

HB1328/SB0926: UNF

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Dear Health and Government Operations Committee Members,

As a Maryland citizen, I am writing today to express my strong opposition to HB1328/SB0926, the End-of-Life Option Act, which the House and Senate will soon be holding hearings on. I oppose this bill both because I am opposed in principle to medical assistance in dying and because this specific bill has significant practical flaws.

I oppose this bill because I believe society must protect human life and prevent suicide. The necessity of protecting human life in this way is generally recognized, as reflected in the many measures and resources currently in place to prevent suicidal people from harming themselves. For example, this is why Maryland has its Office of Suicide Prevention (<https://health.maryland.gov/bha/suicideprevention/Pages/home.aspx>).

Laws such as the proposed End-of-Life Option Act carve out exceptions to the general principle that suicide should be prevented and that suicidal people should be supported to help them continue with their lives. Making exceptions to this principle effectively devalues the lives of the people targeted by them.

The End-of-Life Option Act is essentially saying that while people should generally be protected from suicide, people with terminal illness diagnoses should not be protected from it. Such an attitude treats the lives of people with such diagnoses as worth less than other people's lives. The implicit message of the Act is to say "Suicide is generally bad, but in your case, suicide makes sense because your life is not as worth preserving as someone else's."

I reject this notion of making exceptions to suicide prevention. Such exceptions introduce inequality into suicide prevention and medical care. (They also open the door to further

exceptions to suicide prevention, such as accepting suicide for people with disabilities or severe chronic illnesses.)

Even setting aside these philosophical objections to the proposed Act, HB1328/SB0926 is seriously flawed on practical grounds:

1. The bill has no minimum required time for the attending physician to have treated the individual requesting assistance in dying. This means the physician might lack important medical or social background for judging the individual's situation. It also allows for individuals seeking death to shop around for doctors who will agree to their requests.
2. The bill does not require a mental health evaluation, leaving open the possibility of people with depression or other cognitive impairments (which may be quite subtle in some cases) being given assistance in dying.
3. The bill does not require informing the family of the person requesting assistance in dying. This omission cruelly ignores the wishes and concerns of family members for their loved ones and risks ignoring important medical or social background that doctors might wish to have.
4. The bill has a very lax requirement that the witnesses to the written request for assistance in dying know the person making the request. The person making the request needs only to have "provided proof of identity." The witnesses effectively could be complete strangers. Further, these witnesses are expected to verify that the person making the request "appears to be of sound mind and not under duress, fraud, or undue influence," when there is no guarantee they could accurately make such a determination.
5. The bill has no provisions for ensuring that prescribed medications are properly disposed of, either after someone has self-administered some of them or if they indefinitely delay doing so. It contains only a vague provision that "A person that, after a qualified individual's death, is in possession of medication prescribed for aid in dying that has not been self-administered shall dispose of the medication in a lawful manner." This risks

dangerous medications being taken, circulated, or sold illegally.

6. The bill sets a disturbingly low maximum penalty for someone found guilty of coercing another person into ending their life, forging a request to die, or interfering with someone's attempted recission of a request to die. The maximum penalty for these crimes is only 10 years and/or \$10,000. To my mind, such low penalties for what must be considered a type of homicide implies that ending the life of someone who is terminally ill or otherwise ill is a lesser crime than other types of homicide. This provision suggests that allowing assisted death makes us value life less in certain circumstances.

Also, I would like to mention my own personal experiences in this matter. I have lost a relative to medical assistance in dying. I have known many people who suffer from suicidal thoughts and feelings.

Experience has shown me how people can desire to end their lives under certain circumstances only to change their minds later. Experience has also shown me the anxiety and pain of having people I care about being at risk of taking their own lives. I fervently oppose legal changes that would increase the dangers to people in such situations.

Last, I would urge lawmakers to consider the larger context in which this bill is being considered. We are living through a time when at the national level aid to other countries is being eliminated and Congress is considering cutting vital social services such as Medicaid. Here in Maryland, social services to people with disabilities are also threatened with budget cuts. Amid such dangers to services that can help people live and flourish, what kind of message are we sending by making it easier for people to die?

We should not make it easier for people to end their lives. I strongly urge you to reject HB1328/SB0926, the End-of-Life Option Act.

Thank you for your attention in this matter.

John Whitehead