**Oppose - Senate Bill 701**

**End-of-Life Option Act (Richard E. Israel and Roger "Pip" Moyer Act)**

Presented to the Senate Judiciary Committee

February 28, 2020

By **TOM JONES**
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This is the fourth year Laura and I have testified before this committee, describing how this bill would impact people with suicidal family members. In our previous testimonies, we also heard supporters argue the bill does not have a suicide contagion effect, describing how other factors create states that are part of a "suicide belt" and quoting a paper by Doctors Jones and Paton, which they claim shows no increase in suicides for models with "state specific trends."

This seemed inaccurate to me, so in 2018 I read this article and could not draw the same conclusion. The study Dr. Jones and Paton conducted actually subtracted out the impact of a large number of suicide contributors to suicide rates, ranging from unemployment to whether medical marijuana was legal. After these "suicide belt" adjustments were made, the study found a **6.3% increase in total suicides after PAS was legalized**. I also contacted the authors to ask about the impact on their study of "state specific trends." I have attached the response of Dr. David Paton to my written testimony but I will highlight his opening. He says, "I agree that it would not be accurate to claim on the basis of our paper that there is no correlation between physician assisted suicide (PAS) laws and non-assisted suicide rates. Indeed, I believe such a claim would be misleading."

In Maryland, what does it mean to have 6.3% more suicides? On average it's roughly 37 additional suicides, every year That's another 74 parents, like Laura and me, that will lose a child**; i**t's also roughly 89 siblings, deprived of a lifetime of companionship with their sister or brother, and on average it's over a thousand friends and acquaintances that will know the tragedy of losing a friend. I remind you this human toll is taken **every year**

If you are like Laura and I, and have known the exhaustion of waking up night after night, checking to see if your child was still alive or drove to work with anxiety so intense you felt like throwing up, because you did not know how the day would end, **you know that 6.3% is a huge number**. If you have ever had a sibling or a close friend or relative commit suicide and know the pain of regret, of wondering "What could I have done?", **you know that 6.3% is a huge number**.

Assisted suicide is not just an individual decision. Assisted suicide increases overall suicide rates and claiming otherwise is misleading. Unfortunately there are many families like mine in Maryland today. In 2018 I knew of 3 young adults who committed suicide in Annapolis alone. This law could have a definite negative and potentially devastating impact on families like Laura and mine. I ask you, please vote No on SB701.

From: David Paton <David.Paton@nottingham.ac.uk>
Subject: RE: Physician Assisted Suicide - Need Your Help!
Date: March 3, 2017 at 6:23:28 AM EST
To: Thomas Henry Jones <trieste@prodigy.net>
Cc: Laura Jones <tomhj@prodigy.net>

Dear Tom,

Thank you for your email about our paper in the Southern Medical Journal.

I agree that it would not be accurate to claim on the basis of our paper that there is no correlation between physician assisted suicide (PAS) laws and non-assisted suicide rates. Indeed, I believe such a claim would be misleading.

In the first place, our paper finds no evidence that, as some have suggested, PAS laws might bring about a reduction in non-PA suicide rates. Further, we find strong evidence that PAS laws increase total suicide rates (PAS and non-PAS combined).

Next, some of our models provide evidence that PAS laws lead to a statistically significant increase in non-PA suicide rates. In other models (e.g. the model including state-specific trends), although the point estimate still suggests that non-PA suicide rates increase, the increase is not statistically significant. In other words, in these models, we cannot rule out the possibility that there was no change in non-PAS rates. As you suggest, including the state-specific trends might overfit the model – once we include the trends, there is very little residual variation with which to identify any effect from assisted suicide. This means that the statistical tests with this specification are liable to suffer from low-power. That is, even if there is a real effect on non-PA suicides, there is a relatively low probability that our model will pick it up as being statistically significant. As an aside, the fact that the effect of PAS on total suicides (i.e. PAS and non-PAS combined) is positive and significant even in the models with state-specific trends is a very strong result.

To summarise, in all our models the estimated effect of PAS laws on non-PA suicides is positive but the effect is only statistically significant in some cases. Given this, I think it is fair to say that we find some evidence that PAS increased non-PA suicides but that the case is not proven beyond reasonable doubt.

However, it is important to remember that, even if the true effect of PAS on non-PA suicides was zero, this would not, necessarily mean there is no suicide contagion. One of the arguments for PAS has been that some people who would otherwise have committed suicide now take advantage of PAS. To the extent that this is true, then non-PAS should decrease. If non-PAS does not decrease, then it is reasonable to infer that suicide contagion has taken place and balanced out any switching from non-PAS to PAS. Even in the model with state-trends, we find no decrease in non-PAS. So, as long as there were

some people who did switch from non-PAS to PAS, then the model with state trends is still consistent with there being suicide contagion.

On your other question, we did experiment with allowing the effect of PAS to vary over time, but opted for the static model as there are so few PAS states in the sample and only Oregon with enough data points to do anything sensible with divergence over time. We thought it was just asking too much of the data.

We are currently in the middle of updating the research using the two extra years of data that are now available (2014 & 2015). The analysis is not yet complete but early indications are that the results in the SMJ paper hold up well and, if anything, are strengthened.

I hope this is helpful but please let me know if anything needs clarifying further.

Yours sincerely,

David

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**From:** Thomas Henry Jones [mailto:trieste@prodigy.net]
**Sent:** 28 February 2017 12:30
**To:** director@bioethics.org.uk; Paton David <lizdp@exmail.nottingham.ac.uk>
**Cc:** Laura Jones <tomhj@prodigy.net>
**Subject:** Physician Assisted Suicide - Need Your Help!

Dr Jones/Dr Paton

My wife and I are currently leading a grass roots campaign to defeat passage of a physician assisted suicide (PAS) bill in the state of Maryland in the United States. In addition to our concern about how this bill could impact the old and vulnerable in our society, we are both very concerned about the impact of physician assisted suicide on suicide contagion, as on of our children struggled for years with suicidal tendencies. We are preparing for a Senate Hearing next Tuesday and I was hoping I could get some

insight on a paper you published on the subject in time for next week.

The supporters of the bill are citing your paper published in the Southern Medical Journal to bolster their arguments that PAS does not lead to suicide contagion. My reading of your paper shows lead me to believe that you were attempting to disprove an assertion that PAS lead to lower suicide rates. You modeled and removed a large number of contributors to increased suicide rates, my belief is this was done to make sure people could not dispute your analysis showing there is no decrease in suicides where PAS is legal. My concern is that the state trend variable that was not identified with a specific cause has the potential of over fitting the data and removing the impact of suicide contagion. I think your analysis method is great to disprove decreases in suicides caused by PAS but when using the state trend variable (which the bill's supporters do) I don't think it is accurate to claim there is not a correlation between PAS and non-assited suicide rates. Could you comment on whether my observation is valid?

Another question, the 6.3% increase in non-assisted suicide rates you found before removing state trends, is a static value. Data from Oregon tends to show a divergence from national suicide rates (i.e. the difference grows with time. Was there a reason you modeled suicide rates as a constant over the time period?

Thanks much for any help or insight you can provide.
Tom Jones
443-924-0360

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and the strong. Because someday in your life you will have been all of these." - George Washington Carver