

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-88

Title: AN ACT CONCERNING AID IN DYING FOR TERMINALLY ILL PATIENTS.

Vote Date: 3/4/2022

Vote Action: Joint Favorable Substitute

PH Date: 2/23/2022

File No.: 64

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SPONSORS OF BILL:

The Public Health Committee

REASONS FOR BILL:

This bill would allow terminally ill adults the choice to obtain a self-administered lethal prescription to end their suffering. This action is completely voluntary and can only be initiated by the terminally ill patient. It cannot be done by another on behalf of the patient. The process contains several safeguards. This choice must be made by a competent adult over the age of 18, a Connecticut resident, and determined by his or her attending physician to have a terminal illness with less than 6 months of life remaining. A patient must make 2 written requests with a 15-day waiting period between each request. Doctors must keep detailed records of the entire process. The bill also mandates a second opinion from a physician. The bill offers multiple opportunities to withdraw and allows a physician to refer a patient for counseling and a mental health evaluation if he or she determines the patient may be suffering from a condition causing impaired judgment.

RESPONSE FROM ADMINISTRATION/AGENCY:

Senator Dennis Bradley: opposes the bill believing that as a society we do not fully understand how medications can deal with pain and suffering. He also questions how any physician or medical professional can determine how long a patient may live and encourages the committee to make this requirement more rigorous.

Senator John Kissel: opposes the bill. In our current environment which has seen an increase in suicide, we are sending the wrong message especially to our youth. Public policy should not condone suicide. People with expensive medical care or those who feel they are a burden on their family may feel pressured to take this option. Expanding kind and supportive hospice care should be our focus.

Representative Mark Anderson: opposes this bill that he believes is contrary to the oath a physician takes to preserve life. Among his concerns are that the bill does not make clear who determines the cause of death, undermines life insurance carriers who cannot charge more for, nor deny, coverage for an individual who makes this choice and incentives suicide to reduce health care costs for a family. He also questioned if a doctor truly knows when someone has less than six months to live. He also shared two very personal stories regarding the loss of family members and expressed a bill such as this would undermine family relationships at such an emotional time.

Representative Holly Cheeseman: opposes the bill. She believes that diagnoses of terminal illness are too often wrong. Regarding people with disabilities, there could be coercion from an abusive caregiver or heir. Financial and emotional pressures, whether on the individual or family, may contribute to a patient's choice to end their life. While there are safeguards in the bill, they are not strong enough and most important, there is no requirement for a psychological evaluation.

Representative Lucy Dathan: supports this bill. She shared a personal story about her father and wished he had had the option to make his own choice as to how he wanted to face death. The safeguards in the bill ensure that no coercion can happen and that it is the choice of the individual. She also cited a poll by GQR that found most Connecticut residents support this bill.

Representative Christine Palm: supports the bill. It is not a mandate but rather a compassionate option with adequate provisions to prevent coercion.

NATURE AND SOURCES OF SUPPORT:

David McGuire, Executive Director of the American Civil Liberties Union of CT.(ACLU-CT): supports the bill. The ACLU believes that people should be able to have the choice regarding decisions about their own death when facing a terminal illness provided the action is voluntary, permitted only for people who are capable of consent and, only those who are terminally ill. ACLU-CT supports the important safeguards in the bill that are needed protections. It is important that the legislature consult with disability rights groups to ensure that it closes any loopholes that could hurt vulnerable populations. Although the bill allows for counseling in certain circumstances, the ACLU recommends adding a provision requiring a mental health evaluation. Also, while some people will not even contemplate the choice being offered in this bill, no one should be compelled to assist a person's choice in dying. However, it is important to recognize that no one should be able to deny that choice to another. Mr. McGuire shared a 2015 Quinnipiac poll which found that 63% of Connecticut voters support the intent of this bill. The ACLU -CT asks the legislature to join nine other states with similar laws and pass this bill.

Connecticut State Medical Society (CSMS): shared in its testimony that due to updated medical interventions and evolving societal views, unanimity regarding this issue within the physician community no longer exists. In 2019, the CSMS adopted a policy which it ratified in 2022, expressing its position as "engaged neutrality". CSMS recognizes that physicians can differ in how they understand their role in treating pain as it occurs at the end of life. CSMS encourages its members to present their own testimony regardless of their position to assist the Committee in its efforts to protect the rights of the individual, while also trying to reduce pain and suffering that many see as cruel and needless. If this bill is passed, each physician must be allowed to continue to treat their patients according to their ethical beliefs and values. As efforts on this issue continue, the CSMS encourages the committee and the legislature to develop a statute that ensures the full protection of both the patient and the physician while also supporting palliative and hospice care thus reducing the need for an artificial end to life.

Kimberly Sandor, Executive Director, CT Nurses Association (CNA): CAN supports SB 88 as it protects a patient's right to self-determination and provides sufficient safeguards to ensure that all parties' wishes are handled in a legal and ethical manner. The bill provides clear steps that the patient must take throughout this process ensuring that it is completely voluntary. The provisions of the bill align with the position statement and code of ethics of CAN and supports the professional nurse in advocating for a patient's right to self-determination.

Tracy Wodach, President and CEO, The CT Association for Healthcare at Home:

Ms. Wodach shared that she is an RN with close to 40 years' experience in home health, hospice long-term and acute care. Her Association is the united voice for hospice providers in Connecticut and members of the Association express mixed positions on the issue of aid-in-dying. Regardless of individual positions, the message of the Association is to cherish life with dignity, quality, and comfort for both the patient and their loved ones through the process toward the end of life. After reading SB. 88, she was pleased to see that most of the language changes they have suggested from years past, has been incorporated into this bill. The current bill addresses concerns regarding "physician shopping", defines hospice, thus clarifying the difference between hospice and palliative care, and includes more defined safeguards to ensure the process is voluntary. However, the Association would again request the creation of a Policy/Education Task Force to help guide the development of policy. In conclusion, Ms. Wodach questioned the timing of passing such a bill considering that, as a result of the pandemic, mental illness is at an all-time high and it may be more difficult to assess if a terminally ill patient is competent to make such a critical decision.

Sharon Gauthier, President and founder of Patient Advocate for You, (PAFY): strongly supports this bill and "believes we need to stop housing people who have no quality of life, are crippled with disease in both body and mind while others continue to care for them and getting no funding to care for them". Having had clients at this point in life, she has witnessed a healthcare system unable to care properly for the elderly population that, despite their contribution to society during their lifetime, are left behind at the end with undue suffering. It is time to develop a voluntary and dignified way for a person to have the choice to end their suffering.

Lawrence Rizzolo, Professor Emeritus, Yale School of Medicine: speaking his own opinions, not necessarily Yale's, supports this bill. He believes that palliative care should always be the first line of care. Palliative care gives people hope to live their remaining days with family and others in relative comfort. However, aid-in-dying should be available as a choice for the individual in those rare cases where palliative care falls short.

Additional Sources of Support Include:

- Diane Barnard, Associate Professor of Family Medicine, University of Vermont
Lead Physician Palliative Medicine Services
- Kim Callahan, President and CEO, Compassion & Choices Action Network
- Shannon Sanford, MSN, RN, Pursuing PhD in End-of-Life Nursing Education Consortium (ELNEC) curriculum
- Sharon Perkins, President, CT Chapter of National Association of Social Workers
- Patricia Barone, Clinical Social Worker
- Kristen Jean Keska, daughter in memory of her Mom.
- Donald Greenberg, PhD, Professor Emeritus, Fairfield University
- Maxine Greenberg, MSW, LCSW
- Stu Steinman, MD, FACEP
- Luther Weeks, Chair, Secular Connecticut
- Nan Zyla-Wisensale, MD
- Lauren Williams, RN, BSN, CMCN, Acute care oncology and home health nurse
- Rosanne Ventimiglia, PhD
- Marcia Eckerd, PhD, MA, VA

NATURE AND SOURCES OF OPPOSITION:

Nancy Alisberg; Civil Rights Attorney: Ms. Alisberg shared that she once supported "Death with Dignity" but in her nearly 40 years of working with people with disabilities, her position has changed. While not terminally ill, individuals with significant disabilities often cannot find a way to live outside of a long-term care facility and, as a result, often chose to stop food and water and cease life support believing death was their only option. In her experience, Physician Assisted Suicide removed the impetus for doctors to develop better palliative care, effectively address depression, and did not try to help disabled people find a better way to become independent. Few physicians have the skill set necessary to understand the needs of the disabled.

Laura Borrelli, R.N., Hospice Director, Franciscan Home Care and Hospice Care: Opposes this bill believing it does not provide aid in dying, but rather aid in accomplishing death. This bill falsely supports unnatural means to provide compassion for the dignity of a human being at the end of life. In her experience with guiding many individuals through the natural dying process, including family members, the necessary support and dignity of everyone did not come from wanting to eliminate them, or their perceived suffering, but rather, true compassion is to provide loving support with interdisciplinary hospice care. This bill degrades the human experience and limits our human potential as a society.

John B. Kelly, New England Regional Director of Not Dead Yet and Director of Second Thoughts Massachusetts: Mr. Kelly opposes this bill as he believes it puts people in danger of premature death as a result of deadly mistakes, potential abuse from other individuals and particularly insurance companies that look for profit in the cheapest treatment available. The bill is also divisive hurting our Black and Brown communities who, in most cases, oppose legalized assisted suicide. Groups who already receive later and less care are more likely to be viewed as not having a good quality of life. Regarding persons with disabilities, many do not have access, nor can afford, paid in-home caregivers and perceive themselves as a burden and may feel pressured to choose such an option. A primary focus should be to provide people the choice to life pain and burden free at home.

Dr. Christopher Kolker, Board Certified Hospice and Palliative Physician: opposes this bill. As practicing physician for over 20 years in palliative medicine, I have aggressively treated pain and with the advances in medicine and technologies I have been able to get that pain under control. It is a misnomer to say that pain is uncontrolled. I understand it as having undertreated a patient. What starts as seemingly justified suicide for someone in intractable pain, inevitably results in the inappropriate killing of someone who should not die, and may not have been able to defend themselves. The only way to prevent this kind of approach is to stop it before it becomes something unintended. We must uphold the sanctity of life and be more aggressive in our use of palliative care.

Additional Sources of Opposition include:

- Joseph Andrews, MD, Medical Director of CT Hospice
- Sara Buscher, Chair, Euthanasia Coalition USA
- Diane Coleman, President, Not Dead Yet
- Lourdes Delgado, Director, Faith and Education Coalition of CT
- Margaret Dore, President, Choice is an Illusion
- Laura Borrelli, Hospice Director, Franciscan Home Care and Hospice Care
- Bill O'Brien, Vice President, CT Right to Life Corporation
- John Kelly, Director, Second Thoughts Massachusetts
- Ruth Hartunian-Alumbaugh, Mental Health Specialist
- Cathy Ludlum, leader in Second Thoughts CT
- Sister Amaris Salata, member Respect Life Ministry
- Mark Somers MD, Chief of Cardiology Services, Lawrence and Memorial Hospital
- Father Ted Tumicki, Pastor and Canon Lawyer serving on Ethics Committee Backus Hospital
- Paula Panzarella, member, Progressives Against Medical Assisted Suicide

Reported by: Kathleen Panazza

Date: March 18, 2022