As a Maryland voter and retired social service program administrator, I am writing to express my strong opposition to *SB845 End-of-Life Option - Assisted Suicide.*

I have spent my life providing compassionate care to society's most vulnerable individuals, most notably homeless and vulnerable elderly individuals. My experience has taught me time and again that compassionate care makes a huge difference in the quality of life for people experiencing extreme hardships. That is why I strongly believe that quality palliative end-of-life care, rather than assisted suicide, is the best way to achieve dignity for persons facing end-of-life illnesses.

Strong support for individuals at the end of life actually achieves a more dignified death than ending life through assisted suicide. I have heard over-and-over again how programs such as hospice care have helped to make death—despite the great sense of loss and grief involved--a more meaningful experience for both terminal patients and their loved ones.

Members of my own extended family have testified to this experience, and the hospice program in my home town has a reputation as one of the most cherished and well-supported local nonprofit organizations. As the daughter in one family that received hospice services put it: "Because of you my mother's death was as beautiful an experience as it could have been."

I believe that our responsibility as citizens is to make sure that quality end-of-life care is available for all, rather than to rely on artificial drug-assisted death. The proposed physician-assisted suicide legislation has too many downsides that will work against achieving authentic death with dignity.

Many cases have been documented where the supposed safeguards in physician-assisted suicide laws have not been followed. These cases involve concerns about doctor shopping, depression and psychiatric disability, economic pressures and coercion, denial of desired medical treatment for patients, cases of questionable patient consent, problems with self-administration, medical complications, and impacts on quality of care by doctors.

The proposed Maryland law has no standard requirements that each patient receives mental health screening and counseling. A screening from a doctor untrained in mental health is not sufficient to assess a patient's true needs.

My experience in working with homeless persons has shown me that individuals suffering from depression and seemingly debilitating problems can be helped and can significantly improve their outlooks.

Disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as falling prey to undue influence from doctors or family members, resulting in a lack of true informed consent.

Assisted Suicide laws make suicide socially acceptable. States which have legalized assisted suicide have experienced increased suicide rates.

For all these reasons, I strongly urge an "unfavorable" report on SB845. Instead, let us focus on making sure that quality palliative end-of-life care is readily available to all Maryland residents who need it.

Sincerely,

Tom Taylor
Greenbelt, MD