

UNFAVORABLE: HB1328 - 'End-of-Life Action'

I am writing to you as a retired hospice nurse regarding the Physician Assisted Suicide Bill (HB1328) that is before you. The passing of this bill would be a grave mistake for our great state of Maryland. By definition, suicide is the act of intentionally causing one's own death. There is a better and humane option.

Suicide in general, whether assisted or self inflicted, is devastating to the love ones left behind. It leaves extreme turmoil and often feelings of guilt to all concerned. The person committing suicide believe they are thinking clearly at the time but are unable to see the ripple effect that their actions have caused; deeply affecting the world of people around them.

'Death with dignity' is not death by Physician Assisted suicide. 'Death with dignity' is hospice care. Hospice is not a death sentence but rather a way to truly live each and every remaining moment to its fullest.

I had worked with hospice patients and families in Maryland for nearly five years. They always admit that they wish they had come into hospice care sooner. They had a misconception of what the purpose of hospice really is. They also often believed there is financial burden to be borne when in actuality hospice care is covered by Medicare, Medicaid and private insurance. They had preconceived notions that hospice means there is no more hope or purpose in living. The medical community has given up on them. The job of the physician in general is to cure their patient. Some physicians will go to great lengths trying to accomplish a cure and will never give up. Patients are put thorough endless tests, surgeries and treatments that are painful; and frankly, will make no difference to their outcome. At some point though there needs to be a shift from cure to comfort. In the end when everything possible has been tried the word 'hospice' comes up. Patients and families are devastated at this suggestion with no clear understanding of what hospice care actually is. With no other options they reluctantly accept this last option they have been given.

I have personally seen patients, in distress and feeling helpless, improve in their quality of life in hospice. Once their symptoms of pain, nausea, shortness of breath, anxiety, etc. are well-managed they feel better, are happier, and are able to spend quality time with families and love-ones. I have also had patients whose symptoms improved enough that they were discharged from hospice into palliative care.

The medical community are often reticent to use pain medications for fear of overdosing their patients. Palliative and hospice physicians are much better at symptom management. They are proficient at using a variety of medications to achieve the desired goal of elimination of symptoms secondary to their admitting diagnoses. Each patient is different. My medical director, Dr. Eric Bush, always told us "The patient is driving the bus. We are just along for the ride". We let them take the lead and continually adjust their plan of care as needed.

We do not need a law for Physician Assisted suicide. We do need more education for our medical community and the community at large of what palliative care and hospice care are.... true compassion for the seriously ill and dying.

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