

Terminally Ill Marylanders Shouldn't Have to Suffer Needlessly at Life's End
By Rev. Charles McNeill

As pastor it is my duty to guide my flock. As a former police officer, I took an oath to serve and protect and as a veteran it was my honor to put my life on the line for the country I love. It is in my very nature to preserve life, but not at all costs.

As a result of my life experiences I have become familiar with the faces of death and what happens when you are not prepared for it. I believe death without unnecessary suffering should be everyone's goal.

That's why I plan to testify in support of Maryland's End of Life Option Act ([SB 701/HB 643](#)) at a hearing before the Senate Judicial Proceedings Committee this Friday, Feb. 28. This compassionate legislation would allow mentally capable, terminally ill adult residents with six months or less to live to have the option to request a doctor's prescription for medication they could decide to take if their suffering becomes unbearable and die peacefully in their sleep.

As a African American working to improve my community's lack of access to quality healthcare, I was initially skeptical about medical aid in dying. But I've researched and studied this issue for years before deciding to support it. People of color need equal access to quality healthcare, including, but not limited to, medical aid in dying when no other healthcare option will provide relief from suffering.

Since 1997, **Washington, D.C.** and nine states have authorized medical aid in dying: **California, Colorado, Hawai'i, Maine, Montana** (via state Supreme Court ruling), **New Jersey, Oregon, Vermont,** and **Washington**. Collectively, these 10 jurisdictions represent more than one out of five U.S. residents (22%) and have decades of experience successfully implementing this medical practice without a single documented case abuse, coercion or misuse.

For example, according to the [Journal of Medical Ethics](#): "Rates of assisted dying in Oregon...showed no evidence of heightened risk for the elderly, women, the uninsured...people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations."

Under the Maryland bill, participating in medical aid in dying would be 100 percent voluntary for everyone, including terminally ill patients, doctors and pharmacists. I respect people who oppose medical aid in dying because of their faith, religious or spiritual values. But they should respect people with differing faiths, religious and spiritual values who need and/or support this peaceful dying option. As the Bible says in the [Book of Luke 6:37-42](#): "Do not judge, and you will not be judged. Do not condemn, and you will not be condemned."

Medical aid in dying is completely different from people who want to take their lives prematurely because they are depressed. You can treat depression, but you can't treat incurable, terminal diseases. The terminally ill people who want to have this option to die peacefully would much rather live, but that option is off the table for them.

The proof that they don't want to die is in Oregon, where the law has been in effect the longest time (more than two decades). There about one-third of the people who qualify for and get aid-in-dying medication don't take it, according to the [Oregon Health Authority](#). And the people who do take it wait an average of 47 days (nearly 7 weeks) after requesting it to take it. But of whether they take the medication, they get a

great relief knowing they can take it if their suffering becomes intolerable, allowing them to live their final days as fully and worry-free as possible with their loved ones.

While less than one percent of terminally ill adults use medical aid in dying where it is authorized, [reports](#) show these laws improve care for many terminally ill people, by spurring doctor-patient conversations about all end-of-life care options, such as hospice and comfort palliative care, and better utilization of them. In fact, these laws and the Maryland bill require doctors to advise terminally ill patients who request medical aid in dying about all available end-of-life care options.

Medical aid in dying doesn't cause more deaths because the terminally ill people who want this option are already dying. It just results in less needless suffering at life's end.

Rev. Charles McNeill is president of the National Capital Baptist Convention, which includes Maryland and Washington, D.C.

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