Testimony in Opposition to SB 1076

Julie Volpe, M.D.
Berlin, CT
February 25, 2023

Dear Members of the Public Health Committee,

I am opposed to SB 1076 for the following reasons.

I am a Board-Certified Adult Psychiatrist who has been practicing outpatient psychiatry in a community health clinic setting in Hartford since completing my Psychiatry Residency training at Mass General Hospital in 2008. My work puts me in daily contact with patients suffering from both acute and chronic depression, many of whom are contemplating suicide. Depression has a profound impact on the brain's ability to think clearly and process information. As a result, depression frequently impairs a person's judgment and reasoning. Depression causes distorted thinking and overwhelming feelings of hopelessness and helplessness. Depressed patients are often unable to see or consider any alternatives other than suicide and have no hope for any improvement in their situation. After their depression is adequately treated, a patient's entire outlook and view changes.

When faced with the diagnosis of a terminal illness, it is not surprising that many patients go through a period of depression. Psychiatric literature describes a Demoralization Syndrome that is common with life-threatening illnesses. This syndrome is comprised of feelings of hopelessness, helplessness and despair, much like clinical depression. In addition, the medical literature reports that the incidence of Major Depression in terminally ill patients ranges from 29% to 77%, obviously quite high.

My most serious concern with the proposed bill in Connecticut is that it does not have enough safeguards to prevent patients who are suffering from depression from making a decision to end their life without being adequately assessed and treated for this illness. Under the current Death with Dignity Act in Oregon, depressed patients can receive assisted suicide if they do not have 'impaired judgment.' However, as I described above, the very nature of the illness of depression is that it diminishes a person's decision-making ability by impairing judgment, reasoning, and thinking. The decision to refer for psychological evaluation is up to the physician's discretion, and far too often, they simply are not referred.

To illustrate this, data from the Annual Oregon Department of Health Report shows that of the 272 patients who died from assisted suicide from 2008-2012, **only 4 patients were referred for psychological or psychiatric help prior to their**

death. This represents less than 2% of the patients, which is strikingly lower than the estimated 29-77% of terminally ill patients who suffer from Major Depression. This clearly demonstrates that many, many patients who are seriously depressed are being allowed to make a decision to end their life without even being referred for assessment of this treatable condition To me, this represents a failure on the part of our society to protect people who are suffering from an illness known to impair judgment and decision making ability. I am concerned that the bill in Connecticut will have the same implications.

We can see that this same, very concerning pattern of depressed patients making choices to end their lives in the Netherlands as well. A study of 138 cancer patients in the Netherlands with a life expectancy of 3 months or less found that depressed patients were more than 4 times as likely to request euthanasia than terminally ill patients who were not depressed.

In addition to my concerns stated above, I feel that approval of suicide in any form, particularly when supported by the medical establishment, is dangerous public policy because it encourages more suicide among the depressed in the general population.

I urge you to vote against the SB 1076 bill.

Thank you for your time and consideration.

Julie Volpe, M.D.