

March 20, 2018

Committee on PUBLIC HEALTH

Subject : H.B. No. 5417 (RAISED) AN ACT CONCERNING END-OF-LIFE CARE.

My name is Dr. Paul Saba. I am a physician with dual American and Canadian citizenship. I have studied and practiced medicine in both countries. I am Board Certified by the American Board of Internal Medicine. After completing a residency in Massachusetts, I practiced primary care internal medicine there for 6 years. I presently live in Montreal where I practice family medicine. I am President of the Physicians Council of a community hospital which is part of the McGill University Health Center. I am Founder/President of the Coalition of Physicians for Social Justice (coalitionmd.org) where my progressive ideas have included promoting quality medical care for the vulnerable. Assisted suicide is not progressive.

I strongly advise against the state of Connecticut establishing a bill to legalize assisted suicide.

Presently I am involved in a legal battle against both the Quebec and Canadian governments which have passed laws legalizing euthanasia and assisted suicide. As a physician who believes in the Hippocratic oath and the Good Samaritan model of medicine, I will not kill but will try to heal. If I cannot heal, I will assure that my patients have the best end of life care. Assisted suicide is not care. Assisted suicide only kills. It short-circuits the medical model of caring. It is not medicine. History has shown that going down that road leads to the ultimate abuse of shortening lives of people who otherwise could benefit from many quality years.

In the proposed bill, assisted suicide is put on the same playing field as palliative care. However, they are diametrically opposed. This is demonstrated in the famous New England Journal of Medicine Study that showed that palliative care with cancer care, not only increased the quality of life of people with small cell lung cancer, but also increased survival by 3 months. ([Temel JS, et al. N Engl J Med 2010; 363:733](https://doi.org/10.1056/NEJM2009072336103a)). Assisted suicide does neither: it does not increase the quality of life nor does it increase life.

In your Bill, physicians are not obligated to provide assisted suicide, but they are obligated to participate by referral. Referral is like writing a prescription and knowing that a person will be killed. The fourth Nuremberg principle, which came out of the Nuremberg trials following World War II, demonstrates that endorsing, referring, or acquiescing to euthanasia made one an accomplice to euthanasia and thus is considered a crime.

Some people falsely believe that by not signing up for assisted suicide or euthanasia it will not affect them or their families. If you pass this law, it will directly affect you, someone in your family or someone you know.

Presently, Canada is studying extending doctor assisted suicide and euthanasia to children who are “mature minors” and the depressed. Children possibly as young as 11 or 12 could see their lives ended prematurely without parental consent or prior notification. The serious consequences of enacting such a provision is illustrated by the case of Nadine. At 14 years old, she was diagnosed with an aggressive form of leukemia. She underwent multiple chemotherapies and a failed bone marrow transplant. She was told that she had little chance to survive. She states that without the loving support of her family, she would have given up. Today in her early 20s she is happy to be alive. [youtube.com/watch?v=5-_3wHtTJQg&feature=youtu.be](https://www.youtube.com/watch?v=5-_3wHtTJQg&feature=youtu.be)



What are other reasons I am opposing this law? 1. Every life is valuable.



2. There are errors in medical diagnosis in up to 20% of cases based on US studies—lethal errors of 5%. In 2004, one of my patients 54 year old Alexandre Montreuil underwent lung-removal surgery for a misdiagnosed lung cancer. He actually had a fungal infection called blastomycosis. He was cured with anti-fungal medicines. When first told of his lung cancer, he considered suicide. If today's euthanasia and assisted suicide laws had been available, he would have considered this option. Today he is avidly against euthanasia and assisted suicide “because doctors can make errors.” montreal.ctvnews.ca/doctors-continue-to-fight-right-to-die-legislation-1.2981069



3. Prognostic errors are incorrect in 50% of cases for severe diseases including heart, lung and cancer. This is exemplified by my patient Mona Latour, who in 2007, was told that she only had a few months to live. At that time, if euthanasia or assisted suicide had been available, she would have opted for it. Today she is happy to be alive and rejoices in caring for her new grandchildren. globalnews.ca/news/2815494/opponents-of-assisted-dying-law-ready-for-court-challenge/

4. Once laws are passed for adults, they are extended to children and the depressed without any underlying disease. This is a reality in Belgium and the Netherlands. This is now being studied in Canada.

5. People faced with a serious diagnosis are more likely to be depressed and cannot make a free and informed decision to end their life because of feelings of hopelessness.

6. Quality medical care includes providing palliative care -- which is different from euthanasia. Doctors can reduce and eliminate the suffering of end-of-life patients' with palliative care including palliative sedation. Some say why prolong someone's life who wants to die? As a doctor and a human being, my answer is that life may not only be prolonged for a few months but may be lived happily for many years.

7. The few jurisdictions that practice euthanasia are unable to establish workable safeguards. For example: in Belgium, 32% of euthanasia deaths are performed without specific request or consent; and, 47% of cases go unreported. In Oregon 20 % had no psychologist. In the province of Quebec where I live, doctors euthanized 638 people between June 10, 2016, and June 9, 2017. 31 patients were euthanized under circumstances that didn't respect the law.

8. Many civilized societies (e.g. the United Kingdom, Scotland and France) have recently rejected euthanasia and assisted suicide laws because of the dangers to its citizens.

9. Euthanasia is denounced by the World Medical Association that represents 9 million doctors in over 100 countries and advises physician not to practice it even in jurisdictions where it is permitted.

10. Doctors who are overly pessimistic are less likely to admit patients with asthma to an intensive care unit. These patients are more likely to die (BMJ 2007;335:1132). Won't these same doctors encourage similar patients to give up early and direct them to assisted suicide?

11. Most doctors will not participate. Although euthanasia and assisted suicide have been legalized in Canada for close to 2 years, very few physicians are willing to participate. In Ontario (the largest province of Canada with a population of almost 15 million people), only 74 physicians are involved in assisted suicide or euthanasia. This represents 0.25% of the 30,000 doctors. Thus 99.75% of doctors will not get involved.

12. A recent story in the Canadian media describes a young banker in his 40s who has been battling a neurodegenerative disorder for several years. He has requested self-directed home care services but these have been refused. Rather he has been offered assisted death. (nationalpost.com/news/canada/denied-assisted-life-by-hospital-ontario-man-is-offered-death-instead-lawsuit)

To summarize, the assisted suicide law must not be passed in your state and must be reversed in states in the rest of the country. Our citizens need to be cared for and not killed. We need to provide for medical aid in living and not medical aid in dying.

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