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Written Testimony: UNFAVORABLE of

HB933 End of Life Option Act

I'm a physician clinician, educator, and a pediatrician and pediatric hematologist/oncologist of some 40 years. I stand opposed to this proposed legislation. This bill is Antithetical to the Mission of Medicine, AND **works against the health and safety- promoting efforts of the Maryland Assembly members-- including many of you.**

How does this Bill translate in practice?

Consider a young couple 24 years of age celebrating their marriage. The young man is a survivor of childhood leukemia.

When he was diagnosed as a pre-teen, his parents and sibs were there fully supporting and encouraging him throughout his treatments. With the added vigilance of his oncologist/oncology team, he also received good mental health support. He had expressed some thoughts of suicide when he experienced depression during the early, intensive phase of his therapy, but learned coping skills with good psychological support and came through resiliently. Making up for lost time at school, he excelled in studies and was high achieving in high school and college where he met the young woman he married.

They have promising jobs and the young woman is pregnant. One day he notes a lump near his neck—he has different cancer/a lymphoma. Prognosis is quite good with treatment, BUT he is anxious about treatment and fears he can't go through it again nor have his young pregnant wife bear the burden of him/his illness or re-burden his family/his parents. He again thinks of suicide and now knows that assisted suicide is available legally through the EOL Option Act. He pursues this option without involving his spouse or any of his family because its easier that way. (Taking this option also ensures his spouse gets his life insurance death benefits; there will be no public record to include death certificate to reveal his decision.)

Flip the script—The young, pregnant woman of this couple has recurrent cancer—she makes the same decision.

Consider this young man or woman is your son or daughter, brother or sister, best friend.

Consider your adolescent daughter has a psychiatric illness associated eating disorder-- you likely know as anorexia nervosa—that stabilized on treatment. **She's 18 now** and enters college close to home; academically she is doing well but struggles more with body image and regresses. She fears the future and doesn't want to continue burdening her family. She also pursues EOL Option without involving her family. (By the way, she has read that others with Anorexia Nervosa have been approved for MAiD in another state. The consulting physician was also available via telehealth from yet another state--- Colorado) She's also read of education offered by MAiD proponents on how to voluntarily stop eating and drinking (We also know starvation as a terminal condition and that this also qualifies for this assisted suicide).

Consider your 15 y/o, a standout athlete who's set their sights on the Olympics and/or a professional sports career, has recently been in a car accident. Paraplegic and with chronic lung issues, They are deeply depressed. They have no siblings at home and a fading peer social network. They have already lost a classmate to suicide. **They ask you why they just can't get the medication to end their life like their grandfather did.**

This 15y/o teen's grandfather had been a well-known, well-respected attorney with a commanding presence in his 45 years of practice but then developed Parkinsons symptoms. He elected to retire but had difficulty with his self-described nonproductive life; with progressing symptoms, he did not explore further therapy but chose MAiD.

I could go on---

I am a physician but I'm also a spouse, a mother, a grandmother, a veteran, among mv many roles and relationships.

Besides my patients, I've been with friends and relatives, most recently my mother, on their end- of- life journeys, and know that true "accompaniment" has the power to allay existential suffering and that good hospice and palliative care can address physical suffering.

I also know the extended effects of suicide—I lost a brother to suicide.

We kid ourselves if we don't see that the End of Life Option Act (with its many euphemistic names) is State Sanctioned, Socially Sanitized, and Normalized Suicide.

Please vote UNFAVORABLE of this bill.

Respectfully submitted,
Shirley Reddoch, MD