

HB403 Addendum

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I withdrew from oral testimony at the HB403 hearing on Friday, Feb 16 due to my inexperience. I had provided a letter of testimony “from the heart” without reading the bill and I would have re-iterated what others said without adding anything meaningful. For me, this is a learning process.

I listened carefully to the whole hearing. I hope that you can add this to my written statement and consider these points. I now would like to revise my statement to “favorable with amendments” which include notes in the medical chart and specificity on the death certificate.

In my original testimony I did not even mention the experience I had with my 97-year-old mother. She lived in a nursing home and sometime in July, 2016 she decided she had had enough of generalized pain and wanted to stop her medications. On one visit close to that time, I realized I could not leave her in her frail state. With a routine low staff to patient ratio, I knew I had to stay. I stayed 24/7 and slept in her bedside chair. In mid Sept she said “no more food”. She was too weak to talk until she died on Sept 29. I took comfort knowing that as soon as she winced in pain, I was able to call for meds. How did I do this? I had all the stars aligned: my niece worked in the home as Director of OT/PT, there was a guest room right next to my mother’s room where I was allowed to shower in the morning, I worked for Montg Co Gov’t for 46 years and had hundreds of hours of sick leave, plus access to FML. How many other people would have had that? Few people would have such an ideal scenario and still it was heart wrenching.

I was saddened by the testimony of many saying that HB403 is a slippery slope to ending the lives of our disabled population and could not help but thinking they too, had not read the bill. The examples provided of mentally ill, depressed, disabled and suicidal people do not meet the criteria of “6 months remaining of a terminal illness”. If anything, the provision to meet all of those requirements may be too arduous for a sick person unless they start very early. And I was disappointed this bill would not help individuals who have a sudden stroke or other event that dooms them to a bed until their dying day.

In my original letter, I recommended that a question about the patient’s feelings on MAID be included in the medical record. If that would not bring legal ramifications to which I cannot foresee, I think that would be a good idea to address the issue of physicians being able to refuse participation in MAID. If that is what a patient wants, I think it is a good idea to have a longstanding record of that. In addition, if doctors are not willing to participate then that should be addressed at the start of the doctor/patient relationship. (see below as well)

I was surprised at the numbers of health care professionals against the bill. I don’t know if they realize what the experience is of the average American seeking healthcare. Where they feel that this would jeopardize a doctor/patient relationship, I feel like it would strengthen it knowing that the doctor could help end the suffering. I would see that person as my savior. For people needing appointments, it often takes months to see a doctor. The mental health professionals equated people dying of a terminal illness

to those suffering from mental health issues. It is not the same. If we want fewer suicides, we should ban guns. Perhaps in an ideal world where our health care system could cover all needs, things might be different, but here and now, we fail those who are sick in resources, time and attention. A 15-minute visit with a doctor does not make the hours of living experience more tolerable.

No bill is perfect and all bills can be modified. Regardless of what we try to do, there will always be people trying to game the system, but we should not live in a world where we don't try to fix the injustice.

Lastly, I was not clear on the requirement for the notation on the death certificate but that is important. Through my personal experience of being married to a man for 46 years who never went to the doctor and was then diagnosed with chronic lymphocytic anemia and died 9 months later, if his death certificate did not say CLL, I would not have been eligible for the VA benefit of the PACT Act. What is on the death certificate is very important.

Thank you for consideration of these additional thoughts.