TO: The Connecticut General Assembly
FROM: Margaret Dore, Esq., MBA, President*
RE: Reject Raised Bill No. 6425, An Act Concerning Aid in Dying for the Terminally Ill:

Don’t render yourselves, and the people you care about, sitting ducks to heirs and other predators.

HEARING: Public Health Committee, February 26, 2021, 9 am

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APPENDIX
I. INTRODUCTION

Raised Bill No. 6425, titled "An Act Concerning Aid in Dying for the Terminally Ill," seeks to legalize physician-assisted suicide and euthanasia as these terms are traditionally defined. If enacted into law, the Act will allow these practices on both a voluntary and involuntary basis.

The Act is based on similar acts in Oregon and Washington State. I urge you to protect yourselves and the people you care about. Vote "No" to reject Raised Bill No. 6425.

II. DEFINITIONS

A. Physician-Assisted Suicide, Assisted Suicide and Euthanasia

The Act does not define physician-assisted suicide, assisted suicide or euthanasia.¹ Per the American Medical Association, "physician-assisted suicide" occurs when a physician "facilitates a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act."² For example:

[T]he physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide.³

¹ See the proposed Act in its entirety, attached in the appendix at pages A-5 through A-20.

² The AMA Code of Medical Ethics, Opinion 5.7, attached in the appendix at page A-21.

³ Id.
“Assisted suicide” is a general term in which the assisting person is not necessarily a physician. “Euthanasia” is the administration of a lethal agent by another person.⁴

B. Aid in Dying

“Aid in dying” has been a euphemism for euthanasia since at least 1989.⁵ The proposed Act defines aid in dying as follows:

"Aid in dying" means the medical practice of a physician prescribing medication to a qualified patient who is terminally ill, which medication a qualified patient may self-administer to bring about his or her death.⁶

Note that per this definition, euthanasia is not prohibited.

C. Withholding or Withdrawing Treatment

Withholding or withdrawing treatment ("pulling the plug") is not euthanasia if the purpose is to remove burdensome treatment, as opposed to an intent to kill the individual. More importantly, the individual will not necessarily die. Consider this quote regarding a man removed from a ventilator:

[In]stead of dying as expected, [he] slowly began to get better.⁷

⁴ The AMA Code of Medical Ethics, Opinion 5.8, appendix page A-22.

⁵ See, for example, Georgetown library summary sheets, as of 1989 and 1992, attached in the appendix at pages A-23 and A-24.

⁶ The proposed Act, attached in the appendix at page A-5.

III. FACTUAL AND LEGAL BACKGROUND

A. Assisting Persons Can Have an Agenda

Persons assisting a suicide or euthanasia can have an agenda. Consider Tammy Sawyer, trustee for Thomas Middleton in Oregon. Two days after his death by legal assisted suicide, she sold his home and deposited the proceeds into bank accounts for her own benefit.  

Consider also Graham Morant, convicted of counseling his wife to kill herself in Australia, to get the life insurance. The Court found:

[Y]ou counselled and aided your wife to kill herself because you wanted ... the 1.4 million.  

Medical professionals too can have an agenda. New York physician, Michael Swango, got a thrill from killing his patients. Consider also Harold Shipman, a doctor in the UK, who not only killed his patients, but stole from them and in one...
case made himself a beneficiary of the patient’s will.  

B. Most States Reject Assisted Suicide and Euthanasia

In the US, 42 states do not allow assisted suicide and/or euthanasia. In 2016, the New Mexico Supreme Court overturned a decision allowing physician aid in dying (meaning physician-assisted suicide). In the last ten years, nine states have strengthened their laws against assisted suicide and/or euthanasia. 

C. The Swiss Study: Physician-Assisted Suicide Can Be Traumatic for Family Members

A European research study addressed trauma suffered by persons who witnessed legal physician-assisted suicide in Switzerland. The study found that one out of five family members or friends present at an assisted suicide was traumatized. These people, experienced full or sub-threshold PTSD (Post Traumatic Stress Disorder) related to the loss of a close person through assisted

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14 Margaret Dore, "U.S. States Strengthen Their Laws Against Assisted Suicide," April 2, 2019, appendix page 38.


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suicide.\textsuperscript{16}

IV. HOW THE PROPOSED ACT WORKS

The Act has an application process to obtain the lethal dose.\textsuperscript{17} Once the lethal dose is issued by the pharmacy, there is no oversight. No doctor, not even a witness, is required to be present at the death.

V. "EVEN IF THE PATIENT STRUGGLED, WHO WOULD KNOW?"

The Act has no required oversight over administration of the lethal dose.\textsuperscript{17} The drugs used are water or alcohol soluble, which allows them to be injected into a sleeping or restrained person without consent.\textsuperscript{18} Alex Schadenberg, Executive Director for the Euthanasia Prevention Coalition, puts it this way:

With assisted suicide laws in Washington and Oregon, perpetrators can take a "legal" route, by getting an elder to sign a lethal dose request. Once the prescription is filled, there is no supervision over administration. Even if the patient struggled, "who would know?" (Emphasis added).\textsuperscript{19}

\textsuperscript{16} Id.

\textsuperscript{17} See the Act in its entirety, attached in the appendix at pages A-5 through A-20.

\textsuperscript{18} See Oregon report excerpt in the appendix at page A-39 (listing Secobarbital and Phenobarbital as drugs used to kill patients in Oregon). Per Drugs.com, Secobarbital is both water and alcohol soluble, while Phenobarbital is soluble in alcohol. Supporting documentation is in the appendix at pages A-40 and A-41.

\textsuperscript{19} Alex Schadenberg, Letter to the Editor, "Elder abuse a growing problem," The Advocate, Official Publication of the Idaho State Bar, October 2010.
VI. "ELIGIBLE" PERSONS MAY HAVE YEARS OR DECADES TO LIVE

A. If Connecticut Enacts the Proposed Act and Follows Oregon’s Lead, Chronic Conditions Such as Diabetes Will Be Sufficient for Death Via the Act, Including for Young Adults

The Act states:

"Terminal illness" means the final stage of an incurable and irreversible medical condition that an attending physician anticipates, within reasonable medical judgment, will produce a patient's death within six months. 20

Oregon’s Act has a similar definition as follows:

"Terminal disease" means an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, produce death within six months. (Emphasis added). 21

In Oregon, this similar definition applies to people with chronic conditions, such as diabetes, who are dependent on insulin to live. 22 Oregon doctor, William Toffler, explains:

In Oregon, people with chronic conditions are "terminal," if without their medications, they have less than six months to live. This is significant when you consider that a typical insulin-dependent 20 year-old will live less than a month without insulin.

20 Raised Bill No. 6425, in the appendix, at page A-8, lines 78 to 81.


(Emphasis added).\textsuperscript{23}

Dr. Toffler adds:

\textit{Such persons, with insulin, are likely to have decades to live.} (Emphasis added).\textsuperscript{24}

\textbf{B. Predictions of Life Expectancy Can Be Wrong}

Eligible persons may also have years or decades to live because predictions of life expectancy can be wrong, sometimes way wrong. This is due to misdiagnosis and the fact that predicting life expectancy is not an exact science.\textsuperscript{25}

Consider John Norton, who was diagnosed with ALS (Lou Gehrig's disease) at age 18.\textsuperscript{26} He was told that he would get progressively worse (be paralyzed) and die in three to five years.\textsuperscript{27} Instead, the disease progression stopped on its own.\textsuperscript{28} In a 2012 affidavit, at age 74, he states:

\begin{quote}
If assisted suicide or euthanasia had been available to me in the 1950's, I would have missed the bulk of my life and my life yet to come.\textsuperscript{29}
\end{quote}


\textsuperscript{24} Id., ¶ 6.

\textsuperscript{25} Cf. Jessica Firger, "12 million Americans misdiagnosed each year," CBS NEWS, April 17 2014, in the appendix at page A-51; and Nina Shapiro, "Terminal Uncertainty, supra., excerpts in the appendix at pages A-25 to A-28.

\textsuperscript{26} Affidavit of John Norton, attached hereto at pages A-52 to A-54.

\textsuperscript{27} Id., ¶ 1.

\textsuperscript{28} Id., ¶ 4.

\textsuperscript{29} Id., ¶ 5.
C. Treatment Can Lead to Recovery

"Eligible" persons may also have years or decades to live because treatment can lead to recovery. Consider Oregon resident, Jeanette Hall, who was diagnosed with cancer in 2000 and made a settled decision to use Oregon’s Act. Her doctor convinced her to be treated for cancer instead.\textsuperscript{30} In a 2019 declaration, she states:

\begin{quote}
It has now been 19 years since my diagnosis. 
If [my doctor] had believed in assisted suicide, I would be dead.\textsuperscript{31}
\end{quote}

VII. THE ACT ALLOWS EUTHANASIA

A. The Lethal Dose Is a Medication

The Act refers to the lethal dose as "medication."\textsuperscript{32} Generally accepted medical practice allows doctors and family members to administer medication to a patient.\textsuperscript{33} If the medication administered is a lethal dose, this is euthanasia as

\textsuperscript{30} Declaration of Kenneth Stevens, MD, in the appendix at pages A-55 to A-57; Jeanette Hall discussed at A-55 and A-56. Hall declaration attached in the appendix at page A-58.

\textsuperscript{31} Attached hereto at appendix at page A-58.

\textsuperscript{32} See the Act, Section 1(2), stating:

\begin{quote}
“Aid in dying” means the medical practice of a physician prescribing medication to a qualified patient who is terminally ill, which medication a qualified patient may self-administer to bring about his or her death. (Emphasis added).
\end{quote}

Attached in the appendix, at page A-5, lines 4 to 7.

\textsuperscript{33} Declaration of Kenneth Stevens, MD, January 6, 2016, ¶¶ 9-10, attached in the appendix at page A-57.

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traditionally defined.34

B. The Americans with Disability Act Would Trump Any Prohibition of Euthanasia

The Americans with Disability Act (ADA) is a US federal civil rights law "that prohibits discrimination against individuals with disabilities in every day activities, including medical services."35 Here, the proposed Act describes prescribing the lethal dose as part of a medical practice, which renders it a medical service.36

Per the ADA, medical care providers are required "to make their services available in an accessible manner."37 This includes:

reasonable modifications to policies, practices, and procedures when necessary to make health care services fully available to

34 Cf. AMA Code of Medical Ethics, Opinion 5.8, attached in the appendix at page A-22 ("Euthanasia is the administration of a lethal agent by another person").

35 U.S. Department of Justice, Civil Rights Division, Disability Rights Section and the U.S. Department of Health and Human Services, Office for Civil Rights, "Americans with Disabilities Act: Access to Medical Care for Individuals with Mobility Disabilities," July 2010, excerpts attached in the appendix at pages A-59 and A-60. Also available at https://www.ada.gov/medcare_mobiility_t.a/medcare_ta.htm

36 The proposed Act states:

"Aid in dying" means the medical practice of a physician prescribing medication to a qualified patient who is terminally ill, which medication a qualified patient may self-administer to bring about his or her death. (Emphasis added).

Attached in the appendix at page A-5, lines 4-7.

37 U.S. Department of Justice, supra, in the appendix at page A-60.
individuals with disabilities, unless the modifications would fundamentally alter the nature of the services (i.e., alter the essential nature of the services). (Emphasis added).\textsuperscript{38}

Here, the fundamental nature of the service is the provision of medication to end a patient’s life. If, for the purpose of argument, the proposed Act can be read as requiring self-administration, the ADA would nonetheless require providers to make a reasonable modification for individuals unable to self-administer. For example, by providing the assistance of another person to administer the lethal dose. This would be euthanasia as traditionally defined.

C. Clinical Problems Can Lead to Euthanasia

Physician-assisted suicide is not always successful to end a patient’s life, and may also cause disturbing complications such as myoclonus (involuntary muscle spasms) or vomiting.\textsuperscript{39} When this occurs, euthanasia is sometimes used to complete the process.\textsuperscript{40}

VIII. ACTIONS TAKEN IN “ACCORDANCE” WITH THE ACT WILL NOT CONSTITUTE SUICIDE OR HOMICIDE

The proposed Act states:

\textsuperscript{38} Id., quote attached in the appendix, at page A-60.


\textsuperscript{40} Id.
(c) Any actions taken in accordance with sections 1 to 14, inclusive, of this act or sections 16 to 19, inclusive, of this act, do not, for any purposes, constitute suicide ... [or] homicide, .... (Emphasis added).

The Act does not define accordance. Dictionary definitions include "in the spirit of," meaning "in thought or intention."

In other words, a mere thought or intention to comply with the Act is sufficient to prevent a death from being treated as suicide or homicide. If enacted, actions taken in accordance with the Act will not constitute suicide or homicide as a matter of law.

**IX. DEATHS WILL BE "NATURAL" AS A MATTER OF LAW**

Connecticut requires the manner of a person's death to be reported as one of six categories, five of which are substantive: (1) suicide; (2) homicide; (3) therapeutic complication; (4) accidental; and (5) natural. The sixth category is "undetermined."

As noted in the preceding section, a death occurring in

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41 The proposed Act, Section 15(c), lines 372 to 375.
42 See the proposed Act in its entirety, attached hereto at A-5 to A-20.
43 See definitions in the appendix at pages A-63 and A-64.
45 Id.
accordance with the Act will not constitute suicide or homicide as a matter of law. The death will also not be due to a therapeutic complication or accident due its having been an intended event. This leaves “natural” as the only remaining substantive cause of death. The official legal manner of death will be natural as a matter of law.

X. DR. SHIPMAN AND THE CALL FOR DEATH CERTIFICATE REFORM

Per a 2005 article in the UK’s Guardian newspaper, there was a public inquiry regarding Dr. Shipman’s conduct, which determined that he had “killed at least 250 of his patients over 23 years.” The inquiry also found:

that by issuing death certificates stating natural causes, the serial killer [Shipman] was able to evade investigation by coroners. (Emphasis added).

Per a subsequent article in 2015, proposed reforms included having a medical examiner review death certificates, so as to improve patient safety. Instead, the proposed Act moves in the opposite direction to require that deaths be reported as natural. If enacted, doctors and other perpetrators will be able to kill under mandatory legal cover.

46 David Batty, supra, attached in the appendix at page A-35 to A-37.
47 Id., attached hereto at A-37.
XI. PERPETRATORS WILL BE ALLOWED TO INHERIT

Connecticut Code Section 45a-447 does not allow a person guilty of killing another person (the victim) to inherit from that person.49 Deaths occurring in accordance with the Act, however, are natural as a matter of law. More to the point, straight up perpetrators will be allowed to inherit from a victim so long as the killing is done pursuant to the proposed Act.

XII. THE ACT’S TITLE IS MISLEADING

The Act’s title, “An Act Concerning Aid in Dying for the Terminally Ill,” is misleading. (Emphasis added). This is because the Act is not limited to dying people.

The Act instead applies to persons predicted to have less than six months to live, some of whom will have years or decades to live. Think John Norton and Jeanette Hall.

In other states, such as Washington, a misleading legislative title can result in invalidation of the legislation. I do not know the law on this point in Connecticut.

XIII. CONCLUSION

If passed into law, the proposed Act will apply to people with years or decades to live. This will be especially true if Connecticut follows Oregon practice to determine life expectancies without treatment. Young adults with chronic
conditions, such as insulin dependent diabetes, will be considered terminal and therefore subject to the Act.

Assisting persons, including doctors and family members, can have an agenda, with the more obvious reasons being inheritance and life insurance, but also, as in the case of Dr. Swango, the thrill of seeing someone die. The lack of required oversight at the death, coupled with the mandatory falsification of the death certificate, to report a natural death, will create a perfect crime in which perpetrators will be legally allowed to inherit.

The Act’s passage will render people with money, meaning the middle class and above, sitting ducks to their heirs and other predators. Protect yourselves and the people you care about. Say “No” to Raised Bill 6425.

Respectfully Submitted,

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