

My name is Ilana Bar-Levav. I am a physician, board certified in Internal Medicine and a practicing psychotherapist for over 30 years. I am a former president of the Montgomery County Medical Society and a strong supporter of the MD End of Life Option Act, HB 399 and SB 311 bill. My comments are rooted in both personal and professional experience.

My dearest uncle was an aeronautics engineer. In the summer of 2016, after 20 years of treatment and monitoring, his prostate cancer was no longer containable and had spread throughout his body. A resident of California, he told me he planned to exercise his rights under the new Death with Dignity Law that had just passed weeks before. He initiated the procedure required to obtain a lethal dose of medication and, because of our close relationship and because I am a physician, asked for my support.

During his slow decline several issues became clear to me.

1. **Hospice Care focuses on physical pain, but is often inadequate to address the emotional pain and fear-of-suffering that is characteristic of terminal disease.** The emotional toll of powerlessness compounded by the surety of progressive disability often results in emotional suffering equal to or greater than physical pain. Hospice nurses visited my uncle semi-weekly to offer pain medication which he generally refused, as the physical pain of the bony metastases was less troubling to him than existing in a drug fog with sense of powerlessness and frailty exacerbating his inability to perform basic bodily functions. On my last visit, the growing tumor blocked his indwelling catheter again, which was required in order for him to pass urine. When his

urologist proclaimed that, barring another surgical procedure, this was the last catheter he would be able to insert, my uncle determined that his time had come.

2. **Medical Aid in Dying is stigmatized when it is referred to as suicide -- a term that is generally associated with a person whose thinking is distorted from depression, psychosis, misuse of drugs or other mental and emotional conditions. For a terminally ill patient, the option to decide on the timing of an already impending death can restore a measure of control to their life and a modicum of dignity lost to disease.**

Being proactive at the end of life is not for everyone, but it also should not be legally denied from those who would opt for it. It is fallacious to propose a “slippery slope” that choosing to end a terminal life span is comparable to suicide. When my uncle sought my support, he knew clearly what lay ahead, was of sound mind and was fully capable of making decisions with respect to the limited number of days left of his life. My offer to be with him as he took his lethal dose helped him have the courage and strength to face death directly, as he remained to his last day, a man who loved life. We gathered his family, children and grandchildren and had a final day all together. At the time he designated, I put on the music he requested, and sat with him while he drank the solution. He fell asleep quickly, and died peacefully within a few hours surrounded by family.

Chair Pena-Melnyk, Chair Clippinger, and members of the House Health & Government Operations and House Judiciary Committees, I urge you to vote in favor of HB 0403 to allow a death with dignity for those with a terminal illness and who desire it. It is a gift to exercise agency and a parting measure of

control over the end of their lives after being ravaged by an uncontrolled and untreatable disease.

While death is inevitable, terminal suffering is not.



November 10, 2016.

My uncle is in the center. This photo was taken within hours of his death. May his memory be a blessing.