



Testimony on Assisted Suicide

Maryland House Bill 403

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House Bill 403 poses a grave threat to human freedom and dignity in the state of Maryland. Legalizing assisted suicide effectively implies that some lives are not worth living. This mindset will ultimately lead to an overall loss of respect for life in the state of Maryland—especially the lives of those living with physical and/or mental disabilities. Assisted suicide is a form of misguided compassion. Instead of offering true compassion (a word derived from the Latin root *passio* and prefix *com*, meaning “to suffer with”), assisted suicide eliminates the sufferer and the need to care for that person. It creates a culture in which some forms of suffering—many of which are experienced daily by those living with physical and/or mental disabilities—are considered a fate worse than death.

HB 403 has numerous flaws, including the disturbing lack of a mental health evaluation requirement for those requesting assistance to kill themselves. A patient is presumed mentally capable of making the decision to kill themselves unless deemed otherwise by the physician. Medical literature suggests that 25 to 77 percent of patients with terminal illnesses suffer from major depression.¹ Yet, in Oregon, where assisted suicide has been legal since 1998, in 2022 (the latest year for which data is available) only 1 percent of patients who chose assisted suicide were referred for psychiatric evaluation.² Tragically, instead of receiving the help they need, patients are offered the option to kill themselves. If HB 403 is passed, the same will be true in Maryland.

Furthermore, HB 403 offers no safeguards against coercion. There is a requirement ensuring that one witness to the request for assisted suicide drugs not be an heir to a person's estate; however, there is no safeguard preventing a person from being coerced by numerous other individuals in their life. The fear of being a burden to friends and family is the fourth most common reason people choose assisted suicide.³ The state of Maryland has an obligation to protect its citizens from being coerced into committing suicide.

Additionally, assisted suicide legislation allows insurance companies to choose to cover the cheapest option—lethal drugs—instead of actual health care that sustains life. In both Oregon and California, two states where assisted suicide has been legal for over five years, patients who would not have been terminal had they received medical care have been refused treatment and instead offered assisted suicide drugs.⁴ In Maryland, the passage of HB 403 could create an environment in which people with less access to medical care would be offered suicide drugs instead of actual care.

Even if safeguards to address these issues were put in place, there would remain a major issue with HB 403 that cannot be fixed regardless of the legislative language: the legislation's impact on people with disabilities.

According to the most recent data from Oregon, the top five reasons people choose assisted suicide are consistently:

- less able to engage in activities making life enjoyable (88.8%),
- losing autonomy (86.3%)
- loss of dignity (61.9%),
- feeling like a burden on family, friends/caregivers (46.4%), and

- loss of control of bodily functions (44.6%).⁵

These are challenges that many people with disabilities face every day. People are not choosing to end their lives because of their terminal illnesses but because of the disabilities caused by their terminal illnesses. Legalizing assisted suicide sends the message that a life with disabilities is a life without dignity and is not worth living. This message encourages people with disabilities to consider suicide. Not everyone who lives with a disability has a terminal illness, but at some point, everyone who has a terminal illness will experience some form of disability. The state of Maryland should not pass legislation indicating that once someone has a disability, their life is not worthwhile.

True compassion, especially for those dying with intense suffering, involves embracing a path of love, companionship, and mercy while offering patients the support and medical services necessary to ease physical, emotional, and spiritual suffering. At the heart of this approach must be an unconditional respect for the dignity of the human person. By legalizing assisted suicide, Maryland HB 403 would create a culture in which respect for a human being is conditional upon that person living life without a disability. Therefore, Family Research Council urges you to reject this legislation.

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¹ Robert L. Fine, "Depression, anxiety, and delirium in the terminally ill patient," *Baylor University Medical Center Proceedings* 14, no. 2 (2001): 130-3, <https://doi.org/10.1080/08998280.2001.11927747>.

² "Oregon Death with Dignity Act: 2022 Data Summary: Oregon Health Authority, March 8, 2023, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf?bcs-agent-scanner=f1dc5d54-0266-d24a-bde2-8b7febd05320.

³ "Oregon Death with Dignity Act: 2022 Data Summary: Oregon Health Authority, March 8, 2023, chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year25.pdf?bcs-agent-scanner=f1dc5d54-0266-d24a-bde2-8b7febd05320.

⁴ Brian Callister, “Assisted Suicide: Will Insurance Companies Do the Right Thing or the Cheap Thing?,” Patients Rights Action Fund, accessed January 19, 2023, <https://patientsrightsaction.org/dr-brian-callister/>.

⁵ “Oregon Death with Dignity Act: 2021 Data Summary,” Oregon Health Authority, February 28, 2022, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year24.pdf>.