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**Testimony Opposing Raised House Bill 5417**
**"AN ACT CONCERNING END-OF-LIFE CARE."**

Thank you Senator Gerratana, Senator Somers, and Representative Steinberg, and honored members of the Public Health Committee for accepting my testimony. My name is Stephen Lyon, from Willimantic, CT, and I am testifying in opposition to House Bill 5417, An Act Concern End-Of-Life Care, because it will result in falsified medical records and perpetuate fraud on the insurance industry, the judgment of medical professionals regarding terminally ill patients is uncertain at best, the use of death-causing drugs is under regulated, there is serious risk of abuse and coercion of the elderly and disabled, and because death should never be considered a cure or a solution for a problem.

The first reason that I oppose this H.B. 5417 is a technical one. The bill requires that the cause of death be listed as the terminal illness, not the lethal drug that was administered. This skews medical statistics regarding the longevity of life after a terminal diagnosis (resulting in a higher risk of uncertain diagnoses, as I will mention later), makes it harder to do research, and most importantly, it requires medical professionals to lie regarding the cause of death; being sensitive does not trump honesty - falsification of records is dishonest and irresponsible at best. Further, this makes the record keeping and safeguards regarding administration of lethal drugs exceptionally difficult, and providing unreliable data for the future.

The second reason I oppose this bill is that judgment of physicians, or any other qualified individual under this bill, regarding the lifespan of terminally ill patients, is uncertain at best. A conservative estimate by the Massachusetts Medical Society is that 17% of patients outlive their diagnosis. Individuals who rely on doctors' statements regarding their chances may be relying on unsound information, and therefore making decisions they would not if they knew they could live longer.[1] Further, the 6 month diagnosis requirement is a no-treatment diagnosis; treatment in many cases would provide longer lives. We should not give authority to prescribe death-causing drugs to individuals who cannot give concrete answers as to whether or not the individuals being prescribed to will actually die soon on their own. In addition, these physicians are being asked to give an evaluation of the competency of the individual; medical doctors are not psychiatrists and do not have the qualifications to be making such decisions. Even the American Medical Association opposes physician assisted suicide.[2] Doctors are supposed to be in the business of healing and not the business of killing; let's keep it this way by creating easier access to experimental drugs for patients with terminal diagnoses – not euthanizing them.

Another reason this committee should oppose such legislation is that the drugs are under regulated. One of the requirements of this bill is that the individual self-administer the drug. They do not need to do it in the office and can do it wherever and whenever they see fit. This

[1] "Overview of Massachusetts Ballot Question 2." *Massachusetts Medical Society. www.massmed.org*
[2] Code of Medical Ethics Opinion 2.211 – Physician-Assisted Suicide, *American Medical Association.* www.ama-assn.org

provides several risks: 1) there is no guarantee that the patients will use the drug themselves (the vagueness of this statute's definition of "self-administer" is grossly vague and disgustingly irresponsible), 2) it is possible for the drug to get into the hands of individuals who have not adhered to the legally mandated process, and 3) the location of drug use (without knowledge as to how long it will take for the drugs to have their impact) can result in danger to others (i.e. risk from driving after having taken the drugs, ovens and other cooking vessels left on). These are the same drugs that have come under criticism as being inhumane when used in administering the death penalty; if these drugs are not good enough for convicted murderers, they definitely are not good enough for the most vulnerable. The state should not allow drugs that cause such dangerous consequences to be self-administered, especially in this under-regulated state.

There is even a risk of patients being pressured into dying. Patients are vulnerable to family members who can put undue pressure on to them, as well as by physicians who can make the reality of their situation seem much worse than it actually is. There is even a risk of the state and insurance companies pressuring patients to choose death over treatment, even if unintentionally. In Oregon, which has such legislation already in place, the state told patients that it would not pay for treatment for their illnesses, but that it would pay for the death-inducing medication.[3] This is something which should be avoided at all costs, and this legislation does not even come close in its safeguards to stop such actions from taking place

Finally, passing any bill which allows for death by choice, presents an inconsistent message to our young people, and a hypocritical philosophy regarding the value of life. We spend years teaching our children that suicide isn't the answer, even when life gets tough, discouraging, or even painful. It is the ultimate hypocrisy to tell them that all life is valuable, and then say, unless you have a terminal illness, then it's okay; we change our stance to suicide not being the answer, unless life is really tough, then it is the answer. We are at the precipice of changing from a civilized society that states, "all life is precious," to a society which weighs the value of life, saying that one is more important than another – this is a path we dare not traverse.

For the forgoing reasons I respectfully request that the members of this committee vote against H.B. 5417.

Sincerely,

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[3] "Some Oegon Assisted Suicide Abuses and Complications." *Disability Rights Educationnn and Defense Fund.* http://dredf.org