

HB403 End of Life Option Act  
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Oppose

I am a resident of Ellicott City, a wife and mother of five children, and a registered nurse of 38 years. I am writing to urge an unfavorable opinion on HB403 which would allow a doctor to prescribe lethal doses of pills to a patient. There are many serious reasons why this bill would be tragically harmful to Maryland.

We all want to alleviate suffering. In healthcare today, there is no reason for anyone with a terminal illness to be in pain. Medications and methods of pain management in both palliative and hospice care are excellent and are continually improving. But the pain that is much harder to alleviate is the **cascade of guilt and suffering that occurs in a family and a community *after* a suicide has taken place**. When someone takes his own life it can be devastating to a family and to friends for generations. Families feel guilt that they were either unaware of the patient's despair, or unable to help.

We know from studies in Oregon where suicide is legal, that a primary reason a patient resorts to PAS is that he or she feels they are a burden, not because they want to end their own pain. It is therefore a **selfish solution on our part**, who should be caring for this person and helping them feel valued. The scar of suicide on a family can be a far greater burden than their loved-one's illness was while alive.

We know that 30% of patients prescribed these drugs do change their minds. How many souls who did die by physician assisted suicide may have lived the full life they were meant to live if they had had a moment of hope - a call from a friend or a caregiver's touch? **This bill makes suicide too accessible, too easy, and too acceptable.**

There are too few, if any, safeguards in this bill and so much room for error and abuse. For one, life expectancy is difficult to determine. So many people have stories of loved ones who far out-lived their prognosis. Patients who may beat a disease through their physical, mental, and spiritual capacities should not be encouraged to prematurely end their lives.

Depression may not be adequately evaluated or treated. We know from Oregon that very few PAS patients (3%) were actually seen by psychiatrists.

Doctors will be minimally familiar with the patient to whom they are prescribing death. Mainstream doctors who know the patients in their practice and who are trained to heal will not be participating in PAS. Therefore, the few doctors in the state who are willing to prescribe it will be sought out and they in no way can be certain that the patient fulfills PAS criteria, or is capable of making this decision.

Families won't be given prior notification of the PAS which would give them an opportunity to help the patient and perhaps alleviate whatever is prompting the decision. Physicians need not witness the ingestion of pills which leaves great risk for coercion by friends or family. Patients could also suffer terribly from vomiting, seizing, and respiratory depression after ingesting the poison. **This is not an end of life that is peaceful, dignified, or compassionate.**

In addition, do we want to be responsible for an ***increased rate of suicide among healthy people*** in Maryland? Historically this is what happens. The passage of HB403 will send a strong message to young people that suicide is a morally acceptable choice. This translates to more suffering for Maryland families. Suicide is the leading cause of death of 15 to 24 year olds. They are struggling to find value and purpose in life and need support, not further justification for acting upon despair. **Why would we want to enact any bill that would further endanger our vulnerable citizens and our fragile youth** when suicide, drug overdoses and crime are already rampant in our state?

This bill will also destroy the doctor/patient relationship. Who will trust that their doctor is really striving to extend their life when PAS is an easier, cheaper solution?

HB403 would potentially enable horribly wrong, hurtful, fatal decisions. Let's do better in Maryland with **treating the living and supporting families and communities in caring for the sick both physically and emotionally**. Death is too permanent and painful to get wrong.