

Dr. Jeff Gardere Testimony in Support of SB701

Good day Chairman Will Smith, Sponsor Jeff Waldstreicher and all members of this committee. Thank you for your advocacy for the quality of life of Marylanders and thank you for your selfless and dedicated service. My name is Dr. Jeff Gardere, in addition to my private practice as a board certified psychologist, and now an ordained minister, I am also an associate professor at a New York medical school. There, I teach medical and pharmacy students about the sanctity and quality of their patients' lives and mental health, especially those who have been most ignored and the victims of severe health disparities — black and brown people and other under-represented minorities.

While some who oppose this legislation earnestly believe that people will be pressured to end their lives, this is not supported by the data. I can only promote facts and psychological expertise. We know from more than 20 years of experience in Oregon, where the nation's first medical aid-in-dying law was implemented, and the experience of other authorized jurisdictions, including neighboring Washington, D.C., there has not been one single instance of abuse or coercion. And the legislation proposed here in Maryland contains more than a dozen safeguards.

I have met with, talked to and counseled countless people, including terminally ill people and their families. None of these patients I've counseled wants to die, but they know that one day this will be their fate, and for those who are terminally ill, it will come sooner rather than later. Though I understand the fears of our Opponents, they must understand that scientifically and factually it is incorrect to equate terminally ill adults who want the end-of-life care option of medical aid in dying with people who unfortunately and sadly want to take their life prematurely. And according to the American Psychological Association, they are fundamentally different. The American Association of Suicidology argues, "Physician Aid in Dying and suicide are conceptually, medically and legally different phenomena" In suicide a life that could have continued indefinitely is cut short, in Medical Aid in dying death is foreseeable and in some cases imminent. Most people who take their life prematurely have the choice to live but because of psychological illness choose not to. Terminal patients who may use medical aid in dying do not have the option to live, the illness has taken that decision away from them. The question then becomes how they die...not if they will die.

Many, due to their distinguished history, courage and spirit, are less afraid of the end arriving than they are frightened about what the end of their lives will look and feel like. As they move closer to their final days, concerned about their quality of life, they seek peace, comfort and most importantly, dignity. For those who believe in the afterlife, they want a perfect setting for a glorious transition. For those who see it as the final step of existence, they want a restful reward for a life well-lived.

Medical aid in dying provides that peace, comfort — and it does so by ensuring patient autonomy, a key component of respect and adulthood. Medical aid in dying is not the

right end-of-life care option for every mentally capable, terminally ill patient with less than six months to live. However, it should be an option, a legal right available to independent, well-informed Marylanders facing this terminal phase of life.

I have my faith, beliefs and integrity that are firmly aligned with medical aid in dying. There are too many terminally ill, dying Marylanders who are unnecessarily suffering at the end of life. There are too many terminal adults who passed away advocating for passage of this law. We owe it to all of them to provide an end-of-life care option that offers peace and comfort. The time is now!!!!