Oppose (UNF) SB0443/HB0403 End-of-Life Option Act
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As a Registered Nurse for 50 years, I have been dedicated to bringing science-based care to the bedside and developing and implementing state and national-level guidelines and evidence-based policies for health care professionals, patients, and the public. As such, I worked closely with physicians, pharmacists, and other health care providers in private, public, government, and military hospitals, in clinical research settings, and on professional and Federal interdisciplinary committees. I have deep concerns about the degrading impact the end-of-life-option bill would have on my physician and pharmacy colleagues, on professional nursing practice, and on currently available, sanctioned end-of-life modalities.

Proponents of the end-of-life option bill contend the terminally ill person should be able to make the choice as an individual about when and how to die. But it is far from an autonomous process as physicians and pharmacists would be legally required to be involved. Further, these Maryland health care providers reflect diverse racial, ethnic, and cultural backgrounds. Their autonomy to practice according to their professional standards and unique backgrounds, would be compromised. Medical doctors would be asked to provide a prescription for a lethal dose of drugs to terminal patients who want to die on their terms, even though there are currently available sanctioned, palliative and hospice care modalities. The American Medical Association has retained its opposition to assisted suicide reaffirming that the legalization of physician-assisted-suicide is fundamentally incompatible with the physician's role as a healer[1]. Pharmacists would be confronted with orders to mix lethal poisonous drugs for these patients. Such drug combinations are <u>not</u> standardized, <u>not</u> FDA evaluated, <u>not</u> approved for use to end human life, and <u>not</u> controlled.

And though <u>not</u> specifically called out in the bill, ***<u>nurses</u>*** would inevitably be enlisted by physicians to assist them at almost every point in the process including (drawing from the bill), the physician's requirements for administrative documentation, informing the patient about the feasible alternatives and health care treatment options, facilitating referrals to consulting physicians, and submitting to the pharmacist, "by any means authorized by law," the prescription for the lethal potion, and for the drugs to counter the poison's immediate noxious effects. Nurses would be unwittingly complicit irrespective of their professional and ethical standards of practice.[2,3]

This extends to nurses who may be with patients at the end of their lives in the home or hospital, including hospice (one of the settings mentioned in the bill). According to the American Nurses Association position paper on the nurses' role when a patient requests medical-aid-in-dying[2], the delivery of high-quality, compassionate, holistic, and patient-centered care, including end-of-life care is central to nursing practice.

The nurse should never abandon or refuse to provide comfort and safety measures to the patient who has chosen medical-aid-in-dying though the nurse may inform their employer of their "conscience-based objection to being so involved so they can be appropriately assigned." The statement acknowledges a patient may request that a nurse be present when the patient ingests the lethal cocktail but if elected to do so, nurses "should understand their boundaries." The Nursing Code of Ethics stresses that nurses, "should provide interventions to relieve pain and other symptoms in the dying patient consistent with palliative care practice standards and *may not act with the sole intent to end life.*"[3]

In most instances hospice agencies would not permit nurses to stay while the patient ingests the poison to end their lives, resulting in a potential ethical dilemma for hospice nurses having to interrupt traditional hospice care (if already in place). Over half of hospices in Oregon in the 25-year analysis, prevented their staff from being present during the ingestion of the medication.[4]

Further, the end-of-life-option does not ensure a smooth, predictable day of death. A guidebook by a medical-aid-in-dying doctor recommends that "a skilled clinician, most commonly a nurse" be present because of the complexities of handling the lethal potion, patient anxiety, the need to support the patient with the potion's side effects, and a range of times of death. Children and pets should not be around as they could be harmed/killed by contact with the potion.[5]

Medical-aid-in-dying has thus introduced unnecessary ethical dilemmas for nurses in addition to physicians and pharmacists, and threatens longstanding effective, sanctioned end-of-life care modalities. Palliative care—where care is rendered to relieve pain and provide comfort-is designed to help decrease existential distress. Hospice, where the patient is deemed terminal, six months or less, can be actively approached by patients and their families to help them plan for and navigate the dying process early on, such as meeting with various hospice agencies, and looking into their health care directives.[6] This is how patients can gain control of the last stage of their lives and can be reassured that our available hospice system can monitor their last days and hours and ensure comfort and care for themselves and their families.[7-9]

Palliative care and hospice care as sanctioned treatment modalities need to be deployed more[10], especially in minority communities and the underserved. There are documented racial and ethnic disparities in palliative and hospice care, which should be a clarion call for more inclusive policies.[11]

Maryland is the home of a number of world-renowned medical institutions with missions to better mankind, such as the National Institutes of Health (NIH) in Bethesda, including its Clinical Center which conducts research with patients who come from all over the country, and the NIH's 27 institutes and centers pursuing the best science to deploy worldwide, and the Food and Drug Administration. The Johns Hopkins University and the University of Maryland have prestigious schools of medicine, pharmacy, and nursing. Maryland is the home of Walter Reed National Military Medical Center that cares for Veterans and their families on the East Coast. The Military Health System is one of America's largest and most complex health care institutions, and the world's preeminent military health care delivery operation serving 10 million active component personnel, retirees, and their families.

Within this backdrop of tradition, science, and professionalism, our State's health care systems have developed multiple options for palliative and hospice care. If the end-of-life option were to become legal, it would have sad repercussions on the professionals, research missions, and practice standards associated with these State organizations and systems.

The ever-changing death concoction used for patients to kill themselves is tantamount to experimentation with these individuals on their deathbed, with a range of noxious and unpredictable side effects. Our government has left behind its shameful days of drug experimentation with vulnerable groups, a sensitivity which I recall in my 50 years of nursing practice.[12] As a nurse, I want the best evidence-based medical care for all patients and their families, meaning sanctioned pain relief and comfort care interventions, not voodoo medicine for dying patients.

Patients who would elect the end-of-life option would be placing an undue burden on their health care providers who can already assist them with traditional palliative and hospice care. They (and their loved ones) are left to contend with the uncertainties of the lethal potion's immediate effects (difficulty swallowing the bitter and intensely burning drink, regurgitation, seizures), and a range of times of death (3 min-68 hours; median 52 minutes).[4] I see no dignity in dying with this scenario.

I urge you to vote against this legislation that would upend the excellence in the many medical/health care institutions for which Maryland is renowned, that are working to ultimately safeguard patients and their families, so patients receive the best standard of care at all stages of life, including this last sacred stage. There is "a better way forward."[13]

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