

# Euthanasia Prevention Coalition USA

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August, 2018

VIA FACSIMILE

The Honorable Members  
United States Senate  
Washington, D.C. 20510

RE: Palliative Care and Hospice Education Training Act (PCHETA),  
H.R. 1676 now in Senate HELP Committee (S. 693 is an identical bill)

Dear Senator:

As Chair of the Euthanasia Prevention Coalition – USA, I urge you to oppose the PCHETA bill, H.R. 1676, for two reasons: government funding is unneeded and a government stamp of approval may hoodwink people. The bill provides federal funding for medical education and an information dissemination option for “selling” palliative care to patients. Palliative care grew out of and includes hospice care. It provides an earlier pathway to hospice care and in some cases to euthanasia.

## Government Funding is Unneeded

Government funding is not needed. If enacted, the bill will cost the federal government \$86 million dollars over the next four years. <https://www.cbo.gov/publication/54309> Palliative care has already spread rapidly. <https://www.medscape.com/viewarticle/892289> Due to philanthropic funding, more than 80% of hospitalized seriously ill US patients already have access to palliative care. *Id.* Why should you believe these philanthropists will stop their funding if this bill dies? They did not stop when this bill’s predecessors died. Perhaps, now that not much is likely to be gained, they want the government to take over. Also consider how they might spend these freed up millions, like promoting assisted suicide and euthanasia.

## A Government Stamp of Approval May Hoodwink People into Dangerous Palliative Care

A government stamp of approval may lead more people to palliative care that can endanger their lives. Palliative care can start alongside normal medical care providing pain and symptom relief, but eventually can shift to hospice care without an explicit discussion and decision. A recent HHS-OIG report, <https://oig.hhs.gov/oei/reports/oei-02-16-00570.asp>, found that people were inadequately informed their care had switched to hospice and were not receiving good care.

Instances of patients being overdosed to unconsciousness until they die (sometimes called “palliative sedation”) with no food and fluids (called “slow euthanasia”) have increased according to Duke University professor Farr Curlin, M.D.:

Many patients and their families don't trust HPM [Hospice and Palliative Medicine] and are resistant to it.... These individuals tell stories about loved ones who declined slowly over time, fighting the good fight with the support and companionship of their family members and friends. When HPM professionals became involved in their care, their loved ones were put on powerful drugs, became unconscious and unresponsive, and were soon dead. These stories are clearly shared within communities and powerfully shape people's perceptions of HPM, which many see as a sophisticated and seductive way of getting people to die.<sup>1</sup>

The Business of Dying, a 2014 Washington Post series provides several examples of people fitting Dr. Curlin's description who received powerful drugs and died shortly after enrolling in hospice. [https://www.washingtonpost.com/news/storyline/wp/2014/08/21/as-more-hospices-enroll-patients-who-arent-dying-questions-about-lethal-doses-arise/?utm\\_term=.b709534d2b18](https://www.washingtonpost.com/news/storyline/wp/2014/08/21/as-more-hospices-enroll-patients-who-arent-dying-questions-about-lethal-doses-arise/?utm_term=.b709534d2b18)

Nearly two-thirds (66%) of U.S. hospice and palliative physicians prescribed deliberate sedation to unconsciousness until death (palliative sedation) in the past year; just over half (53.3%) think its acceptable to use it for nonphysical symptoms including anxiety, existential distress (feeling useless and hopeless) and depression; and over half (52.5%) think palliative sedation should be ordered with no hydration, meaning the person will die of dehydration.<sup>2</sup>

#### Blurring of Palliative Care and Assisted Suicide

The predominant view of U.S. physicians in another study<sup>3</sup> was that palliative sedation and assistance in dying, a euphemism for assisted suicide, were nearly indistinguishable. Compassion & Choices, formerly the Hemlock Society, an organization with a mission to legalize Assisted Suicide, has been a supporter of Palliative Care and Hospice expansion. Do you really want them filling in the gaps and designing the curriculum for hospice and palliative care providers?

#### A Better Approach

Professor Curlin calls for integrating pain and symptom management into medicine instead of creating a rival form of palliative care.<sup>4</sup> Wouldn't it be better to educate/update all physicians and nurses about pain and symptom management?

I hope you will do everything you can to kill this bill.

Sincerely,

Nancy Elliott, Chair

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<sup>1</sup> Farr A. Curlin, MD Hospice and Palliative Medicine's Attempt at an Art of Dying, ch 4 in *Dying in the Twenty-First Century*, edited by Lydia Dugdale, MD, MIT Press 2015 at page 48.

<sup>2</sup> Maiser S et al., *A Survey of Hospice and Palliative Care Clinicians' Experiences and Attitudes Regarding the Use of Palliative Sedation*, J Palliat Med. 2017 Sep;20(9):915-921 at 916-17.

<sup>3</sup> Rietjens JAC, et al., *Approaches to Suffering at the End of Life: the use of Sedation in the USA and Netherlands*, J Med Ethics 2014;40:235-240, at 237.

<sup>4</sup> Infra note 1 at 54.