

**Joseph E. Marine, MD**

**Testimony to Maryland House HGO and Judiciary Committees**

**March 3, 2025**

**Re: House Bill 1328 - “End of Life Option Act”**

**OPPOSE**

Delegate Pena-Melnyk, Delegate Clippinger, and Honored Committee Members:

My name is Joseph Marine. I am a cardiologist practicing with Johns Hopkins Medicine in Baltimore with over 20 years of experience caring for thousands of patients throughout the State of Maryland. As part of my job, I am responsible for overseeing cardiology patient quality and safety efforts for my health system. I am also a member of the American Medical Association, the American College of Physicians, and the Baltimore City Medical Society, all of which oppose the legalization of assisted suicide. The opinions expressed here are my own personal views.

The End of Life Option Act represents shockingly dangerous and misguided public policy, which violates many basic principles of patient safety, and which does nothing to address the real needs of Maryland patients with advanced illnesses and disabilities.

Assisted suicide is not medical care. It has no basis in medical science, practice, or tradition. In states that have passed assisted suicide laws, very few physicians are willing to participate.<sup>1</sup> The lethal drugs used in assisted suicide have never been scientifically tested, and the US FDA has never approved any drugs for this purpose. The drug recipes for assisted suicide have been invented by the Euthanasia Movement, not the health professions.

Furthermore, we know that doctors practicing assisted suicide in other states have been performing uncontrolled, unregulated, and unethical experiments on human beings using combinations of cheaper drugs. This is because almost any drug, given in a high enough dose can serve as a poison. Tragically, these experiments have caused some patients to scream in pain and to take over 2 days to die.<sup>2</sup> This is not medical care, this is a disgrace. Experimentation such as this violates basic principles of medical ethics, including the Declaration of Helsinki, upon which most protocols for oversight of experimentation on human subjects are based.

We should also consider the fact the US and the State of Maryland are suffering from a huge epidemic of drug overdose deaths, largely due to opioids, now at a record pace of about 100,000 per year in the US. What message does the State send when it legalizes and endorses this new form of drug overdose death? What message does it send to young people, who are already suffering from unprecedented levels of mental illness, anxiety, despair, and suicide? The effects of this message and introduction of more deadly drugs into our communities can only be harmful.

We know that in other states with assisted suicide, some patients have taken up to 4 days to die, and that the drugs have failed to kill some patients.<sup>3</sup> We know that every other country with assisted suicide using pills has almost entirely abandoned it in favor of intravenous euthanasia because of complications and failure in up to 20% of patients.<sup>4</sup> The State of Oregon, which has had assisted suicide for 20 years, admits that in the 80% of cases with no witnesses to consumption of drugs, they have no idea if complications occurred.<sup>3</sup> Without medical witnesses, no one can know whether the drugs were self-administered or whether some patients were assisted to die in some other way.

We know that in states with assisted suicide, patients have lived up to 3 years after receiving a prescription, in violation of the law which requires a 6 months prognosis, with no accountability or consequences for the physician.<sup>3</sup> We also know that 15-20% of US patients referred for hospice care survive their 6 month prognosis, 6% are found not to be terminally ill, and that doctors are even more inaccurate in prognosis in other settings.<sup>5</sup> All this means that we cannot know how many wrongful deaths are occurring in other states under this law.

We know that patients who qualify for PAS under this law have a 50-75% incidence of clinical depression, and that at least 1 patient, received a prescription in Oregon despite a history of severe depression and suicidality.<sup>6-8</sup> Yet less than 2% of Oregon PAS patients received a formal mental health evaluation – strong evidence that the law is being violated.<sup>3</sup>

The law can be routinely violated because it relies entirely on self-reporting, with broad legal immunity given to physicians, protection of records from discovery and subpoena, no witnesses to consumption of drugs, falsification of death certificates,

and no routine audits, investigations, or supervision by an independent safety monitoring board.

We should also understand that this law will affect everyone. If this bill becomes law, it will undermine the ethics of the medical profession and alter how future doctors view patients with disabilities and advanced illnesses. It effectively changes the standard of care of vulnerable patients from suicide prevention to suicide promotion. At a time when public trust in the medical profession and the biomedical sciences is at an all-time low due to the many controversies created during the covid pandemic, further loss of trust, particularly in the African-American community, is something we can ill-afford in Maryland. The bill also threatens to damage the reputations of Maryland's prestigious academic medical centers, which are a vital engine to our state's economy.

The End of Life Option Act would provide a new license for doctors to violate basic principles of medical ethics and to end the lives of vulnerable patients using experimental drug cocktails with broad legal immunity and with no real oversight or accountability. It does not give any patients any new rights at all, and it takes away many basic legal protections.

What Maryland patients with advanced illnesses need is more support and greater access to excellent palliative and hospice care programs. We have some of the best health care in the world right here in Maryland. We should use it and not undermine our health care system with assisted suicide.

Thank you for reading my testimony as you consider this bill. I ask for an UNFAVORABLE report.

Joseph E. Marine, MD  
Cockeysville, MD 21030  
marinejoseph@hotmail.com

## References:

1. Fenit Nirappil, “A year after DC passed its controversial assisted suicide law, not a single patient has used it. Washington Post, April 10, 2018.  
[https://www.washingtonpost.com/local/dc-politics/a-year-after-dc-passed-its-assisted-suicide-law-only-two-doctors-have-signed-up/2018/04/10/823cf7e2-39ca-11e8-9c0a-85d477d9a226\\_story.html](https://www.washingtonpost.com/local/dc-politics/a-year-after-dc-passed-its-assisted-suicide-law-only-two-doctors-have-signed-up/2018/04/10/823cf7e2-39ca-11e8-9c0a-85d477d9a226_story.html)
2. JoNel Aleccia, Docs In Northwest tweak aid-in-dying drugs to prevent prolonged deaths. Kaiser Health News. Reproduced in USA Today, Feb 16, 2017.  
<https://www.usatoday.com/story/news/2017/02/16/kaiser-docs-northwest-tweak-aid--dying-drugs-prevent-prolonged-deaths/98003110/>
3. Oregon Death With Dignity Annual Reports 2021 and 2022.  
<https://www.oregon.gov/oha/PH/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Pages/ar-index.aspx>
4. Groenewoud, J.H., van der Heide, A., Onwuteaka-Philipsen, B.D., Willems, D.L., et al. (2000). Clinical Problems with the Performance of Euthanasia and Physician-Assisted Suicide in the Netherlands. *The New England Journal of Medicine*, 342, 551-556.
5. National Hospice and Palliative Care Organization Fact Sheet.  
[https://www.nhpco.org/sites/default/files/public/Statistics\\_Research/2017\\_Facts\\_Figures.pdf](https://www.nhpco.org/sites/default/files/public/Statistics_Research/2017_Facts_Figures.pdf)  
<https://www.nhpco.org/hospice-care-overview/hospice-facts-figures/>
6. Asghar-Ali, AA, et al. Depression in terminally ill patients: Dilemmas in diagnosis and treatment. *Journal of Pain and Symptom Management* 2013; 45:926.
7. van der Lee, ML, et al. Euthanasia and depression: A prospective cohort study among terminally ill cancer patients. *J Clin Oncol* 2005; 23:6607.
8. John Schwartz, “Questions on safeguards in suicide law.” *New York Times*, May 7, 2004. <https://www.nytimes.com/2004/05/07/us/questions-on-safeguards-in-suicide-law.html>