Testimony by Ivor Berkowitz MD. MBA
Support of Maryland End – of Life Option Act (H.B. 403/SB443)

My name is Ivor Berkowitz and I am a Clinical Professor of Anesthesiology/Critical Care Medicine at The Johns Hopkins School of Medicine and an Affiliate Faculty member at the The Johns Hopkins Berman Institute of Bioethics. I am a pediatric anesthesiologist and intensivist with experience in bioethics.

The views to be presented are solely mine and do not represent those of my employer, The Johns Hopkins School of Medicine or the Johns Hopkins University. I present my perspective as a physician with more than 30 years of experience in end of life care. My comments discussed, concern the ethical issues faced by patients and physicians making decisions with regard to MAID.

I support the passage of Maryland End – of Life Option Act (H.B. 403/SB443)

I fervently believe in the bioethical *principle of autonomy* - that patients possess the right of self - determination, to choose what is done to their bodies, to decide what they wish their medical care to consist of and to decide when and how their lives should end when faced with a terminal illness, rather than continuing to suffer with an intolerable life. "MAID is a decision about how to die, not if to die" (Lonny Shavelson MD). The patients who decide on MAID are merely choosing the timing of their dying. Note that only about a third of patients who obtain MAID prescriptions, actually ingest the lethal drugs. Merely having the prescription available is itself palliative.

Patients will only be candidates for MAID when two physicians have determined that they have an expected likelihood of living for less than six months and have capacity to understand the implications of their decision.

I believe that the *principles of mercy and beneficence* also uphold and support accepting MAID. Patients with a terminal illness may be suffering from pain and the existential and moral distress that they may regard as worse than that of a soon to come death. They can be reassured and comforted by the "psychological insurance" offered by the option of MAID, even if this is not eventually chosen. It should be emphasized that the intention of a physician in facilitating MAID is not malevolent, to the contrary, the purpose is to relieve, at the patient's request, suffering of an already predetermined natural death by facilitating an earlier and more comfortable death.

It may be argued that *MAID is not really that different from discontinuing the life support therapy of a terminally ill patient*. This action is ethically accepted in the bioethics and medical community. In both these examples of end-of-life care, the patient makes a conscious decision and chooses to shorten life and the physician acts to relieve suffering and supports the patient's wishes. "If there is no difference in patient consent or physician intention or the final result, there can be no difference in the ethical justification" (M. Battin PhD).

The American Medical Association (AMA) has historically been opposed to MAID.

However, in 2019, a new policy position was endorsed by the AMA Council on Ethical and Judicial Affairs. The AMA stated that physicians could hence provide MAID “according to the dictates of their conscience without violating their professional obligations”. Other medical groups that have endorsed MAID include the American College of Legal Medicine and the American Medical Women’s Association. Several state medical societies have also adopted neutral stances on MAID, including the Maryland State Medical Society.