

To the Health and Government Operations Committee and the Judiciary Committee:

I am writing to urge you to oppose HB 403. As someone who advocates for the value, honor, and legal protection of all life from conception to natural death, I want to acknowledge that this issue is not identical to abortion. While abortion involves the involuntary ending of an innocent human life, the “aid in dying” legal measures introduced by this bill involve the voluntary ending of the life of a person facing a terminal illness likely to result in death within six months. I also want to acknowledge that the bill attempts to include safeguards against an individual making a rash decision to pursue aid in dying and against any form of coercion that could influence a person to pursue such means of death. Additionally, the bill includes provisions to protect the conscientious objection of healthcare providers and health care facilities that cannot morally participate in the proposed aid in dying program. Despite these efforts, I have concerns about this bill for the following reasons.

First, I am concerned that this bill will desensitize the Maryland public to accept “aid in dying” as a normal part of public life and will pave the way for the legislature to loosen the requirements for those who qualify to request aid in dying. The fact that the bill insists on referring to the proposed program as “aid in dying” instead of assisted suicide suggests that the authors of the bill want to control language to change the public’s perception on this issue.

To see where this bill may lead, we only need to look to our neighbors to the north. Canada instituted Medical Assistance in Dying (MAID) in 2016. In the first year of the program, 1018 MAID deaths were recorded. By 2022, the number had grown to 13,241 – an increase of 1200%. Additionally, the requirements for participating in MAID are more widely defined than in HB 403. Canadians qualify to participate in MAID if they have a serious illness, disease, or disability, are in an advanced state of decline that cannot be reversed, experience unbearable physical or mental suffering from their illness, disease, disability or state of decline that cannot be relieved under conditions that they consider acceptable. There are reports from Canada that citizens are qualifying for MAID for psychological distress and depression. It is not hard to imagine a situation, five to ten years after HB 403 is enacted, in which the Maryland public has become numb to aid in dying and the legislature feels emboldened to widen the scope of the program to include not just terminal illnesses but additional disabilities and distresses, as well.

Second, despite the efforts of the drafters of HB 403 to provide harsh penalties for anyone who coerces another person into pursuing aid in dying, it is likely that coercion will still occur. I have linked an article that describes how a Canadian veterans affairs caseworker attempted to pressure veterans into applying for MAID. I have also linked a study titled “The Realities of Medical Assistance in Dying in Canada” that describes the health ministry’s failure to properly track data and provide proper oversight. Additionally, the article explains how the Canadian medical system is prioritizing access to MAID over patient safety and well-being and offering MAID as though it is one of many standard treatment options. In 2022, a total of 13,241 Canadians participated in MAID which accounted for 4.1% of all deaths in Canada. I find this shocking and appalling. I think that the Maryland legislature is demonstrating an extreme level of hubris if we do not look at the failures of the Canadian MAID system with tremendous caution. Similar failures would put Maryland’s most vulnerable citizens – people with physical and mental disabilities, people from low socio-economic backgrounds, and people with a history of trauma – at heightened risk from an “aid in dying” system.

Third, this bill would introduce fatal medications into Maryland’s approved pharmaceutical system. Even though these medications are supposed to be regulated and controlled, it is not hard to envision them leaking out in the black market and resulting in an increase of successful suicide attempts for people of all ages and health conditions.

I recognize that this bill was most likely written from a place of empathy, with a desire to not prolong the pain of Marylanders suffering from terminal illnesses, and with a hope to bring closure to families with a loved one suffering from a terminal illness. However, I believe that there are too many potentially devastating unintended consequences that are likely to be realized if this bill is enacted. To be the just and flourishing society that this legislative body is commissioned to pursue, I believe that as a state we must have a change in heart to value all life from conception to natural death. HB 403 will only further erode those values, desensitize our culture towards death, and open the door for truly disturbing actions in the future. As a state legislature, many of you have already abandoned your duty to protect the life of all Marylanders from conception. Please do not make the same mistake by failing to protect life on the other end.

Thank you for your consideration.

Sincerely,

Justin Kuk

*Baltimore, Maryland*