

**Testimony of Elizabeth Morrison, MD**  
**Support for SB701**  
**The End-of-Life Option Act (The Richard E. Israel and Roger “Pip” Moyer Act)**  
**February 28, 2020**

I am Dr. Elizabeth Morrison. I am a board-certified psychiatrist and have practiced in the State of Maryland for over 35 years. I am Past President of the Washington Psychiatric Society. However, today I speak for myself. I support this bill.

***1. Suicidal persons and persons considering aid in dying are fundamentally different.***

A suicidal person suffers from a treatable mental illness. A person considering aid-in-dying wants to live, but has exhausted all effective treatment options. A terminally ill person who is experiencing intolerable physical pain or is no longer able to engage in what makes life meaningful may rationally request the option to end his or her suffering. Maintaining end-of-life OPTIONS is what this bill is about.

***2. Attending Physicians and Consulting Physicians are able to determine a patient's capacity to make health care decisions and whether consultation by a mental health specialist is needed.***

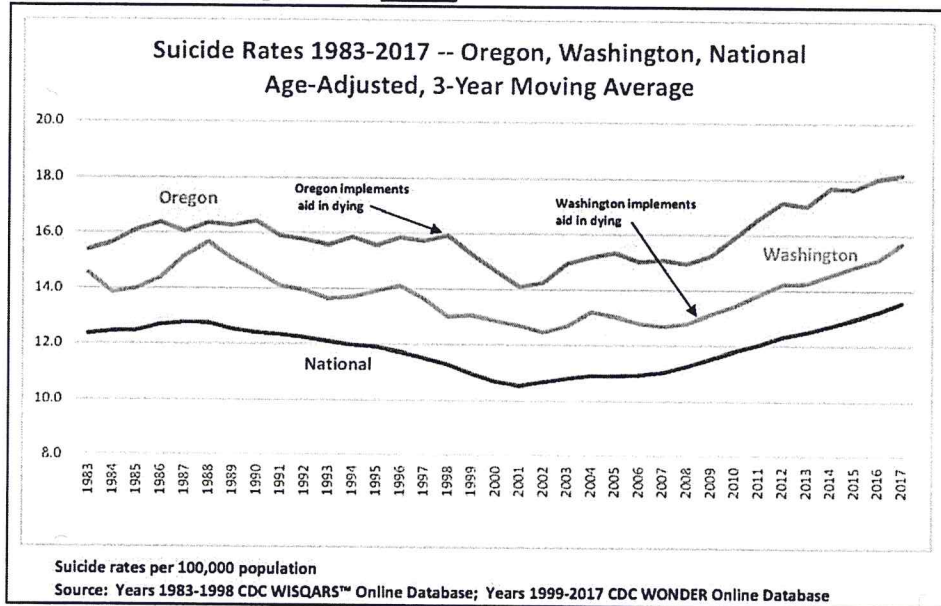
In my experience, primary care physicians perform such evaluations regularly and accurately. It is also true that the great majority of persons suffering from depression, including those in hospice, are competent and able to make their own health care decisions. Many people in this room are depressed but remain fully able to make rational, informed decisions. Opponents to this bill have claimed in states where aid in dying is legal that too few patients are excluded because of mental illness. This is not true. Opponents of this bill have misinterpreted the statistics. The figures from Oregon do not include the patients that attending physicians have already rejected and who were thus never entered into the program's database. (See the second graph in my written text for details.) Finally, 100% of hospice patients undergo mental health evaluations. Since 90% of aid-in-dying patients are enrolled in hospice, 90% of patients requesting aid-in-dying have already undergone mental health evaluation.

***3. Aid-in-dying laws have not lead to an increase in the general population's suicide rate.***

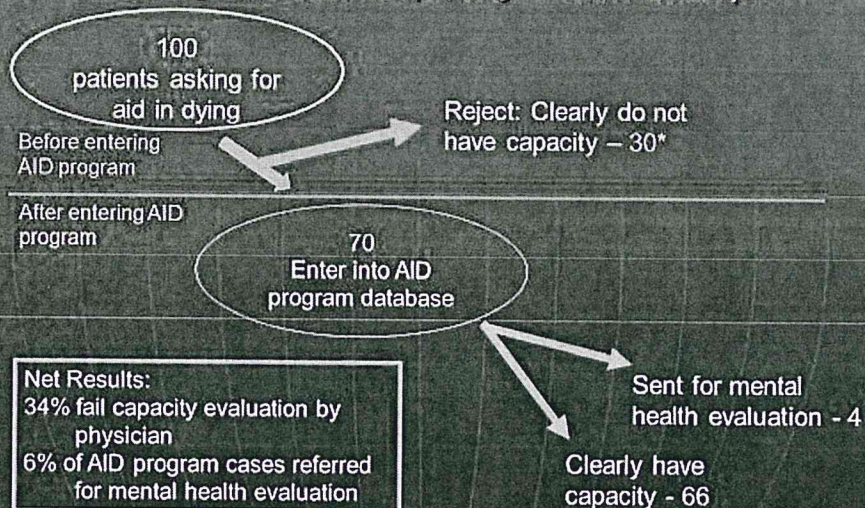
See the first graph in my testimony. It clearly shows that suicide rates in Oregon and Washington have tracked lockstep with national rates. And despite opponents' claims to the contrary, the one

academic paper on this topic reached the same conclusion about suicide rates in the general population. There is no increase in the rate of suicide from aid-in-dying laws.

## Aid in Dying Does NOT Increase the Suicide Rate



## Many Patients Fail to Meet the Criteria for Having Mental Capacity – An Example



\* Experienced California physician rejects 80%, as described in *NY Times*, August 5, 2017, "Should I Help My Patients Die?"