Public Health Committee
JOINT FAVORABLE REPORT

Bill No.: HB-6425
Title: AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.
Vote Date: 3/5/2021
Vote Action: Joint Favorable
PH Date: 2/26/2021
File No.: 93

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

This bill authorizes the option of medical aid in dying to terminally ill patients, allowing them to choose end-of-life care that reflects their values, priorities, and beliefs. Current statute does not provide an option for a patient to decide to terminate his/her life.

The bill provides a patient who:
(1) is an adult
(2) is competent
(3) is a resident of this state
(4) has been determined by such patient's attending physician to have a terminal illness, and
(5) has voluntarily expressed his or her wish to receive aid in dying, may request aid in dying by making two oral requests and one written request to such patient's attending physician.
The patient is anticipated to have no more than 6 months of life remaining.

RESPONSE FROM ADMINISTRATION/AGENCY:

Kevin Lembo, State Comptroller, Office of the State Comptroller:
Kevin Lembo, State Comptroller, offers support for the passage of this bill. This legislation seeks to allow a physician to dispense or prescribe medication at the request of a mentally competent patient that has a terminal illness so that such person may self-administer to bring about their own death.

Within the context of your discussion about this important topic with the people of Connecticut, and as a framework for your deliberation, I hope that we can agree that no one party can impose their beliefs or decisions on another. Careful construction of this law would

protect the individual's ability to make this personal choice. An individual with a terminal illness should be under no pressure to choose to end their life. Physicians, likewise, should be under no pressure to participate.

State of Connecticut, Judicial Branch, External Affairs Division:
The intent of Section 14 of the bill is unclear as to whether it is to modify the murder statute (C.G.S. section 53a-54a) or to create a new section in the statute dealing specifically with murder associated with aid in dying.

If the language in Section 14 is intended to be the latter, the State of Connecticut Judicial Branch, External Division recommends that language be added to clarify the class of crime and punishment.

Representative Holly Cheeseman, 37th Assembly District:
Representative Holly Cheeseman opposes this legislation. The American Medical Association, the body whose members would be required to enable this act and provide the means to carry it out, continues to oppose this issue. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life." Additionally, some may argue that the slippery slope argument is not applicable, yet the experiences of Canada, the Netherlands and Belgium prove otherwise.

This legislation stipulates that it is only open to patients with a terminal condition and limited life expectancy – that is an unknown quantity and many patients out live by many months their doctor's prognosis. There are not enough safeguards against coercion.

Rather than "authorizing physicians to prescribe lethal cocktails for their patients, we as a society must ensure that every individual has access to the palliative care he or she requires to allow for a peaceful painfree end of life."

NATURE AND SOURCES OF SUPPORT:

Louise Aaronson:
Lousie Aaronson offer support for the passage of this bill. H.B. 6425 provides protections for both the patient and the health care provider. The option of medical aid in dying is completely optional; no one can be forced to use it, and at least two doctors must be consulted. The option is only available to an adult who has six months or less to live, able to make informed health care decisions, and is able to take the medication themselves. Medical aid in dying is currently available to 22% of U.S. residents. Additionally, the COVID-19 pandemic has exposed many of the vulnerabilities in our healthcare system, and this is one way to ensure every person in Connecticut can choose a peaceful end of life on their own terms.

Barbara Maltby, MA:
Barbara Maltby offers written testimony in support of this bill. She is "a firm believer in the importance and value of palliative care. She also understand why some people, including herself, support medically assisted death. As written in the testimony, "I fear pain and discomfort far more than death itself. (Palliative care sometimes is not effective). I fear advanced dementia. I fear an unnecessarily prolonged dying. I would prefer to have assistance in dying rather than having to stop eating & drinking." She does not believe that

one religious entity should control all those who are not members and do not agree with them. In addition, she believes that there is little evidence in this country, in the states where MAID is legal, that any slippery slope has occurred.

Paul Bluestein, MD, FACOG:
Dr. Paul Bluestein offers support for the passage of this bill. As written in his testimony, one of the challenges doctors confront is to respect their personal commitment to do no harm in the face of the ambiguities resulting from advanced medical technology. While physicians may be able to prolong life, many physicians also believe the mandate to “do no harm” means they must help their patients escape needless and unbearable suffering.

Doctors are first and foremost healers, but there are times when there is no more healing that is possible and when that is the case, we need to be honest and compassionate and respect the wishes of our patients. Additionally, Dr. Bluestein states that he believes this is not a political issue. We are all going to die regardless of our political party or religious affiliation. This is a human issue and the only question is whether we will have a say in how we die.

Stephen Wanczyk-Karp, LMSW, National Association of Social Workers:
National Association of Social Workers offers support for this bill. As stated in the written testimony, "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."

Additionally, as the bill is written, the association believes there are safeguards that are in place that will be effective. Requiring time between requests, and stringently limiting who can be independent witnesses to the requests, mitigates abuse that might arise. The bill’s language ensures that no one other than the terminally ill individual may make the request, which will significantly decrease the potential for abuse or coercion.

Deborah Pasik, M.D. FACR, Internal Medicine and Rheumatology, Morristown, NJ:
Dr. Deborah Pasik offers support for this legislation. As stated in her testimony, "[t]hese past 19 months have solidified my commitment to medical aid in dying. Every patient that I have met has demonstrated strength, courage, resolve, and immense gratitude. Letters from their surviving loved ones describing the events surrounding the planned deaths consistently express feelings of peaceful elation. Families are brought together, and life is celebrated.

What I find remarkable about all of these terminally ill people, with no exceptions, was that they were all extremely clear in their requests; their decisions were made after weeks of discussion and introspection." Terminally ill Connecticut residents should not be forced to move to other states, like New Jersey, that have authorized this compassionate end-of-life care option.

Other Sources of Support
Mrs. Claudia Bertrand, Vernon, CT

John McWeeney, Shelton, CT
Kim Callinan, President and CEO, Compassion & Choices
Mrs. Jessica Pelletier, Meriden, CT
Faith Sommerfield, Greenwich, CT
Susan Kautz, RN., Haddam CT

NATURE AND SOURCES OF OPPOSITION:

Deacon David Reynolds, Associate Director for Public Policy, Connecticut Catholic Affairs Conference:
Deacon David Reynolds on behalf of the Connecticut Catholic Affairs Conference offers written testimony in opposition of this bill. The Conference understands that some people may view establishing a legal process whereby a person may take their own life is an expression of compassion for a terminally ill patient. However, "the question must be asked if helping a person take their own life is true compassion and the best direction for our society."

As stated in the testimony, "[s]ome will argue it is an individual choice, so a person should be able to make that decision. These same people want to ignore the dangers to patient lives, and that other seriously disabled people may face, if this approach to treating illness becomes legally acceptable in our society." The Conference believes that this bill indirectly authorizes the use of "drug cocktails" that have not been approved by the FDA or any other ethical research review board.

Overall, the Conference believes that in respecting the value of human life and showing true compassion for suffering patients is to vigorously improve palliative and hospice care.

Cathy Ludlum, Second Thoughts Connecticut:
Second Thought Connecticut is a group of disabled people and allies working to prevent the legalization of assisted suicide and we oppose HB 6425. Below is a list of reasons why this bill should not become law:

1) Disabled people must still fight our way through the insurance system that is focused on cost containment, and the negative attitude of many practitioners
2) Misdiagnosis and mis-prognosis are real issues
3) Proponents' falsely repeating statements that there are no problems with the Oregon and Washington State assisted suicide systems
4) For years, my colleagues and I have been dealing with the idea of "terminal illness" which is listed as the qualification under the definition under Sec. 1, 20

The bill as written has no restrictions on who can be the witnesses to the request assisted suicide, and it allows the physician and the consulting physician to be in private practice. There are confirmed reports that people in the disability community will opt for assisted suicide because they don't have the needed support to continue living in the community. It is important to note that newer drug cocktails that replaced Seconal are leading to prolonged and agonizing deaths.

Our intent is not to interfere with the choice of others, but if your choice becomes a threat to us, we say NO.

Tracy Wodatch, President and CEO, The Connecticut Association for Healthcare at Home:

President Tracy Wodatch offers written testimony on behalf of the Connecticut Association for Healthcare at Home. As stated in the testimony, "[r]egarding the concept of Aid in Dying, in polling our member agencies, one message remains unanimous in that our Association and its hospice providers are committed to the hospice philosophy cherishing life until its natural end while reinforcing dignity, quality and comfort for both the patient and their loved ones.

According to the most current Medicare claims data from 2019, Connecticut continues to rank 2nd to last in the country in hospice median length of stay which still translates into "last minute hospice or end-of-life care." The public and the providers frequently confuse hospice care and palliative care. Hospice is a holistic philosophy of care for the terminally ill in their last 6 months of life. Palliative care is also a holistic approach but should be offered early in a serious illness to help a patient and their family cope with side effects and the impact on their quality of life during treatment.

Should this bill move forward out of committee, the association expresses concern about some of the language within the bill itself.

They offer the following changes:

- Section 1.9, line 45 should read "including, but not limited to, hospice care." Not palliative care.
- Section 1.12 ▪ "Palliative Care" (A): should read …throughout the continuum of a patient's serious (not terminal) illness.
- Section 1.18: "Self-Administer" is not just the act of ingesting medication. This definition needs to include the act of managing the medication as well.
- Section 1.20: For a person to qualify for the hospice benefit, 2 physicians must determine that the patient has six months or less to live if the terminal illness runs is normal course. The association highly recommends that at least 2 physicians determine prognosis is terminal in order for a patient to obtain this medication that will end their life.

Should that day come when it is legal to allow physician-assisted suicide, the Association and its members strongly urge our state to develop a well-thought out plan for good policy and education along with standardized implementation plans and oversight to ensure the protections of both the consumer and the provider.

T. Brian Callister, MD, FACP, SFHM:

First, contrary to what proponents say, legalizing assisted suicide actually limits your choices and access to healthcare; Second, the underlying premise that everyone will suffer horrible pain at the end of life is simply not true in 2020; Third, a physician's ability to predict life expectancy in terminal illness is often not accurate – the medical literature shows the average margin of error is 50-70 percent; Fourth, assisted suicide puts too much power in a doctor's hands and corrupts the medical profession. Having two doctors certify that the patient is terminal with six months or less to live is NOT a safeguard; Fifth, the "suicide contagion" that comes with legalizing assisted suicide is real: the CDC reported that after the Oregon assisted suicide law passed, general suicide rates in adults age 35-64 increased 49% in Oregon as compared to a 28% increase nationally.

Finally, doctor shopping and elder coercion will happen if assisted suicide becomes law. I believe that the real story here is the confirmation of the risks surrounding legalization of doctor-assisted suicide – they are real, and they are happening now. The loss of dignity and worth these patients and families suffer is not just limited to the residents of the states where assisted suicide is legal but is crossing state borders and permeating the attitude of the decision makers that determine the allocation of our health care resources.

Joseph E. Marine, MD:
HB 6425, which would legalize assisted suicide, represents shockingly dangerous and misguided public policy, which violates many basic principles of patient safety and medical ethics, and which does nothing to address the real needs of patients with advanced illnesses and disabilities.

We know that in other states with assisted suicide, some patients have taken up to 4 days to die, and that the drugs have failed to kill some patients. In states with assisted suicide, patients have lived up to 3 years after receiving a prescription, in violation of the law which requires a 6 months prognosis, with no accountability or consequences for the physician.

It is also known that patients who qualify for PAS under this law, have a 50-75% incidence of clinical depression, and that at least 1 patient, received a prescription in Oregon despite a history of severe depression and suicidality.

What patients with advanced illnesses and disabilities need is more support and greater access to high-quality palliative, hospice care, and pain management programs. We should better use these valuable medical tools and not undermine our health care system with assisted suicide.

Additional Sources of Opposition include:
Sally Landback, Partner Fournier Legal Service LLC
Peter Wolfgang, President, Family Institute of Connecticut Action
Teresa Wells, Cheshire, CT
Sherman Gillums Jr., retired U.S. Marine officer
Rebecca Gagne Henderson, APRN
Wendy Darling

Reported by: David Rackliffe **Date: April 3, 2021**
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