

SB 0845

I am a combat veteran, hold a BS, and MA in counseling. I oppose SB 0845.

My dear mother passed into heaven March 4, 1996 twenty-seven years ago almost to this day. She fought a difficult battle against cancer including end of life care in hospice care. She never gave up and her family loved her to the very end.

I understand families desire to decrease and end suffering for their loved ones.

Marylanders want to celebrate life and the value of each life at every single second of that life.

Murder, is not the answer.

This pervasive culture of death unfortunately spreads and reaches into steal life from unsuspecting medically fragile members of society and their families.

As reported by the Robert Powell Center for Medical ethics.

Safeguards do not work.

[WhySafeguardsDontWork.pdf \(nrlc.org\)](http://www.nrlc.org/WhySafeguardsDontWork.pdf)

FACT: A large number of non-terminally ill persons are given lethal prescriptions where assisting suicide is legal.

FACT: Insurers have and continue to deny life-saving medical treatment and cover cheap lethal drugs where assisting suicide is legal.

FACT: There is no requirement for a witness at the time of death.

FACT: There is nothing in the law to protect those with mental illness.

FACT: There are numerous complications that can and will occur.

FACT: Dying in pain is unacceptable, and everyone agrees patients in pain need better options.

Startlingly, the assisted suicide law is rarely invoked for pain.

FACT: There is no requirement that the doctor has any knowledge of or relationship with the patient.

FACT: It is nearly impossible to penalize doctors under the law.

Learn from Oregon.

“Those promoting assisted suicide promised Oregon voters that it would be used only for extreme pain and suffering. Yet there has been no documented case of assisted suicide being used for untreatable pain. Instead, patients are being given lethal overdoses because of psychological and social concerns, especially fears that they may no longer be valued as people or may be a burden to their families.” —Dr. Greg Hamilton, Portland psychiatrist.

Following is a brief summary of points worth making in rebutting arguments for legalizing active euthanasia:

**For more detailed info go to:
<http://www.nrlc.org/medethics>**

1. A request for assisted Suicide is typically a cry for help.

It is in reality a call for counseling, assistance, and positive alternatives as solutions for very real problems.

2. Suicidal Intent is typically transient	Of those who attempt suicide but are stopped, less than 4 percent go on to kill themselves in the next five years; less than 11 percent will commit suicide over the next 35 years.
3. Terminally Ill patients who desire death are depressed and depression is treatable In those with terminal illness.	In one study, of the 24 percent of terminally ill patients who desired death, all had clinical depression.
4. Pain is controllable.	Modern medicine has the ability to control pain. A person who seeks to kill him or herself to avoid pain does not need legalized assisted suicide but a doctor better trained in alleviating pain.
5. In the U.S. legalizing “voluntary active euthanasia [assisting suicide] means legalizing <i>nonvoluntary</i> euthanasia.	State courts have ruled time and again that if competent people have a right, the Equal Protection Clause of the United States Constitution’s Fourteenth Amendment requires that <i>incompetent</i> people be “given” the same “right.”
6. In the Netherlands, legalizing voluntary assisted suicide for those with terminal illness has spread to include <i>nonvoluntary</i> euthanasia for many who have no terminal illnesses.	Half the killings in the Netherlands are now nonvoluntary, and the problems for which death is now the legal “solution” include such things as mental illness, permanent disability, and even simple old age.
7. You don’t solve problems by getting rid of the people to whom the problems happen.	The more difficult but humane solution to human suffering is to address the problems.

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In the wake of the 2005, Terri Schiavo case, many authorities urged Americans to complete advance directives. Every state authorizes these legal documents, which allow a person to specify whether and under what circumstances she or he wants life-preserving medical treatment, food or fluids when no longer able to make health care decisions.

However, the laws of **all but twelve states** may allow doctors and hospitals to disregard advance directives when they call for treatment, food, or fluids.

Increasingly, health care providers who consider a patient’s “quality of life” too low are denying life-preserving measures against the will of patients and families – and the laws of most states provide no effective protection against this involuntary denial.

The result: in most states, if you want life-saving treatment – or even food and fluids – there is no guarantee your wishes will be honored, even if you make them clear in a valid advance directive.”