

Oppose - House Bill 403

End-of-Life Option Act (The Honorable Elijah E. Cummings and The Honorable Shane E. Pendergrass Act)

Presented to the Health and Government Relations and Judiciary Committees

February 16, 2024

I would like to present you with an explanation of why giving people who are terminally ill the ability to end their own lives when they choose is not the most compassionate and caring way to provide comfort and dignity in the dying process. I am a nurse practitioner with over 35 years-experience. I founded my practice, Prime Care House Calls, almost 10 years ago to offer primary and palliative care to people at home. I believe that HB 403 misses the mark in trying to provide the best care to people as they near death. This bill creates a number of potential dangers such as lack of accounting for large doses of a controlled substance that may not be used, depression and other emotional problems easily going without notice and treatment, preventing someone from having the chance to live longer if the 6-month prognosis is incorrect, and the poor or disadvantaged feeling societal pressure to use this option. This is the wrong precedent to set if we want to be a just and nondiscriminatory society.

What would the ideal scenario look like, if you were watching your loved one losing a battle with cancer or other serious illness? Many of us have been through this, and what played out may not have been the ideal scenario, especially in the hospital or nursing home. But what could it and should it be? A calm, comfortable home environment, surrounded by loved ones...symptoms controlled through the help of palliative care specialists and caregivers.... sharing stories, memories, hugs, and a few tears with your loved one? Or would it be the shock of learning that your loved one chose to end his or her life alone through a prescribed aid-in-dying mix of pills; then wondering why they did not share this decision with you. Or if they did share this decision with you, could you watch them struggle to take multiple very potent pills, perhaps gagging and fighting off nausea, then watch them fall into a delirium with their body fighting to breath? What if they vomited, or could not take all the pills? What would you do?

What I believe would be the most compassionate option would eliminate the need for aid-in-dying in Maryland. Most of my patients are older than 65, have multiple chronic illnesses that have taken their toll, cancers that have reoccurred, or other serious illnesses that have caused debility. About 20% of my patients are enrolled in hospice home care programs and about 50% have individually designed palliative care plans. At least 50% of my hospice patients outlive the traditional "6 months or less" prognosis, and many have been receiving hospice services for a year or longer, or have improved and been discharged from hospice services.

When people need a shift in focus from cure to care, they unfortunately may not be presented with many resources. They may feel that if aggressive treatment is a failure that they are just being sent home to die. However, what if we could send them home to live, to feel better, and to savor the time with their loved ones until the time of natural death? Or even better, what if we could predict which treatments cause more suffering than benefit, and educate people to make informed decisions earlier in care? We already know that hospice care can provide tremendous comfort to people, but even with the great hospice services in Maryland, we need more resources. Rather than resorting to assisted suicide, I would like to see the following:

- *Expanded palliative care programs—these would focus on symptom management, optimizing quality of life, and providing emotional support to the patient and family whether attempting curative treatment or not.

- *More research into life preserving treatments and comfort measures, including cost-benefit analyses about different treatment options for realistic decision making throughout the trajectory of illness.

- *Insurance reimbursement for caregivers and social workers to provide support for people who wish to remain at home as they decline.

- *Increased focus on mental health care providers trained in death and dying, loss, and living with serious illness, who are insurance reimbursable and visit people at home.

- *More education and public awareness of all care options.

These options are not expensive. Palliative care and home care services for one month cost much less than one short hospitalization. And I know that no one is suggesting assisted suicide as a cost saving measure.

So much of what this legislature does is protect the people of Maryland. You and your predecessors have given us choices in health care. You gave me the ability to start my solo practice as a nurse practitioner and it has been my privilege to serve over 500 people over the past 9 years who otherwise might not have accessed health care and received the services they needed. You approved the use of the Medical Orders for Life Sustaining Treatment (MOLST) form. People can now choose their medical orders ahead of time; so that they can experience a natural death with the benefit of comfort care, rather than resuscitation and invasive treatment, if they so choose. I ask you to continue to protect the people of Maryland and focus on caring until natural death, not promoting the assisting and taking of one's own life.

Please realize that the passage of HB 403 would cause a shift in societal norms and values which cannot be turned back. There is a line between stopping aggressive treatment to focus on comfort measures to end suffering and actively and intentionally bringing about one's death. Help us teach our children that we care about the sick and vulnerable and are a culture that values each individual life, not just the well and strong. I respectfully ask the committee members to give HB 403 an unfavorable report.

Sincerely,



Sandra Nettina, Nurse Practitioner