

## **Testimony against SB443: The End-of-Life Option Act (02-07-24)**

I am writing today to express my strong opposition to SB443, the End-of-Life Option Act, which the Senate Judicial Proceedings Committee is considering.

I oppose this bill both because I am opposed in principle to medical assistance in dying and because this specific bill has significant practical flaws.

I oppose this bill because I believe society must protect human life and prevent suicide. The necessity of protecting human life in this way is generally recognized, as reflected in the many measures and resources currently in place to prevent suicidal people from harming themselves. For example, this is why Maryland has its Office of Suicide Prevention (<https://health.maryland.gov/bha/suicideprevention/Pages/home.aspx>).

Laws such as the proposed End-of-Life Option Act carve out exceptions to the general principle that suicide should be prevented and that suicidal people should be supported to help them continue with their lives. Such exceptions effectively devalue the lives of the people targeted by them.

The End-of-Life Option Act is essentially saying that while people should generally be protected from suicide, people with terminal illness diagnoses should not be protected from it. Such an attitude treats the lives of people with such diagnoses as worth less than other people's lives. It is saying "Suicide is generally bad, but in your case, suicide makes sense because your life is not as worth preserving as someone else's."

I reject this notion of making exceptions to suicide prevention. Such exceptions introduce inequality into suicide prevention and medical care. (They also open the door to further exceptions beyond terminal diagnoses, such as for people with disabilities or severe chronic illnesses.)

Even setting aside these objections to the proposed Act, SB443 is seriously flawed on practical grounds:

1. The bill has no minimum required time for the attending physician to have treated the individual requesting assistance in dying. This means the physician might lack important medical or social context for judging the individual's situation. It also allows for individuals seeking death to shop around for doctors who will agree to their requests.
2. The bill does not require a mental health evaluation, leaving open the possibility of people with depression or other cognitive impairments

(which may be quite subtle in some cases) being given assistance in dying.

3. The bill does not require informing the family of the person requesting assistance in dying. This omission cruelly ignores the wishes and concerns of family members for their loved ones and risks ignoring important medical or social context that doctors might wish to have.

4. The bill has no provisions for ensuring that prescribed medications are properly disposed of, either after someone has self-administered some of them or if they indefinitely delay doing so. It contains only a vague provision that “A person that, after a qualified individual’s death, is in possession of medication prescribed for aid in dying that has not been self-administered shall dispose of the medication in a lawful manner.” This omission risks dangerous medications being sold or circulated illegally.

Last, I would like to mention my own personal experiences in this matter. I have lost a relative to medical assistance in dying. I have other, aging relatives, some of whom may be suffering from subtle depression or cognitive issues. I have known many people who suffer from suicidal thoughts and feelings.

Experience has shown me the tragedy of these situations and the anxiety and pain of having people I care about being at risk of taking their own lives. Family experience has also shown me how elderly, lonely people can be manipulated into self-destructive behaviors by others. I fervently oppose legal changes that would increase the dangers to people in such situations.

We should not make it easier for people to end their lives. I strongly urge you to reject SB443, the End-of-Life Option Act.

Thank you,

John Whitehead  
Gaithersburg, MD