

Senate Bill “End of Life Options Act” (SB 443) Physician Assisted Suicide is NEVER medical care.

Physicians are not mere “providers”. I oppose this bill legalizing assisted suicide also called “aid in dying” or a “compassionate choice”. There is nothing compassionate about a physician intending to end a patient’s life abruptly by providing the means of death by prescribing a known lethal dose of pills. What we are talking about is suicide not medical care. Patients don’t trust physicians that prescribe death. Due to the Coronavirus pandemic patients have lost trust in healthcare system “providers”. Proponents of physician assisted suicide (PAS) are back again trying to change Maryland law rendering physicians engage in patient suicide by prescribing a non-FDA lethal dose of pills and forever change the role of physicians as healers. This bill conflates a physician as a “provider” causing death.

As a clinician and medical educator, I have nearly 33 years of experience practicing inpatient, outpatient, urgent care, transitional, as well as 14 years of hospice medicine in Baltimore City. I have treated tens of thousands of patients and there is no place in medical tradition or medical residency training programs for assisted suicide. I can think of no situation in medical practice including hospice or palliative care that requires ending life abruptly. Maryland currently has world class medical institutions of care. This bill does not address futility or futile medical care. I continue to see numerous patients living normal lives over many years with medical diseases including cancers that are classified as terminal illnesses including terminal brain cancer and widespread metastatic cancers. I have seen Glioblastoma Multiforme (End Stage 4 brain cancer) patients live 7 years, get married, and become employed in the delivery of medical care, and lead normal lives. I see patients survive hospice for leukemia only to later have their leukemia treated one year later. We need better supports for patients in hospice and palliative care, not changing the role of physician as healer to be involved in suicide.

To expose the illusory logic: “aid in dying” maligns the term “terminal illness”. Proponents use “terminal illness” as a sufficient and necessary reason for ending life by suicide rather than allowing the course of natural death. In contrast historically, physicians as healers use the good faith designation of a “terminal illness” to provide good medical care such as palliative or hospice care to aid in living life, improving quality of life, and reducing human suffering. These resources may include narcotics, other medications, and family support, but never intending to end life abruptly through a lethal dose of pills as a means for death prescribed by a physician. Pills will be used with the intent to kill if this Senate Bill passes. Yes, pills can kill with the wrong physician intent. The intent of physicians is that of healing.

Proponents of aid in dying also want to malign the death certificate to read that a medical disease process caused death. Patients should remember that proponents of physician assisted suicide are in fact telling us how a non-FDA approved lethal overdose of pills, that is not part of medical care, can cause death abruptly. Proponents argue that it is “relative” when the patient dies but they want the patient “absolutely” dead by swallowing a lethal dose of pills. Let’s call them out by their abject lie about the “relative” time of the patient’s death. There is nothing “relative” about “absolutely” and “abruptly” ending a patient’s life with pills. Assisted suicide involves a premeditated intent to end life.

Let’s continue to be factual on the death certificate, the pills cause death. Help the Maryland Senate put to death the “End of Life Options Act” (SB 443) by opposing physician assisted suicide, rather than patients swallowing a lethal dose of non-FDA approved pills and changing the physician role.

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