

March 19, 2018

To the Members of the Public Health Committee:

Thank you for your service to our state.

I am a practicing physician board certified in Internal Medicine, Rheumatology and Geriatrics, and as such have cared for a cross section of the population. I am writing to you in opposition to HB5417. It is a well intentioned but dangerous bill which undermines the ethical foundations of our profession and tarnishes the historic trusting doctor-patient relationship.

Physician assisted suicide is opposed by the American Medical Association, the Connecticut State Medical Association and the American College of Physicians. Why would you as non-medical professionals want to adopt legislation opposed by such pillars?

Do consider that the practice of lethal prescription for terminal illness in countries like the Netherlands and Belgium has expanded to include non-terminal chronic illness and mental illness. It has also morphed into euthanasia. This should give us pause. May we be at the tip of the proverbial "slippery slope?"

This bill is unnecessary as it is already legal and ethically acceptable to not only decline and withdraw futile treatment in terminal illness, but to offer adequate pain control to the point of respiratory depression. These strategies can be arranged ahead of time via a trusting physician-patient relationship, living wills and the appointing of medical powers of attorney. Excellent Palliative Care is complex, collaborative, dignified, autonomy promoting and ethically sound. Unfortunately it is still difficult to access in our state. Palliative care is a relatively young specialty (the first board was administered in 2008) and clearly there is work to be done to improve access and utilization. **May I suggest that a module on the basic principles of Palliative Care be added to the six existing mandatory physician modules for licensing in our state?** I do believe your committee is the one that oversees these requirements. This is one of the only mechanisms I know to reach and inform physicians of all specialties in Connecticut about basic principles of Palliative Care.

Suffice it to say that Palliative Care and Hospice provide true compassionate care to the dying and the families they leave behind without resorting to the prescription of lethal drugs and abandonment of the patient, and without compromising the integrity of our profession.

My work prevents me from testifying in person, and the late date from preparing a more complete scholarly response. This is thus written from the heart and decades of experience. Thank you for your consideration.

Sincerely,

Susan Giles, MD, FACP, FACR