

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

Dear Honorable Senate Judicial Proceedings Committee Member,

I am a rabbi in the Jewish community who works extensively with the terminally ill and their families, both as the rabbi of a synagogue and as a hospice chaplain. Based on my experiences in this work, I am writing today in opposition to House Bill 643 and Senate Bill 701, both entitled An Act Concerning the End of Life Options Act. This bill would allow the prescription of self-ingested medication to end one's life. I strongly encourage you not to pass this bill.

I advocate against this bill, first of all, as a religious Jew. The principle that life has value no matter how productive or how limited is a sacred value for me and my community. We must not accept the notion that we can place a value on life based on its quantity or its quality. Judaism has always taught that our lives are a sacred charge, gifts we must use and appreciate; it is never in our hands, or our family's or physician's hands, to decide to end them. The Almighty blows the breath of life into us and only the Almighty decides when to take it away.

But I also ask you not to pass this bill as someone who spends time every day with the terminally ill. Someone who is a hospice patient has, by definition, been given a diagnosis of less than six months to live, the kind of people this bill would allow to take their own lives. And I have learned a great deal about the way people experience life when they know it is limited.

I have learned from the family of Miriam, a once vivacious and active woman who had become severely limited by Alzheimer's disease. When I first met her family, they were sure their mother would never want to live this way and wanted to provide very little to help her continue living. But over time, they came to see the pleasure she had in being spoon-fed by her children, or the joy on her face when her grandchildren came to visit. They came to treasure those encounters and were happy that she continued living for as long as she did. There is special meaning at the end of life that does not exist before. How could we take that away? The pain, guilt and regret that haunts the family of a suicide victim is no less present when it is committed by someone who is ill.

I have also learned that the families of those at the end of life can be under a great deal of psychological and financial stress. This stress is even more acute for diseases like dementia which last for years and have no clear end in sight. In our own hospice, we have seen a marked increase in suicide and suicidal ideation – not only among terminal patients, but among their caregivers. I am gravely concerned that those who are ill and compromised will feel pressure to take their own lives rather than create a burden for the families.

There was a report last year in The Guardian about the experiences of physicians in The Netherlands, where euthanasia has been legal for over a decade. One anecdote involved a patient whose wife would constantly harangue him to commit physician-assisted suicide, calling him a coward for not doing so. His physician, responsibly, refused to administer the life-ending medication. But one day his physician returned from a vacation to find that her patient was dead. His wife had convinced a different physician

to carry it out. “I am a doctor”, his physician said, “and yet I can’t guarantee the safety of my most vulnerable patients.”

I have also learned the tremendous value of hospice care. The expertise and compassion of a hospice team can provide relief from almost all forms of distress at the end of life. This is why the National Hospice and Palliative Care Organization does not support this legislation: we know how to provide comfort and dignity in a way that honors life. And I must add something every hospice professional knows: predicting how much time a person has left is a terribly inexact science. Patients of mine who were supposed to have weeks left to live are still going strong, two years later, time that has been filled with meaning, friendship and joy. A law based on our ability to predict a six-month prognosis is a deeply flawed proposition.

The proponents of this bill insist that it is needed so that people do not have to suffer from untreatable pain. We must never minimize any person’s suffering. But the fact is that this claim is simply a red herring. Oregon’s own statistics tell us that pain is not even one of the top four reasons given by patients who commit assisted suicide. Far more common is a desire to avoid being a burden and a fear of losing independence. Let us be clear: a vote for this bill is not a vote to free people from pain. It is a vote that tells the people of Maryland that you may kill yourself to avoid relying on others for help, that burdening others to help us when we need it is so terrible that death is a perfectly acceptable alternative and your doctor will help you achieve it. What message does this telegraph to our young people, to those struggling with mental illness, to the disabled?

Finally, I note with confusion that this bill is purported to be an expression of progressive values. A progressive approach would be to listen to those vulnerable populations who are asking us to protect them. A progressive approach would be never to risk that someone could take advantage of the disabled, or the mentally ill, or the religious people in our state. A progressive approach would send a message to our young people that seeking help is always better than taking your own life and that suffering does not mean that life is not worth living. To reject this bill, and in so doing, to extend society’s protection to its most vulnerable members until the end of their lives – that would truly be an act that supports death with dignity.

I urge you to report unfavorably on Senate Bill 701.

Rabbi Daniel Rose