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Written Testimony: **OPPOSE HB0403/(SB0443) End-Of-Life Option Act**

Writing as a physician, spouse, mother, grandmother, and as one who lost a brother to suicide, I am testifying in opposition to HB0403/(SB0443).

My background:
I am a clinician and medical educator, board certified and practiced in the specialties of pediatrics and pediatric hematology/oncology spanning some 40 years of professional experience. The first half of that experience was serving the uniformed services beneficiary communities, as an active duty Army physician. The last 19 years I've been affiliated with Johns Hopkins Medicine in Baltimore, as a pediatric hematologist, currently with a clinical teaching faculty appointment in the Johns Hopkins Univ. Sch. of Medicine, Dept. of Pediatrics. Among well-known medical societies, I am a member of the American Medical Association (AMA), American Academy of Pediatrics (AAP) and the American Society of Pediatric Hematology Oncology (ASPHO).

In this testimony, I speak from my own knowledge, experience and observations and not on behalf of any organization or institution.

This proposed legislation is Antithetical to the Mission of Medicine, is Dangerous to Society as a whole AND **works against true health and safety promoting efforts of members of this Assembly.** Our state representatives speak to the need to improve and expand mental/behavioral health services, and recognize key drivers of destructive and self-destructive behaviors:
1) Ease of access to increasingly efficient means of killing and self-destruction: Guns and drugs lead the day.
2) Social messaging (any media) that reminds one constantly of being isolated, marginalized, anxiety ridden/depressed, burned out, and buying into feelings of being a burden ---- of being "less than."

This End-of-Life Option, if enacted, governmentally reinforces a person's existential fears regarding self-worth, burden to family or society, and unrelievable pain and suffering near end of life.
No amount of legislation or funding, to boost mental health services, or promote gun safety, or offer much needed care for the unhoused, incarcerated, immigrant, un/undereducated, disabled and aging --leading demographics of the vulnerable-- **can stay ahead of what this End-of-Life Option opens the doors to.**
We see the sea change of care in Canada since similar legislation was enacted a mere 8 years ago and rapidly expanded).

This bill may be sold as cost neutral, with minimal if any administrative burden, and relieving the prescriber and the state of any legal culpability but to accept it for those reasons is shortsighted and self-serving.

This end-of-life option bill is extremely manipulable and manipulating. It justifies, if not encourages, secretive actions of the patient at their most vulnerable moments and requires lying on a public health record—the death certificate.
This bill flies in the face of any promotion of truth and transparency in government and arbitrarily redefines Health Care.

States where this bill is enacted, cannot wash their hands clean of any culpability for coerced or otherwise unintended deaths tied to this lethal drug(s) prescribing mechanism, by simply declaring neutrality on the issue and just recording what information is fed them, without careful consideration that a request could have been rescinded and such record concealed, destroyed or captured by other provider.
Who will address the confusion, distress and/or distrust, if this law is enacted and lethal prescriptions make their way into a hospital, long-term care or nursing home facility, where uninvolved physicians, nurses, healthcare workers and unsuspecting caregivers, suddenly discover the prescription bottle with a patient with developing dementia or other new incapacity, or next to a dying or deceased patient?

Legislatures that enact this bill are bowing to the Juggernaut that is Compassion and Choices/Death with Dignity movement— A movement that offers and promotes nothing that does not already exist in sound health care, EXCEPT FOR an excuse –a mechanism-- for state sanctioned suicide. What is in law, then becomes "right to demand."

[Legislatures are a pawn in the Compassion and Choices/ Death with Dignity movement, but not the only target. Even without expanding such legislation, Death w/Dignity has been an outsized voice in DEA's ear promoting extended telehealth prescribing of controlled substances. In 2023, Death w/Dignity sent out alerts to their followers encouraging and eliciting 10000 comments to the DEA for support of telehealth prescribing of controlled substances under the guise of maintaining " better access to critical pain medications . . ." for terminal patients-- while also excluding any requirement for in person visit – not even one visit.
https://deathwithdignity.org/campaign/oppose-the-dea-rule-change/

https://deathwithdignity.org/news/2023/10/patients-win-dea-extends-telehealth/]

This legislation will impact the numbers, make up and attitudes of those entering medicine and other health care professions. I regularly meet and work with compassionate young medical students eager to get to know and care for patients when they begin their clinical rotations, and then hear what factors into their practice decisions as their clinical experience grows. I hear the distress, too, of those who heard another student attending a national conference say in awe, that an attending physician at their institution invited them to administer a lethal dose of medication to a "terminal" patient, indicating that the student was given the opportunity to end that patient's suffering. Suffering was not eliminated – a person was eliminated. A medical student who has so much yet to learn about medicine and caring for patients has just been sold a lie.

Our young and future generations will bear the weight and pay the price.

Please Vote UNFAVORABLE of HB0403/(SB0443) End-Of-Life Option Act

Respectfully Submitted,
Shirley Reddoch, MD