Shirley Reddoch, MD Columbia, Maryland Ph: 410-884-0407

## Written Testimony: OPPOSE SB0443/(HB0403) End-Of-Life Option Act

As a physician clinician and medical educator of some 40 years' experience, I am testifying in opposition to SB0845(HB933). Antithetical to the Mission of Medicine, this legislation is Dangerous to Society as a whole AND works against true health and safety promoting efforts of members of this Assembly.

I trust this Assembly acknowledges the increasing mental health issues including depression and anxiety that cross all age groups and demographics, not to mention suicides and suicide attempts; Likewise, many Assembly members speak to the need to improve and expand mental/behavioral health services, and recognize key drivers of destructive and self-destructive behaviors:

- 1) Ease of access to increasingly efficient means of self-destruction: Guns and drugs lead the day. There is no recovery or healing from one's own physical death.
- 2) Social messaging (any media) that reminds one constantly of being isolated, marginalized, anxiety ridden/depressed, burned out, and buying into feelings of being a burden ---- of being "less than."

Consider that this End-of-Life Option, if enacted, has governmentally reinforced a person's existential fears regarding self-worth, family or societal burden, and unrelievable pain and suffering near end of life.

This bill is state sanctioned assisted suicide.

No amount of legislation or funding, to boost mental health services, or promote gun safety, or offer much needed care for the unhoused, incarcerated, immigrant, un/undereducated, disabled and aging --leading demographics of the vulnerable-- can stay ahead of what End of Life Option promotes and has already opened doors more widely to, wherever it is enacted.

One cannot even adequately cover the sea change of care in Canada since similar legislation was enacted a mere 8 years ago and rapidly expanded).

This bill may be sold as cost neutral, with minimal if any administrative burden, and relieving the prescriber and the state of any legal culpability but to accept it for those reasons is shortsighted and, if not otherwise, self-serving.

In actuality, this end-of-life option is extremely manipulable, justifying, if not promoting, secretive actions of the patient at their most vulnerable moments and, also lying on a public health record—the death certificate.

This bill flies in the face of any promotion of truth and transparency in government and arbitrarily redefines Health Care.

This legislation will impact the numbers, make up and attitudes of those entering medicine and other health care professions. I regularly meet and work with compassionate young medical

students eager to get to know and care for patients when they begin their clinical rotations, and then hear what factors into their practice decisions as their clinical experience grows. I hear the distress, too, of those who heard another student attending a national student conference say in awe, that their attending physician invited them to administer a lethal dose of medication to a "terminal" patient, saying that they were given the opportunity to end that patient's suffering. A medical student who has so much yet to learn about medicine and caring for patients has just been sold a lie.

Our young and future generations will bear the weight and pay the price.

Please Oppose SB0443/(HB0403) End-Of-Life Option Act

Respectfully Submitted, Shirley Reddoch, MD Pediatrician, Pediatric Hematologist/Oncologist