

BILL: Senate Bill 845/House Bill 933
TITLE: End-of-Life Option - Assisted Suicide
COMMITTEE: Senate Judicial Proceedings Committee
DATE: March 6, 2023
WHO: Brandie Dawson, MBA, BSN
POSITION: OPPOSE

RE: Senate Bill 845/House Bill 933 End-of-Life Option - Assisted Suicide discriminates against physicians, hospitals and other healthcare providers who object to ending a person's life, and pressures them to participate in murder, in violation of their rights of conscience and free exercise of religion.

Committee Chair, the Honorable Senator William C. Smith, Jr., Vice Chair, Senator Jeff Waldstreicher and Senate Judicial Proceedings Committee Members:

I was a practicing Registered Nurse for twenty-six years, and obtained my RN to BSN degree and Business of Nursing Graduate Certificate from Johns Hopkins University School of Nursing, followed by a Master of Business Administration from Drexel University LeBow College of Business. I respectfully submit my testimony to you, as an example of the impact that ending a life had on me as a practicing nurse, and now as a disabled person, and the detrimental effect the End-of-Life Option - Assisted Suicide Bill could be expected to have on healthcare workers in Maryland.

First, a few evidence-based facts for the Committee to consider:

- Healthcare workers have been trained to save lives, not end them. In fact, death anxiety among nurses and health care professionals is a well-established fact on an international level.¹ (A personal example can also be found in my testimony below).
- It is well-established that physicians and health-care workers are at higher risk for suicide.²
- Post-Traumatic Stress Disorder (PTSD) and Burnout Syndrome (BOS) have a dramatic and cyclic effect on nurses “in response to interpersonal and emotional stressors that are experienced in the workplace and are characterized by emotional exhaustion, depersonalization, and lack of personal accomplishment.”³
- 62% of surveyed Maryland Board of Nursing licensees and certificate holders thought about leaving nursing recently.⁴
- Healthcare workers should not be mandated to perform procedures that violate their conscience or religious convictions. “The majority of well-conducted studies found that higher levels of religious involvement are positively associated with indicators of psychological well-being (life satisfaction, happiness, positive affect, and higher morale) and with less depression, suicidal

¹ Nia HS, Lehto RH, Ebadi A, Peyrovi H. Death Anxiety among Nurses and Health Care Professionals: A Review Article. Int J Community Based Nurs Midwifery. 2016 Jan;4(1):2-10. PMID: 26793726; PMCID: PMC4709813. As found on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4709813/>

² Duteil F, et al. Suicide among physicians and health-care workers: A systematic review and meta-analysis. PLoS One. 2019 Dec 12;14(12):e0226361. doi: 10.1371/journal.pone.0226361. PMID: 31830138; PMCID: PMC6907772. As found on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6907772/>

³ Mealer M, Burnham EL, Goode CJ, Rothbaum B, Moss M. The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depress Anxiety*. 2009;26(12):1118-26. doi: 10.1002/da.20631. PMID: 19918928; PMCID: PMC2919801. As found on <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2919801/>

⁴ Task Force on Maryland's Future Health Workforce. (August 2022). 2022 State Of Maryland's Health Care Workforce Report. Maryland Hospital Association. As found on <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

thoughts and behavior, drug/alcohol use/abuse... Usually the positive impact of religious involvement on mental health is more robust among people under stressful circumstances⁵...”

- “The complicated grief experienced by suicide loss survivors leads to feelings of abandonment, rejection, intense self-blame, and depression. Stigma surrounding suicide further burdens survivors who can experience rejection by their community and social networks.”⁶

While abortion is not assisted suicide, the concepts are similar and Committee members will nonetheless be able to get a glimpse into healthcare provider stress, distress, job dissatisfaction and moral dilemmas by reading my testimony.

At the age of twenty-four, I moved to Maryland and began looking for a job. While sitting in a hospital human resource department filling out an application for the operating room, HR requested that I interview for an open Labor & Delivery position and immediately escorted me to the nurse manager. I did not have a background in L&D, but the manager liked that I had medical-surgical experience as the L&D unit cared for high-risk pregnancies with co-morbidities. I asked the nurse manager if abortions were performed on the unit and told her that I was a Christian and would not participate in performing an abortion. I was advised that, “The doctors are not supposed to do them here, but sometimes they slip them in,” and “that I could request someone to switch with me, just the problem would be if no one would”. Naïvely, I accepted the position, excited to help deliver babies and care for expectant mothers.

One day during my orientation, my preceptor informed me that there was a saline abortion taking place and that she wanted me to assist in the procedure. I immediately told her that I would not assist with an abortion and that this had been discussed with the nurse manager prior to hiring me. My preceptor replied, “Well, I at least want you to look at it”, and later showed me a second trimester baby in a wash basin, bright red with burns from the saline abortion. My first instinct was repulsion and to quit, but I did not resign that day.

On our unit, the nurses were able to select our patient assignments, as long as we were taking our turn scrubbing and circulating in our operating rooms, and recovering and triaging obstetric patients to keep up with competencies. I stayed away from any assignment that appeared to be a “slipped in” or obvious abortion, but I noticed that the physician charting for the dilation and curettage (D&C)/ dilation and evacuation (D&E) vacuum procedures was vague. I did not know that Maryland did not require providers to report abortion statistics, and in fact, I did not know until just prior to preparing this testimony. Now most of the D&C/D&E patients that I encountered were mostly tearful and appeared in some form of emotional anguish. It was meaningful to me to be able to comfort and reassure my patients that about 25% of pregnancies resulted in miscarriages, and that we would sometimes see patients who had lost their babies come back the following year or so experiencing a healthy pregnancy.

One day, I had a D&C patient that seemed a little odd to me. She denied any symptoms like bleeding or cramping and seemed quite pleasant and almost giddy with a slight smile. Since we had a slow OR schedule that day, I was her nurse for pre-op, the procedure and recovery. Everything went as usual, until in Recovery, she sat up in bed and declared to me, “Thank God I am not pregnant anymore!” to my horror and shame. I realized that I had likely just helped perform an elective abortion. Sometime later, I was talking with another young nurse on our unit about my feelings on the abortion situation in our department and she began to cry, sharing that at a previous hospital, she assisted with a late-term abortion and that she “didn’t know that she was allowed to say no”.

⁵ Moreira-Almedida, A. et al. (2006). Religiousness and Mental Health: A Review. *Rev Bras Psiquiatr.* 2006;28(3):242-50. As found on https://www.researchgate.net/publication/6864541_Religiousness_and_Mental_Health_A_Review

⁶ Goulah-Pabst DM. Suicide Loss Survivors: Navigating Social Stigma and Threats to Social Bonds. *Omega* (Westport). 2021 Jul 4:302228211026513. doi: 10.1177/00302228211026513. Epub ahead of print. PMID: 34218692. As found on <https://pubmed.ncbi.nlm.nih.gov/34218692/>

There was one other occasion, when I was assigned to assist with an abortion, and I needed someone to switch with me. The nurse I approached was often in charge, and we went back and forth a bit discussing how I believed abortion was wrong and murder, and how she didn't and if she truly believed that, why she had a problem with switching patients. Because of her pro-choice stance, she did switch assignments with me but she was very unhappy about it, and so was I. Then and now, I have felt bad and guilty for having a hand in someone else ending a life.

Sometime later, I was approached by my nurse manager requesting that I begin acting in the charge nurse role. I really enjoyed many aspects of Labor & Delivery, and I considered this an honor, until one night as I was performing charge nurse duties, I realized that I would be responsible for assigning other nurses to abortions, which is purposely ending the life of a baby. After just under two years in L&D, I put in a transfer to a different department, but my nurse manager would not allow me to transfer out of the unit. As a result, I resigned from that hospital and I left L&D forever. During my exit interview, I told management that one of the reasons I was leaving was the abortion issue, and I was told that others before me had left for the same reason. The long-term emotional impact for me has always been one of sadness, regret and shame at my youthful gullibility in having a hand in ending the life of a baby/babies, whose life was created by God for God⁷.

There is one other L&D days that I want to share with you, and it also pertains to my testimony about how terminated pregnancies/untimely death can traumatically impact healthcare workers. A young patient of mine had Pitocin running for retained products of conception. She quickly became uncomfortable and in a matter of seconds, in the midst of her frantic screams, the greenish, dead 2nd trimester baby was quickly and forcefully expelled across the bed in the midst of green fluid; the experience of which was all very distressing to everyone in the room. The delivery happened so quickly that there was no physician present and I immediately called our resident to the bedside. The doctor was a resident that I did not know well, and when she arrived, she began screaming at me in front of the patient, "How dare (I) call her to see this when she was 12-14 weeks pregnant herself?" and stomped out of the room. I cried long and hard that day at work, and all that plays in my mind of that day are those traumatic moments. This is a very clear example of the potential distress that a miscarriage, abortion and death can have on a doctor, nurse, patient and loved ones.

I share these experiences to underscore the likelihood of physical, emotional and mental trauma for all parties involved in the death of a patient. How much more traumatic when a healthcare worker violates their spiritual and religious conscience? For the Christian, it is not a matter of karma or a cosmic scale of good deeds versus bad. According to the Bible, the taking of an innocent life is murder⁸ and it is sin against a Holy Creator God.⁹ Christians understand from the Bible that everyone is accountable to God¹⁰ and that Hell is real and a future reality for those who disobey God and reject the saving sacrifice of Jesus Christ.¹¹ The Bible tells us that God created us in His image,¹² that He ordains our life and that it exists by

⁷Colossians 1:16-18 For in Him all things were created, things in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities. All things were created through Him and for Him. 17 He is before all things, and in Him all things hold together.

⁸Exodus 20:13 You shall not murder.

⁹Ephesians 1:4 Even as he chose us in him before the foundation of the world, that we should be holy and blameless before him in love. And 1 Peter 1:15-16 But as he who called you is holy, you also be holy in all your conduct, since it is written, "You shall be holy, for I am holy."

¹⁰Romans 14:11-12 t is written: "As surely as I live, says the Lord, every knee will bow before Me; every tongue will confess to God." 12So then, each of us will give an account of himself to God.

¹¹Revelation 20:11-15 Then I saw a great white throne and him who was seated on it. From his presence earth and sky fled away, and no place was found for them. 12 And I saw the dead, great and small, standing before the throne, and books were opened. Then another book was opened, which is the book of life. And the dead were judged by what was written in the books, according to what they had done. 13 And the sea gave up the dead who were in it, Death and Hades gave up the dead who were in them, and they were judged, each one of them, according to what they had done. 14 Then Death and Hades were thrown into the lake of fire. This is the second death, the lake of fire. 15 And if anyone's name was not found written in the book of life, he was thrown into the lake of fire.

His will for His purposes.¹³ In the book of Psalms we learn that God is present at our conception, when our inward parts are being formed and that all of our days are written in God's book before any of them came to be.¹⁴ Throughout the Bible, we can see that children are a blessing, a reward, a heritage and a source of strength in the family;¹⁵ a crown¹⁶ and a source of joy¹⁷ and honor;¹⁸ and we retain that same value and dignity as an adult.¹⁹

The memories that I shared with you are some of the strongest of my nursing experience, despite that they occurred more than 20 years ago. Today, my youngest daughter wants to be a Labor & Delivery nurse. It is her dream and a noble desire that she may not ever be able to fulfill as a Christian in the state of Maryland; and that is unfortunate because according to the Maryland Hospital Association, the nursing shortage is dire²⁰ and has reached a crisis level.²¹ Forcing healthcare providers to violate their consciences or religious convictions, or deterring young people from entering the healthcare field because of conscience conflicts is not ethical, constitutional, helpful or wise, and will only further negatively impact healthcare in the state of Maryland.

Lastly, I am now currently disabled as a result of a progressive medical condition that has no cure. Despite many days of misery, I know that I am made by and loved by God. My value lies in being made in His image and His plan for my life has been the blessing of motherhood, being a wife, a nurse, and for a season, illness. I don't relish thoughts of potentially being in a wheelchair, becoming bedbound or having respiratory weakness to the point of respiratory distress; but I know that this life is not the end, and because of my faith in the saving work of Jesus the Christ, I will live again with Him where there is no more death or mourning or crying or pain.²² For those who die outside of a relationship with Christ, assisted-suicide ushers them into eternal damnation.²³ Please oppose Senate Bill 845/House Bill 933 End-of-Life Option - Assisted Suicide.

¹² Genesis 1:27-28 So God created man in His own image; in the image of God He created him; male and female He created them. 28 God blessed them and said to them, "Be fruitful and multiply, and fill the earth and subdue it;

¹³ Colossians 1:16-18 For in Him all things were created, things in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities. All things were created through Him and for Him. 17 He is before all things, and in Him all things hold together.

¹⁴ Psalm 136:13-16 For You formed my inmost being; You knit me together in my mother's womb. 14 I praise You, for I am fearfully and wonderfully made. Marvelous are Your works, and I know this very well. 15 My frame was not hidden from You when I was made in secret, when I was woven together in the depths of the earth. 16 Your eyes saw my unformed body; all my days were written in Your book and ordained for me before one of them came to be.

¹⁵ Psalm 127:3-5 Behold, children are a heritage from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children of one's youth. Blessed is the man who fills his quiver with them! He shall not be put to shame when he speaks with his enemies in the gate.

¹⁶ Proverbs 17:6 Grandchildren are the crown of the aged, and the glory of children is their fathers.

¹⁷ John 16:21 When a woman is giving birth, she has sorrow because her hour has come, but when she has delivered the baby, she no longer remembers the anguish, for joy that a human being has been born into the world.

¹⁸ Exodus 20:12 Honor your father and your mother, that your days may be long in the land that the Lord your God is giving you.

¹⁹ Jeremiah 29:11-13 11 For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope. 12 Then you will call upon me and come and pray to me, and I will hear you. 13 You will seek me and find me, when you seek me with all your heart.

²⁰ Task Force on Maryland's Future Health Workforce. (August 2022). 2022 State Of Maryland's Health Care Workforce Report. Maryland Hospital Association. As found on <https://www.mhaonline.org/docs/default-source/default-document-library/2022-state-of-maryland-s-health-care-workforce-report.pdf>

²¹ Mensik, H. Healthcare labor trends in 2023: increased burnout, executive stress. A rise in union activity also may persist as the sector continues recovering from the COVID-19 pandemic. Healthcare Dive. Published online Jan. 30, 2023. As found on <https://www.healthcarediver.com/news/healthcare-labor-trends-2023/641352/>

²² Revelation 21:4 And God shall wipe away all tears from their eyes, and there shall be no more death, neither sorrow, nor crying, neither shall there be any more pain; for the former things are passed away.

²³ Revelation 20:15 And if anyone's name was not found written in the book of life, he was thrown into the lake of fire.