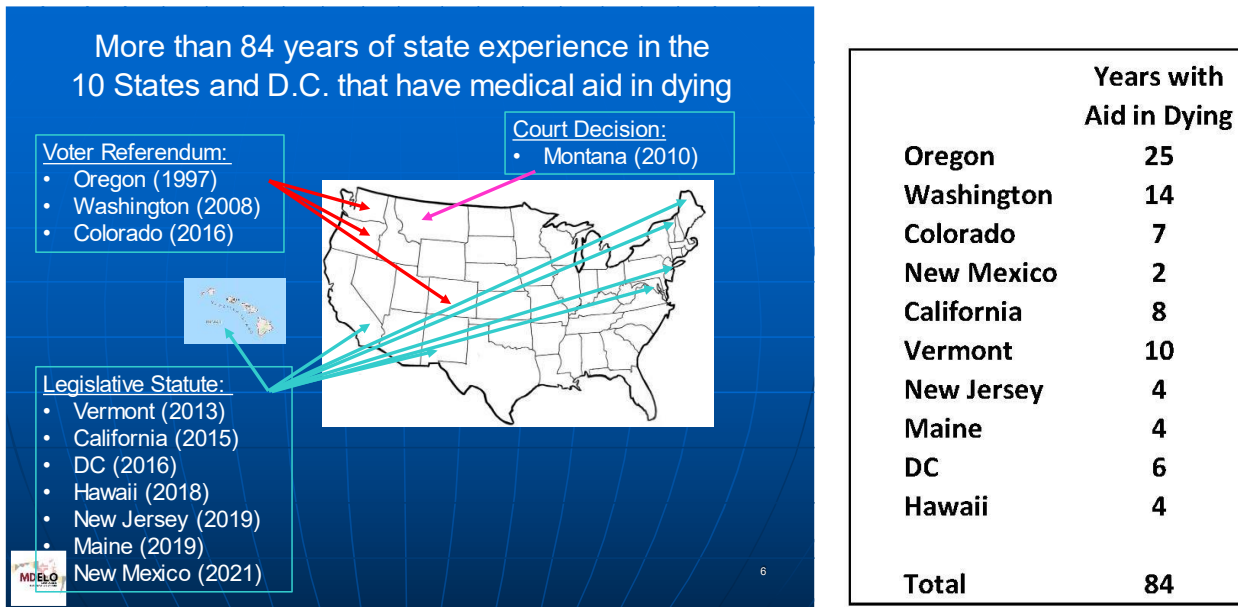


Testimony of Michael Strauss, MD, MPH
Regarding SB0845/HB0933 -- The End-of-Life Option Act
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
March 7, 2023

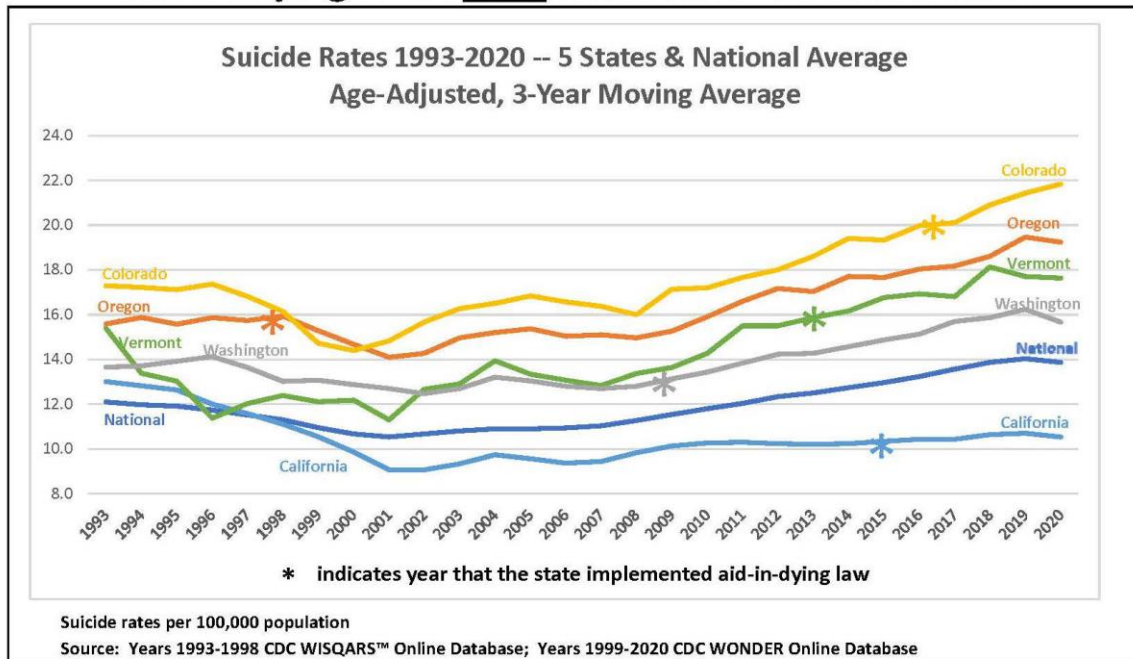
I am Dr. Michael Strauss, a board-certified internist, and I strongly support this bill.

You already heard compelling reasons why you should support this bill. Now I want to caution you about the likely misstatements or unrealistic hypothetical issues that the bill's opponents will describe. Because we now have **84 years of experience in the 10 states and District of Columbia** that have medical aid in dying, you need to understand what has and what has not happened in these states.



- No cases of unused drugs from aid in dying being diverted or abused, in part because most patients do not fill their prescriptions until they are about to take them, and in part because the new powdered forms combining drugs cannot be abused.
- No documented cases of patients being coerced into using aid in dying. Not one.
- No cases of a slippery slope in which one of these states amended its law to be more like Canada or European countries with expanded indications.

Aid in Dying Does NOT Increase the Suicide Rate



- No increases in a state suicide rate beyond increases that have happened across all states. Aid in dying does not lead to a contagion of suicide.
- No credible cases of an insurance company denying medical coverage of a treatment because the patient has access to an aid-in-dying program.
- No problem of a failure to notify family because 95% of patients choose to notify family and every one of these patients has mental capacity and gets to choose whom to notify or not.
- No problem of a failure to require the end of life in a specific location. In Oregon, 95% of deaths happen in the home and 4% in nursing homes. It is similar in other states.
- It is misleading to state that physicians oppose aid in dying. MedChi, the state medical society, is neutral. Polls nationwide and in Maryland, including polls by MedChi and the Maryland Psychiatric Society, show that a majority of physicians support aid in dying. See the attached list of some of the many Maryland physicians who support the bill.

So please, as you hear hypothetical and misleading claims later today, ask whether the identified concern has ever occurred in the 84 years of state experience with medical aid in dying laws.

October 21, 2022

Maryland General Assembly
90 State Circle
Annapolis, MD 21401

Re: Maryland Physicians Support the Maryland End-of-Life Option Act

To the Maryland General Assembly:

Modeled after Oregon's Death with Dignity Act, the Maryland End-of-Life Option Act authorizes medical aid in dying in which mentally capable, terminally ill adults may choose to self-administer a medication to bring about a peaceful death. It is patient-directed and completely optional. To qualify, individuals must be fully capable of making their own healthcare decisions and must be able to self-ingest the medication. No one, including physicians and other healthcare professionals, is required to participate.

Medical aid in dying is a well-established medical practice, currently authorized in 10 states (OR, WA, MT, VT, CA, CO, HI, NJ, ME, NM) and the District of Columbia, with clinical criteria published in the peer-reviewed *Journal of Palliative Medicine*.¹

In a 2016 physician survey, MedChi, the Maryland State Medical Society, found that a majority of its members (58%) and nonmembers (54%) support medical aid in dying as an end-of-life option for the terminally ill. This is consistent with a 2020 Medscape poll that found 55% of U.S. physicians support medical aid in dying.² As a result, MedChi adopted and has maintained a neutral stance toward legislation to authorize medical aid in dying, understanding that individual physicians can disagree and allowing room for all views to be expressed.

Medical aid in dying will bring comfort and peace of mind to terminally ill patients by putting them, not the disease, in control.

We urge you to support the Maryland End-of-Life Option Act.

Respectfully submitted,

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¹ J Palliat Med. 2016 Mar;19(3):259-62. doi: 10.1089/jpm.2015.0092. Epub 2015 Nov 5. Clinical Criteria for Physician Aid in Dying David Orentlicher 1, Thaddeus Mason Pope 2, Ben A Rich 3 Affiliations expand PMID: 26539979 PMCID: PMC4779271 DOI: 10.1089/jpm.2015.0092. Available from <https://pubmed.ncbi.nlm.nih.gov/26539979/>

² Medscape: Life, Death, and Painful Dilemmas: Ethics 2020, Leslie Kane, MA | November 13, 2020. Available from www.medscape.com/slideshow/2020-ethics-report-life-death-6013311#2

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