

Statement to the House Health and Government Operations
Re: House Bill 1328 – End of life options
March 6, 2025
OPPOSE

My name is Dr. Sandy Christiansen and I'm a board-certified obstetrician/gynecologist licensed in the state of Maryland, the medical director of the Care Net Pregnancy Center of Frederick in Maryland, the Director of the Maryland Chapter of the Academy of Medical Ethics, and the National Medical Director for Care Net.¹

I urge you to reject suicide and protect the citizens of Maryland. Vote NO on H.B. 1328.

The Maryland House has made it a priority to remove safeguards from protecting vulnerable end-of-life patients. The End of Life Options Act communicates the message that their lives are not worth living simply because of their physical or mental disability, illness, or age. But these individuals are worthy of life, true end-of-life (or palliative) care, treatment options, and equal protection under the law.

None of us here wish to see loved ones suffer, but there are better ways to accomplish this than to put in place a law that undermines the essence of the doctor-patient relationship. The bedrock that this relationship is founded upon, and the glue that holds it together is trust. Trust that your doctor will always act, will always act in your best interest, come what may.

If physician-assisted suicide is legalized, patients won't know if their doctor's ultimate motive is to heal them or end their life. Doctors must remain healers, not killers. As a medical student, I was raised with the time-honored doctrine of "primum non nocere," above all, do no harm!¹ Our duty is to eradicate the pain—not the patient. To give physicians that degree of power over their patient's health and well-being-and autonomy, is a fundamental conflict of interest.

There is nothing to prevent someone from taking their own life, but to give a physician the power to end your life puts you, the patient, in an untenable position and at a severe disadvantage.

Imagine a scenario where your mother walks into my office with bloating and I diagnose her with stage IV ovarian cancer. After a full evaluation, her five year survival is estimated to be less than five per cent. I present her options, including assisting her suicide. Do you honestly believe that she will trust me, even if she opts for a full court press of surgery and chemotherapy? In the back of her mind, she will always wonder if I will do something, or want to do something to hasten her death.

Physician-assisted suicide allows doctors to be judge, jury and executioner. Does the patient really have a choice when the doctor gives the diagnosis, prognosis and tells them there is nothing more that can be done?

¹ Smith, C. (2005). Origin and uses of primum non nocere--above all, do no harm! *J Clin Pharmacol*, 45(4), 371-7. Retrieved March 5, 2015, from <http://www.ncbi.nlm.nih.gov/pubmed/15778417#>.

This is not the kind of physician I am or will ever be. 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.

Do not pave the way to a deconstructed society where the elderly, infirm, and disabled live in fear that their lives will be snuffed out. Where people stop going to their doctors because they can no longer trust that they are devoted to healing instead of managing healthcare and the bottom line?

H.B. 1328 presents many dangers including:

- Failing to meet the standard of care for treating seriously ill and/or end-of-life patients by permitting a treating physician to skip or ignore evaluating, treating, and addressing a vulnerable patient for depression and suicidality simply because that vulnerable patient seeks to end their life.
- Leaving patients susceptible to coercion and abuse by family members and caregivers and not ensuring patients have given their informed consent to die through medicalized suicide.
- Allowing individuals to die of assisted suicide who either do not have a terminal illness or would have outlived a six-month life expectancy, but for a physician's errant prognosis.
- Not acknowledging that assisted suicide medication doesn't meet safety or efficacy requirements for treating mental or physical ailments, because it treats an individual's health condition with a lethal drug overdose.
- Not requiring that the physician inform the patient that such medication is experimental and not approved by the FDA.
- Allowing physicians to freely violate their ethical obligations and cause lethal harm to their patients through experimental drugs.
- Increasing the risk that patients will be coerced or pressured into prematurely ending their lives when offered suicide by physicians as a viable treatment option.

It's also important to note that in states that have legalized assisted suicide, such as Oregon and Washington, individuals have died by assisted suicide even though they were not terminally ill and did not have the capacity to consent.

Legalizing physician assisted suicide sets a dangerous precedent for ending one's life for any reason.

This bill may seem like a compassionate effort to allow individuals to control their last days on earth, but it will decimate the doctor-patient relationship, sending shock waves through the practice of medicine. Medicine will morph into an unseemly cross between vending machine doctors who are compelled to dispense whatever the patient wants and a dangerous game of Russian roulette, where the doctor fixes the results.

Legalizing suicide by physician is neither "compassionate" nor an appropriate solution for those who may suffer from depression, loss of hope at the end of their lives, or wish to die for any other reason.

I urge you to reject H.B. 1328 and uphold your duty to protect the lives of all people, especially vulnerable people groups such as individuals suffering chronic physical and mental illnesses, the elderly, and individuals with disabilities—and maintain the integrity and ethics of the medical profession.

I'm asking for an unfavorable vote on HB 1328.

Sincerely,

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ⁱ [Care Net](#) offers compassion, hope, and help to anyone considering abortion by presenting them with realistic alternatives and Christ-centered support through our life-affirming network of pregnancy centers, churches, organizations, and individuals.