

For the past eighteen years I have been helping to care for an extended family member with multiple disabilities whose diagnosis and prognosis are both unknown. One reason I am opposed to this bill is that vulnerable people may be endangered by it. Is it true that the benefits of legalizing assisted suicide will be greater than its harms? The evidence points in the opposite direction! Firstly, the absence of good data about whether the individual is of “sound mind” is glaringly obvious. Neither the doctors, nor the witnesses, are required to have long-term, in-depth knowledge of the patient’s mental fitness and motivations, or whether coercion or “undue” influence is a factor in the request? Can coercion be separated from societal limitations that make other options difficult?

Furthermore, according to the proposed

legislation the patient's request may be made by any method of communication they ordinarily use. Could this be sign language, facilitated communication, a single "yes," a nod of the head? I am certified in Special Education and have worked with those who have limited ability to verbalize their wishes. Nonvocal individuals could be easily manipulated or misunderstood. How would a physician assess such individuals for anxiety, depression, coercion, etc.?

Will assisted suicide be a truly autonomous choice? Not exactly- the law would require the consent and participation of at least four people besides the patient: two witnesses and two doctors. Unless the prescribing doctor stocks the medication (a disturbing thought) a pharmacist and pharmacy staff will be involved. Who will pick up the drugs? Who will empty up to 100 capsules into the liquid for the person to drink? The law explicitly

suggests the patient should enroll in hospice and/or ask another person to be with them when they consume the drugs. Obviously, this will affect hospice administrators, personnel, and other patients. Who will dispose of drugs which are not taken? How, when, and by whom will the body be found? Finally, the physician who completes the death certificate is required not to report that a lethal overdose was the proximate cause of death.

Will participation affect how physicians and pharmacists approach their professions? How will store employees, friends, relatives, clergy, medical workers, caretakers, nursing home administrators, and other sick people react? Will they transgress their own moral codes to avoid seeming insensitive? Will they re-evaluate the option for themselves, and others, now that it is legal? Will those people who pursue more expensive or inconvenient

options be seen as selfish and burdensome?  
Will medical insurance companies limit alternatives so that a lethal dose is the most feasible option?

Certainly it is human to want to control death, even though death is inescapable. Often, people suffering from cancer or degenerative diseases are apprehensive about how, when, and where their lives will end. Medical costs at the end of life can be exorbitant. However, is permitting physicians to prescribe lethal overdoses the only, or the best, way to help patients? Will patients be more or less apprehensive when they discover it is up to them to decide if they should continue to live, or die early?

Present MD law allows doctors to prescribe (and others to administer) drugs and

procedures to minimize suffering, even if it is foreseen that such may shorten the patient's life. This was clarified in 2000 : "Clinicians should not be concerned that they will be accused of assisting a suicide when they make legitimate medical decisions to ease a patient's pain or suffering and the patient subsequently dies." This applies as long as the objective is symptom management and not directly causing the individual's death. See: [://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/suicide.pdf](http://www.marylandattorneygeneral.gov/Health%20Policy%20Documents/suicide.pdf)

Hospice care is covered by Medicare, Medicaid, and most private insurance policies. Maryland explicitly encourages its citizens to make decisions about their health care by providing free advice, advance directives, health care agent forms, wallet cards, etc [:https://www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx](https://www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx)

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When an individual enters a hospital similar forms are signed to give the option of declining unwanted interventions. In addition, a person may decide to stay at home instead of seeking care. These policies and resources are designed to minimize both pain and excessive expense at the end of life. Up until now they have been judged sufficient.

This bill is a minefield, full of danger, for those disadvantaged by health and economic problems. It will change the role and attitudes of the medical community. It may create a seismic shift in the way our society views death: whether the aged, ill, and disabled people are being selfish by staying alive.

To specify the time and place of one's death

might give an illusion of control, but to think that taking an overdose makes death “painless and gentle” ignores the fact that death is death. It’s not about pain. This “option “ is about feeling useless and lonely, or about fearing you are, or will be, a burden to people you love. Maryland should provide better support, not facilitate a quick death.