SB 0845—OPPOSED—Mary Hand, Bethesda, Maryland

I am opposed to the End-of-Life Option Act because it threatens long-held medical practice and standards of ethics and has consequences that extend to other health care team members and I contend, to future patients and beyond (family, community). The proposed legislation distorts the role of healthcare professionals as healers who seek to "do no harm," and undermines the trust between doctor and patient, by requiring all doctors who assist those with terminal conditions to (at least) advise the patient that assisted suicide is a treatment option. Further, the proposed legislation provides an illusion of autonomy and seamless dying, threatens the most vulnerable among us, and changes the landscape of future medical, pharmacy and nursing recruitment, training, and research.

As a retired Registered Nurse and Army Nurse Colonel, I have trained and worked with physicians, nurses, pharmacists and other health care providers in hospitals, in the military, and on National Institutes of Health committees. I care these health care team members and desire to see future physicians, nurses, pharmacists be able to reach the fullest of their professional practice and satisfaction in many settings working with patients to prevent disease, manage risk factors for heart disease and cancer, control chronic conditions and treat acute disease early, and support patients are they transition to illness, disability, and dying.

This legislative body and all of us should be advocating for equality of care, that healthcare principle that seeks to offer the same access to health care regardless of their health condition. The medical profession already has science-based, sanctioned options (palliative care, hospice) that do not require doctors, pharmacists, and nurses to be accomplices to a patient's self-directed death. Instead of legalizing assisted suicide, we need to encourage more access to palliative (pain management) care and hospice care which are now incorporated into the litany of comfort measure at end-of-life. There is an urgent need for greater awareness and use of palliative care and hospice at the local and national levels, especially among the minority populations and the underserved. There are important publications including a National Institute of Aging paper, citing there are racial and ethnic disparities in palliative care and these should be a clarion call for broader more inclusive policies.

Proponents of assisted suicide, deceptively called medical aid in dying or death as an option, contend that the individual with a terminal illness would thereby be able to make the decision about when and how to die which suggests an autonomous process. It is far from autonomous and reaching ripple effects. It is not autonomous because the physician is necessarily enlisted to prescribe the lethal dose or to refer to those who would, requiring two physicians to witness. Pharmacists are needed to dispense the lethal medication. Nurses are cited as having a role as presiding on the day of death in. I am aware that some states have extended medical aid in dying legislation to permit advanced practice nurses to prescribe the lethal prescription, The American Medical Association has reaffirmed its opposition to doctor-assisted suicide though the proposed legislature uses a euphemistic term that waters down its meaning. could include denies the physician's role in the patient's suicide because it legalizes it. It is hardly an autonomous process and has far reaching ripple effects. It is not autonomous because the physician is necessarily enlisted to prescribe the lethal dose, and a pharmacist is needed to dispense it. The slippery slope or ripple effect extending to passing later legislation permitting advanced practice

nurses to prescribe the lethal prescription, and gradually expanding it to include individuals with chronic illness or disability as has been seen in countries like Canada and Sweden that has passed these laws. The video "Shining the Light on Physician Assisted Suicide" which can be found here, shows better than I can convey, the health care professionals' perspectives' notably).

A current booklet with guidelines for medical aid in dying does not assure a smooth, neat, well-timed day of death and this option is not applicable for all terminal conditions or situations. It now recommends that "a skilled clinician" ("most commonly a nurse") be present on the day of death because of the complexities of mixing the lethal and the process described suggests there can be discomfort (burning, chest discomfort from the cocktail) and a range of times when death would occur and potential other side effects and uncertainties. With the lethal cocktail that must be carefully mixed, the booklet cautions that children and pets should not be around. (I am from Bethesda and I envision many patients with dogs or cats would want their pets at their bedside when they die.)

And there are many other reasons like having the "death with dignity" prescription in the patient's homes (to be used at some future time), when minors could get into them; the current suicide epidemic among youth and the military; the fact that a terminal illness diagnosis can be incorrect (numerous examples); that patients may be depressed or not want to be a burden to their families, perhaps feeling subtle pressure when they make the request; and the experience of Sweden and Canada where "terminal" becomes loosely defined which is why the disability community also fears passage of assisted suicide.

Although assisted suicide is fundamentally wrong for Christians, it is also wrong for those of other faiths Position Paper of the Abrahamic Monotheisic Religions on Matters Concerning the End of Life, Vatican City, October 28th, 2019. PositionPaper_ENG_OK.pdf (academyforlife.va) and for non-believers. Even though the proposed legislation would make it legal to facilitate a terminal patient's requested death, it does not make it MORAL for health care providers who practice their faith and deserve the right to their liberty to do so without being deprived of this right by their medical professional and desire to take care of patients.

Assisted suicide undermines what health care is about and the full extent of what it has to offer. This proposed legislation is the antithesis of what I deeply care about as a nurse, that is offering patients the range of evidence-based care options along their life's health journey, including their final journey. But not being an accomplice to their suicide.