

**Oppose - Senate Bill 701  
End-of-Life Option Act**

Presented to the Judicial Proceedings Committee  
February 28, 2020

I respectfully oppose this legislation for multiple reasons, two of which I will explain to you here. My first point is that this legislation is not necessary. We have true medical options that are effective and far safer for end of life care. Why not expand on palliative care programs to improve the negative scenarios about death. Second, this legislation is inherently discriminatory, and would only expand the flaws in our health care system and culture that are discriminatory toward the poor and minorities.

Premeditated, intentional ending of one's life is not health care. The fact that this option is being introduced as a health care treatment, prescribed by physicians, is far outside of the standard of care that all health care professionals train for and are held to. Assistance with ending of one's life should not be offered as a medical treatment. There are effective, proven, mainstream treatments available to care for the physical and emotional distress and other symptoms of end stage and terminal illness. We also have advance directives and the Maryland MOLST form which give people choices about their end of life experience.

I am passionate about the care of people faced with very serious diagnoses. As a nurse practitioner for over 30 years, I have designed my practice to provide palliative care in the home and utilize hospice services for a wide range of cases. I provide individualized care, bringing in other health resources, to meet the physical and emotional needs of people facing death. I provide treatment, education, and support with comfort medications and other symptom controllers, administered by family members and monitored by health care professionals to improve the quality of life, right up to the time of natural death. I also refer for home hospice care where a whole professional team is available to them for comfort and support. I have found individualized palliative care and hospice services to meet all of my patients' varied needs, no matter how intense or complex. And despite what studies cite as one of the main reasons for seeking aid in dying, families and loved ones, in my wide experience, do not feel the dying person is a burden.

Despite the great strides we have made in Maryland and in this country to increase health care coverage, there is still racial and economic disparity in health care access. Our health care system is inherently flawed so that it is more difficult for poor people to receive the same

quality of care as people of greater economic means. Unfortunately, allowing for people to opt into ending life with a lethal dose of medication will be seen as desirable for people who have been made to feel undesirable. This act, fully sanctioned by the state, will become a cultural norm. What a shift in culture that will be for us in Maryland, when there is already cultural bias against the weak and vulnerable—the poor, minorities, those with disabilities, the elderly, and the mentally ill. Do you want to make that happen? Even if it was not your intent, it will happen by unintended consequences.

Sincerely,

A handwritten signature in black ink that reads "Sandra M. Nettina CRNP". The script is cursive and fluid, with the first name "Sandra" being the most prominent.

Sandra M. Nettina  
2760 Wynfield Road  
West friendship, MD 21794 (home and office)