Statement to the Senate Judicial Proceedings Committee
February 8, 2024
Re: SB443
Unfavorable, oppose

My name is Dr. Sandy Christiansen and I'm a board-certified obstetrician/gynecologist licensed in the state of Maryland, the Director of the Maryland Chapter of the Academy of Medical Ethics, and the National Medical Director of Care Net.

I am opposed to SB 443 because it violates the sacred covenant between doctor and patient to first do no harm. Physicians are healers, not killers and have the right to practice in congruence with their moral framework. Further, physicians are not vending machines to dispense a requested product, in fact patients' trust in physicians is eroded if they cannot be certain the doctor will act in their best interest.

This bill gives physicians too much power over their patients and allows physicians' biases to enter into life/death decisions.[i] 1 Studies show that physicians perceive disabled people to have a lower quality of life compared to how the disabled view themselves.[ii]

There are many things wrong with this bill including:

- Lacks a requirement for a formal psychiatric evaluation
- Puts the lives of the disabled in jeopardy
- Opens the door for the elderly and infirm to seek physician assisted suicide to avoid being a "burden" to their families[iii]
- Promotes a culture of death where it becomes acceptable to end one's life for treatable and random reasons.
- Increases suicide among our youth are observed where PAS is legal

None of us here wish to see loved ones suffer, but there are better ways to accomplish this than to put in place a law that undermines the essence of the doctor-patient relationship. The bedrock that this relationship is founded upon, and the glue that holds it together is trust. Trust that your doctor will always act, will always act in your best interest, come what may. If physician-assisted suicide is legalized, patients won't know if their doctor's ultimate motive is to heal them or end their life. Doctors must remain healers, not killers. As a medical student, I was raised with the time-honored doctrine of "*primum non nocere*," above all, do no harm![iv] Our duty is to eradicate the pain—not the patient. To give physicians that degree of power over their patient's health and well-being-and autonomy, is a fundamental conflict of interest.

The etymology of the word "professional" has at its root from Middle English, "profes," meaning to profess or confess vows.[v] Thus, true medical professionals subscribe to a set of values and precepts that undergird their practice of medicine. The principles backing the modern day doctor patient relationship are grounded in Hippocrates's Oath and other time-honored values, establishing a sacred trust where a physician's duty is to help and not harm

their patients, explicitly prohibiting giving 'deadly drugs" if asked, or even suggesting such a thing. Dr. Julie Balch states the following about the Oath: *"The Hippocratic oath has set a standard for the field of medicine that has survived through the ancient world, the Middle Ages, the Renaissance and the Enlightenment, through two world wars, and through the greatest period of scientific discovery. The miracle of the oath is that it has been accepted, notwithstanding the minor changes, in culturally, religiously, and socially diverse communities worldwide.*[vi]*"*

Excerpt from the classic Hippocratic Oath:

"I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect. Similarly I will not give to a woman an abortive remedy. In purity and holiness I will guard my life and my art…Whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice, of all mischief and in particular of sexual relations with both female and male persons, be they free or slaves.[vii],[viii]*"*

Do you know why this oath was created? Because physicians during Hippocrates day were abusing their power and taking advantage of their patients, sexually, financially, and more. Are we destined to repeat history, or can we learn from it? Physician-assisted suicide would revert the patient-doctor relationship back to pre-Hippocratic days, when patients didn't know if the doctor would heal them or kill them.

There is nothing to prevent someone from taking their own life, but to give a physician the power to end your life puts you, the patient, in an untenable position and at a severe disadvantage. Imagine a scenario where your mother walks into my office with bloating and I diagnose her with stage IV ovarian cancer. After a full evaluation, her five year survival is estimated to be less than five per cent. I present her options, including assisting her suicide. Do you honestly believe that she will trust me, even if she opts for a full court press of surgery and chemotherapy? In the back of her mind, she will always wonder if I will do something, or want to do something, to hasten her death.

Physician-assisted suicide allows doctors to be judge, jury and executioner. Does the patient really have a choice when the doctor gives the diagnosis, prognosis and tells them there is nothing more that can be done? This is not the kind of physician I am or will ever be. The American Medical Association states in Medical Ethics opinion 5.7: "physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.[ix]"

I few years ago, I read about Randy Stroup of Oregon who was diagnosed with metastatic prostate cancer. His application to the state for healthcare coverage was denied because they calculated that he had less than a five per cent chance of surviving his cancer. But, the State did offer to pay for his 'physician-assisted suicide'. In short, the state deemed his life not to be worth saving and in fact was prepared to put him to death. And now Canada is permitting those suffering with mental illness to end their lives instead of treating the very symptom they are experiencing!

We have fallen so far from the ethical and moral principles that the practice of medicine was founded on. In Francis Schaefer's and C. Everett Koop's 1979 book, Whatever Happened to the Human Race, they wrote of society being on "the edge of a great abyss."

Are you prepared to pave the way to a deconstructed society where the elderly, infirm, and disabled live in fear that their lives will be snuffed out, or worse, feel a "duty to die" so they won't be a burden? Where people stop going to their doctors because they can no longer trust that they are devoted to healing instead of managing healthcare and the bottom line?

This bill may seem like a compassionate effort to allow individuals to control their last days on earth, but it will decimate the doctor-patient relationship, sending shock waves through the practice of medicine. Medicine will morph into an unseemly cross between vending machine doctors who are compelled to dispense whatever the patient wants and a dangerous game of Russian roulette, where the doctor fixes the results.

I think that our ride on the slippery slope has, in fact, taken us into the abyss and it is my profound hope that you will help stop the slide.
I'm asking for an unfavorable vote on SB 443.

Sincerely,

Sandy Christiansen, MD, FACOG
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Care Net: *a non-profit organization that supports one of the largest networks of pregnancy centers in North America. With 1,200 affiliates and 30,000 volunteers, we provide immediate support to women and men considering abortion, to equip them for a life decision. Last year alone, our pregnancy centers provided clients with more than $62 million in free services.*

The AAME was founded to protect and promote the historic values that have provided the longstanding foundation for western medical care. It comprises healthcare professionals that subscribe to the traditional values of the Hippocratic Oath.

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[i] 1 Physicians' personal limitations and biases can influence a terminally ill patient's request for hastened death. These factors included having little or no training in counseling and an attitude that the doctor would assist the patient to hasten death if requested. Guy, M. and T. A. Stern. "The desire for death in the setting of terminal illness: a case discussion." Prim Care Companion J Clin Psychiatry 8, no. 5 (2006): 299-305
University Press; 2011

[ii] Diekema DS, Mercurio MR, Adam MB, editors. Clinical Ethics in Pediatrics: A Case-Based Textbook. Cambridge: Cambridge

[iii] Chochinov H, Wilson K, Enns M, et al. Desire for death in the terminally ill. Am J Psychiatry 1995; 152(8): 1185-91.

[iv] Smith, C. (2005). Origin and uses of primum non nocere--above all, do no harm! J Clin Pharmacol, 45(4), 371-7. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/15778417#.

[v] Professional. (2015, February 14). Retrieved March 5, 2015, from http://en.wikipedia.org/wiki/Professional.

[vi] Balch, J. (2011). Hippocratic Oath: An Ethic Surviving Historical, Social, and Religious Conflict. Retrieved from http://medicine.hsc.wvu.edu/Students/About-SoM/Admission-Process/Essays/The-Hippocratic-Oath.

[vii] Tyson, P. (2001, March 27). The Hippocratic Oath Today. Retrieved from http://www.pbs.org/wgbh/nova/body/hippocratic-oath-today.html

[viii] Greek Medicine (2002, Sept 16)- The Hippocratic Oath. (n.d.). Retrieved from http://www.nlm.nih.gov/hmd/greek/greek_oath.html

[ix] https://code-medical-ethics.ama-assn.org/ethics-opinions/physician-assisted-suicide