

Testimony Prepared for the House Health & Government Operations Committee House Bill 403
End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
February 14, 2024
Position: Support

We write to you to urge a favorable report for HB403, End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act), which authorizes a qualified patient to request aid in dying by making specific requests. The bill is consistent in principle with a *Resolution of Witness in Support of Legislation Authorizing Medical Aid in Dying* adopted by the Central Atlantic Conference (CAC) of the United Church of Christ (UCC), a regional judicatory comprised of over 475 clergy and 180 congregations, including 64 congregations and over 9300 members in the State of Maryland. By affirming this resolution, we in the CAC-UCC join a growing chorus of religious voices who are convinced that their respective faith commitments require the affirmation and advancement of human dignity at all stages of the life process, including and especially the end-of-life stage, and who have therefore concluded that those commitments necessitate support for this bill.

To be sure, there are some in the religious community who have come to a different conclusion. Indeed, opposition to the proposed legislation has arisen in part from those who aver that it amounts to government-sanctioned permission to foreshorten a person's divinely allotted life span. While we also avow the sovereignty of God, we respectfully disagree with our religious sisters and brothers who take such an avowal to mean that the fate of our lives is divinely predetermined. On the contrary, our faith requires us to affirm that we have been called not only to live but also to lead our lives and thus to cultivate and exercise our decisions with authentic self-understandings, informed as they can and should be by the divine purpose. In this sense, we are truly made in the image and likeness of God and so are gifted to be co-creators with the divine and are thus ultimately responsible for what we make of our own lives.

Such responsibility also extends to what we make of our own deaths in circumstances in which we both *can* and *should be permitted to* exercise some autonomy over how and when they occur. When a legally competent individual is dealing with a medically diagnosed terminal illness in the six or fewer months likely left to her, she should be lawfully allowed – in good conscience and with full knowledge of the associated risks, probable consequences, and available alternatives – to end her suffering. We think this especially holds true when that person is enduring periods of severe, debilitating, and intolerable physical pain. Indeed, we reject the notion – sometimes offered by certain religious adherents – that suffering for suffering's sake is a divinely sanctioned means of ennobling the sufferer and edifying the observer. On the contrary, it is the common impulse of people of good will everywhere to prevent or at least mitigate all forms of such suffering, and we can surely think such a disposition is no less characteristic of the divine reality that, because it sympathetically shares in the joys and pains of each of us, wholeheartedly embraces in unbounded love all of us.

Undergirding our reasoning here is the idea that considerations of the *kind* of life we are called to lead are paramount to our moral deliberations and should inform matters of public policy. We certainly agree that a person's life as such has value to God. Yet we also believe that the *quality* of that life is important to God, and when that quality declines irreversibly to the point at which a person can no longer be a significant co-creator of her destiny and, moreover, at which life has become both relatively purposeless and extraordinarily painful to her, then she may morally choose to end that life by means that are, in their own way, an affirmation of divinely endowed human intelligence and dignity. Moreover, the sanctity of life as such does not preclude but rather must presuppose such qualitative considerations if the sacred trust that bonds humanity and the divine is not to run the risk of yielding to an idolatrous reverence for mere biological sustenance.

The foregoing argument, we believe, is bolstered by our conviction that both in the divine economy – whose aim to found the beloved community of mutuality entails individual autonomy – and in a democratic polity – whose purpose to establish the sovereignty of the people requires personal liberty – the burden of the argument lies upon those who would deny an individual the capacity to choose in a way that she deems consistent with an affirmation of her own dignity. And they do not relieve themselves of that burden who argue that the end-of-life option that is being considered creates a “slippery slope” whereby our culture's respect for human life itself is fundamentally threatened. The careful and comprehensive safeguards required by HB403 prevent the formation of such a slope; moreover, by properly extending the permissible range-of-options in desperate end-of-life circumstances, the bill enhances, rather than diminishes, respect for human life. Nor does it help to say that such legislation disproportionately affects vulnerable people, since no empirical study has concluded that any already enacted medical-aid-in-dying law in this country has done so.

In sum: This bill permits a mentally capable individual confronting imminent death because of a terminal illness to make an informed decision to end her own life. We think religious (i.e., theistic) and political-ethical (i.e., democratic) considerations strongly counsel such permission. **We, therefore, respectfully urge a favorable report for House Bill 403.**

On behalf of the Central Atlantic Conference, United Church of Christ:

Rev. Marvin M. Silver, Associate Conference Minister