

Nancy Weisman, Ph.D.

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Please **REJECT** SB701, HB643 Physician Assisted Suicide!

This law is about ending life, not improving life up to the very end.

Physician assisted suicide provides no “relief” that is not already available, as the soaring suicide statistics show. Suicide is difficult to prevent and far too easy to accomplish without assistance.

Relatively few people apply for PAS and, even fewer actually use it. But everyone is harmed by the social approval for suicide explicit in the law - that is what makes it so **destructive** - reaching everyone, everywhere. Sanctioned suicide affirms suicide as a reasonable answer to life's problems. Though the law specifies only the problem of terminal illness, we know from sad experience that the social signaling is far broader. It cannot be excluded as a factor driving suicide rates up.

As a psychologist, I've been trained to respond to suicidal thoughts and actions as cries for help - and we can help. Most people **will find meaning, purpose and joy in their lives after suicidal despair**. Even for those with terminal illness and little time left, therapies devised by palliative psychiatrists like William Breitbart and studied by psychologists like Annette Stanton help patients find hope and purpose in the time remaining to them. Not only is this valuable, perhaps invaluable, to the patients themselves, it **benefits their families and the entire community**. Perhaps it benefits the children most of all. The emotional consequences of a completed suicide for the family and community are devastating and long lasting. Our children are watching and listening. We must let them know that **we are there for them** - suicide creates, not solves, problems.

Please consider three malignant consequences of this legislation: **Contagion**, **Progression**, and **Collateral Damage**.

Incidents of suicide without assistance increase once legislation like this is passed, as if it were **contagious**. Oregon's general suicide rate increased by over 40% after the legislation passed. Then, there is **progression**. In Belgium, they have gone from “assisting death” for the terminally ill to the healthy old to the depressed and, recently, to children - children with chronic disease. One was 11 years old with cystic fibrosis,

euthanized just a few years before the treatment became available. The children die by the hand of the state at the request of their parents'. What is the impact on the family? On classmates?

And the impact is even broader and takes place "under the radar" in emergency rooms, ICUs, and nursing homes. The **collateral damage** to patients, doctors, and the practice of medicine.

Here are two examples of the confusion and damage already affecting doctors and medical care:

- 1) From the New England Journal of Medicine: A young doctor saved a toddler, beaten so badly her life was in danger - this happened twice. Though the baby's mother and grandmother were happy and grateful, the doctor titled her essay, "Will you forgive me for saving you?" The doctor worries, "Did I save you for a good life? Are you glad I did it?" This doctor is wondering if it would have been better let the baby die.
 - In this case, the doctor has done her job and done it well - if she also called Child Protective Services - but she thinks she's responsible for the unknown future.
- 2) From the Washington Post: A man arrived in the ER having been found in cardiac arrest. The young doctor and her team restored circulation - an uncommon achievement. Rather than proceed to stabilize him and send him up to the ICU for whatever the future might bring, the doctor halted the team and met with his wife and grown daughter. She told them, "His life of holding hands, his life of living is gone." "I needed them to understand that this wasn't their decision to shoulder. It was their time to respect... the man they loved." **His future was uncertain - until**, she told them something she could not yet know, and they ceased helping him live and let him die.
 - Here she did not do her job. She made a judgement call beyond her expertise. The signs she mentioned are not definitive. She ordered no further tests. It seems she thought healing was too limited a role. She thought she could tell the future.

Doctors need to know that their job is to heal. When they've done that they've done well. Their responsibility lies in the realm of the known and the possible - burn out is a consequence of ignoring human limitations.

Physician Assisted Death spreads a **contagion** of suicide, **progresses** to include ever more **vulnerable** people, and **damages** medicine, as well as communities, families, and individuals by its endorsement of **despair**.

Please ***don't let Maryland go there***. PLEASE stop this bill.
Thank you.

Nancy Weisman
8916 Ridge Place
Bethesda, MD 20817

1. Terry McGowan. NEJM, July 5, 2018,p.8
2. Cindy Winebrenner, Washington Post, February 5, 2017