

2139 Silas Deane Highway  
Suite 205  
Rocky Hill, CT 06067  
(860) 257-8066

Michelle Kenefick, LCSW, SEP, President  
Stephen A. Wanczyk-Karp, LMSW, Executive Director  
[naswct@naswct.net](mailto:naswct@naswct.net)

**Testimony on House Bill 5898:  
An Act Concerning Aid in Dying for Terminally Ill Patients**

**Public Health Committee  
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Submitted By: Stephen Wanczyk-Karp, LMSW**

The National Association of Social Workers, Connecticut Chapter (NASW/CT), supports House Bill 5898. We are a professional organization representing over 2,500 social workers in the state of Connecticut. Our professional Code of Ethics stresses the “dignity and worth of the person,” with a key ethical responsibility of respecting a person’s self-determination – that is, the right and ability an individual has to make their own decisions.

As a profession, we are dedicated to honoring the right of self-determination for all individuals. Just as we join with consumers during all other stages of life, to work towards the objectives and goals they would like to accomplish, we join with them in the later stages of life as well, according to what their needs are. We are uniquely positioned to help this population, due to our professional practice of working with the person in their environment. We see the whole person, culturally, socially, emotionally, physically, and mentally. We take a holistic approach of meeting the consumer where they are.

As social workers, we navigate the complex issues of proper end-of-life care. The reason such concerns are so complex is because not only is the inevitable loss of a loved one a painful experience, but there are also a number of diverse cultural and social perspectives on end-of-life care. It is our practice that a person’s ability to make their own decisions, to use their own personal self-determination, is what guides the path of physical and mental health treatment, or lack thereof. It is our professional philosophy that a person cannot be forced to get treatment; the final decision for treatment rests with the consumer, not with the service provider. Likewise, the decision to end one’s life belongs with a “qualified patient” as defined in HB 5898.

I would also like to stress that the terms “aid in dying” and “assisted suicide” are not interchangeable. In 2013, the New Mexico Psychological Association filed an amicus brief in support of aid in dying in the case of *Morris v. New Mexico*. On page four of their briefing, they state: “Suicidal ideology arises from impaired cognition of temporary problems that are actually treatable; aid in dying, on the other hand, arises from acute cognition of physical conditions that are truly incurable” ([http://coa.unm.edu/oral-arguments/2015/01/docs/Morris\\_Amicus\\_NM-Psychological-Association.pdf](http://coa.unm.edu/oral-arguments/2015/01/docs/Morris_Amicus_NM-Psychological-Association.pdf)). This is a medical distinction, grounded in research, science, and professional conclusions.

We likewise believe that the safeguards that are in place in this legislation will be effective. Requiring time between requests, and stringently limiting who can be independent witnesses to the requests,

mitigates abuse that might arise. Section 2 ensures that no one other than the terminally ill individual may make the request, which will significantly decrease the potential for abuse or coercion. We find that the additional step, where appropriate, of counseling in sections 6(3)(F) and 8 to be an important additional protection. We support the language that disqualifies an individual if they are not mentally competent to understand the gravity of their decision. Finally, we know that these protections work. In the twenty-two years since Oregon began their Death with Dignity law, there has not been one documented case of abuse (<https://www.medscape.com/viewarticle/869023>). We believe the fear of abuse to be a very human fear to have, but in this case it is unfounded. The research simply does not support it.

We have an obligation to the people we serve to do what is right by them, and to properly honor their decisions. In order to achieve this goal, we need to ensure our consumers have as many tools and resources as possible. A law allowing aid in dying would create one more tool of comfort and choice to those who bring us into their lives in one of nature's most intimate times. This bill must move forward, to help us provide consumers with one more avenue of care that they may desire. We all wish to live with dignity; it is only fair we also have the opportunity to die with dignity as well.