

## TESTIMONY

**To: Public Health Committee**

**From: Martin Legault, 37 Deer Run, Marlborough CT 06447**

**In Support of Raised Bill No. 5417 – AAC END-OF-LIFE CARE**

My name is Martin Legault and I am 73 years old. In January 2012 I had the excruciating experience of attending the death of my brother, Armand, age 64. Although he suffered from muscular dystrophy and spent his entire life in a wheelchair, he lived a very full life with many close friends and wonderful experiences. He retired from the State Department of Revenue Services after 33 years of service, traveled all over the country, including Hawaii, and literally wore his body out.

In the last two months of his life the degenerative nature of his condition required that he be placed on a ventilator and he developed a number of medical complications that he would not be able to recover from. He was lucid and competent to the very end and on January 25<sup>th</sup> he made the decision to disconnect himself from the respirator and end his suffering. He was ready to go and no longer wanted to experience the pain and discomfort that he had experienced for so long.

This is when the problem started. Although he was in the intensive care unit at Bristol Hospital, we were told they could do nothing more to advance his dying other than disconnecting the respirator and giving him morphine to make him “comfortable.” It took a full four hours from the time the respirator was disconnected to the time he became unconscious. But even then he was in and out of consciousness for another three hours before he finally passed away. Every time we asked the nurses and doctors to increase the morphine we were told that they could only give him enough to keep him “comfortable” and that any more would stop his breathing and that was against the law. The whole experience was incredibly barbaric and resulted in a huge amount of unnecessary suffering for my brother and his family and friends who were there to make his passing easier.

Ultimately, this is an issue of choice. With Living Wills and Advanced Directives we can choose when and how to end any extraordinary means keeping us alive; but, we don't have the choice of asking for medication that would ease the final stages of the dying process that we will all have to go through. In the same way the US Supreme Court ruled in Roe v. Wade that a woman should be afforded the choice of terminating a pregnancy (within limits of course) and the medical professionals who assist her in that process cannot be prosecuted criminally; we should have a choice in determining when and how to end our lives (within limits of course) with help from medical professionals willing to do so.

HB-5417 sets reasonable limits for physicians to assist terminally ill patients, who so choose, to end their suffering and die in a manner of their own choosing. Nothing in the bill requires individuals to ask for such help, nor does it require that physicians provide such help. What the bill does is offer both the dying individual and his or her physician the choice of taking advantage of current medical knowledge to ease the dying process and make it more humane.