

SB845/HB933.

Oppose assisted suicide bills

On December 19, 2022 the Supreme Judicial Court of Massachusetts decided to reject a challenge to the MA State prohibition of assisted suicide by finding that there is no right to assisted suicide in the MA Constitution. In a friend of the court brief Chris Schandavel of the non profit Alliance Defending Freedom argued that "patients should be able to trust their doctors to support and care for them. Offering terminally ill or disabled patients a 'quick exit' through death inducing drugs destroys that trust." The Supreme Judicial Court of MA Stated, "That although we recognize the paramount importance and profound significance of all end of life decisions, after careful consideration we conclude that the MA Declaration of Rights does not reach so far as to protect physician assisted suicide. We conclude as well that the law of manslaughter may prohibit physician-assisted suicide, and does so, without offending constitutional protections." They referred to the Feb. 2019 decision upholding the voluntary manslaughter conviction of Michelle Carter for assisting the suicide of Conrad Roy (18). Carter, who was 17 at the time of the death, pressured Roy to die by suicide by urging him during the act while on her cell phone. She was sentenced to 15 months in prison. The Court said... In sum, under our existing law, doctors who engage in physician- assisted suicide may risk liability for involuntary manslaughter. The question as to whether the MA Constitution could be interpreted to include a right to assisted suicide the Supreme Court of MA Stated: In sum, the history of suicide in general, and physician assisted suicide in particular, provides no support for the conclusion that physician- assisted suicide is an individual right protected by the MA Declaration of Rights. The Court further stated: Application of the law of manslaughter to PAS passes constitutional muster because the law is reasonably related to the state's legitimate interests in preserving life; preventing suicide; protecting the integrity of the medical profession; ensuring that all end-of-life decisions are informed, voluntary, and rational; and "protecting vulnerable people from indifference, prejudice, and psychological and financial pressure to end their lives." We in Maryland would do well to follow their lead.

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