

**Written Testimony by Judith C. Appelbaum in support of
Maryland End-of-Life Option Act (HB 1328/SB926)
February 27, 2025**

My name is Judy Appelbaum, and I am a 72-year-old retired attorney and a resident of Takoma Park, Maryland. I write in strong support of the End-of-Life Option Act. It is past time for Maryland to join 10 other states and the District of Columbia in giving mentally capable adults at the end of their lives the power to end their suffering if it becomes unbearable. Every year that the General Assembly fails to enact this bill means that Marylanders in these dire circumstances are irrevocably deprived of the opportunity to make this decision for themselves.

I applaud my Senator, SJP Committee Chair William Smith, for his efforts to enact this bill into law, and I thank members of the Committees in both the Senate and the House of Delegates for considering my testimony.

The experience of friends of mine in DC, a couple, is an important factor motivating my support for this legislation. One of the women had an incurable disease and her condition was deteriorating (which I witnessed myself). She had watched her mother suffer unbearably as the same disease took its course, and she did not want the same fate. She knew that D.C. law permitted competent adults like her to obtain medication to end their lives peacefully, under certain conditions, and she asked her partner to figure out how she could use that law to end her life on her own terms.

The partner, an attorney, painstakingly researched the requirements and helped the ailing partner take all the necessary steps under D.C. law (which included securing support from two physicians, making multiple oral and written requests for the medication, and lining up two qualified witnesses). Even for a talented attorney, the process was cumbersome. But her dying partner's wishes were very clear so she persisted in helping her fulfill the requirements – while repeatedly reminding her that the decision was hers alone and she was free to change her mind and not go forward. (This apparently happens often: D.C. records show that up to 2022, the last year with public data, more than a third of those who obtained the prescription did not actually use it to end their lives.)

In my friends' case, the ailing partner did go ahead; she ended her suffering at home, peacefully, as she had wanted.

The surviving partner told me that the DC law giving her suffering partner the right to make this decision was critical because it gave her *agency* over her fate – at a time when she had no control over a powerful, incurable disease and a declining quality of life. The surviving partner also emphasized that the attending doctor spoke to the patient at great length to satisfy herself that the woman had the mental capacity to make the decision to end her life, and the doctor was certain that it was the patient's own independent decision to do it.

In Maryland, we should all be able to have that agency over our fate if we find ourselves in the same circumstances as my friend. I am in good health now, but I know I would want to have this option if the time were to come when I need it.

I would be concerned about coercion or abuse if there weren't strong safeguards in the bill, but, as in D.C.'s law, there are. These include provisions dictating that: two doctors must confirm that the individual is terminally ill with a prognosis of six months or less to live, is mentally capable of making healthcare decisions, and is not being coerced; the attending healthcare provider must inform the individual of all of their end-of-life options; there must be a mental health evaluation if either healthcare provider has concerns about the individual's capacity to make the decision; a patient may withdraw their request for medication or change their mind and not take it; and anyone attempting to coerce a patient will face criminal prosecution. The bill also expressly provides that no one is considered a qualified individual to exercise this right solely due to age, disability, or a specific illness. I also find it significant that since enactment of Oregon's Death with Dignity Act, 28 years ago, the state agency responsible for protecting individuals with disabilities has not received a single complaint that a person with disabilities was coerced to make use of that law.

One final note about opposition to this bill from some organizations and individuals who oppose abortion: I respectfully urge legislators to consider a key difference between that issue and this one. Abortion involves what its opponents consider a second human life (an unborn child) but medical aid in dying is inarguably about allowing the dying individual to make a decision that is *exclusively about his or her own life*. Whatever one's views on abortion, they should not reflexively lead to opposition to this legislation.

All of us in Maryland are entitled to the critical end-of-life option that this law would give us – including those with disabilities or in marginalized communities, who deserve the same autonomy over their life-and-death decisions as everyone else and who are protected against coercion or abuse by the bill's carefully-written safeguards.

Please do the right thing and pass SB 926 and HB 1328!

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