

In Favor of Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass End of Life Option Act

February 2024

Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Health and Government Operations Committee:

I come before you to support the Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass End of Life Option Act, proposed legislation that would allow terminally ill adults to access medical aid in dying.

I am Dr. Roger Kligler, a retired Internal Medicine physician who is representing Us for Autonomy, a disability rights group which represents the majority of persons with disability who, like me, favor having the autonomy to decide when our life should end when we are terminally ill. **(A recent poll shows seventy-nine percent of those who self-identify as having a disability agree with the statement that medical aid in dying (MAID) should be legal for terminally ill, mentally capable adults who chose to self-ingest medication to die peacefully.)**

During my professional years I worked in Brockton, MA, a majority minority city with a large immigrant population. As it was an underserved area, I needed to do it all, working in the hospital as an attending as well as in the office. I was involved in end of life care. I continued to take care of my patients as they approached their end of life, and, when they needed hospice, I would refer them to hospice and be their hospice physician. Although I am a strong proponent of both hospice and palliative care, I know that they only can go so far in preventing suffering. When my patients' lives were made miserable by unending or uncontrollable breakthrough pain, my solution would be to offer them palliative sedation - intravenous morphine until they were unconscious so that they could die in peace.

One may ask why is palliative sedation not enough of an option for people suffering at the end of life? Maryland needs to adopt medical aid in dying to address at least two major problems with palliative sedation. The first is that the individual has to be having extreme amounts of suffering before they are eligible. The second is that it is provider dependent. If the provider doesn't suggest palliative sedation or feel that the person's suffering is severe enough, the person does not have access to this treatment. I have seen this multiple times. The dying person should be the arbiter of when their suffering is too severe.

Medical aid in dying gives us autonomy to discuss our suffering or concerns about our future suffering with our provider and then, potentially, receive medical aid in dying or another treatment to alleviate our concerns. Medical aid in dying increases conversations around end of life care, improving care for the population as a whole. Most people who

start this conversation with their physician end up getting another treatment to help them with their end of life needs.

As a person with a disability, the option of maintaining autonomy is very important to me. It is especially important to me as I have incurable, Stage IV metastatic prostate cancer. I know that people in my situation generally have a great deal of suffering as the cancer spreads to bone and the cancer causes an enormous amount of pain. As a clinician, I have seen bones crumble under my hand. I also watched my mother and father-in-law die painful deaths from cancer. I do not want to have to die with too much suffering.

I support ensuring that every Marylander has meaningful access to the end-of-life options that are right for them. The Maryland Legislature has the opportunity to help decrease the suffering of terminally ill residents. Give the option of medical aid in dying to peacefully end suffering if it becomes unbearable.

I implore you to vote in favor of the Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass End of Life Option Act.