

HB End of Life Options Act OPPOSE

Dear Members of the House Judiciary Committee, and the House Health and Government Operations Committee,

This is a dangerous bill and will lead to many unintended consequences. Other states and countries (Oregon, Canada, etc.) have had their similar laws misused over the years. Testimony given this year on the companion Senate bill, SB 0443, shows that a very great number of citizens are concerned. Please consider the ramifications and give HB 0403 an **UNFAVORABLE** report.

For the following reasons, I strongly opposes HB 0403, End of Life Options Act -- that would legalize assisted suicide in Maryland:

- Physicians often cannot definitively forecast how long a patient will live.
- Most pain can be relieved or eliminated with medicine or other treatments.
- It is immoral to encourage a person to take their own life.
- Once assisted suicide is legalized, patients may be pressured to end their lives.
- Assisted suicide could be expanded in the future to include teens and children.
- Parents could choose to eliminate infants if they have a disability.
- Patients who do not accept assisted suicide could be kept unconscious and denied nourishment to hasten death.
- Patients with serious illness can be denied treatment as “not appropriate”.
- Lethal drugs prescribed for an individual may instead kill someone else by error or intent.
- People could be denied economic and home health assistance.

Voluntary “assisted suicide” can quickly become pressured and even an involuntary remedy to illness and disability. In the State of Oregon in 2008, there were reported cases where the state-run health system refused to provide physician-prescribed treatment for advanced-stage cancer patients, saying it was “inappropriate” for their situation, but offered to pay for prescriptions for them to end their lives.

Vulnerable, elderly, disabled or ill patients could be pressured to commit suicide by being made to feel they are a burden on their family and on society. “Right to Die” can morph into “Obligation to Die”.

In 2020, Roger Foley, a 45 -year-old Canadian, testified via Zoom from his hospital bed to the Canadian Parliament Justice Committee that he had an incurable neurological disorder and had been told he would have to pay \$1,800/day in hospital costs or face a forced discharge, even though he couldn’t get the necessary support to live at home. “Assisted dying is easier to access than safe and appropriate disability supports to live”, he said.

In the Netherlands, Assisted Suicide has advanced to a point where patients are euthanized without their knowledge. A January 2019 Article in NATIONALREVIEW (1) reported:

“Also in 2017, some 1,900 Dutch people killed themselves, while the number of people who died under palliative sedation – in theory, succumbing to their illness while

cocooned from physical discomfort, but in practice often dying of dehydration while unconscious [that is, terminal sedation] – hit an astonishing 32,000. Altogether, well

In looking at the statistics from the State of Washington for 2016 ⁽²⁾, about 1/3 of the prescriptions were not used. Some of the individuals died of other causes; and some individuals died from ingesting the death prescriptions authorized in a previous year. This undermined the accuracy of “likely to die within six months” criteria. The Oregon Death with Dignity Act 2021 Data Summary ⁽³⁾ reported that 383 people received prescriptions for death drugs, but only 238 people died from ingesting the drugs, leaving the disposition of 145 prescriptions (40%) unknown. The question is, “What happens to these unused prescriptions?” They could easily be used to kill someone else, knowingly or unknowingly.

Oregon Death with Dignity Act of 2021 Data Summary stated, “As in previous years, the three most frequently reported end-of-life concerns were loss of autonomy (93%), decreasing ability to participate in activities that made life enjoyable (92%), and loss of dignity (68%). Uncontrolled pain was not one of the top three reasons for requesting aid in dying.

Instead of encouraging people to end their lives, our focus should be on providing those services needed to help them live their lives.

For these reasons, please give HB 0403 an **UNFAVORABLE** report. Do not make Maryland a “Death State.” or a state known for “Death Tourism.” Please reread the facts above, and consider very carefully the probable negative, and frankly, very frightening, impacts of this dangerous bill.

Sincerely,

Linda R. Bradley
McHenry, MD

1 <https://www.nationalreview.com/corner/doctors-induce-twenty-five-percent-of-dutch-deaths/>

2 <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/422-109-DeathWithDignityAct2016.PDF>

3 <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYARCH/Documents/year24.pdf>