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## Testimony in strong opposition to HB 7015 An Act Concerning Aid in Dying for Terminally Ill Patients March 18, 2015

Senator Coleman, Rep. Tong, and members of the Judiciary Committee:

I am an adult on the autism spectrum and one of the leaders of Second Thoughts Connecticut, a coalition of people with disabilities opposed to the legalization of assisted suicide.

Legislation nearly identical to this bill has twice been rejected by the Public Health Committee the previous two years, as have over 140 attempts to pass such legislation. So far this year, Colorado, Wyoming, Montana, and Utah have all rejected "aid in dying" or "death with dignity" legislation. When legislators look at the details of these bills, they understand that legalizing doctor-prescribed suicide diminishes rather than enhances choice and poses unacceptable risks to people who have no intention of dying, or who could have lived productive lives with treatment. They have second thoughts and oppose such legislation.

The ostensible safeguards in HB 7015 are actually quite hollow. The witnesses to the writing of the lethal prescription can be close friends of an heir seeking to pressure someone into taking the lethal medication. They can also be members of Compassion & Choices who seek to recruit more patients to die under this act. Moreover, the bill does not require any witnesses at the time the lethal prescription is consumed. Did Grandpa take the 100 Seconal pills voluntarily, or perhaps did he change his mind only to have his heir compel him to do it? HB 7015 has no investigational authority and gives legal immunity to prescribing doctors who act in "good faith." Furthermore, in Section 9 (6) (b), doctors are **required** to falsify death certificates, listing the cause of death as the underlying illness and not the lethal prescription, further covering up potential foul play.

For people with communication disabilities, it gets worse. HB 7015 defines "competent" in a manner that allows someone else to claim to speak for the patient, referring to "communicating through a person familiar with a patient's manner of communicating." Three months ago, I testified in opposition to an assisted suicide bill in New Jersey. Dawn Parkot, who has multiple disabilities including a severe speech disability, testified that a similar provision in that bill endangered her life and would allow someone else to murder her. Subsequently she wrote a letter to the New Jersey Senate now published on the website of Second Thoughts Massachusetts, detailing this danger. Below is the relevant section: [http://www.second-thoughts.org/main.legislative\\_efforts.dawn\\_parkot\\_letter\\_to\\_nj\\_senate](http://www.second-thoughts.org/main.legislative_efforts.dawn_parkot_letter_to_nj_senate)

At the time the patient makes a second oral request, the attending physician shall offer the patient an opportunity to rescind the request. However, the bill defines "capable" as having the capacity to make health care decisions and to communicate them to a health

care professional, including communication through persons familiar with the patient's manner of communicating if those persons are available.

Simply, legislation makes it possible for someone to speak for the person if they are familiar with the person's manner of communicating. As someone who is disabled and unable to speak without communication aids, this makes this bill extremely frightening to somebody with a significant speech disability. Legalizing this bill raises the potential for a profoundly dangerous situation.

Abuse of the elderly and disabled is a growing problem, making coercion virtually impossible to prove or stop. Who can confirm that the assisted suicide choice was freely made when the only witness is dead? With the lack of witnesses present, someone else can administer the lethal drug without the patient's consent. Someone could use an alternate method, such as suffocation. Who would know? The mere presence of a lethal drug request would provide an alibi. Without witnesses, the patient's control over the "time, place and manner" of his or her death, isn't guaranteed.

Contrary to claims of proponents, there have been a number of documented abuses in Oregon, in addition to all the ones we will never know about because of the lack of investigational authority. The case of Tami Sawyer and Thomas Middleton is instructive. Middleton had ALS and moved into Sawyer's home, where he died a month later under Oregon's assisted suicide law. Two days after the death, Sawyer sold Middleton's house and deposited the proceeds into her account. Sawyer pleaded guilty to fraud and money laundering in a Ponzi scheme. A second case involving Middleton's estate was dropped only because she was already serving jail time. We will never know whether this was merely fraud or murder for profit. Indeed, this story came to light only because of suspicious real estate transactions and in spite of the concealment entailed by Oregon's assisted suicide law.

Oregon also demonstrates the deadly mix between assisted suicide and medical cost-containment. Barbara Wagner and Randy Stroup were denied chemotherapy for their cancers under the Oregon Health Plan (Medicaid) yet offered suicide drugs instead. Chillingly the president of Compassion & Choices, former HMO executive Barbara Coombs Lee, wrote an op-ed in The Oregonian defending Oregon's denial of Tarceva to Barbara Wagner, suggesting that government steer people away from curative care and toward less aggressive treatment or suicide.

Another problem in Oregon is suicide contagion. According to the Centers for Disease Control, Oregon's already high suicide rate has increased much more than the national average; from 1999 shortly after the Oregon Death with Dignity Act took effect until 2010, the rate of increase for people age 35-64 was 49% in Oregon versus 28% nationally. Given the motto of Compassion & Choices and other "right-to-die" organizations is "My Life. My Death. My Choice." this should come as no surprise.

Mercilessly bullied autistic and LGBT youth can pick up this message that "my death" is "my choice"—a message which Compassion & Choices has displayed in the Capitol concourse for two weeks—and act on it. Those of us on the autism spectrum can take messages like this quite literally. I often think of the late Nikki Bacharach, the autistic daughter of Burt Bacharach and Angie Dickinson. When she committed suicide eight years ago, putting a helium bag over

her head, her parents issued the following statement, according to Lisa Jo Rudy of About.com: "She quietly and peacefully committed suicide to escape the ravages to her brain brought on by Asperger's." This strange and creepy announcement is the logical product of Compassion & Choices assisted suicide advocacy, where "peaceful suicide" is glorified and disability is viewed as "ravaging" our minds and bodies. This is what we refer to when we speak of disability discrimination in suicide prevention.

Misdiagnosis and incorrect prognosis are also serious concerns. HB 7015 allows for a prognosis of six months to live, but does not take into account the effects of treatment. Many people with severe disabilities who need breathing support, or people with diabetes controlled by insulin would be eligible for suicide under this bill. Even if the bill were to include the effects of treatment, many people have dramatically outlived doctors' expectations. Senator Ted Kennedy was diagnosed with brain cancer similar to Brittany Maynard and given 2-4 months to live, yet lived 15 very productive months. Actress Valerie Harper was diagnosed with a different form of brain cancer and given 3 months to live; she is alive and fighting her disease 27 months later. Jeanette Hall, diagnosed with cancer and given six months to a year to live, sought to die under Oregon's assisted suicide law. Her doctor persuaded her to accept treatment, and she is alive and well nearly 15 years later. John Norton was diagnosed with ALS at age 18 and given 3-5 years to live. Six years later, the progression of his disease suddenly stopped and he is alive at age 76, with a wife, children, and retired from a successful career. He writes that if assisted suicide had been legal at the time, "I would have taken that opportunity."

Rahamim Melamed-Cohen, sometimes called "Israel's most famous terminally ill patient," was diagnosed with ALS over 20 years ago and was also given 3-5 years to live. In spite of the fact that he can only think and blink his eyes, he has said that "if they [the doctors] had let me die, I would have missed out on the best, most beautiful years of my life." He has written 12 books and created beautiful artwork using Microsoft's eye-tracking technology. What makes Dr. Melamed-Cohen a role model for the rest of us is his attitude, which is the complete opposite of the "death with dignity" movement: "Don't despair. Be optimistic and work on joy in your heart. No matter what you're lacking think of what's possible to do in your present situation."

Dr. Melamed-Cohen's attitude reminds us of the importance of our social interconnectedness, that "my death" is not a mere private, individualistic choice, but affects all around us. In the immortal words of Reverend Dr. Martin Luther King, Jr., "We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly." Yet under HB 7015, family notification is merely recommended, not required. What if one of your relatives took the lethal prescription and you had no idea this was coming? Death is too important to be reduced to six word slogans claiming it is merely a matter of "my choice."

Finally, there is the issue of expansion. Leaders of Compassion & Choices and other "right-to-die" organizations have publicly stated their intent to come back later to expand beyond "six months," "terminally ill," and "mentally competent." When Compassion & Choices president Barbara Coombs Lee came to Hartford last October, she declared her support for assisted suicide for people with dementia and cognitive disabilities unable to consent. *CT News Junkie* quoted her saying, "It is an issue for another day but is no less compelling." Dr. Marcia Angell,

leading proponent of the defeated Massachusetts' assisted suicide ballot question, recently wrote in *The New York Review of Books* that she now favors euthanasia as well as assisted suicide. Oregon is currently debating legislation (HB 3337) that would extend eligibility for assisted suicide from a six month prognosis to one year. We do not need to look overseas to Belgium or the Netherlands to see what might be next.

For those of us in the disability community, opposition to assisted suicide is an issue of justice and civil rights. We ask you to reject this lethal form of discrimination against us. Reject the disability-phobia that views us better off dead than needing others for assistance because we are misperceived as a "burden" or as "takers." Reject Compassion & Choices and HB 7015, which have far more in common with the selfishness of Ayn Rand than with the dream of the Reverend Dr. Martin Luther King, Jr.

We Shall Overcome!

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