Colleen Christmas, MD, FACP, Governor
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SB 845 and HB 933—Opposed

March 2, 2023

Senator William C. Smith, Jr., Chair
Senate Judicial Proceedings Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Joseline A. Pena-Melnyk, Esq. and Luke H. Clippinger, Esq., Chairs
House Health & Government Operations and Judiciary Committees
6 Bladen Street
Annapolis, MD 21401

Re: Senate Bill 845 and House Bill 933-- "End-of-Life Option Act"- Opposed

Dear Honorable Senator Smith, Representative Pena-Melnyk, and Representative Clippinger,

The American College of Physicians (ACP) writes to you to express our opposition to Senate Bill 845 and House Bill 933 ("End-of-Life Option Act"). ACP is the largest medical specialty organization and the second-largest physician group in the United States with over 160,000 members. Our Maryland Chapter has 2,600 physician members. We oppose these bills because they will harm patients and patient care, undermining patient-physician relationships and trust in medicine. They are discriminatory, putting our most vulnerable patients at risk.

The term "aid-in-dying" is confusing and blurs what is at stake here. When physicians are asked to bring about a patient's death, this is physician-assisted suicide (PAS). This is very different than the patient's right to refuse treatment, which we strongly support. ACP does not support legalization of physician-assisted suicide (see Ethics and the Legalization of Physician-Assisted Suicide: An American College of Physicians Position Paper (acpjournals.org), reaffirmed in the current edition of our *Ethics Manual*, our code of ethics). The American Medical Association and the World Medical Association also oppose physician-assisted suicide.

We are deeply sympathetic to the concerns of patients and their families at the end of life. As healers, comforters, and trusted advisors, physicians must fulfill their ethical obligations and always act in the best interests of the patient. Often, lack of awareness of the care that physicians and others can provide to dying patients and very real concern that patients will not have access to this care drive interest in PAS. Research shows many individuals do not know what palliative care is but when it is described, they overwhelmingly respond that they would want it if they or family members were severely ill. Palliative and hospice care have not received the attention PAS has received. We can do better.

We need to ensure that all patients know they will be well cared for at the end of life, not medicalize suicide. The highest priorities for the care of dying patients should include the alleviation of pain and other symptoms, a team approach to care, and strong support for the patient's right to refuse treatment. Patients often fear pain at the end of life, but physicians have an ethical obligation to treat pain with competence and compassion. Vigorous management of pain at the end of life is ethically acceptable even when the risk of hastening death is foreseeable, if the intent is to relieve pain: the *ACP Ethics Manual* states that "…the physician may appropriately increase medication to relieve pain, even if this action inadvertently shortens life" and this has been consistently supported by US courts.

Legalization of PAS in Maryland, given continuing disparities in access to health care, is very troubling. The COVID-19 pandemic has made it clear that much work needs to be done to provide equitable care to all of our patients, especially those in minority communities and those living with disabilities. They, and we, have deep concerns about legalization and the message it sends about the value of their lives and their ability to get the care, including palliative and hospice care, they want and deserve. Vulnerable communities raise extremely valid points that legalization leads to "attitudinal changes, subtle biases about quality of life, and judgments that some lives are not worth living" as we discuss in our paper. The pressures on individuals to not be a "burden" are real. Canada has been rapidly expanding its law, which has moved from PAS to euthanasia. Canada, and now US states that have legalized PAS, are rescinding what were said to be safeguards such as residency requirements, waiting periods, terminal illness restrictions and others, causing much controversy and fear. Canada shows where this leads, with the expansion of eligibility to include patients with mental illness.

Physician-assisted suicide is not medical therapy. We hope you will join ACP in advocating that those who seek suicide with a physician's help instead be provided with the care and compassion that can alleviate suffering and reaffirm our commitment to all patients. The best medical care for patients throughout life, including the last phase of life, requires our full attention. In this way, physicians can fulfill their ethical responsibilities and give dying patients and their families care, compassion, and comfort. We continue to believe no Marylander, or any other American, should have to fear an undignified or pain-filled life or death.

Thank you for the opportunity to comment. Please let us know if you have any questions.

Sincerely,

ACP Maryland Governor

The American College of Physicians is the largest medical specialty organization and the second largest physician group in the United States. ACP members include 160,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.