

## **Oppose SB 701/House Bill 643**

Dear Ladies and gentleman of the Maryland Senate

My name is Dr. Marie-Alberte Boursiquot. I am a board certified Internist and Fellow of the American College of Physicians. I have been in full time practice in the state of Maryland for over twenty years.

I am opposed to the “End of Life Option Act”. I regret that another attempt is being made to legalize the act of suicide in the state of Maryland with the assistance of Physicians. Physicians are committed to the practice of medicine and the preservation of human life. The taking of one’s life, even if a physician assists, is not medical care.

Almost exactly a year ago, the bill to legalize medically assisted suicide in the state of Maryland was defeated by you the state Senate. You, as a body, attempted to protect the public against Physician Assisted Suicide by imposing safeguards on this practice. As a result a major proponent of this bill, Compassion and Choices™ to be specific, withdrew its’ support.

The American Medical Association (AMA), the largest association of physicians in the nation, reaffirmed its’ opposition to this practice and reiterates that PAS “Is fundamentally incompatible with the physicians’ role as healer”. The American College of Physicians also affirms its’ opposition to this practice.

Medicine is a noble profession. Medicalizing death does not address the needs of dying patients and their families.

There remain fundamental flaws in this bill which are not likely to ever be overcome with legislation such as:

- Promoting suicide instead of offering suicide prevention to those who are suffering from Depression.
- How does one determine whether a patient is being coerced to end their life?
- What happens if a suicide attempt fails?
- Under ordinary circumstances it would be considered a felony for a physician to falsely complete a death certificate. In this instance when a

patient commits suicide with the assistance of a physician, the physician is expected to falsely complete the death certificate and list an underlying medical condition as the cause of death.

It is my duty as a physician and you as legislators to safeguard the public and the patient-physician relationship. This duty applies most especially to the most vulnerable members of society such as:

- The sick
- The elderly
- The disables
- The poor
- Minorities
- Children

There is a clear prohibition to this practice in the Hippocratic Oath which translated reads: “.. Never to administer poison to anyone who’d ask for it nor to suggest such a course”.

Most will agree that when a patient is suffering and seriously ill, their greatest concerns are for a loss of autonomy and the perception of being a burden to their loved ones and/or society. The promotion of PAS simply supports these feelings. As a member of a group, specifically minorities, that has been historically told that our lives are expendable, PAS simply underscores that sentiment.

When our citizens are at the vulnerable point in their lives of suffering from a medical condition we should be offering them the benefits of Palliative Care and not encouraging and assisting them to commit suicide. This is specialized medical care for people living with serious medical conditions. It stresses relief from symptoms and the stress of the illness.

It helps to improve the quality of life for both the patient and the family. The care is based on the needs of the patient, not on the patients’ prognosis. It’s covered by most insurance plans and can begin at the time of diagnosis and treatment.

On a personal note, my beloved mother suffered from Dementia for approximately ten years. It broke mine and my family’s heart to watch her deteriorate from this illness. As a physician I knew what we could expect from

this illness. We were grateful for every day of her life especially in her final five years in a nursing home. I don't know what we would have done without the compassionate care of the nurses, her physician, and medical aides. At no time were we ever advised to consider terminating her care. As she deteriorated, we simply reassessed her needs and addressed them accordingly.

When my mother could no longer eat, we accepted the placement of a feeding tube. We perceived everyday that we had her a gift. She remained with us long enough to celebrate hers and my father's sixtieth wedding anniversary last March. I am grateful for the ability to have spent Mother's day with her last year. She peacefully and naturally passed away last June 15<sup>th</sup>.

Naturally, if PAS were available and offered to us it would have offended us, we would have refused, and we would certainly not trust her physician and caretakers.

I reiterate that I am opposed to Physician Assisted Suicide. I sincerely hope that you will focus rather on addressing the needs of the patient and:

- Offer the outstanding Palliative and medical care that is already available in the state of Maryland.
- Focus on correcting the healthcare disparities which already exist towards minorities.
- Focus on assuring those who are disabled that they too are a valuable member of our society and worthy of receiving the superior medical care already available in our state.

Sincerely,

Marie-Alberte Boursiquot, M.D., F.A.C.P.