

Testimony in OPPOSITION to SB926/HB1328 - Jennifer Palmer, M.D. for the Maryland Psychiatric Society

This bill raises serious questions for me as a psychiatrist who treats patients with mood and eating disorders, including those suffering from anorexia who have SI despite weight restoration. At least one of them has considered going to Canada for MAID. My questions include:

1. If a patient asks me for a lethal Rx and I refuse, am I obliged to refer them to a psychiatrist who will “treat” their condition with a lethal Rx?
2. If another doctor asks me to evaluate a patient’s competence for a lethal Rx and I refuse, am I obliged to find a psychiatrist who will?
3. If a patient obtains a lethal Rx from another doctor, but I believe their psychiatric condition is not fully treated, will I be able to communicate this with that doctor? What if the doctor doesn’t know they are being treated by a psychiatrist at all?
4. If a patient has a lethal Rx and tells me they intend to take it, can I petition to have the Rx taken away as if it were a firearm? Can I EP them for emergency evaluation of SI? Will they be retained? This would affect definitions of dangerousness. Are ALJs prepared for this?

The bill answers none of these questions and is therefore untenable. I ask for a UNFAVORABLE report.