

Oppose SB0443/HB0403

End-of-Life Option Act

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Thank you, Delegates, for your service to our community. I am Nancy Weisman. I've lived in Maryland for over 30 years where I practice clinical psychology.

Here are four reasons why I believe this bill must not pass:

- 1) It has nothing to do with Choice or Autonomy
- 2) It endangers Public Health and Safety
- 3) It corrupts Medicine and endangers patients
- 4) It erodes Trust both public, in the institution of Medicine, and private, in the doctor-patient relationship

Choice and Autonomy to end one's life by suicide are not restricted by our current laws - when faced with terminal illness or any other calamity. Children under ten have taken their own lives - much to grief of their parents, neighbors, and all feeling people. Additionally, there are common (legal) practices to hasten death: passively, by withholding fluid and nutrition as well as more actively, by doubling-up on the morphine drip. (Warraich 2017). What this bill calls a "right to choose" is really a right to recruit accomplices - an invitation to social disaster.

Public Health and Safety are endangered when doctors are licensed to kill. It is incoherent to charge doctors with both healing and terminating lives. Moreover, establishing such a policy destroys a critical social and psychological barrier against killing - which can be seen in the ever rising murder and suicide rates, especially among the young.

Corrupts Medicine and Endangers Patients. From the time of Hippocrates until the late 20th century, "Western medicine has regarded the killing of patients,

even on request, as a profound violation of the deepest meaning of the medical profession.” (JAMA 1988) The idea of dispensing death within medical channels, by means of medical decisions, facilitated by doctors and other health professionals is a gross distortion of the medical profession. As we’ve seen in Europe, what is now voluntary for terminally ill adults will soon be involuntary and include psychiatric and chronic illness, even in children. In Belgium, an 11 year old with cystic fibrosis, a chronic condition, was put to death with parental and medical consent; two years after his death, treatment for CF was available. In Ireland, a technician came to remove the ventilator of filmmaker and ALS patient, Simon Fitzmaurice. Only great and sustained effort on the part of Fitzmaurice and his family saved his life. It wasn’t that the medical establishment disliked him or his illness, but the “therapeutic imperative” to save him suffering required removing the ventilator. “Don’t you know it’s only going to worse? Why would you want to live?” They asked him.

The “therapeutic imperative” mentality has reached our shores. Consider: “Will you forgive me for saving you?” (Terry McGowan, NEJM) The doctor saved a toddler, beaten in her home - twice. The baby’s mother and grandmother were happy and grateful, but the doctor worried, “Did I save you for a good life? Are you glad I did?” The doctor asks herself if she should have let the baby die rather than go back to a bad home. She confuses the province of Child Protective Services with medicine. She confuses fixing a problem with ending a life.

“We didn’t save his life - we did better.” (C. Winebrenner, Washington Post/Kevin MD 2/2017) A man was found without a pulse and brought into the ER. After an hour, his pulse is restored. Rather than stabilize him and send him up to the ICU, the doctor in charge called in his family, wife and grown daughter, and declared, “His life of holding hands, his life of living is gone,” though there were no signs of brain death. Yet the doctor firmly admonished the family to stop treatment and let him die rather than face the uncertainty of recovery.

Contrast that to NY Marathon doctor, Theodore Strange, who responded to a stranger's call for help and restored an unconscious woman's pulse - more than once, sending her off in an ambulance. She lived, recovered, and calls him every December to thank him for another Christmas.

Erodes Trust, both public and private. In the words of four prominent physician-ethicists:

“If the moral center collapses, if physicians become killers or are even licensed to kill, the profession - and, therewith, each physician - will never again be worthy of **trust and respect as healer and comforter and protector of life in all its frailty.**

“We call on fellow physicians to say that we will not deliberately kill. We must also say to each of our fellow physicians that we will not tolerate killing of patients...we must say to the broader community that if it insists on tolerating or legalizing active euthanasia, it will have to find nonphysicians to do its killing.” Willard Gaylin,MD, Leon Kass,MD. Edward Pellegrino,MD, Mark Siegler, MD. Doctors must not kill. JAMA, 1988.

Don't license doctors to kill.

Please **don't** pass this bill.

