Joseph Marine, MD
Testimony to Senate Judicial Proceeding Committee
February 28, 2020
Re: Senate Bill 701 - "End of Life Option Act"
OPPOSE

Senator Smith and Honored Committee Members:

Good morning. My name is Joseph Marine. I am a cardiologist practicing with Johns Hopkins Medicine in Baltimore with over 15 years of experience caring for thousands of patients throughout the state of Maryland. As part of my job, I am responsible for overseeing cardiology patient quality and safety efforts for my health system. I am also a member of the American Medical Association, the American College of Physicians, and the Baltimore City Medical Society, all of which oppose the legalization of assisted suicide. The views expressed here are my own.

The End of Life Option Act represents shockingly dangerous and misguided public policy, which violates many basic principles of patient safety, and which does nothing to address the real needs of Maryland patients with advanced illnesses and disabilities.

Assisted suicide is not medical care. It has no basis in medical science, practice, or tradition. In states that have passed assisted suicide laws, very few physicians are willing to participate.[1] The lethal drugs used in assisted suicide have never been scientifically tested, and the US FDA has never approved any drugs for this purpose. The drug recipes for assisted suicide have been invented by the Euthanasia Movement, not the health professions.

Furthermore, we know that doctors practicing assisted suicide in other states have been performing uncontrolled, unregulated, and unethical experiments on human beings using combinations of cheaper drugs. This is because almost any drug, given in a high enough dose can serve as a poison. Tragically, these experiments have caused some patients to scream in pain and to take over 2 days to die.[2] This is not medical care, this is a disgrace.

We know that in other states with assisted suicide, some patients have taken up to 4 days to die, and that the drugs have failed to kill some patients.[3] We know that every other country with assisted suicide using pills has almost entirely abandoned it in favor of intravenous euthanasia because of complications and failure in up to 20% of patients.[4] The State of Oregon, which has had assisted suicide for 20 years, admits that in the 80% of cases with no witnesses to consumption of drugs, they have no idea if complications occurred.[3] Without witnesses, no one can know whether the drugs were self-administered or whether some patients were assisted to die in some other way.

We know that in states with assisted suicide, patients have lived up to 3 years after receiving a prescription, in violation of the law which requires a 6 months prognosis, with no accountability or consequences for the physician.[3] We also know that at least 20% of US patients referred for hospice

care survive their 6 month prognosis, and that doctors are even more inaccurate in prognosis in other settings.[5] All this means that we cannot know how many wrongful deaths are occurring in other states under this law.

We know that patients who qualify for PAS under this law have a 50-75% incidence of clinical depression, and that at least 1 patient, received a prescription in Oregon despite a history of severe depression and suicidality.[6-8] Yet in 2018, less than 2% of Oregon patients received a formal mental health evaluation - virtual proof that the law is being violated.[3]

The law can be routinely violated because it relies entirely on self-reporting, with broad legal immunity given to physicians, protection of records from discovery and subpoena, no witnesses to consumption of drugs, falsification of death certificates, and no routine audits, investigations, or supervision by an independent safety monitoring board.

The End of Life Option Act provides a new license for doctors to violate basic principles of medical ethics and to kill vulnerable patients with broad legal immunity and with no real oversight or accountability. It does not give any patients any new rights at all, and it takes away many basic legal protections.

What Maryland patients with advanced illnesses need is more support and greater access to excellent palliative and hospice care programs. We have some of the best health care in the world right here in Maryland. We should use it and not undermine our health care system with assisted suicide.

References:

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