

Opposition Statement SB443
End-of-Life Option Act
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My name is Deborah Brocato and I urge you to oppose this suicide bill known as the End-of-Life Option Act or Senate Bill 443.

I know something about suicide. My father suffered from depression and alcoholism as a result of physical and emotional abuse at the hands of his father. My father was violent and struggled to hold down a job. Several stints in alcohol rehabilitation failed. After years of struggling and failing to overcome his afflictions, he decided his family would be better off without him. He hung himself.

My father's suicide left our family broken and in shock. We wanted him to get well, not die. Years later, my siblings and I admitted to each other that we had each thought about suicide. We just wanted to stop the pain. Suicide almost became a family legacy. One person kills himself and others start thinking that might work for them. Thankfully, none of us ever took action on those thoughts.

Suicide is the result of despair. Suicide is not a cure for depression. Suicide is not a cure for alcoholism. Suicide is not a cure for pain. Suicide is not a cure for anything. Suicide is not healthcare.

If you want more suicide, then pass this bill. According to the National Institute of Health (NIH), "Legalizing PAS has been associated with an increased rate of total suicides relative to other states and no decrease in nonassisted suicides." (<https://pubmed.ncbi.nlm.nih.gov/26437189/>)

Suicide already happens every day without a law prescribing how to do it. According to the CDC (Centers for Disease Control), in 2021, there were over 48,000 suicides which breaks down to **132 suicides per day**. (See Suicide Fact Sheet)

Do not normalize suicide by passing this bill. Do not turn suicide into some kind of healthcare choice. Killing yourself is a result of despair, not a decision of a healthy mind.

There are millions of people in healthcare dedicated to helping those who are suffering whether it is emotional, psychological or physical pain.

Do not turn healthcare professionals into executioners.

In contrast, I cared for both my mother and, more recently, my brother during their battles with cancer. Both received chemotherapy treatments until they realized the cancer was winning. The treatments didn't save them but they did gain extra time with their families. If this legislation was in effect, the insurance companies would be incentivized to offer the cheaper prescription of suicide drugs over the life-extending chemotherapy. They might not have been given a choice. People with fatal diseases do have choices but suicide should never be put into the healthcare codes as a legitimate medical treatment.

Suicide is not compassionate. Putting physician in front of it does not make it healthcare. The American Medical Association (AMA) has reaffirmed its position that suicide is against their medical ethics. Their statement says, "Euthanasia is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks. Euthanasia could be extended to incompetent patients and other vulnerable populations."

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Many proponents of Assisted Suicide express fear of pain or fear of suffering. Fear is not a good reason for suicide. There is no good reason to encourage suicide. That's cruelty. When our fellow human beings are suffering, they need appropriate treatment. They need true compassionate care.

If you want less compassion, then pass this bill. If you want more suffering, then pass this bill.

The American Clinicians Academy on Medical Aid in Dying has put out a manual on Assisted Suicide, *Medical Aid in Dying, A Guide for Patients and Their Supporters* (<https://www.acamaid.org>). While it is supposed to be a positive guide for assisted suicide, it reveals the unpleasant reality of this prescribed death. Between the barbiturates, the anti-emetics and the analgesics, the prescription can be as much as 100 pills. The length of time it takes to die varies from one person to another. **Death can take hours or even days.** No one can say for sure if death is pleasant because the person is dead. Once the person is dead, they cannot report on their death or whether or not they voluntarily took the medication.

What a suffering person needs is to know they are worth the effort for them to receive true, compassionate care including effective pain management, psychological and emotional care and physical care.

Do not normalize suicide. Do not turn healthcare into deathcare. Do not make Maryland a haven for death.

I urge you to promote compassion and appropriate treatment for those who suffer. Reject this inhumane bill. Please give an unfavorable report on **SB443**.