



**TESTIMONY OF  
CAROLYN BRADY  
VICE PRESIDENT, PATIENT CARE AND REGULATORY SERVICES  
CONNECTICUT HOSPITAL ASSOCIATION  
BEFORE THE JUDICIARY COMMITTEE  
Friday, February 27, 2004**

**SB 294, An Act Concerning Living Wills**

Good afternoon Senator McDonald, Representative Lawlor and members of the Judiciary Committee. My name is Carrie Brady and I am Vice President of Patient Care and Regulatory Services of the Connecticut Hospital Association (CHA). On behalf of Connecticut's not-for-profit hospitals, CHA appreciates the opportunity to submit testimony in opposition to **SB 294, An Act Concerning Living Wills**.

The bill, which is presumably intended to expand patients' autonomy, would actually impair patients' ability to make end-of-life decisions. The bill makes it unnecessarily complicated to execute a living will, both because it requires a physician and any surrogate decision-maker to sign the living will and it modifies Connecticut's model living will to make it unnecessarily intimidating and complex.

The bill could have the effect of dramatically reducing the number of patients executing living wills. Currently, Connecticut law requires a living will to be signed by the patient and two witnesses. The bill would add requirements for the signature of a physician who has "discussed the risks and benefits associated with the use and withholding or withdrawal of life support systems", as well as the signature of any person appointed as a surrogate decision-maker for the patient.

If the bill were enacted, patients could no longer make end-of-life decisions privately; all living wills would need to be executed after discussion and tacit approval of a physician. Some patients completing living wills may not want to discuss the directive with a physician and may choose to forego the living will instead. Individuals who do not have a physician could not execute a living will, and those patients that do have a physician also may be impeded because they may not be able to obtain time with the physician to discuss a living will. In addition, the requirement to have the surrogate decision-maker sign the living will may present logistical problems for some patients (e.g., patients who want to designate an out-of-town family member as the surrogate decision-maker).

The proposed living will form itself is extremely detailed and fact specific, which would make it difficult for patients to accurately express their wishes. For example, the form allows the patient to designate how long in minutes the patient wants resuscitation to be attempted. Most patients do not have the clinical knowledge to answer that question. In addition, the length of time could vary depending on the circumstances. The intent of the bill appears to be to empower patients, but the proposed form is likely to do the opposite,

as patients will be completely dependent on their physicians' guidance in identifying the length of time for resuscitation and in completing other similarly detailed information.

Patients unquestionably have the right to make healthcare decisions and to provide advance directives about how they would like to be treated when they are no longer able to speak for themselves. Advance directives are not limited to formal living will documents and may include other written or oral expressions of a patient's preferences for treatment. It is impossible to capture in checkboxes on a living will the complete range of patient decisions and preferences, and attempting to do so would interfere with effectuation of the patient's actual wishes, which are likely to vary based on the clinical circumstances.

Finally, CHA also is concerned about the new requirement in the bill that each time a patient is admitted, the hospital must "inform such patient of the risks and benefits of, and alternatives to, the use of life support systems . . . and provide an opportunity for such patient to give informed consent with respect to the use or refusal of such life support systems in the course of such patient's treatment." Hospitals are currently required by federal law to ask patients on admission whether they have an advance directive so that hospitals can respect patients' wishes, but a mandate that hospitals inform all patients of the risks, benefits and alternatives of life support systems is unnecessary, burdensome and potentially very alarming to patients.

For the reasons identified above, CHA opposes SB 294. Thank you for your consideration of our position.

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