

Sb845/Hb933

Oppose assisted suicide bills

The American Medical Association Code of Ethics states that: permitting physicians to engage in assisted suicide would ultimately cause more harm than good. PAS is fundamentally incompatible with the physicians role as healer, would be difficult or impossible to control, and would pose serious societal risks. It also obviously violates the Hippocratic oath to "do no harm".

Oregon the 1st state to legalize assisted suicide had certain "safeguards" at first. The suicide lobby later announced the restrictions were a problem. In 2019 the Oregon state legislature removed the 15 day waiting period. Some US states with AS bills have included a "do" or "refer" provision. The state of New Mexico requires a doctor to bring up AS to all "terminally ill" patients with 6 months or less to live whether they asked about it or not. Disregarding conscience rights of those in the medical profession is a huge concern. In Canada there have been 40,000 persons killed since Euthanasia was legalized there in 2016. Those laws first applied to "terminally ill" patients at the end of life. Then it expanded to include the disabled and chronically ill. Then those with mental health issues. And finally purposed for "mature" children. In 2018 the Delta Hospice Society in British Columbia was ordered by the Fraser Health Authority to provide euthanasia to their patients. The DHS resisted. In Dec. 2019 the FHA ordered them to provide euthanasia or lose their government funding. The DHS refused to comply saying that Medical Aid in Dying (MAiD) is not compatible with the DHS's purposes stated in the society's constitution, and therefore, will not be performed at the Irene Thomas Hospital. The Canadian Hospice Palliative Care Association and the Canadian Society of Palliative Physicians sent the BC Minister of Health a joint statement saying, " MAiD is not part of hospice palliative care; it is not an 'extension' of palliative care nor is it one of the tools "in the palliative care basket". How could we stop a depressed type 1 diabetic from qualifying for AS in Maryland since an insulin dependent person would die in less than 6 months without insulin. What about "terminal anorexia", anorexia nervosa (intentional starvation), since death would come in less than 6 months. How do we provide suicide prevention for some people and suicide assistance using doctors, NPs, PAs, to prescribe barbiturates to end the lives of others? In the state of Washington inadequate pain control or concern did not rank in the top 5 reasons for requesting AS. The top 5 were 1. Loss of autonomy. 2. Being less able to engage in activities making life enjoyable 3. A loss of dignity 4. being a burden on family, friends, caregivers 5. Losing control of bodily functions.

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