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Senate Judicial Proceedings Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Honorable Senate Judicial Proceedings Committee Member:

My name is Dr. Holly Dahlman. I am the owner of and one of the physicians at Green Spring Internal Medicine, a small independent primary care practice in Lutherville. I am a graduate of the Johns Hopkins University School of Medicine and trained in medicine at the Johns Hopkins Hospital. Over my 25 year career, I have specialized in the care of adults, including at the end of life, often with home hospice in place. What is good, what is just, what avoids wrong, what is safe, and what is wise must be at the forefront of my every consideration as a doctor.

I am writing in opposition to SB0443 for the following reasons:

- Legalizing PAS would harm the trust between physicians and our patients, worsening health disparities and putting vulnerable populations at risk.
- PAS would threaten access to care in cost-conscious healthcare environments.
- PAS would create financial conflicts of interest for physician practices, hospitals and health systems due to healthcare models which incentivize cost-saving.
- This bill attempts to redefine “aid in dying” and “suicide” in ways which deceive the public.
- Amidst an opioid overdose epidemic, this is no time to release more dangerous drugs into Maryland communities.
- Amidst a suicide epidemic, this is no time to signal to Marylanders that ending one’s own life in the face of suffering is favorable.
- The bill requires physicians to falsify death certificates, which is unethical and makes PAS deaths impossible for officials to track and nefarious acts impossible to investigate.
- The largest physician organizations oppose PAS, and physicians will not participate in PAS.

My role as a physician is not to kill but to heal and when there is no remedy, to provide comfort. To relabel physician-assisted suicide by using a mild-sounding phrase like “Medical Aid in Dying” is deceptive. What is being debated, put plainly, is a prescription for death. “Medical Aid in Dying” deceives the public as a term. This bill also attempts to redefine “suicide” itself in a way which is untrue, confusing to the public and dangerous.

Trust in physicians is vital if we are ever going to reduce health disparities. The pandemic produced perilous and disparate health outcomes because of public distrust in healthcare. Legalizing PAS would worsen distrust in physicians. PAS puts vulnerable populations at risk. There are no safeguards in this legislation to protect them. Your own autonomy could come at the expense of many others. This should not be. Autonomy must be weighed against medical ethics of

beneficence, non-malevolence, and social justice. If physician-assisted suicide were to be legalized in Maryland, the following individuals would be at greatest risk of harms: people unable to afford care, elders believing they are a burden or with weary caregivers, those wanting to avoid health costs in order to leave inheritances, the lonely, the chronically ill, and people living with disability.

There is no way to prevent a patient from being coerced by a family member or a healthcare provider, as this legislation creates opacity in its processes. An estate beneficiary would be allowed to serve as a witness on a written request for PAS. Someone other than the patient would be able to pick up the prescription at the pharmacy. There is no guarantee that the medication would be taken by the person for whom it was prescribed nor destroyed appropriately if not taken.

Life-saving care is often expensive for the individual and the insurer. Health insurance companies have profited handsomely by *not* spending money on healthcare. Significant obstacles to patient care already exist in the form of prior-authorizations and denials. For example, insurance companies keep denying coverage for medications proven to be effective to treat obesity. This is no time for the low-cost death option!

Here in Maryland, the Total Cost of Care Model began in 2019 and carries through to 2026, a model which incentivizes hospitals and health systems to reduce healthcare costs. Accountable Care Organizations (or ACOs) throughout Maryland incentivize medical practices like mine to achieve shared savings in healthcare by lowering the cost-of-care across a population of patients. To permit medically-prescribed death would be to open the way to an entirely unmanageable set of financial conflicts of interests for insurance companies, hospitals, and medical practices.

It is ironic that there is a push to enable physicians to prescribe death at a time when our great State of Maryland is reeling from worsening opioid overdose death and suicide epidemics. We should not allow dangerous medications to be released into our communities. The desire to end life is often a symptom of severe mental illness, suicidality often only transient, as I have seen with my own family members. Legalizing PAS would signal to young, healthier people that choosing to die is an acceptable way to alleviate suffering.

Finally, it is wrong to ask physicians to falsify death certificates. Ethically, we are bound to standards of truth. Could you imagine writing a cause of death as heart failure, for example, when the very medication you prescribed was what actually caused it? False information hampers the ability to use data to study the impact of PAS. It also shields information necessary for criminal investigations, opening the door wide for misuse. Physician liability limitations are written in!

I am a member of the American College of Physicians (ACP), representing 161,000 internal medicine specialists. The ACP opposes physician-assisted suicide as does the American Medical Association. The AMA Code of Ethics states, "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." Most physicians would refuse to participate. Legalizing PAS would never be good for Maryland. I am asking for an unfavorable report!

Professional regards,

Holly Ryerson Dahlman, MD, FACP
CEO, Owner, Physician
Green Spring Internal Medicine, LLC