

My name is Melissa Ortiz and I have the honor of serving as the Senior Advisor of Able Americans, a program of the National Center for Public Policy Research. I am here today as a resident of Maryland to express my disapproval of the End-of-Life Option Act, also known as The Honorable Elijah E. Cummings & the Honorable Shane E. Pendergrass Act, that is now before this body.

I have read the legislation in its entirety. It neither ethical nor moral and it does not truly help people who are suffering with terminal illness, much less those with chronic illnesses or disabilities. The intended consequences are clear: asking those whose job it is to heal people to become killers as they “help” people who are thought to be terminally ill end their own lives. The unintended consequences are the far reaching applications that could be brought into play if the government decides to reinterpret the law or allow for exceptions to self determination through medical proxies.

The unintended consequences are something I have personally experienced. I am a cancer survivor and a person with a lifelong disability. That combination is not a good one to have in the place I once lived where end of life options are legal. Pressure is brought to bear, albeit subtly, to choose the less expensive option. To choose the option that takes the burden from family and friends. Fortunately, I am a strong self-advocate with a great support system. I refused those choices, got the treatment I needed and am here to tell the story.

But what about the most vulnerable among us who are not as able to self-advocate or who do not have strong support systems? Someone must speak for them. Fear of being coerced into making an unwanted choice could cause a person to not seek needed medical treatment or put it off until there is no hope of recovery.

Being able to control the manner and timing of one’s death is thought to be the most attractive thing about this legislation. When the “best of” protocols are followed in medical aid in dying, the results are not assured to be smooth or peaceful. With the advances in palliative care, no one must be in agony while dying. Having been with several relatives in palliative care hospice, I can safely state that their dying process was pain-free and calm, even serene.

We have scientifically divorced ourselves from making necessary moral and ethical choices in the medical field. This is nowhere more evident than in the rise of so called compassionate caring laws known as Medical Aid in Dying. The ethics that govern the practice of medicine are no longer what they used to be, either. Since 1973, the Hippocratic Oath has become less commonly administered since SCOTUS decided that it was no longer a satisfactory guide to medical ethics and practice as it was not relevant to the most recent developments and methods of medical practice and research. It is now up to states to individually protect their citizens by continuing the practice of allowing patients to stop their treatment but not allow the opposite to happen: forcing a healer to become a killer. The argument for patient autonomy is hollow at best because it causes harm to the patient that the doctor is expected to participate in, lowering standards of medical professionalism with the sullyng of the patient-doctor relationship. Ultimately, the result is the cost of a human life. A life that mattered and had something to offer from its conception to its natural death.