

Ian McIntosh
Fri. Feb. 16th, 2024
Find SB443 and HB403 Unfavourable

Apples to apples, proponents' national campaign absolutely mirrors the Canadian statutory map and the proven result is approximately 60,000 dead Canadians and counting between 2016 to 2023, since we were first betrayed by similar initial promises offered by proponents...

...Find it unfavorable because Compassion and Choices isn't a disability organization and because every national disability rights organization with a position opposes assisted suicide and because actual authoritative organizations like the Alzheimer's Association following the AMAs lead, stated last January:

["Their \[C&C's\] values are inconsistent with those of the Association. We deeply regret our mistake...Research supports a palliative care approach as the highest quality of end-of-life care for individuals with advanced dementia."](#)

Find this bill unfavorable because the information provided by proponents is unreliable: Proponent furnished polls predictably claim 70% support amongst all groups including black and brown communities, but those polls don't reconcile actual participation numbers, like in D.C. where 45% of the population is black, where 22 of 24 assisted suicide victims were white. That same statistic is found in all other US jurisdictions. Fact check: 1% is not the same as 70%.

In a Feb.7th, 2024 Maryland Matters article, a Compassion and Choices DEI advisor said, quote:

["I know in \[the Black\] community, we're still fighting to live,"... "We don't get adequate health outcomes to begin with. So it's hard to say, 'OK, let me offer you this option' when you haven't been given the support you need to live."](#)

Precisely, because it is an obvious moral failing to offer society's most vulnerable the cheaper option to die, when you haven't lifted a pen to fight for better, cheaper healthcare for them to live.

Please oppose HB403 and SB443.

Please see an excerpt below from our recent disability rights organization sign-on letter opposing SB443 and HB403 sent to Maryland legislators on Monday, February, 12th, 2024:

"Dr. Lisa Iezzoni found "Potentially biased views among physicians could contribute to persistent health care disparities affecting people with disability."

No major national disability rights organization supports assisted suicide laws. In 2019, the National Council on Disability (NCD), the federal agency which advises the government on disability policy, reaffirmed its long-standing strenuous opposition to the legalization of assisted suicide. It found:

Despite the belief that pain relief is the primary motivation for seeking assisted suicide, in [Assisted Suicide Laws and their Danger to People with Disabilities](#), NCD found that the most prevalent reasons offered by someone requesting assisted suicide are directly related to unmet

service and support needs, which NCD urges policy makers respond to through legislative changes and funding.¹

The top five “end of life concerns” revealed in annual Oregon state reports relate to psychological distress about losing abilities and depending physically on other people, which is leading to feelings of shame (“loss of dignity”) and being a “burden.”² The disability rights movement asserts the principle that all lives have dignity. Doctors are notoriously inaccurate in predicting death, while patients may face financial and emotional pressures from others.

Assisted suicide laws add to the dangers faced by people with disabilities, who are already dying because of coverage denials and service unavailability. Non-terminal, treatable conditions such as arthritis, diabetes, and even anorexia now qualify a person for assisted suicide in states where it’s legal. So called “safeguards” originally promised to protect vulnerable people are now being removed as “barriers” to “medical treatment,” i.e., assisted suicide. In almost all jurisdictions outside the U.S. where assisted suicide and euthanasia are legal, non-terminal disabled people have over time become eligible. Quebec recently extended eligibility for euthanasia to people whose only qualification is having “a serious physical impairment causing significant and enduring disabilities.”³

Fears of disability and the lack of home and community-based services lend credibility to assisted suicide programs. This can result in “better dead than disabled” messaging, normalizing suicide by disabled people. The disability community deserves full suicide prevention services like everybody else. We urge legislators to promote and legislate funding for home and community-based services to enable full participation by all.

Please oppose HB403 and SB443. Thank you very much,

Signed,

American Association of People with Disabilities (AAPD); American Disabled for Attendant Programs Today; Autistic Self Advocacy Network (ASAN); Autistic Women & Nonbinary Network; Disability Policy Consortium; Disability Rights Education and Defense Fund (DREDF); National Council on Independent Living (NCIL); National Organization of Nurses with Disabilities; Not Dead Yet; Patients’ Rights Action Fund (PRAF); TASH; United Spinal Association”

¹ From the NCD press release, October 2019 <https://ncd.gov/newsroom/2019/federal-study-assisted-suicide-laws>

² Oregon Health Authority, Oregon Death with Dignity Act 2022 Data Summary, p. 14.

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf>

³English version of Québec law at:

https://www.publicationsduquebec.gouv.qc.ca/fileadmin/Fichiers_client/lois_et_reglements/LoisAnnuelles/en/2023/2023C15A.PDF