

To the Members of the House Health and Government Operations Committee  
Regarding HB 48 - Maryland Suicide Fatality Review Committee  
January 26, 2022

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## **Support**

My name is Michael McLaughlin and I live in Laurel with my wife and adult daughter.

In April of 2018 we lost our son, Kevin, to suicide, and our world shattered as our lives were forever changed.

Kevin was our only son. He was a beautiful, thoughtful, kind and loving young man. I can say with all the biased love and pride of a father that anyone would be happy to call him their son. He was a University of Maryland graduate who, at 25, was doing what most people are doing at 25: trying different jobs, exploring his options, enjoying life and seeking his way in the world.

Because of factors including Kevin's age, HIPPA laws and the state medical examiner's protocols related to suicide and drugs, it took the better part of the year following Kevin's death for me to confirm that he had taken Lexapro (escitalopram), an antidepressant prescribed for him by a Certified Registered Nurse Practitioner for anxiety.

I was then, and still am, troubled by the absence of any data collection for suicides associated with medications that are known to cause "suicidal thoughts or behaviors," as stated in the Black Box warnings on medications.

Which is why I was encouraged to learn of HB 48.

The phrase you often hear in cases involving medication-induced psychosis that leads to suicide is, "Out of the blue." And that was certainly the case with Kevin. There was no clue – among family or friends, even close friends – that he was in any way suicidal. Anxious? Of course. What 25 year-old is not anxious about his or her life and future? But suicidal? No.

The autopsy report simply said, "Drugs: Negative." Despite the fact that some medications have been proven in clinical trials to cause suicidal thoughts and behaviors, the state Office of Chief Medical Examiner (OCME) does not gather any data on those medications that can induce psychosis that leads to suicide. Specific to antidepressants, the OCME only tests for those antidepressants that are "fatal upon overdose."

I understand that the OCME is charged with determining cause of death. But by not gathering data on the possible "cause of the cause" of death, e.g., suicidal ideation, we have been missing an important piece of this awful puzzle.

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In my search for information, I tried the prescription drug history offered by the state's Prescription Drug Monitoring Program (PDMP) that our state has had since 2013 to address the opioid crisis. The PDMP is a good thing: it has been an effective tool in addressing that crisis.

When I applied for Kevin's drug history however, I learned that a PDMP prescription drug history report specifically excludes antidepressants, along with other "commonly used" drugs like antibiotics, diabetes and thyroid medications. Consequently, Kevin's PDMP report was blank. So in order to learn what medications my son had taken I had to track down individual pharmacies and doctors that Kevin may have used.

It shouldn't be that tough. Starting with gathering more information in the OCME, I hope that the Suicide Fatality Review Committee will lessen that burden for future families.

Besides providing help to grieving families who are desperate for information as they struggle to comprehend the incomprehensible, what is learned from a comprehensive database of deaths by suicide will help reduce the number of those deaths.

Like human parachute tests, there cannot be suicide studies. And yet there are. Everyday people unwittingly test the results of pharmaceutical drug trials that show suicidal ideation. Far too often those drug trial results, even with their mandated warnings of suicidal behavior, are confirmed by a tragic, real world result: death by suicide. But those confirmations, those deaths, are not being counted because all the data associating antidepressant use with actual suicides is not being collected.

My hope is that HB 48 will be the start of that important, comprehensive data collection.

I urge you to vote favorably for HB 48.

Thank you,

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