Testimony of Elizabeth Morrison, M.D.
Support for SB 845 and HB 933
The End-of-Life Option Act
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

I am Elizabeth Morrison, a psychiatrist for 40 years, first in the U.S. Army and then in private practice in Maryland. I have been active in local and national medical organizations, including leadership positions with the Washington Psychiatric Society — which includes Montgomery and Prince George's counties -- and with the American Psychiatric Association (APA). I speak for myself and I support the End-of-Life Option Act.

I have 3 points:

1. **From a psychiatric perspective, aid-in-dying patients and suicidal patients should be viewed as fundamentally different.**

Suicide in the context of some mental illnesses occurs because of intolerable suffering, distorted and irrational thinking, and impaired judgment. In contrast, individuals eligible for aid-in-dying have terminal, treatment-refractive illnesses. These are people who, if not for their terminal illnesses, want to live.

2. **Most patients with psychiatric conditions do maintain capacity and can continue to make medical and other end-of-life decisions.**

Patients nearing death may be sad and grieving, but still have capacity. They should be allowed to participate in medical aid in dying. Those who have significant depressive or other concerning symptoms should be referred for evaluation by a mental health professional.

3. **The American Medical Association (AMA) has modified its position to accommodate aid-in-dying:**

In 2019 the AMA remained opposed to medical aid in-dying but simultaneously concluded that physicians who participate in it are not violating The Code of Medical Ethics, and that morally admirable physicians can hold divergent views on this issue. Here is the exact language that appears in the Code.

Thus, any attempt to say that the AMA opposes medical aid-in-dying is telling only half the story.