Jo Saint-George, Esq.
Director, Legislative Affairs
HealthyLawyers.org
Jo@HealthyLawyers.org

SB-701
End-of-Life Option Act
(Richard E. Israel and Roger "Pip" Moyer Act)
Position: UNFAVORABE

No patient should expect to receive a lower standard of care because of her race, age or any other irrelevant characteristic. However, it is a documented fact that implicit bias in the delivery of healthcare exists and exists in Maryland hospitals. While Maryland is considered a more progressive state, where individuals may consciously reject negative images and ideas associated with disadvantaged groups, we have all been affected by modern media where disadvantaged groups, particularly African-Americans and Latin/American communities in particular are constantly depicted in stereotyped and pejorative ways. Hence the description of 'aversive racists' was first defined by Dr. Dovidio JF, Gaertner, author of the article, "Aversive racism" published in Adv Experienced Social Psychol in 2004, which described those who explicitly reject racist ideas, but who are found to have implicit race bias when they take a race Implicit Association Test (IAT).

In a study by Dr. Cloe Fitzgerald and Samia Hurst published in 2017 in the journal of Medical Ethics titled "Implicit Bias in Healthcare Professionals: A systemic review" it was found that impartial treatment of patients by healthcare professionals is an uncontroversial norm of healthcare. The article went on to state that implicit biases have been identified as one possible factor in healthcare disparities and that those biases are likely to have a negative impact on patients from stigmatized groups. Another study published in the American Journal Public Health in 2015 revealed that most health care providers appear to have implicit bias in terms of positive attitudes toward whites and negative attitudes toward people of color.

In the recent September 27, 2018 article titled "Reducing Racial Disparities in Health Care by Confronting Racism" written by health advocate Martha Hostetter from the Commonwealth Fund in D.C., she reported that "*To combat these disparities, ...health care professionals must explicitly acknowledge that race and racism factor into health care.*"

Based on this data, physician assisted suicide MUST not be allowed in a state that has gross healthcare disparities while having famous hospital and medical facilities that fail to provide equal treatment of patients. (See the Most recent 10 Year Minority Health Disparities Report) Just last

year I had to fight for the Patients Bill of rights so that Black and Brown residents of Maryland could receive the following level of care from Maryland Hospitals and medical facilities:

- Treatment without discrimination
- Respectful care in a clean and safe environment
- Complete and current information on your diagnosis
- Participate in decision-making about your own health care
- A complaint or grievance process

If we had to fight to obtain rights for people of color in Maryland to receive the above basic rights that are received by whites at all time, then why should we give power to the same medical professionals who all have implicit racial bias to assist in patient directed suicide.

Maryland doctors are FAILING minority communities and now we want to give the right to use deadly medications to assist in a patients suicide, which in the context of people of color, who have received such BAD care, they would opt for death because their HOPE has been stolen by the very doctors who are charged with the duty to help them live.

None of the other states that have legalized physician assisted suicide have the large population of people of color. Therefore, their data and analysis regarding the use of the practice does not and cannot apply.

Finally, even with the lower populations of people of color in those states, those states still have data to show that people of color receive discriminatory care.

SB-701 does not address the horrible health care disparities that exist in Maryland. When there is such gross lack of care and lack of trust by the community of health care providers, the opportunities for exploitation are unmeasurable.

SB-701 must not past as the future of medicine is NOT in suicide it is in Lifestyle Medicine to help those who have received such poor care, to make their own lifestyle choices so that they do not need to rely so much on medical care.

Respectfully submitted,

Jo Saint-George, Esq.