



Legislative Testimony  
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**Written Testimony Supporting Senate Bill 1076, An Act Concerning Aid in Dying for Terminally Ill Patients**

Senator Anwar, Representative McCarthy-Vahey, Ranking Members Somers and Klarides Ditria, and distinguished members of the Public Health Committee:

My name is David McGuire, and I am the Executive Director for the American Civil Liberties Union of Connecticut (ACLU-CT). I am writing to testify in support of Senate Bill 1076, An Act Concerning Aid in Dying for Terminally Ill Patients.

Decisions about end-of-life care are deeply personal. Each terminally ill person should have the right to make their own decisions about how to spend their final days and how to face death. This right to individual autonomy when making end of life decisions includes the decision to seek physician-assisted aid in dying, as well as the decision to continue living. The ACLU-CT supports this bill, because we believe all people should have the liberty to make personal, intimate decisions about their death when facing a terminal diagnosis.

Connecticut voters overwhelmingly favor supporting a terminally ill patient's choice for aid in dying. A 2021 poll found that more than 75 percent of respondents support aid-in-dying, with 57 percent strongly supporting the law.<sup>1</sup> All party, age, and gender groups support the idea of terminally ill patients having this right.<sup>2</sup>

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<sup>1</sup> *Broad Support for Connecticut's Medical Aid in Dying Legislation*, GQR (Apr. 6, 2021), [https://www.compassionandchoices.org/docs/default-source/polling-documents/ct-compassion-and-choices-public-memo-final.pdf?sfvrsn=40e47216\\_1](https://www.compassionandchoices.org/docs/default-source/polling-documents/ct-compassion-and-choices-public-memo-final.pdf?sfvrsn=40e47216_1).

<sup>2</sup> *Id.*

Currently, ten states (California, Colorado, Hawaii, Maine, Montana, New Jersey, New Mexico, Oregon, Vermont, and Washington) and Washington, D.C. allow terminally ill residents to make their own determination at the end of their lives about how much suffering to endure and when to hasten a peaceful death.<sup>3</sup>

We encourage the legislature to tackle this issue, as other states have. However, it is important that there are safeguards in place. We recognize the importance of ensuring that each person's decision about end-of-life care is made voluntarily, not based on misinformation, pressure from others, or discriminatory misconceptions about people with disabilities. We support the rights of people living with disabilities, including their right to live full lives and to make their own decisions about their bodies and lives. It is critical that the legislature consult with disability rights groups to make sure the bill allows people their individual right to determine when to end their life but also closes any loopholes that could hurt vulnerable populations.

Though the bill allows a physician to refer a patient for counseling in certain circumstances, we recommend that the Committee consider adding a provision requiring a mental health evaluation. The decision to end one's life is a very serious decision, and a mental health evaluation is one safeguard to ensure that a person has the capacity to make rational decisions about their end-of-life plans.<sup>4</sup>

This bill does include needed safeguards to help to ensure that the decision to seek aid in dying will be voluntary and permitted only for patients who are capable of consent and self-ingesting medication, and are terminally ill with a prognosis of no more than six months of life remaining. Age or disability alone does not qualify a person for aid in dying. Patients must make two written requests, with a 15-day waiting period between the requests, for a prescription for aid in dying. Two witnesses

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<sup>3</sup> *In Your State*, DEATH WITH DIGNITY (Nov. 1, 2021), available at <https://deathwithdignity.org/states/>.

<sup>4</sup> Hawaii's aid in dying statute is distinct from other states in that it requires the involvement of a mental health professional in all cases to determine whether "the patient is capable, and that the patient does not appear to be suffering for undertreatment or nontreatment of depression or other conditions which may interfere with the patient's ability to make an informed decision." HAW. REV. STAT. §§ 327L-1; 372L-6.

are required for those requests, who are neither immediate family members nor the patient's beneficiaries, and doctors must keep detailed records of the entire process. The bill mandates a second doctor's opinion and multiple opportunities to withdraw the request. This iteration of the bill includes additional safeguards, including requiring a mental health evaluation and that a person see their doctor every thirty days.

We understand that some people will not even contemplate the choice offered by aid in dying because their religious beliefs or moral understanding do not permit it. No one—no doctor, hospital, institution, or individual—can be compelled to participate in another person's choice of aid in dying, and this bill protects them. But no person should be able to deny that choice to another. They must not presume to dictate an agonizing death for another human being.

The ACLU-CT supports this bill and the multiple safeguards it contains. We encourage the committee to support Senate Bill 1076.