## Written Testimony of Thomas P. and Tina M. Wilson

## RE: In Opposition to House Bill HB0933 - End–of–Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

## March 8, 2023

We oppose **Maryland House Bill HB-0933.** This testimony seeks to express our concerns around **HB-0933**. Assisted Suicide legislation puts Maryland's most vulnerable populations at risk, including individuals with disabilities, minorities, those experiencing poverty, individuals being treated for or have a history of mental illness, our veterans, and those suffering from prescription or other drug addictions.

Lawmakers nationwide reject Assisted Suicide. The Maryland General Assembly has rejected some form of this bill at least five times, and their legislative intent very clear that Assisted Suicide is a criminal act and should remain so.

In their *"Assisted Suicide Laws and Their Danger to People with Disabilities"* report released in October 2019, the National Council on Disability (NCD), recommends that "states should not legalize any form of assisted suicide or active euthanasia", along with several other recommendations. Some of the key findings that support their recommendation are associated with safeguards and their limitations. As documented in the report, "assisted suicide laws contain provisions intended to safeguard patients from problems or abuse. However, research for this report showed that these provisions are ineffective, and often fail to protect patients in a variety of ways, including:

- Insurers have denied expensive, life-sustaining medical treatment but offered to subsidize lethal drugs, potentially leading patients toward hastening their own deaths.
- Misdiagnoses of terminal disease can also cause frightened patients to hasten their deaths.
- People with the disability of depression are subject to harm where assisted suicide is legal.
- Demoralization in people with disabilities is often based on internalized oppression, such as being conditioned to regard help as undignified and burdensome, or to regard disability as an inherent impediment to quality of life. Demoralization can also result from the lack of options that people depend on. These problems can lead patients toward hastening their deaths—and doctors who conflate disability with terminal illness or poor quality of life are ready to help them. Moreover, most health professionals lack training and experience in working with people with disabilities, so they don't know how to recognize and intervene in this type of demoralization.
- Financial and emotional pressures can distort patient choice.
- Assisted suicide laws apply the lowest culpability standard possible to doctors, medical staff, and all other involved parties, that of a good-faith belief that the law is being followed, which creates the potential for abuse."

The Maryland Assisted Suicide Bill appears to be modeled after the Oregon Assisted Suicide bill, which can be used as a proxy for what Marylander's can expect to unfold. We are strongly opposed to Assisted Suicide for the following significant reasons:

- Legalizing Assisted Suicide enables health insurance and medical providers to deny life sustaining care to patients and evade liability for the death of patients. There are multiple cases in California where people were denied life prolonging treatment and offered assisted suicide by insurance companies. Another example comes from Canada, where Christine Gauthier, a Canadian veteran and paraplegic Olympian asked the Canadian Department of Veteran's Affairs for a wheelchair ramp for her home. She received a letter offering her medical assisted suicide instead.
- There are no standard requirements that each patient receives mental health screening and counseling. A screening from a doctor untrained in mental health is not sufficient to assess a patient's true needs.
- There is no requirement in the law for the person to notify their family of plans to perform Assisted Suicide.
- One in three patients who fill the lethal prescription, typically 100 pills, decide against taking it. There are no safeguards to ensure the unused drugs stay out of the hands of children and prescription drug dealers. The patient, or a third party, picks up the prescription for what is a Class 1 controlled substance and can store it at home for an undetermined amount of time. In Oregon, 40% of the prescriptions are never used and up to 20% of the prescriptions are unaccounted for after the person dies.
- While a witness is required when the request for assisted suicide is made (the witness may be an heir to the estate), no witness is required at the time of death, making it impossible to know if depression or coercion played a part in the person's decision to die.
- No doctor or nurse is required to be present when the patient ingests the lethal dose. If something goes wrong, any physical or emotional complications must be handled solely by the patient and those witnessing the death.
- Assisted Suicide laws make suicide socially acceptable. States which have legalized Assisted Suicide, like Oregon, have experienced increased suicide rates.
- Taxpayers foot the bill to pay for the lethal drugs and doctor visits.
- The poor as well as those with disabilities would be faced with choosing suicide as an option so as not to become a burden on their loved ones. To the most vulnerable, a right to die may become a responsibility to die. In Oregon in 2017, 68% of people applying for Physician Assisted Suicide were on Medicaid or Medicare.

The potential dangers presented by Assisted Suicide overshadow any perceived benefits offered by its proponents. For these reasons, we respectfully ask that you protect Maryland's most vulnerable citizens and oppose this HB0933 legislation to legalize Assisted Suicide.