**Testimony of Victoria Veltri**
**State Healthcare Advocate**
**Before the Judiciary Committee**
**In support of HB 7015**
**March 17, 2015**

Good afternoon, Senator Coleman, Representative Tong, Senator Kissel, Representative Rebimbas and members of the Judiciary Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I appreciate the opportunity to share my perspective on the merits of HB 7015, An Act Concerning Aid in Dying for Terminally Ill Patients. This complicated issue polarizes society like few others, and yet it is fundamentally about one thing – self-determination. As an advocate for many years, even prior to my roles at OHA, a key principle of my work has always been to ensure that consumers have the information and opportunity necessary to make their own decisions in their healthcare. However, when people are faced with the reality of their own mortality, and medical science has exhausted their

options, we persist in denying them one of the most important and personal decisions that they can make.

Throughout the course of medical treatment, people weigh options for treatment that may have significant impact on their likelihood of survival. People receiving diagnoses of advanced cancer or other terminal illnesses may choose to forgo chemotherapy and surgery if the prognosis for success is low, and we accept that as a reasonable and personal decision, in spite of the fact that such a decision will inevitably result in their death far sooner than if they had tried all other medical interventions. This emphasizes a desire to focus on quality of life instead of quantity, and is recognized as critical to the maintenance of the principles of personal autonomy and self-determination. Medical providers do not argue that these patients are incapable of making rational decisions because they are essentially opting to die in the manner that they choose. Instead, it is considered a fundamental component of the medical decision-making process and this right has been zealously protected.

There is very little difference from a patient's perspective between a person choosing to forgo months of painful, dehabilitating treatment for a terminal illness with little likelihood of success and a person who has decided that they do not want to spend their few remaining days or weeks in pain, incapable to care for themselves, burdening their loved ones with the dual role of caregiver as they too try to process the coming loss. It is understandable that providers may view this issue through a different lens, where the difference between inaction and action is important, but is clear that pain medications are currently prescribed to terminal patients in high enough doses to cause death for palliative purposes. HB 7015 would not impose any additional burden on providers who choose not to participate, and affirms provider choice as to whether to prescribe medications to a terminal patient for this purpose.

Watching a loved one slowly deteriorate, losing the ability to eat, move, care for

themselves, communicate, with no hope of recovery and everyone praying that they not suffer is a life-altering experience. None of us is immune to that experience. One might choose hospice and palliative care, but one might also choose the option allowed under HB 7015. Indeed, these choices are not mutually exclusive.

HB 7015 protects the most basic right of self-determination for people suffering with incurable, terminal illness and preserves it throughout the entirety of their life, instead of limiting choice when it most matters. Its criteria protect the patient, their loved ones and the medical provider through stringent measures for determining eligibility and methods, and prevent the risk of abuse of this practice. Modeled after the Oregon law, which has not created a great demand for the right to access medications to end life immediately, this bill strikes the right balance by allowing patients and physicians a choice. And as many point out, it is critical that measures are in place to ensure that those with disabilities are protected. However, at its root, the bill preserves each person's right to make decisions concerning their lives at a point when hope of recovery is gone. Many of us believe people should have that choice. Ultimately, HB 7015 is less about how those with terminal illness die, but how they choose to live.

I thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.