To the Connecticut State Legislature:

As an internationally licensed bioethicist who has done considerable research on Physician-Assisted Suicide and Euthanasia, I am asking that you decline legislation favoring such processes. In my research I've studied the situations both overseas and here in the United States, and what is very clear, is that there are numerous issues that enable abuses and danger to the disabled, terminal patients who are wishing an end of life following the normal progress of their condition. These issues are not always based on religious grounds but are more often secular in nature.

The rationale for proposing such legislation usually comes from misinformation concerning death. Most people dying a natural death, even from cancer do not experience excruciating pain and suffering. Much of this myth has been perpetuated by movies and television, hoping to develop drama. In reality, as the body shuts down, pain and suffering allay and the patient usually passes quietly. Although this is a rationale given by supporters, the drugs used for end of life are deemed not suitable for executions for capital crimes, given the rate of failure and the excruciating death they actually induce. For a patient desiring a peaceful death, taking secobarbital or pentobarbital provides a greater risk of dying from choking on one's own regurgitation, part of the normal reaction of rejection to drug overdose to the system. The current rationale used by the organization, Compassion & Choices, is almost word for word the rationale used by Karl Brandt and Adolph Hitler to justify the Nazi Aktion program of the 1930's as precursory to the "Final Solution"
killing over 100,000 disabled, chronically ill, and mentally and physically "inferior" Germans.

The bill being proposed in the Connecticut legislature is in essence identical to the bill legalizing PAS and Euthanasia in both Oregon and Washington State. In both states as well as the other regions legalizing, the safeguards are ineffective in that in many cases patients who are diagnosed to be within 6 months of passing live significantly longer than expected, not by months, but by years.
Additionally, your bill, like all others, legalizes the falsification of death certificates listing the cause of death, not as suicide or induced death, but as an existing pathological condition, which actually did not cause the death. In this regard, health statistics are essentially invalid and non-correlational as the actual causes of death are not truthfully registered. Without the possibility of autopsy and post-mortem examination there is no way to prove criminal intent, particularly if the patient has been urged or coerced by opportunistic heirs, lack of resources, well-meaning family or lack of inadequate care. There is no contestation of wrongful death or criminal intent under the laws in the regions legalizing and in the law being proposed in Connecticut. Once doctors have retired, many are speaking out about how the laws have opened the way to personal abuses of patients, disregard for the role of medicine, and abuses of the system which allows patients to be killed. Patients' rights lawyers have documented multitudinous cases where well-meaning patients have turned their power of attorney over to family members in good faith, only to be killed against their consent in order to release inheritance. Under the laws as written, conditions I have described are impossible to contest.

As much as Oregon claims to not have abuses in their system, my study of their statistics is that this situation makes for a self-fulfilled bias of the data that makes for statistics that cannot correlate. In searching family histories for medical tendencies and predeterminations, there is no way to effectively track the history of a family over the long term as to whether or not the conditions were terminal. Several statistics for regions legalizing have tragically
correlated: the rates of regular suicides significantly climbs, particularly among teens and young adults who see such legalization as an open door; the black market availability of drugs used to induce death rises dramatically as well as "illegal" use for various purposes, most often to intend harm or death.

It might also be noted that is Europe and here in the United States, doctors and medical processes have come under great suspicion and distrust. Having lived in Europe while doing my research, I encountered many from Netherlands, Belgium, and Switzerland, where legalized, who go to other countries for treatment as they feel doctors and facilities cannot be trusted to adequately treat them for chronic and terminal conditions, much less any other malady. Hundreds of thousands of residents in those countries feel compelled to carry "DO NOT EUTHANIZE" cards in the event that they become victims of accidents rendering them unconscious and doctors and either well-meaning or opportunistic family members would make the choice to terminate lives without adequate consent of the patient, which does happen often enough to raise major concern. Adding fuel to this fire are parts of the laws, similar to the ones in this country and Canada which restricts a doctor's right to Conscientious Objection. When we remove the right to conscientiously object, we remove the right to think and to reason, and therefore we remove the ability of anyone, professional or otherwise to make adequate professional decisions, whether they be your doctor of the carpenter who builds your house.
This forces doctors to become executioners, and forces them to rescind the vocational oath they take as healers. The presence of legalized PAS and induced death eliminates the need for medical research as the solution to disease is to eliminate the patient, rather than to eliminate the medical condition.

Studies over the past several years have indicated that most people, including those who are facing traumatic disease suffer from depression similar in pathological structure to that experienced by those experienced by soldiers and law enforcement suffering from PTSD, and athletes suffering from CTE. This cannot be diagnosed except through post-mortem studies, but your bill, prohibits post-mortem and legal inquiry into circumstances. We know that depression can be treatable, and yet, in Netherlands and Belgium, depression, even in teens and children, is seen as a viable request for termination of life. The tragic part of this is that the request is legally honored for treatable and non-terminal conditions. Similar is under discussion elsewhere as well. The laws indicate that a psychological exam is required, yet in Oregon and Washington State most particularly as well as the European countries which have served as their models, depression from traumatic disease is not seen as a factor affecting the desire to die; psychological exams are almost never recommended and become the exception rather than the norm. Above all, having survived my own post-traumatic depression from permanent injury, the feeling of uselessness will prompt a patient to consent to anything that might provide relief, even to the point of self-destruction or destruction of the life and spirit of those they love.

In regard to PTSD, it is well documented that no one can take part in the killing or intended death of another person without being permanently affected. This is a part of human nature and not something that legislation and legalization can alleviate. I know this from the PTSD my own father suffered as a result of combat experience. I know this from my pastoral dealings with veterans in the predominantly elderly community I serve. We are seeing this in the opioid epidemic that much is tied to alleviating the depression inherent to knowing that one has killed another human being. In can be suitably predicted that should PAS and induced death become widely accepted, there will be a correlated rise in addictions, PTSD, and the unintended familial and societal trauma so associated. This has been the trend in the European countries, and human nature is inherent in all humans, not culturally tied.

The major groups supporting PAS and induced death utilize a vocabulary that suggests care and comfort, but careful examination indicates a redefining of terms that is confusing to an unknowing public. Their definition of compassion accepts violence and disrespect for the dignity of the human person. It thrives on loneliness and despair as evidenced in their own disdain for members of their group who have had a change of heart in view of their own advancing disabilities. The solution of killing the patient is seated in

ancient and antiquated solutions that resulted from lack of knowledge, lack of medical resources, and lack of experience. In the bottom line, people think they are providing relief and yet it generates more confusion. Most people will always agree to be compassionate but when the reality is made known and the actual definitions of Compassion, Mercy, are Human Dignity used and made known, most people will disagree with the concept and side against it. Our medical advances make the ancient practice of euthanasia and assisted suicide even more antiquated and barbaric.

Had I given in to melodramatic self-pity 34 years ago, as some "friends" suggested, I wouldn't have been an active part of the lives of my children and their families; I wouldn't be now providing my wife with support for her own battle against incurable cancer; I wouldn't have made a difference in the lives of the more than 10,000 Science students in my career; I wouldn't be serving my community in ministry today; I wouldn't be writing this to you at this moment. It was my own battle following permanent disabling injury and the support of loving wife and family who helped me weather my chronic disabilities, my depression, and my battle back from thinking I and everyone else would have been better off had I died on that fateful day. As such, I have worked with countless at-risk teens and adolescents helping them and myself to fight back for life instead of death. Hence, I entered ministry as a Catholic Deacon, internationally licensed in Bioethics to this purpose. I implore you to reject this legislation as its liabilities far outweigh its benefits, and what it supposedly promises is a sham at best.

Sincerely yours,

Deacon William Gallerizzo

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