Testimony Against HB 0403 “End of Life Option Act”

By Michael J. New, Ph.D.

Members of the Health and Government Operations Committee. I live in Hyattsville, MD and I speak to you as a concerned citizen that opposes HB 0403, “The End of Life Option Act.” I have a Ph.D. in Political Science and a Masters Degree in Statistics both from Stanford University. I am an Assistant Professor of Practice at the Busch School of Business at the Catholic University of America. I am also a Senior Associate Scholar at the Charlotte Lozier Institute, the research and education arm of the Susan B. Anthony List. I am familiar with some of the current academic research as it pertains to physician assisted suicide.

I want to preface my remarks by saying that we can learn from experience. Maryland would not be the first place to legalize assisted suicide. Oregon legalized assisted suicide in 1994 and Washington state did so in 2009. The experience of both states paints a very grim picture.

In particular I have four concerns

1) First I have concerns that this will likely have an adverse affect on the disabled. There have been at least 13 empirical studies and 11 annual reports on Oregon’s Death with Dignity Act which passed in 1994 and took effect in 1998.

   Collectively these studies raise serious concerns that physicians are more willing to recommend suicide for physically disabled patients than for others because they likely (and wrongly) view that the disabled enjoy a reduced quality of life on account of their disability

2) I also have concerns about the ability of physicians make an accurate diagnosis of terminal illness. The Oregon law allows patients to choose assisted suicide if they have been given a diagnosis that indicates that they have less than 6 months to live.

   However, a study that appeared in the *British Journal of Cancer* found that 27 percent of physicians were not confident if they could determine when a patient had less than 6 months to live  Additionally, according to the state of Oregon’s own statistics, some patients lived for as many as two years after requesting a lethal prescription. One opponents of physician assisted suicide was told that she had 6 months to live – and 11 years later she is still alive.

3) People may be tempted or encouraged or coerced to choose suicide, not because of their own well being, but because they perceive they are a burden to others. Research from Washington and Oregon indicate that a high percentage of caregivers of those who chose physician assisted suicide, lost income, became ill, frequently felt stressed, or were terminally depressed

   Again some patients may choose suicide, not because it is what they want. But because they feel that is what others want. Studies also show that a high percentage of those who choose assisted suicide are high income earners. As such, it is often the case that others may stand to gain financially or otherwise from a patient's earlier demise

4) My final point is that if assisted suicide is legal. Terminally ill patients may have a more difficult time accessing palliative care or may even be denied palliative care. This will likely be the case for Medicaid patients in cash strapped states

   In Oregon there are reports that state medical plan authorities would not cover palliative care, but would cover the cost of their suicide. Another study found that 24 percent of patients who chose assisted suicide reported that they did not have enough funds to cover medical care – even though a very high percentage of these patients had health insurance.

My main point is this. I am a college professor I teach my students is that the law is a teacher. It sends powerful signals to the general public about what kind of conduct is appropriate and what kind of conduct is acceptable.

I am afraid this piece of legislation takes us down a slippery and very dangerous slope. People in pain and people facing difficult medical diagnoses are not always well equipped to make good decisions. Granting suicide as an option might tempt them to choose an irreversible option (death), instead of seeking medical or psychological assistance or second opinions.

Furthermore, without appropriate safeguards, I feel people who suffer significant, but temporary, medical and emotional setbacks might be inclined to end their lives -- when life affirming medical and psychological assistance is often available.

As such, I strongly encourage you to reject this piece of legislation. Thank you for your time and consideration.