

**Testimony of Elizabeth Morrison, M.D. -- Favorable
Regarding
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
February 2024**

I am Dr. Elizabeth Morrison, a psychiatrist, and I support this bill.

1. *From a psychiatric perspective, aid-in-dying and suicidal patients are fundamentally different.*

Suicide is the intentional infliction of harm to self to cause death. In the conventional sense, it is a pathological reaction to a problem that otherwise would not cause death. Examples include relationship problems, financial problems, occupational problems and mental health problems.

Suicide in these contexts occur because of intolerable suffering; distorted, irrational thinking; and impaired judgment.

Medical aid in dying is different from suicide in that a terminal illness is going to imminently cause death. The individual's motivation to seek aid in dying is to reduce suffering in the context of that imminent death. These are individuals who have terminal, treatment-refractive illnesses, and, if not for their terminal illness, want to live.

2. I believe most Maryland psychiatrists support aid in dying.

A past survey from the Suburban Maryland Psychiatric Society¹ found that 50% of respondents supported the Act while 27% opposed it. A 2022 survey from the Maryland Psychiatric Society found that 57% of 176 psychiatrists "Agree" or "Somewhat Agree" that physicians should be allowed to prescribe lethal medication to these patients. Together these data clearly indicate that most Maryland psychiatrists support aid in dying.

¹ Survey conducted February 2016.