My name is Rebecca Gagne Henderson. I am an advanced practice nurse with 26 years of experience as a palliative and end of life clinician. I have faculty appointments with the Yale School of Medicine Program for Bioethics, and the Faculty of its End-of-Life program. In May of this year, 2021. I anticipate the awarding of my PhD in Palliative Care Research. I am here to ask the legislators to vote “no” on House Bill 6425 “An Act Concerning Aid in Dying for Terminally Ill Patients”.

Through my work with the dying, I know what dying well looks like. I know, also, what it looks like when one does not die well. Let me tell you the case of a very young Hispanic female patient who was diagnosed with terminal cancer at the age of 23. To protect her identity let’s call her Jackie. Jackie and her three siblings and had a terrible childhood. They had been moved from relative to relative as her parent’s divorced when she was five. She had never seen the two of them in the same room again since that time. When she did see them individually, they horribly berated the other to the children. Also, Jackie grew up in a crime-ridden neighborhood and belonged to a gang. After diagnosis, a week before she was to wed her fiancé, also a gang member, he was arrested, and she never saw him again.

Jackie returned home from the hospital and I sent one of our hospice nurses to visit and care for her. This care involved the immaculate management of Jackie’s pain and anxiety, among other symptoms. This is what hospice and palliative care provide when given the opportunity.
The nurse, Patty, asked if she would like our chaplain to visit. Jackie replied, “Lady, I am 23 years old, and I am dying. Why would I want any of that “stuff”? ” Jackie did not use the word “stuff”. Patty assured her that this was alright and continued to care for Jackie as they developed trust and rapport. Please recall that chaplaincy is a role for spiritual support rather than religion or proselytizing.

A couple of months went by and Patty asked Jackie, “Jackie, if you could have anything you wanted before you die, what would it be”? Jackie replied, “I would want my mother and father to come to stay here and take care of me together”. Patty was taken aback by this very tall order. She asked Jackie “Would it be okay if our chaplain came to see you now?” In our death and dying business when we do not know what to do, we call the Chaplain. Jackie agreed to see our chaplain, Tracy.

Tracy visited Jackie, then visited the mother, then the father, then Jackie and then both parents again. They agreed to come and care for Jackie. At our next team meeting, we asked Tracy how it went? She replied, “Lord, now I know why people smoke and drink.”

Jackie’s parents came to care for her for three days. They cooked for her, fed her, and cleaned her together. On the third day as they were saying goodbye at the foot of Jackie’s bed the parents fell into one another’s arms and begged one another for forgiveness. They then went to Jackie’s side and asked her for forgiveness and promised they would do better with her siblings and be kinder to one another. Then they left.
Upon Patty’s return, she asked Jackie how it was having her parents there. Jackie answered, “Now I can die because I have done what I was supposed to do”. Jackie died a few days later over the weekend. I went to her home to pronounce her death. They had dressed Jackie in white as she lay in repose with a red rose in her hand. Her cousin, also 23, told me “Rebecca, what happened here was a miracle and beautiful”. Had Jackie had the opportunity to engage while angry in what is euphemistically termed “assisted death”, she would never have known the true healing that she experienced. Jackie died well because she had the opportunity to die well.

The dying process is a natural stage of life. The only two events that anyone of us can truly say is a shared experience is the birthing process and the dying process. After all, some of us do avoid paying taxes. It is important to remember that dying is as natural as being born.

Our bodies have a hormone called oxytocin. It is released during certain events in our lives. We often call oxytocin “the hug drug.” There is a euphoria associated with its release.

During birth and during breastfeeding, oxytocin is released which makes both mother and baby bond. Oxytocin is also released after intimacy, helping couples to bond. As part of the physiology of a natural death, oxytocin is released and provides comfort. You may have heard of people having near-death experiences and feeling an overwhelming sense of love. This is attributed to the release of oxytocin during the dying process. I wrote a chapter for a book specifically about this physiology
During assisted suicide, the patient is quickly rendered unconscious as they receive an overdose of medication which hinders these natural, biochemical mechanisms as they are part of a process that requires time to unfold.

Our society has an aberrant view of control and mortality. We believe we can predict every aspect of our lives and the lives of others. This is concurrently sad, misguided and ridiculous. The source of this neurosis is a fear of our own mortality and our lack of control. The academic term for this malady is “Death Anxiety” (Lehto & Farchaus Stein, 2009; Lonetto & Templer, 1986; Neimeyer & Van Brunt, 1995). This topic goes beyond the scope of this discussion, but leave it to say, it is not good for us.

I would like to leave you with this play on the parable of the Good Samaritan. The Good Samaritan comes across a wounded and suffering man in the road. He takes true mercy upon the man, binds his wounds and carries him and pays someone to provide lodging and to care for him through his infirmity, much the way Patty did for Jackie.

Now, I ask you to replace this Good Samaritan with the likeness of Dr. Jack Kevorkian arriving with his apparatus. Please recall that he referred to it as his “suicide van”. What would this sort of “mercy” look like? It would look much different than the aforementioned mercy Patty showed Jackie. It would look much different than the compassion provided by dedicated palliative care professionals who alleviate pain and suffering as they bring healing and wholeness to patients and their families.
at the end of life across our country daily. I will leave it to your imagination of what the “mercy” of assisted suicide looks like.

Thank you for your time.