



**MANGLA GULATI, MD, FACP, GOVERNOR**

**920 Trinity Street, Baltimore, MD 21202**

**410-332-8444, [mew4work@aol.com](mailto:mew4work@aol.com)**

February 25, 2020

Senate Judicial Proceedings Committee  
Miller Senate Office Building  
11 Bladen Street  
Annapolis, MD 21401

Re: Senate Bill 701 and House Bill 643-- "End-of-Life Option Act"

Dear Honorable Senate Judicial Proceedings Committee Member,

The American College of Physicians (ACP) writes to you to express our opposition to Senate Bill 701 and House Bill 643 ("End-of-Life Option Act"). ACP is the largest medical specialty organization and the second-largest physician group in the United States with over 154,000 members. Our Maryland Chapter has 2600 members. As physicians, we oppose these bills because they will harm patients, the patient-physician relationship, and trust in medicine. They are also discriminatory toward our most vulnerable patients.

Physician-assisted suicide (PAS) bills use terms like "aid-in-dying" that are confusing and obscure what is at stake when physicians are asked to help bring about a patient's death. This is very different than the patient's right to refuse treatment which we strongly support. ACP does not support legalization of physician-assisted suicide (our position paper is attached) and we again reaffirmed this in our *Ethics Manual* (seventh edition, 2019). The American Medical Association and the World Medical Association have also strongly reaffirmed their opposition to physician-assisted suicide.

We are deeply sympathetic to the concerns and fears patients and their families have at the end of life. The physician must fulfill her or his ethical obligations and always act in the best interests of the patient as healer, comforter, and trusted advisor. Often, lack of awareness of the care that physicians and others can provide to dying patients and fears that patients will not have access to this care drive interest in PAS. It doesn't have to be that way. Research shows

many individuals do not know what palliative care is but when it is described, they overwhelmingly respond that they would want it if they were severely ill. Palliative and hospice care have not received the attention PAS has received. We can do better.

We need to ensure that all patients know they will be well cared for at the end of life, not medicalize suicide. The highest priorities for the care of dying patients should include the alleviation of pain and other symptoms, a team approach to care, and strong support for the patient's right to refuse treatment, including life-sustaining treatment. Patients often fear pain at the end of life, but physicians have an ethical obligation to treat pain with competence and compassion. Vigorous management of pain at the end of life is ethically acceptable even when the risk of hastening death is foreseeable, if the intent is to relieve pain: the *ACP Ethics Manual* states that "...the physician may appropriately increase medication to relieve pain, even if this action inadvertently shortens life" and this has been consistently supported by US courts.

We note the irony of legalization of PAS given continuing disparities in access to and delivery of health care. Patients, especially those in minority communities and the disabled, have deep concerns about legalization and the message it sends about the value of their lives and their ability to get the palliative and hospice care they want. Vulnerable communities raise extremely valid points that legalization leads to "attitudinal changes, subtle biases about quality of life, and judgments that some lives are not worth living" as we discuss in our paper. The pressures on individuals to not be a "burden" are real.

Physician-assisted suicide is not medical therapy. We hope you will join ACP in advocating that those who seek suicide with a physician's help instead be provided with the care and compassion that can alleviate suffering and reaffirm our commitment to all patients. The best medical care for patients throughout life, including the last phase of life, requires our full attention. In this way, physicians can fulfill their ethical responsibilities and give dying patients and their families the care, compassion, and comfort they need and deserve. No Marylander, or any other American, should have to fear an undignified or pain-filled life or death.

Thank you for the opportunity to comment. Please let us know if you have any questions.

Sincerely,



Mangla Sood Gulati, MD, CPPS, FACP, SFHM

*The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 154,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.*