

Testimony on the Aid in Dying Bill, also known as the assisted suicide bill.

Death and dying have occurred thousands of years before this legislature first sat, and millions of Connecticut citizens have passed into the next life without assistance from our state laws. I graduated from Yale College in 1988, Duke Medical School in 1993 and underwent internship and residency in Seattle with Cardiology training at Emory in Atlanta. I am Chief of Cardiology Services at Lawrence and Memorial Hospital, a facility in the Yale New Haven Health System. I have been board-certified in Internal Medicine, Cardiovascular Diseases, and Nuclear Cardiology. I have been practicing medicine in New London County for over 20 years. I have had the great privilege to care for many patients for years on end, and often have had to have a conversation that they are declining, we have run out of treatments, and they are nearing the end of life. On many occasions I have had the honor of being present when a patient draws their last breath. I have been privileged to comfort a patient and ease their suffering on the journey to the next world when their time comes. Every day, I have serious conversations with patients about death and dying in the office and at the hospital.

My role is not to decide when a patient's death comes. My role is to extend a quality life when possible, but also to recognize the limitations of mortal life. I am there for my patients when they have no further options for treatment or cure. Unfortunately, the end of life often leaves opportunities for suffering. This suffering can and should be allayed. Our health care system should provide the care, around the clock, if necessary, to make sure that the journey to death is without pain or suffering, and that when the time for ultimate release occurs, we do not impede it. However we should not hasten it. As a physician, I cannot be an advocate of both life and death. I believe in having a relationship with my patients so they can be honest with me about their fears as death approaches. With my patient's trust I can treat those fears and ease their pain. I cannot prevent inevitable death, but I also should and cannot morally or ethically actively participate in causing death to happen.

Death is not a secret. Causing death is not a secret. For every medication I prescribe, I have received specific training on the use of the medication as well as the risks and benefits. Prescribing lethal doses or combinations of medications that are lethal is illegal and unethical. Putting this responsibility in the hands of those who do prescribe legally is asking too much; proposed "cocktails" are illegal, off-label, and unproven uses of medications.

Physician assisted suicide presents many paradoxes. One is that it highlights the vast inadequacy in end-of-life care in our state. I have heard many terrible stories of patients and families witnessing suffering while the very meds and caregivers to end that suffering are available but are subject to the limitations of health plans and insurers. Physicians' livelihoods are more and more based on the overall health of the patients in their practice; a few very sick patients can skew this metric. If this bill passes, it raises the fear that, even subconsciously, the temptation might be there to let the sickest hasten their own demise and increase the perceived health of a physician patient panel. Finally, and most worrisome, after this "magical" prescription is written, what is the chain of custody that it remains in the right hands, is administered correctly, and has the proper effect – I fear a patient vomiting up half the dose and remaining alive but in agony. I am concerned about what happens to the dose if the patient passes naturally and how the dose is disposed of in this case.

I live in the real world and have practiced medicine in the real world for many years. Some of the most powerful experiences in my career have been caring for patients in their waning hours. Assisted suicide is a poor alternative to what we really need -- active ease of suffering, and acceptance of the process of death. The medications and caregivers who provide these should be readily available, around the clock, and at the bedside to all for whom we care.

New London, CT

February 22, 2022

Mark J. Somers, MD FACC

Yale College 1988

Duke Medical School 1993

Medical Residency, University of Washington 1996 Cardiology Fellowship, Emory University 2001 Chief,
Cardiology Services, Lawrence and Memorial Hospital, Yale New Haven Health System