

**Marie-Alberte Boursiquot, MD, FACP**  
**Testimony to the Senate Judicial Proceeding Committee**  
**March 7, 2023**  
**RE: Senate Bill 845 (House Bill 933)-“End of Life Option Act”**  
**Oppose**

Dear Honored Senate Committee Members

My name is Marie-Alberte Boursiquot. I am a Board certified Internist and have been licensed to practice Medicine in the state of Maryland for over twenty five years. In that time I have managed thousands of adult patients. I am also a Fellow of the American College of Physicians (ACP). The ACP<sup>1</sup> and the American Medical Association (AMA)<sup>2</sup> remain opposed to the legalization of assisted suicide under any title.

Today I wish to express my personal opposition to the “End of Life Option Act”. Medicine is a noble profession. Physicians are trained to be healers and not the agent of harm to patients. Suicide is not medical care. It has now become a public health crisis and is the tenth leading cause of death in this country. And its’ rates are rising.<sup>3</sup> Suicide is unacceptable in a civilized society.

It is natural that a patient and their families may experience fear and anxiety at the end of life. Even in this circumstance a physician must first fulfill his or her obligation to always act in the best interest of the patient as healer, comforter and trusted advisor.

There are a number of flaws in this bill including, but not limited to,:

1. Placing our most vulnerable populations (i.e. the poor, those with disabilities, those who suffer from mental illness, members of minority groups, etc.) at risk.
2. Bills such as this one create an incentive for insurance companies and other medical plans to deny life saving care to our patients.
3. Bills such as this one can potentially make suffering patients feel that they are a burden and coerce them to consider suicide.

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Under this bill a suffering patient essentially asks an “attending physician” to assist them in committing suicide. Following a mental evaluation with a “consulting physician”, the “attending physician” writes a prescription for a cocktail of drugs with the intention that the patient commits suicide by self administering/ingestion of the cocktail. Drugs are developed for their therapeutic value and not to harm patients.

In the event that the patient succeeds at committing suicide, the “attending physician” is then selectively protected by law to falsify the death certificate by listing some other underlying medical condition as a cause of death instead of the true cause—Physician Assisted Suicide.

This is absolutely appalling especially in a day and age when transparency is expected of our political leaders, physicians, and anyone in the position of authority. This act is a corruption of the integrity of the medical profession.

There are already “end of life” options available to suffering patients. Palliative Care<sup>4</sup> for instance is designed to prevent and alleviate the suffering associated with a serious medical condition. It can be introduced as early as possible in one’s care. It is life affirming and addresses the physical, psychosocial, and spiritual needs of a patient and their family. It properly regards dying as a normal and natural process.

Psychosocial/emotional conditions such as Depression and Anxiety can already be effectively managed. Physicians are already trained to recognize, in some instances manage, and refer to subspecialists those who experience these conditions.

Even when all modalities of management have been exhausted or management has become futile, Hospice Care<sup>5</sup> is available and provides humane and compassionate care for those in the last phase of their serious ailment. It facilitates having the patient live as comfortably and as fully as possible.

It should be the desire of all physicians that all patients know that they will be well cared for throughout their lives including the end of life. The “End of Life

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Option Act” ultimately undermines the patient-physician relationship. A relationship based on trust.

In closing I wish to quote as is so eloquently expressed in the AMA Code of Ethics<sup>6</sup>: “Physician Assisted Suicide is fundamentally incompatible with a Physicians role as healer”.

Thank you for hearing my testimony.

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