

## **SB443/HB403 – End-of-Life Option Act - AGAINST**

### **Submitted by:**

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## **Why Oppose Senate Bill 443 and House Bill 403**

### **End-of-Life Option Act?**

There is no way to legislate adequate safeguards against the following major shortcomings:

- No mental health screening is required. There is nothing in the legislation to protect people with mental illness or depression.
- Individuals can become a victim of elder abuse under this legislation as one of the witnesses can be a family member. A family member who stands to gain after death could see this legislation as a means to an end and apply undue pressure. An heir can actually serve as a witness for the request for the lethal prescription. ***A niece of mine commented to my mother-in-law who had dementia that she ‘should hurry up and die so that she did not waste her inheritance.’*** She actually spoke this to her. I am certain that if this legislation were in place, fellow Marylanders will fall victim to greedy family members.
- Individuals may not want to be viewed as a burden to family members and feel pressured to choose death.
- There are no safeguards for the disabled. This legislation poses serious danger to those with disabilities as these individuals often feel that they are a burden

throughout their entire life and are frequently coerced into making decisions that are not in their best interest because they are lead to believe it will relieve a health care provider or family member.

- There is no way to predict accurately a 6 month lifespan. Terminal illness is often difficult to predict and patients frequently outlive them. Further there is evidence that many non-terminally ill patients receive the lethal prescription in states that have similar legislation.
- There is no one required to be present at the time of death and so there is no witness to ensure that an individual will not be pressured to take the pills or that the person that is going to take the pills is able to self-administer the lethal dosage willingly.
- This type of legislation is often presented as a solution to intense pain however in states that have this legislation pain is not given as the reason selected to terminate one's life. Palliative care and hospice services can and do alleviate the pain and suffering of patients. I have personally witnessed family members on palliative care and hospice care that have relatively unlimited access to pain killers including morphine as needed.
- Overdosing on barbiturates does not necessarily lead to a peaceful death. Overdosing on barbiturates has caused documented cases of persons vomiting while becoming unconscious and then aspirating the vomit. People have begun gasping for breath or begun to spasm. Overdosing on these drugs can cause feelings of panic, terror, and confusion. There have also been cases of the drugs taking days to kill the patient. There is no requirement for nurse or doctor to be present at time of death.
- It is nearly impossible to punish physicians for abuses under this legislation because the legal threshold is lowered from that of regular malpractice to good faith.
- Death certificates are falsified under this legislation, listing only the underlying illness as the cause of death, making the real number of suicides unknowable.
- People in poverty can be coerced into ending their lives when health insurance providers including Medicaid refuse to providing treatment and are able to recommend lethal prescriptions. Insurers continue to deny life-saving medical treatment and cover cheap lethal drugs where this type of legislation is legal.

- Pharmacists are not required to counsel patients on proper ingestion methods or on the safe disposal of the lethal barbiturates. There is no drug take-back plan for unused lethal pills. Highly addictive barbiturates go unaccounted for in a state already fighting against drug addiction.
- There is no family notification required.
- Overall suicide rates increase where states have this type of legislation.
- The state can't truly punish violations. Doctors are held to a 'good faith standard' which is far lower than the malpractice standard applied to other health providers.

This seems to be an issue which affects the elderly or sick, however this type of legislation will affect everyone in Maryland. Anyone can become sick or injured. Even if the illness or injury isn't terminal, assisted suicide has shown to threaten those seeking wanted treatment. This type of legislation empowers public and private insurance providers to reject potentially expensive wanted healthcare. Sadly, ending the life of a patient can be less paperwork and cost than treating the patient, forever damaging access to wanted healthcare and generating suspicion between patients and their doctors. There are better ways to help Marylanders improve their end-of-life care than this dangerous legislation.

**Please vote against SB443.**