connotations and have been brilliantly removed from the current public discussion by a number of organizational and social forces in favor of state sanctioned "good death." Medical aid in dying sounds helpful and nice but should not be confused with the current medical care standard of "medical care for the dying," something that doctors, hospices and families have done with increasing effectiveness for many decades. What this bill proposes is something very different. It is not an extension of the current standard of palliative and hospice care. To suggest so is an insult to those that work on behalf of our dying patients, friends, neighbors, associates, family---all at an extremely vulnerable place. More accurate language would be "aid with dying." Once again, to be clear, you committee members are not being asked to be compassionate, you are deciding if a CT physician should be given legal authority to assist in the ending of a life sooner than natural causes would dictate. Call it whatever you want. My hope is that you all remain very uncomfortable and struggle with this decision. Not too belittle other issues but this is not about toll roads or high deductible health plans.

This 16 page proposed bill attempts to lay out safeguards to minimize the risk for abuse of extremely vulnerable individuals approaching death. Because the lines are not clear and predictable, this cannot be done with complete success. Only the decision to allow or not allow is clear.

CSMS and some other medical organizations have rather quickly morphed from opposed to a newly minted position of "engaged neutrality." This is, in my opinion, a cowardly institutional non-decision regarding an issue that demands a membership decision of yes or no. It appears that CSMS has no opinion on the subject of CT passing a law that for the first time allows physicians to prescribe specifically for the purpose of ending a life. You members of this committee will not have the luxury of a position of "engaged neutrality."

There are many other issues. I will only mention a few. Depression as well as guilt over undue burden to family can influence decisions and are extremely difficult to measure. The vast majority of CT physicians will never be involved in decision making based on specialty. Of those that will be (primary care, Oncology) most will not prescribe even if they are not opposed to the idea. An industry of known physicians will emerge with their own agreeing consultants and they will not be the physician that knows the patient and their circumstances best. Will the state pay for consultations and prescriptions that are involved? Will the insurance commission require commercial insurers to provide coverage? Federal Medicaid and Medicare will not cover (as far as I know). Cost of drug cocktails range from \$600 (often not well tolerated) to \$3-4000

for 100 pills of secobarbital to \$20,000 for pentobarbital which is felt by many to be the preferred drug. Will this bill in any way enhance the currently existent practices of compassionate aid with dying by working with a clearly identified network of hospices and palliative care experts? The US Supreme Court most recently heard a case regarding physician assisted suicide around 2006 and handed it back to the "laboratory of the states." The makeup of the court has significantly changed and cases regarding this issue are expected again. Finally there is the intensely personal decision about the value of life. Is it right for an individual to end their own life and is the State right to be the agent for that process?

Thank you members of the committee for considering my testimony. It would be my pleasure to discuss with you any aspects of my testimony or be corrected of any errors. You have my thanks and best wishes as you continue to serve me and all the people of Connecticut.

Respectfully yours,

Dr. Gerald B. Sullivan

mailgate1.daykimball.org made the following annotations

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