

Unfavorable – OPPOSE – HB 403

Laura Jones
Annapolis, MD
410-246-5561

My Name is Laura Jones and I oppose the End-of-Life Option Act because even the name is disingenuous. It does not promise an option at the end of your life, it promises to remove all future options by ending your life.

This bill's only function is to offer suicide by drug overdose to terminally ill people, but the bill states it is not suicide. That should be your first red flag. Why lie about what is happening?

Would you ever suggest to a friend or family member they should take an overdose of drugs and die? That sounds so harsh! Yet it is easy to say, "You are having such a hard time, why don't you use the end of -Life option Act?" This appears to be a statement of concern and compassion, but it is no different than the first.

Notably, the legalization of PAS does not grant someone the personal autonomy to decide how they will die. Anyone can find a way to overdose. Instead, it gives people the legal right to ask the medical community to help them commit suicide. It will corrupt the medical establishment by coopting the services of doctors, psychiatrists, pharmacists, hospice nurses, and medical examiners.

The bill calls upon medical professionals to change the way they serve the public in the following ways:

- **Medical doctors** are asked to provide a prescription for a lethal dose of drugs to patients who want to die, even if there are alternate treatments available to help them live.
- **Psychiatrists** may be consulted to evaluate people with the expectation they can deem them to be of sound mind when they want to kill themselves by drug overdose.
- **Pharmacists** would be the ones to combine the lethal dose of drugs for patients. Such drug combinations are not standardized. They have not been tested or approved by the FDA for use to end human life.
- **Nurses** who work within hospice and palliative care would need to add the lethal drugs to a liquid to enable the individual to drink the lethal dose. They first need to administer an anti-nausea medication. Complications such as seizures, vomiting, and gasping for air may occur.
- **Medical examiners** must falsify the death certificate and report the cause of death as an illness, not a drug overdose.

- **Emergency personnel, law enforcement and suicide prevention agencies** will not be able to follow well established protocols to prevent people from intentional death by drug overdose.

This law is not needed! Suicide is already too easy. People who want to have full autonomy to end their life must do it on their own without the help of anyone, especially the medical professionals we rely on to help us stay alive. No law should expect medical professionals to offer suicide as a “medical treatment” for illness.

If you pass this bill and give us a legal right to request drugs from our doctor, you also give our health insurance agency the right to provide the drugs. This gives the doctor the obligation to offer the option to take the drugs as a treatment for our illness. This forces us to consider if we should end our life or continue to be a burden on others who care for us.

When we are weak, upset, and facing a terminal diagnosis, it is unwise to offer us suicide as a treatment for our illness. When doctors and family suggest we use the End-of-Life Option it will make us feel like we are dispensable. How will we find the strength to continue to live if others offer us this option. Our choices will be based on the actions of others. Nearly 48% (On average over 25 years) choose to end their life because they felt like a burden. (See page 14 of the Oregon Death with Dignity annual report) We are all going to be a burden when we become sick.

Every year proponents say there is no correlation between legalizing this option and a rise in suicide. That cannot be true. The whole goal of the law is to allow another way for people to get drugs so they can overdose and commit suicide.

They say it is a preventative measure to reduce suicide by allowing the patient to have these important discussions and get help, but that is not happening. The Oregon report analyzes 25 years and found only 1% received a psychiatric evaluation last year. You cannot reduce suicide by offering suicide as a treatment for illness.

It also discriminates against people who are terminally ill. The only group of people who are not counseled against committing suicide are those with a terminal illness with less than 6 months to live.

Whereas people who express a plan to commit suicide are sent for counseling (MD Health-Gen Code 10-613 permits involuntary hospitalization of someone determined to be a danger to himself or others), this law excludes those with a terminal illness from this protection.

Instead, the law sets parameters which cause the doctor to see their request as one of personal autonomy, and directs them to help facilitate their death. According to the bill, one of the

safeguards to is the requirement for the patient to ask for the deadly drugs several times, but rarely is it seen as a cry for help. (In Oregon, only 1% of the people who died using the DWDA were sent for a psychiatric evaluation. 25-year analysis)

When the doctor is expected to respect the autonomy of the dying patient, is it disrespectful to ask them to get a psychiatric evaluation? The doctors who provide this service believe everyone should have this choice, and making them feel like a crazy person for asking for the drugs is not something they are willing to do.

Suicide is no longer our own personal decision. Now anyone can suggest we do it and few people will be inclined to talk us out of it. That would be disrespectful.

The Maryland bill targets people with a terminal illness and hurries them towards death. People of sound mind should be held in great esteem and valued as the influencers of society and wise counselors within the family unit. Being of sound mind should not be a qualifier for assisted suicide. Terminal illness may be the factor that brings someone closer to death, but their lives have value up to the last day. When they can no longer provide for others, they become the person for whom others find their purpose and mission by providing for them.

When someone has 6 months left to live, they should view each day as an opportunity to live and love to the fullest. Do not pass the End-of-Life Option act. The option is final and a complete loss of the opportunity to experience another tomorrow.

Do not align with Suicide and death as answer to our illness.
Oppose HB403

Sincerely,
Laura Jones
The Dignity Mandate