

House Bill 1328 – End-of-Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

Health and Government Operations Committee/Judiciary Committee
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OPPOSE (UNF)

HB 1328 should receive an unfavorable report because it is unnecessary (suicide is already legal in Maryland) and poses a danger to citizens suffering from a mental health condition such as depression.

The weak protection (in prior versions of the bill) for suicidal patients who suffer from depression is absent from HB 1328. On behalf of my dead brother-in-law, I'd like to know why.

My brother-in-law, who suffered from depression, committed suicide in Maryland 17 years ago in just the way this bill describes. He obtained a bottle of pain medicine from his doctor, but didn't take it as prescribed. Instead, on a day when the depression was taking its toll on him and his judgment was impaired, he swallowed all the pills at once, tragically ending his life. He didn't need HB 1328 to do it because suicide is already legal in Maryland.

The 2024 version of this bill contained some, albeit weak, protection for people with mental health conditions such as depression. In section 5-6A-01(M), "Mental Health Professional Assessment" was defined to be for the purpose of determining that the individual "is not suffering from impaired judgment due to a mental disorder." That language is now gone.

I find it odd, even sinister, that neither of the two doctors who might refer a suicidal patient for a mental health evaluation is a mental health professional. It is not in the best interest of the patient that an oncologist, rather than a psychologist, make the decision as to whether the suicidal person needs to be evaluated for depression. Equally nefarious is that there's no requirement that every patient who requests the suicide prescription be evaluated for depression. The expressed desire for suicide is a cry for help. So why aren't all these patients screened for depression and then given help to treat their depression? Once the depression is treated, the desire for suicide will most likely disappear. That was the case with two other relatives in my family, both of whom are alive today thanks to effective treatment for their mental health conditions.

Yet over the past 25 years, less than three percent (2.7%) of the patients who died from physician-assisted suicide in Oregon were evaluated for depression; in 2023, less than one percent (0.8%) received such an evaluation.¹ Of the 367 people who died from physician-assisted suicide in Oregon in 2023, only three people received a psychiatric evaluation.² Can you not see that something very wrong is going on here?

I urge you to stop ignoring the mental health issues of the terminally ill. When someone tries to jump off the Bay Bridge, we don't give them a shove in the back. We talk them down and get them help for their depression and feelings of hopelessness. People with a terminal illness deserve no less. I urge an UNFAVORABLE report.

Respectfully Submitted,

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^{1,2} Oregon Death with Dignity Act, 2023 Data Summary,
<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year26.pdf>