

# Dr. Jeff Gardere Testimony in Support of SB0845/HB0933

Good day Chairman Will Smith, Sponsor Jeff Waldstreicher and all members of this committee. My name is Dr. Jeff Gardere.

I am a board certified clinical psychologist, an ordained minister, and a professor at a New York medical school, where I teach students about the sanctity and quality of their patients' lives and mental health.

While some who oppose the End of Life Options Act (The Honorable Elijah Cummings and The Honorable Shane Pendergrass Act) and believe that people will be pressured to end their lives, this belief is not supported by the data. We know from more than 20 years of experience in Oregon, where the nation's first medical aid-in-dying law was implemented, and the experience of other authorized jurisdictions, including neighboring Washington, D.C., there has not been *one single instance* of abuse or coercion. And the legislation proposed here in Maryland contains more than a dozen safeguards.

Though I understand the concerns of the opposition, scientifically and factually it is incorrect to equate terminally ill adults who want the end-of-life care option of medical aid in dying with people who unfortunately take their life prematurely.

And according to the American Psychological Association, they are fundamentally different. As well, The American Association of Suicidology also argues, medically and legally, Physician Aid in Dying and suicide are conceptually different phenomena. In suicide, a life that could have continued indefinitely is cut short, in Medical Aid in Dying, death is foreseeable and in some cases imminent. Most people who take their life prematurely have the choice to live but under the influence of psychological illness choose not to. Terminal patients who may use medical aid in dying do not have the option to live, the illness has taken that decision away from them. The question then becomes *how* they die...not *if* they will die.

I have talked to and counseled countless people and none of them want to die, but they know that one day this will be their fate, and for the terminally ill, it will come sooner rather than later. Many, who have lived life with courage and spirit, are less afraid of the end arriving and more concerned with what the end of their lives will look and feel like. They seek a respectable quality of life, peace, comfort and most importantly, dignity.

Medical aid in dying provides that — by ensuring patient autonomy, a key component of adulthood. Medical aid in dying is not the right end-of-life care option for everyone who would qualify, however, it should be an option, a legal right available to independent, well-informed Marylanders facing this terminal phase of life.

I have my faith, beliefs and integrity that are firmly aligned with medical aid in dying. There are too many terminally ill, dying Marylanders who are unnecessarily suffering at the end of life. There are too many terminally ill adults who passed away advocating for

passage of this law. We owe it to all of them to provide an end-of-life care option that offers peace and comfort. The time is now!!!