

Testimony of Janice Bird, MD
Support for HB 1328 The End-of-Life Option Act
(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
March 3, 2025

I am Dr. Janice Bird, a board-certified obstetrician and gynecologist, retired after 35 years of practice in Annapolis.

I strongly support this bill.

I have two comments.

1. The minority of patients whose pain and suffering cannot adequately be controlled need to have options, they need you to pass this bill:

I cared for thousands of patients in my career as an obstetrician gynecologist. It was a privilege to provide the best medical care I could. Ob/Gyns provide care over one's lifetime "from cradle to grave." In the small minority of my patients with terminal cancer, such as ovarian cancer, they may experience profoundly debilitating pain and suffering, begging for a peaceful end. They wanted a dignified, peaceful way to bring an end to their inevitable death for themselves and witnessed by their loved ones. I have been present at deaths that were prolonged by pain and suffering that was not alleviated with the best of hospice and palliative care.

For example: My 91-year-old father dying from prostate cancer under hospice care in my home demonstrated the inadequacy of these resources. Five days before his death he said, "I am ready to die, how can I make this happen?" There was nothing he could do. For him, his pain and suffering were not controlled by medications available through hospice and administered by his family. His pain and suffering were prolonged. He did not have a peaceful end of his life.

It is patronizing and wrong for opponents of this bill to believe they are justified in stopping this small minority of patients from ending their lives with peace and dignity if they chose to do so.

2. It is reasonable and ethical for physicians to choose to participate in such programs, AND participation does NOT violate the Hippocratic Oath.

Opponents may state this process violates the Hippocratic Oath, because they do not understand the modern Oath. It has changed over centuries. The original Hippocratic Oath—from 2400 years ago has evolved to the oath administered today. There clearly are parts of the original oath relevant to today's practice of medicine that focus on not harming patients such as following moral principles, and protecting confidentiality. There are many parts that today are irrelevant or inappropriate.

For example, the original oath has one swear to the God Apollo, acknowledge only male physicians, and agree not to perform surgery.

Now consider modern oaths.

Fully 116 of 122 U.S. medical schools now administer oaths that accommodate medical aid in dying, including the updated oath for the Johns Hopkins Medical School. The entire focus of aid in dying involves an option, and requires a conversation, an interaction, an evaluation, informed consent and, perhaps, a prescription within legally defined standards. It is ethical. It is compassionate. These are components of any modern or ancient version of the Hippocratic Oath.

I am one of many physicians who fully support this law that ensures patients have the legal process to choose a means to end their pain and suffering when their inevitable death is near. This bill doesn't stop death from occurring, but it can greatly diminish suffering and allows personal autonomy.

Physicians may choose to participate in treating these patients. There is no requirement. Deciding to take the drug is the patient's option.

Patients are asking for this law. We need and deserve this law.

Please vote favorably for **HB 1328 The End-of-Life Option Act**
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Jan Bird, MD
2811 Deepwater Trl
Edgewater, MD 21037-1218