

Testimony of Michael J. Strauss, MD, MPH
Support for SB701
The End-of-Life Option Act (The Richard E. Israel and Roger “Pip” Moyer Act)
February 28, 2020

I am Dr. Michael Strauss, a life-long Maryland resident and board-certified internist with a master’s degree in public health and epidemiology. I strongly support this bill.

I will use my time to address two points that opponents try to paint as defects in the bill, but which are not.

1. There is simply no indication that drugs used for aid in dying are abused.

There has never been a documented case of abuse of aid-in-dying medication, and there are several reasons for this. Most importantly, virtually all patients wait until the last minute to fill their prescriptions because of the drug’s cost and because a third of patients never need the drug. So, there is no unused drug lying around patients’ homes. Also, in recent decades there not been an illegal market for Seconal, until recently the most used medication. And now, increasingly, physicians prescribe a powder-mix of 4 lethal medications that together have no market for abuse. Opponents who raise unjustified fears of medication abuse are simply wrong. It’s a smokescreen that you should see through.

2. While it is nearly impossible to accurately predict 6-month survival, it is a good and reasonable protection in the bill.

Physicians estimate survival based on clinical experience, medical studies, and a patient’s particular circumstances. But research clearly show that mostly they OVERESTIMATE patient survival, and in only a small minority do they underestimate survival. Yet that misses the main point: The purpose of this criterion is to distinguish between those individuals who have a disease that is likely to end their lives in the near future, and those who do not. I want to emphasize that hospice uses the same criterion, but the bill has many additional patient protections. Yes, some outlive their 6-month prognosis, and that is good. It proves that patients are not pressured by their prognosis and only take the medication when their suffering is too great. The 6-month criterion is a well-established and reasonable criterion.