

**Testimony in Opposition to
House Bill No. 5417
An Act Concerning End of Life Care
March 20, 2018**

There were 35,799 deaths in Oregon in 2016 of those 133 were due to physician assisted suicide that is an extraordinarily small percent of 0.0037 percent. PAS is not a major public health problem, yet we are meeting here today to discuss this issue again. Sandy Hook was and is a public health problem, asthma in CTs' children is a public health problem, neonatal morality is a public health problem, heroin addiction is a public health problem, and care of our patients in nursing's homes and in one psychiatric facility in particular is a public health problem. This act is bad medicine, bad ethics and bad public policy as voiced by Dr. Dan Sulmasy – one this country's leading physician bioethicists.

I am Barbara Jacobs a clinical bioethicist opposed to HB 5417. But my reasons are based on the involvement of physicians in the act of someone else's self-inflicted death. This is not an act concerning end-of-life care (yet another change in the title to obfuscate the truth) – this is an act of death. My opposition is not about someone's rights, personal autonomy, or self-determination to choose to die by his/her own hand – there are over 40,000 suicides each year in the United States and approximately 350 per year in CT. However hopeless life is, for a host of reasons well documented in the medical literature be it inability to cope with terminal illness like cancer or inability to cope with the existential meaning of one's life in general – suicide is suicide.

Physicians who would prescribe lethal doses of medications for the purpose of lethal ingestion would be in violation of the American Medical Association's (AMA) Code of Medical Ethics that states – "*Physician-assisted suicide is fundamentally incompatible with the physician's role as healer.*" The authority to write these codes, the *Argument ad Verucundiam* must continue to rest with the very profession for whom the code acknowledges. Would you accept a code of ethics written for the legislature if it were written by another profession other than your own?

As recently as May of 2017 the College of Physicians (with a 152,000 membership) published a Position Statement of the Ethics and Legalization of Physician Assisted Suicide in the Annals of Internal Medicine stating *The association "affirms a professional responsibility to improve the care of dying patients and their families and does not support the legalization of PA ... "it is problematic given the nature of the patient-physician relationship, affects trust in the relationship and in the profession and fundamentally alters the medical profession's role in society."*

Why would you as an ethically-endowed body of law makers ask physicians to lie, to cover up the truth – to violate some of the most fundamental bioethical principles – veracity, integrity, and fidelity. The death of a person after he/she ingests a lethal dose of medications is no doubt due to said ingestion; to tell physicians to say otherwise on a death certificate and declare that the cause of such a death is the underlying terminal illness is wrong and ought not be sanctioned as legal. This is a violation of medical education, medical ethics, medical science, and legislative ethics that erodes the very essence of our common morality. Physicians ought to be outraged that our CT government endorses and would legalize lying and renounce medical professionalism.

There is almost no science needed to determine the right dose of barbiturates to cause death – have a chart that depicts weights in pounds and corresponding medication doses of secobarbital needed to cause death. Let physicians validate the patient has a terminal illness, is over 18, has decisional capacity and does not need a psychiatric evaluation (it is unclear why the bill will discriminate against those with depression). Only 5 of Oregon’s suicide choosers out of 133 who died in 2016 were referred for psychiatric evaluation and by the way only 13 of these persons had an MD present at the time of death. It appears the sole reason to involve physicians in the supposed *aid in dying* is to take advantage of their prescriptive authority what we call in ethics using someone for their instrumental value – the classic unethical use of an immoral means to achieve an immoral end – send the physician’s validation to another chosen professional group – maybe mastered-prepared social workers, maybe doctorate-prepared pharmacists, maybe a panel of lawyers – let’s see how other professions would view this moral dilemma of being complicit in immoral actions as an instrument to the death of fellow sentient persons.

Dan Sulmasy says and I concur – *“assisted suicide is bad public policy. Assisted suicide cannot be contained. Once it is widely available, the next step will be to demand euthanasia for patients who are paralyzed or otherwise unable to take the pills to kill themselves. Next, children and the demented will be euthanized without their explicit consent, on the supposition that this is in their best interests. Then the indications will be broadened beyond terminal illness. Think this is dystopian science fiction? Not in the least. All of this now happens in Belgium and the Netherlands, where assisted suicide and euthanasia are legal and children and the demented elderly are regularly euthanized, and severe depression can be considered an “indication” for being put out of one’s misery.”*

In the New England Journal of Medicine just two weeks ago, two essays discuss the pros and cons of legalizing PAS for those with psychiatric illnesses similar to what is done in the Netherlands and Belgium – in the Netherlands it is legal to kill newborns that have been determined to be experiencing *hopeless and unbearable suffering*.

How much more slippery slope analysis is needed – “never again” is a ringing slogan - please reject this bill for the last time – CT wants to be one of the 44 states of have not legalized PAS – not one of the six who have.

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