BILL:	House Bill 933 / Senate Bill 845
TITLE:	End-Of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act).
COMMITTEE:	Health and Government Operations Committee
DATE:	March 10, 2023 1:00 pm
WHO:	**Kristen Holt, Pharm.D., MPH**
POSITION:	**OPPOSE**

Committee Chair, the Honorable Delegate Pena-Melnyk, and HGO Committee Members,

As a hospital pharmacist, thank you for the opportunity to provide perspective on House Bill 933. I am grateful for the shared compassionate aspirations to alleviate the suffering of others with a terminal illness.

I request an **UNFAVORABLE vote on HB 933**.

HB 933 would allow a physician to prescribe a lethal medication for self-administration to a patient with a prognosis of a terminal diagnosis who is "more likely than not" to die within the next 6 months.

As a pharmacist, I agree with the American Medical Association assessment.

> ***"Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life."***[1]

For the sake of clarity, I define "Physician Assisted Suicide" according to the AMA Code of Medical Ethics.

> *"'Physician-assisted suicide' occurs when a physician facilitates a patient's death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide)."*[1]

Objection #1: HB 933 "End of Life Option" is misleading and makes the demise difficult to track. The provisions of HB 933 are what the AMA definition above calls physician-assisted suicide. The End-Of-Life Option Act claims that "actions taken in accordance with this subtitle do not, for any purpose, constitute suicide, assisted suicide." Page 16, line 17-18. For record keeping, this intentional demise "shall be deemed to be a death from natural causes, specifically as a result of the terminal illness." Page 15, line 31. In actuality, the cause of death is not the disease, which is the reason for the clinician's lethal intervention.

Objection #2: There is no stated conscience protection for a pharmacist from civil liability for opting out, only from board disciplinary action. The American Society Of Health System Pharmacists (ASHP) recognizes the "right of pharmacists, as health care providers, and other pharmacy employees to decline to participate in therapies they consider to be morally, religiously or ethically troubling."[2] While there is civil protection stated for participating, there is no explicit civil protection for opting out. (Page 17, line 2 through 11).

Objection #3: A mental health assessment of the patient should be required not contingent on two prescribers confirming impaired judgment (Page 11). Suicide regardless of health status is considered by an individual when they feel trapped in an emotionally painful situation and see immediate death as the only alternative. It would be important to confirm a psychological or psychiatric evaluation as we would do for any person wishing to hasten their death.

Objection #4: HB 933 allows the lethal medication or regimen to be self-administered at the timing of the patient without supervision from a healthcare professional. Unlike life-saving prescription use, assisted suicide regimens are not vetted through a well-studied clinical trial process. Depending on the medication(s) used it could be distressing for the individual.[3] Moreover, the medication could be indefinitely in the patient's possession and could be accessible to others including minors for unintended use.

Objection #5: Misuse and unintended consequences are concerning. The maximum penalty of up to $10,000 or 10 years of imprisonment for forging a written request seems insufficient to deter fraud and abuse for example by a clinician or nursing home facility. There are no stipulations for individuals caught multiple times.

Objection #6: Prognostic timing of terminal illness accuracy can be quite variable. Depending on the disease, the clinician, and the prognostic models used, [4] the accuracy of timing terminal illness demise can be variable**.** The bill's second opinion requirement does help add some validation, however, it would be important to establish the highest standards around actuarial predicted models versus just clinician assessment.

Objection #7: Over the last decade in the US, suicide has increased substantially and this bill lends credence to self-harm as an acceptable option in Maryland.[5] Rising suicide rates and associated suicide prevention efforts have taken the forefront in healthcare.[6] With good reason, it is the commitment of healthcare providers to reaffirm the courage and dignity of our patients with compassion and clinical excellence. This is particularly essential for those at the end of life.

Thank you for taking these concerns into consideration and for an unfavorable report on HB 933.

Sincerely,

Kristen E. Holt, Pharm.D., MPH

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[1] AMA. Code of Medical Ethics. Physician-Assisted Suicide. https://code-medical-ethics.ama-assn.org/ethics-opinions/physician-assisted-suicide. Access March 7, 2023.
[2] ASHP Statement of Pharmacist's Decision-making on Assisted Suicide. Pharmacist's Right of Conscience and Patient's Right of Access to Therapy. American Society of Health System Pharmacists. https://www.ashp.org/-/media/assets/policy-guidelines/docs/statements/pharmacists-decision-making-assisted-suicide.ashx Accessed March 8, 2023 *(copy and paste into browser to view).*
[3] Jennie Dear. The Doctors Who Invented a New Way to Help People Die. The Atlantic. January 22, 2019. https://www.theatlantic.com/health/archive/2019/01/medical-aid-in-dying-medications/580591/
[4] UCSF. https://eprognosis.ucsf.edu/calculators.php. Accessed March 8, 2023.
[5] CDC. https://www.cdc.gov/suicide/suicide-data-statistics.html Accessed March 8, 2023.
[6] The Joint Commission. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_18_suicide_prevention_hap_bhc_cah_11_4_19_final1.pdf Accessed March 8, 2023.