

Oppose - House Bill 403

End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

Presented to the Senate Judicial Proceedings Committee

February 8, 2024

By **TOM JONES**
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I oppose HB403 because of its impact on suicide rates. I have had a parent and child who suffered from mental illness and suicidality and I find this prospect terrifying. There are multiple, peer reviewed studies that show legalizing PAS increases suicide rates. In previous years I testified how supporters of this bill claim the studies show the opposite. My written testimony contains correspondence I have had with the authors labelling their claims are “inaccurate” and “misleading.” Their study showed a **6.3% increase in total suicides.**

There is a misconception that there are no records of abuse of the law. My written testimony references two articles that identify 20 cases of abuse of the law ranging from possible murder and fraud to providing lethal prescriptions to people with long histories of depression and suicidality. These 20 cases have come to light despite the former Director of Health for Oregon stating her department was not resourced or required to enforce the law and the Portland Tribune writing “all the precautions built into the Death with Dignity Act are for naught.” Imagine how many more cases there would be if the safeguards in this bill were enforceable.

References:

“How Does Legalization of Physician-Assisted Suicide Affect Rates of Suicide?”, Dr. David Paton and Dr. Albert Jones, The Southern Medical Association Journal, 2015.

“Is assisted suicide a substitute for unassisted suicide?” Dr. David Paton and Sourafel Girma, European Economic Review, Volume 145, June, 2022.

“Physician Assisted Suicide in Oregon: A Medical Perspective”, Herbery Hendin and Kathleen Foley, Michigan Law Review Volume 106, Issue 8, 2008.

“Some Oregon and Washington State Assisted Suicide Abuses and Complications” Disability Rights Education & Defense Fund, <https://dredf.org/wp-content/uploads/2015/04/Revised-OR-WA-Abuses.pdf>

From: David Paton David.Paton@nottingham.ac.uk
Subject: RE: Physician Assisted Suicide - Need Your Help!
Date: March 3, 2017 at 6:23 AM
To: Thomas Henry Jones trieste@prodigy.net
Cc: Laura Jones tomhj@prodigy.net



Dear Tom,

Thank you for your email about our paper in the Southern Medical Journal.

I agree that it would not be accurate to claim on the basis of our paper that there is no correlation between physician assisted suicide (PAS) laws and non-assisted suicide rates. Indeed, I believe such a claim would be misleading.

In the first place, our paper finds no evidence that, as some have suggested, PAS laws might bring about a reduction in non-PA suicide rates. Further, we find strong evidence that PAS laws increase total suicide rates (PAS and non-PAS combined).

Next, some of our models provide evidence that PAS laws lead to a statistically significant increase in non-PA suicide rates. In other models (e.g. the model including state-specific trends), although the point estimate still suggests that non-PA suicide rates increase, the increase is not statistically significant. In other words, in these models, we cannot rule out the possibility that there was no change in non-PAS rates. As you suggest, including the state-specific trends might overfit the model -- once we include the trends, there is very little residual variation with which to identify any effect from assisted suicide. This means that the statistical tests with this specification are liable to suffer from low-power. That is, even if there is a real effect on non-PA suicides, there is a relatively low probability that our model will pick it up as being statistically significant. As an aside, the fact that the effect of PAS on total suicides (i.e. PAS and non-PAS combined) is positive and significant even in the models with state-specific trends is a very strong result.

To summarise, in all our models the estimated effect of PAS laws on non-PA suicides is positive but the effect is only statistically significant in some cases. Given this, I think it is fair to say that we find some evidence that PAS increased non-PA suicides but that the case is not proven beyond reasonable doubt.

However, it is important to remember that, even if the true effect of PAS on non-PA suicides was zero, this would not, necessarily mean there is no suicide contagion. One of the arguments for PAS has been that some people who would otherwise have committed suicide now take advantage of PAS. To the extent that this is true, then non-PAS should decrease. If non-PAS does not decrease, then it is reasonable to infer that suicide contagion has taken place and balanced out any switching from non-PAS to PAS. Even in the model with state-trends, we find no decrease in non-PAS. So, as long as there were some people who did switch from non-PAS to PAS, then the model with state trends is still consistent with there being suicide contagion.

On your other question, we did experiment with allowing the effect of PAS to vary over time, but opted for the static model as there are so few PAS states in the sample and only Oregon with enough data points to do anything sensible with divergence over time. We thought it was just asking too much of the data.

We are currently in the middle of updating the research using the two extra years of data that are now available (2014 & 2015). The analysis is not yet complete but early indications are that the results in the SMJ paper hold up well and, if anything, are strengthened.

I hope this is helpful but please let me know if anything needs clarifying further.

Yours sincerely,

David

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From: Thomas Henry Jones [mailto:trieste@prodigy.net]
Sent: 28 February 2017 12:30
To: director@bioethics.org.uk; Paton David <lizdp@exmail.nottingham.ac.uk>
Cc: Laura Jones <tomhj@prodigy.net>
Subject: Physician Assisted Suicide - Need Your Help!

Dr Jones/Dr Paton

My wife and I are currently leading a grass roots campaign to defeat passage of a physician assisted suicide (PAS) bill in the state of Maryland in the United States. In addition to our concern about how this bill could impact the old and vulnerable in our society, we are both very concerned about the impact of physician assisted suicide on suicide contagion, as one of our children struggled for years with suicidal tendencies. We are preparing for a Senate Hearing next Tuesday and I was hoping I could get some insight on a paper you published on the subject in time for next week.

The supporters of the bill are citing your paper published in the Southern Medical Journal to bolster their arguments that PAS does not lead to suicide contagion. My reading of your paper shows lead me to believe that you were attempting to disprove an assertion that PAS lead to lower suicide rates. You modeled and removed a large number of contributors to increased suicide rates, my belief is this was done to make sure people could not dispute your analysis showing there is no decrease in suicides where PAS is legal. My concern is that the state trend variable that was not identified with a specific cause has the potential of over fitting the data and removing the impact of suicide contagion. I think your analysis method is great to disprove decreases in suicides caused by PAS but when using the state trend variable (which the bill's supporters do) I

don't think it is accurate to claim there is not a correlation between PAS and non-assisted suicide rates. Could you comment on whether my observation is valid?

Another question, the 6.3% increase in non-assisted suicide rates you found before removing state trends, is a static value. Data from Oregon tends to show a divergence from national suicide rates (i.e. the difference grows with time. Was there a reason you modeled suicide rates as a constant over the time period?

Thanks much for any help or insight you can provide.

Tom Jones

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"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong. Because someday in your life you will have been all of these." - George Washington Carver

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