

Testimony and Statement for the Record for
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Testimony Regarding General Assembly House Bill #5417

An Act Concerning End-of-Life Care

Session year February of 2018
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Legislative Office Building, Hartford, Connecticut 06106.

Honorable Chairs, Senator Gerratana, Senator Somers and Representative Steinberg; vice chairs and ranking members, and members of the Public Health Committee; thank you for allowing me to testify and share my thoughts on the HB 5417 An Act Concerning End-of-life Care.

My name is Saud Anwar. I am a physician who specializes in internal medicine, pulmonary medicine and critical care medicine. I have practiced medicine in Connecticut for about 23 years, and currently serve as Chairman of the Department of Medicine at two hospitals in eastern Connecticut.

My training is in public health, and my practice includes managing critically ill patients and individuals with severe and complex lung diseases. Because of my training, I tend to look at the disease from the perspectives of both the patient and policy. I continue to learn about health care and complex diseases, but also the complex social and emotional situation that each patient and their families face.

I have had the opportunity to manage a significantly large group of patients with severe diseases and end-stage disease that result in critical conversations about end of life care.

In the last three years, three patients with end-stage disease asked me to help them get medication that would provide them with aid-in-dying. I felt I was ill equipped to further the conversation and understand the patient's perspective.

I helped those patients with their medical needs. But also began to understand that the medical community must be willing to listen to and assist patients who are of sound mind, facing incurable and irreversible illness with poor prognosis, and want to control the circumstances of the last days of their lives.

I had a conversation last year with a patient who shared a story of the excruciatingly painful death of her husband from cirrhosis. He at home, exsanguinating by vomiting blood, a painful and horrific experience for him and for her. My patient told me that if Connecticut allowed aid-in-dying, he and she would have been spared the horror.

I am not yet ready as a physician to write a prescription to aid a patient in dying. But I now believe that patients deserve the right to be heard and we as medical community need to invest in addressing the needs of individuals in very specific circumstances, and that the medical profession can and must improve how we help patients with end of life decisions and care.

By carefully listening to and respecting the feelings and needs of patients, physicians can do a better job of providing end of life care – which may include aid-in-dying. We've seen in states where the practice is authorized, only one in 50 patients who qualify for aid-in-dying even begin the process to access life-ending medication, and of those only 60 percent actually ingest the medication.

I recognize that the Connecticut Medical Society (CMS) is opposed to aid-in-dying. But recently, the Massachusetts Medical Society moved towards a position of neutrality after polling their membership and finding more than 60% support the practice. I believe that CMS should consider polling their members and move towards a neutral position as well.

I thank you for your consideration of my testimony. I can be contacted for further comments at 860-875-2444 or e-mail saud.anwar@gmail.com.

Thank you,

M. Saud Anwar, M.D.