

**Testimony of Ilana Bar-Levav, MD**

**Support for HB643 and SB701**

**The End-of-Life Option Act (The Richard E. Israel and Roger “Pip” Moyer Act)**

**February 2020**

My name is Ilana Bar-Levav. I am a physician, board certified in Internal Medicine and a practicing psychotherapist with 30 years of experience. I am a former president of the Montgomery County Medical Society and a strong supporter of the MD End of Life Option Act.

Here is a personal story.

My dearest uncle was a high-spirited aeronautics engineer. In 2015, after 20 years of treatment and monitoring, my uncle’s prostate cancer had spread throughout his body and could no longer be treated. By the summer of 2016, he told me he planned to exercise his rights under the new End of Life Option Act that had just passed in California, where he lived. He had already begun the process required to obtain a lethal dose of medication, for “when the time would come” he said. I had flown out to visit him every month during the prior year and during his slow decline, several issues became clear to me.

**First, Hospice Care is good at monitoring physical pain, but often doesn’t adequately address the emotional pain and fear-of-suffering that is pervasive with terminal disease.**

**Powerlessness and losing one’s ability to care for oneself due to progressive physical disability can cause emotional suffering that is as bad, if not worse than, physical pain.** Hospice nurses visited my uncle twice a week and always offered pain medication, which he generally refused. He didn’t want to feel foggy headed in addition to his weakness and physical pain. He was distressed by the indignity of losing bodily functions. He could no longer empty his bladder on his own and needed to be attached to a urine bag. On my last visit, the growing tumor had *again* blocked his Foley catheter, stopping the flow of urine. We brought him urgently to his

urologist, who struggled for several hours to pass another catheter. Although he was finally successful, the urologist told him that without another surgical procedure, he would not be able to insert another catheter--which meant that when this one got blocked, it would result in acute urinary retention, which is both life threatening and very painful. My uncle decided to decline the procedure and that his time had come.

**Which leads me to the second point: Medical Aid in Dying is not suicide—the act of a person whose thinking is distorted from depression and despair. For a terminally ill patient facing the reality of impending death, having the option to decide when and where to die, can relieve despair and offer hope by restoring a measure of authority over one’s life.** This option is not for everyone, and this bill does not compel anyone to utilize it. My uncle sought my support because we were close and he trusted me as a physician. He knew what lay ahead. He was thoughtful and insistent on making decisions with respect to the limited time left to his life. My offer to be with him as he ingested his last medication helped him as he faced death with courage and determination. He remained, to his last day, a man who loved life. We gathered as a family for a final day together. At the time he designated, I put on the music he requested, and sat with him as he drank the solution. He fell asleep quickly, and died within a few hours, in his den, surrounded by family.

Senators (Delegates), I urge you to vote in favor of SB 701 (HB 643) to allow a peaceful death for those with end stage disease and who desire it. For them, for my uncle, it is a gift to be able to exercise agency over the end of life, after being ravaged by an uncontrolled and untreatable condition. Death is inevitable, terminal suffering is not.



November 10, 2016.

Israel Tuchman in the center. This photo was taken within hours of his death. May his memory be a blessing.