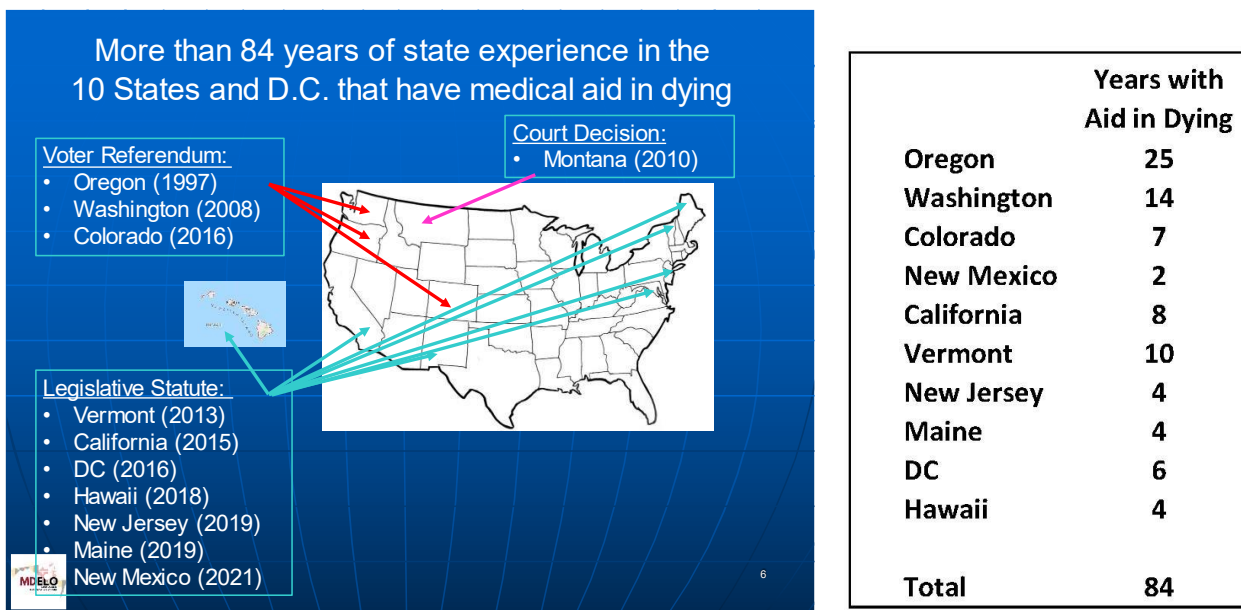


Testimony of Michael Strauss, MD, MPH
Regarding SB0845/HB0933 -- The End-of-Life Option Act
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
March 10, 2023

I am Dr. Michael Strauss, a board-certified internist, and I strongly support this bill.

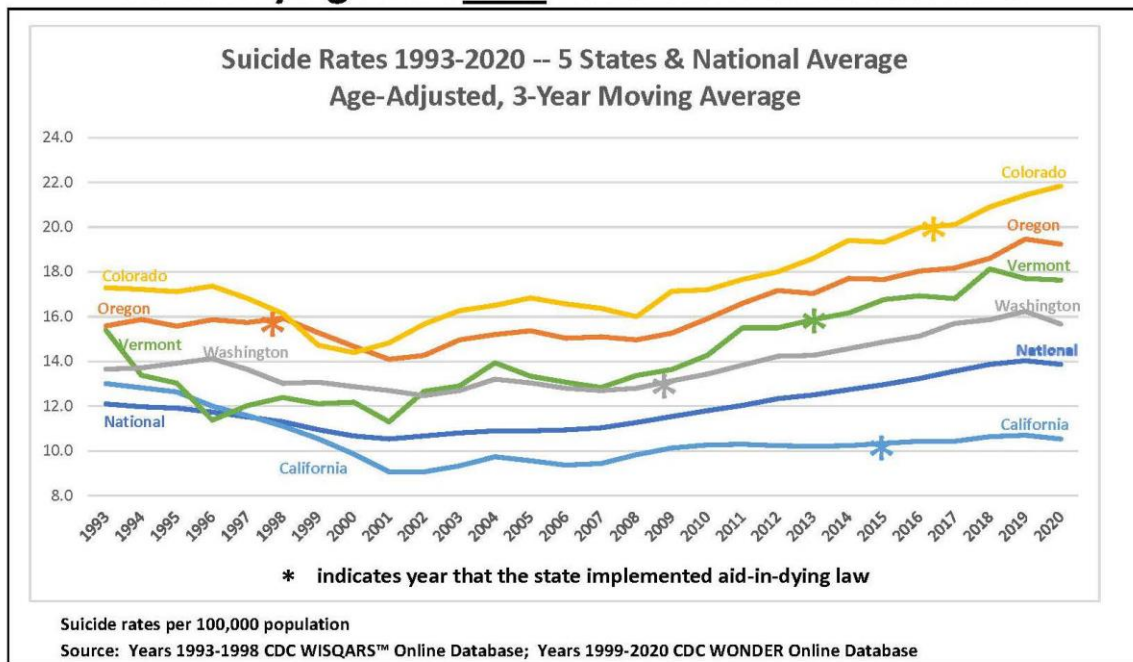
You already heard compelling reasons why you should support this bill. Now I want to caution you about likely misstatements or unrealistic hypothetical issues that opponents will describe. Because we now have **84 years of experience in the 10 states and District of Columbia** that have medical aid in dying, you need to understand what has not happened in these states.



- No cases of unused drugs being abused because patients do not fill their costly prescriptions until they are about to take them, and because the drug powders are now mixed together and realistically cannot be abused.
- No documented cases of patients being coerced into using aid in dying.
- No cases of a slippery slope in which one of these states amended its law to be more like Canada or European countries with expanded indications.
- No problem of attending physicians evaluating capacity. As an example, University of California San Francisco has always required all patients to undergo evaluation by a psychiatrist, but a new report states that they now are eliminating that policy because over 5 years they found NO patients lacking capacity due to a psychiatric condition.

- No problem of a failure to notify family because 95% of patients choose to notify family and every one of these patients has mental capacity and gets to choose whom to notify or not.
- No problem of a failure to require end of life in a specific controlled location. 95% of deaths happen in the home; 5% in nursing homes.
- It is misleading to say physicians oppose aid in dying. MedChi is neutral with 58% of its physicians supporting aid in dying. A Maryland Psychiatric Society poll showed 57% support compared to only 38% opposed to aid in dying.

Aid in Dying Does NOT Increase the Suicide Rate



- No increases in a state suicide rate beyond increases that have happened across all states. Aid in dying does not lead to a contagion of suicide.
- No credible cases of an insurance company denying medical coverage of a treatment because the patient has access to an aid-in-dying program.

So please, as you hear hypothetical claims later today, ask whether the identified concern has ever occurred in the 84 years of state experience with medical aid in dying laws.