Statement to the House Health and Government Operations and Judiciary Committees
Re: House Bill 403 – "End-of-Life Option Act"
February 14, 2024

OPPOSE

Chairman Pena-Melnyk, Chairman Clippinger and distinguished Committee members, I appreciate the opportunity to submit written testimony to **register my strong opposition to House Bill (HB) 403**, entitled the *End-of-Life Option Act* (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act).

While I represent no organization or disability group, it is important that you hear a perspective shared by millions of Americans who live daily with a variety of disabilities and lead productive, meaningful lives. Many of the major grassroots disability organizations whose members are self-advocates living with a range of disabilities are on record in strong opposition to legalization of assisted suicide. These various groups recognize the grave threat that assisted suicide poses to persons with disabilities like me and many others.

I ask you to ponder what the motivating forces are for many people who are adamant proponents of the legalization of assisted suicide. Is it primarily to provide a means of alleviating intractable pain or to establish a semblance of control over the dying process or self-autonomy? I would suggest to you that from the experience we have had in Oregon and Washington States where assisted suicide has been the law of the land for decades, it is neither. Rather, reports from these states show that the primary motivation of many individuals advocating for assisted suicide is the fear of disability, a fear grounded on some basic stereotypes prevalent in our society that living with a disability is a life not worth living, i.e., living a life that is lacking in wholeness or somewhat less than whole. It is fear of being vulnerable, of losing autonomy, of losing the ability to engage in activities taken for granted, and even the fear of loss of bodily functions. Along with this fear of vulnerability is a fear of dependence or being a burden to their loved ones and society in general. In other words, it is a fear of living with a disability like mine.

It may shock some people to know that our lives can be rewarding and exciting. My disability of cerebral palsy is a life-long reality, and I have acquired additional disabilities and chronic pain along the way, including a diagnosis of bi-polar disorder shortly before my first wedding anniversary, and chronic pain due to aging with cerebral palsy. Additionally, in 2000, I successfully underwent prostate cancer surgery, and thus consider myself a cancer survivor. I have been happily married to a loving, supportive woman for over forty years, and we have two wonderful adult children, both married, and three wonderful grandsons. By profession I am an attorney, retired after thirty-two years of service with the U.S. government and several years in private practice. I am also a potter, although in recent years physical pain has prevented me from pursuing this avocation. Certainly, my disabilities have presented obstacles along the way. I would be lying to myself, and to you, to say that my life has been without difficulties. But it has been and is a life well worth living, rather than giving in to the pain and discomfort that are increasingly part of my daily existence.

In experiencing the deaths of my father, father-in-law, and most recently my mother-in-law, all of whom died while under hospice care, I am no stranger to the dying process and the sadness and grief that one experiences in suffering such a loss. However, in each instance, I was fortunate to witness the dignity and respect for the dying person that the natural dying process engenders.

In addition to a direct attack on the dignity and worth of persons with disabilities, HB 403 exacerbates the levels of elder abuse that proponents of the bill argue are being cared for by its passage. Legalizing physician-assisted suicide increases the potential for caretakers and others with financial interests in an elderly person's affairs to exert undue influence on such an individual to make the decision to commit suicide so as not to be a continuing burden. Physician-assisted suicide is dangerous public policy because there is no statutory construct that can effectively protect those most vulnerable in our society, including those who are elderly and/or live with disabilities, against such abuse and coercion. HB 403 is devoid of the assurance of such safeguards.

I am very concerned about the ramifications untreated depression can have in situations where assisted suicide is a ready option. From my own experience looking into the abyss of darkness caused by depression, I personally feel that it is very dangerous to make readily available lethal drugs that may be used to provide a false and irreversible solution to a sometimes undiagnosed and treatable illness. Once the abyss of taking the prescribed lethal drugs is crossed, there can be no turning back or seeking effective treatment.

With the current skyrocketing cost of medical care and pressure on doctors to see more and more patients, legalizing assisted suicide offers a cost saving alternative to providing appropriate palliative and hospice care, and, in fact, creates a disincentive to continuing development of better and more effective forms of pain relief and palliative care. Further, there is the real potential for insurance companies to adopt cost containment measures that cover the costs of the cheaper suicide drugs, rather than covering the costs of more expensive medical care. This is not a hypothetical possibility, but has already occurred in Oregon where, as noted, assisted suicide is legal.

Another concern that I have on both a personal level and a public policy perspective is the untenable position placed on the medical profession by such laws. As we request that doctors take the Hippocratic Oath, which in part provides, and I quote “I will give no deadly medicine to any one if asked, nor suggest any such counsel,” we are asking that they take actions contrary to the very nature and purpose of the medical profession. Further, by requesting doctors to make decisions on prescribing such lethal drugs to particular individuals, we are not only asking them to violate the basic fundamentals of the healing profession which they have chosen, we are asking them to make decisions as to the quality of life of a particular individual. Although HB 403 specifically excludes disability as a terminal illness, it is not implausible to argue that significant debilitating disability justifies categorizing such condition as eligible for assisted suicide. I would suggest to you, that the lives of those with significant disabilities are judged, not on the basis of their inherent dignity as fellow human beings, but rather on the basis of prevailing societal standards of productivity and the ideal of a non-disability reality.

As you may know, these laws establish eligibility criteria that require the individual seeking the assistance of the physician in obtaining the lethal drugs to be diagnosed as having a terminal illness with a life expectancy of six months or less. Determining such a timeframe has proven in the first two states to enact assisted suicide laws to be highly problematic and unpredictable. This alleged safeguard has, in fact, been proven useless. This is affirmed by an article appearing in the August 6, 2014 *Washington Post* concerning hospice care. The article reported statistics showing live discharge rates from hospice at 35-41% and that more than one-third of patients who were released alive from hospice did not re-enroll in hospice and were still alive six months after being released.

It is a great irony that as we celebrate the impact on our society of the *Americans with Disabilities Act*, Federal legislation recognizing the dignity and worth of individuals living with disabilities, we, as persons with disabilities, are fighting for our lives in states throughout this great country, and indeed in countries throughout the world. While we celebrate access in education, employment and public facilities, we are threatened by laws that single out our community as the only one worthy of sanctioned suicide. For all others suicide is seen as a tragedy, and prevention programs abound. But for those of us whose quality of life is questioned and feared, suicide is offered as the “compassionate choice.” I would suggest to you that this is a very insidious form of discrimination that we must fight with all the forces that we can muster.

I would like to thank you for giving me the opportunity to submit this written testimony and highlight the dangers posed by HR 403 to elders, and those with disabilities and mental illness in the State of Maryland.

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