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Testimony of Christopher C. Healy
In Opposition to H.B. 6425
AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS
Public Health Committee
Public Hearing
February 26, 2021

Catholic teaching condemns assisted suicide because it, like murder, involves taking an innocent human life: suicide is always as morally objectionable as murder. The Church's tradition has always rejected it as a gravely evil choice: to concur with the intention of another person to commit suicide and to help in carrying it out through so-called "assisted suicide" means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested. Saint Augustine writes that "it is never licit to kill another: even if he should wish it." True "compassion" leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. (John Paul II, The Gospel of Life, no. 66).

Despite this logic and universally held belief, one that binds the fabric of our social order, the repercussions of H.B. 6425 must be avoided. While assisted suicide may seem merciful, empowering, and less messy, it silently and slowly unravels the seams that bind the young to old, the healthy to the sick, the able to the disabled. Insurers will measure the quality of life of patients on their scale, rather than measuring the quality of care, tipping the scale in favor of lower costs and hastened death.

I. Flaws & Unanswered Questions

First, the bill requires that terminally patients have life expectancies of six months or less. One's life expectancy can only be known in hindsight at the time of death. Any estimated life expectancy is at best educated guesswork. As a result, the entire class of patients eligible for lethal medication is undefined in practice. This malleable guesswork opens the door to abuse, along with no required in-person consultations, no mandatory reporting, and no limits to prevent the malfeasance of beneficiaries.

H.B. 6425 would allow terminally ill patients to end their lives before disability sets in, as supporters have argued. If the state accepts their argument**, the state will codify its implied bias against living with a disability, an absolute affront to the disabled community**. Are they next? Why not? Why not anyone with a non-terminal debilitating illness? Decidedly, this legislation will not end here.

For supporters and legislators that argue for alleviation of profound pain as the reason to pass this legislation, there is **no requirement for alleviation of pain in the bill's language**. For supporters and legislators that argue patients must be autonomous in their end of life decisions, **autonomy of the patient is never ensured at the time of death under this bill**. Neither purpose is contemplated in the text.

If this bill intends to provide aid in dying as medical care, physicians who provide lethal medication will be held to a much lower, "good faith," standard of care. **A "good faith" standard is woefully unacceptable for end of life decisions**. What happens to physicians providing palliative and hospice care? Will they feel obliged to engage in providing assisted suicide in order to avoid a higher standard of liability? It includes no insurance protections for terminally ill patients and can only lead to an obligation to commit suicide.

Moreover, H.B. 6425 undermines the State Suicide Advisory Board that works to prevent suicide due to illness and disability.

All citizens are guaranteed equal protection under the law, because the state has an interest in each and every life being treated equally. Most state laws that restrict behaviors are in furtherance of protecting the lives and the well-being of its citizens. **Why treat people equally under the law if we do not believe that their lives are in fact equal and of the same worth?[1] This bill will remove protections for a whole class of people.**

- Why else would this bill be necessary but for the state's established interest in the lives of its citizens? It inoculates physicians from criminal prosecutions and civil lawsuits.
- How will this legislation affect insurance? How will this affect patients with Medicaid coverage? How will this affect patients without insurance? How will this impact the poor? What is the economic impact? Is this an effort to reduce Medicaid costs per the Governor's Executive Order No.6?[2] Will patients feel obligated to choose suicide over high cost medical bills?
- **Will the state taxpayers be forced to fund suicides under Medicaid?**

II. Reject

If the Connecticut General Assembly passes this legislation, each legislator who supports it, and, if enacted, the Governor, will confirm that the state judges that the lives of terminally ill patients, as a whole class, are not worth living, because of impending or experienced pain and/or disability.

While Rep. Elliot claims that "it's really important for us to not be legislating based on morality," this legislation is in fact establishing the state's moral acceptance of suicide.[3] It is a moral issue. The state would absolve physicians and pharmacists of wrong-doing. It creates a false sense of security and acceptance of suicide, thereby increasing the risk of moral peril, including unreportable homicide and elder abuse. Voluntary homicide is only a step away following the logic behind this bill, and it is exactly the terrible situation that prompted Rep. Steinberg's interest in assisted suicide.[4] Finally, the isolation of the sick and elderly during the current pandemic only highlights the potential for abuse. Telemedicine and on-line pharmacies cannot properly ensure the autonomy of patients.

III. Replace

Instead, legislators should move to strike the entire text of the bill, replace with a ban on assisted suicide, prioritize the suggestions of the state's suicide advisory panel, improve services for the disabled and terminally ill, and improve palliative care. This bill displays a misunderstanding of the role of doctors, which is to heal, not necessarily to ensure the autonomy of a patient, which is an impossibility for many in the disabled community.

The state should turn its attention to evaluating and improving quality of care, rather than defining an acceptable quality of life. Affordable health care should not be affordable because of the cost-savings born by assisted suicide, it should not be affordable at the expense of the weakest among us.

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[1] Gorsuch, N. M. (2006). *The Future of Assisted Suicide and Euthanasia*. Princeton, NJ: Princeton Univ. Press.

[2] https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-6.pdf

[3] https://ctmirror.org/2019/03/14/proponents-of-aid-in-dying-legislation-see-path-forward/

[4] https://www.governing.com/archive/gov-assisted-suicide-aid-in-dying-death-with-dignity.html