

Testimony in Opposition to HB1328 – End-of-Life Option Act

February 27, 2025

To: Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Health and Government Operations Committee

Subject: HB1328 – End-of-Life Option Act

Position: **Unfavorable**

Dear Chair Pena-Melnyk, Vice Chair Cullison, and Members of the Health and Government Operations Committee

I am submitting testimony in opposition to HB1328: End-of-Life Option Act. I am strongly opposed to this bill because this legislation:

- Puts vulnerable people, such as persons with disabilities and the elderly, at risk for abuse or coercion to commit suicide vs. receiving care. The legislation lacks strong safeguards to protect these vulnerable groups.
- Does not require mental health evaluations and monitoring.
- Has no protection against insurance fraud or pressure.
- Does not require family notification.
- Does not require medical supervision, so if something goes wrong, like choking or a change of mind, the person is on his or her own.
- Does not have safeguards to prevent lethal and highly addictive drugs that aren't used from getting out into our communities.
- Contributes to making suicide socially acceptable. States which have legalized assisted suicide have experienced increased suicide rates.

I am particularly concerned and want to add further detail about the following issues related to assisted suicide:

- Assisted suicide violates medical ethics to save lives and do no harm. Major medical associations oppose physician assisted suicide. The American Medical Association has reaffirmed its opposition to physician-assisted suicide: "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. Instead of engaging in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life." Similarly, the American College of Physicians (ACP) Code of Ethics states: "The College does not support legalization of physician-assisted suicide or euthanasia. After much consideration, the College concluded that making physician-assisted suicide legal raised serious ethical, clinical, and social concerns."
- Maryland's leading disability rights groups recognize the many dangers the bill poses to those with intellectual and developmental disabilities, such as falling prey to undue influence from doctors or family members. This results in a lack of true informed consent. Disability groups are fighting physician assisted suicide because it says their lives are not worth living. The CDC reports that suicide ideation is higher among people with disabilities.

- There is no requirement that a person receive a psychological evaluation before a life-ending prescription is written. As an example from another jurisdiction (Washington state), just 4% of individuals who died from physician assisted suicide were referred for a mental health evaluation before being prescribed lethal drugs (Washington State Department of Health, Death with Dignity Act Report 2019). In Colorado, drugs have been prescribed for eating disorders, which is a treatable disease (*Colorado Sun*, March 14, 2022).
- Individuals report pressure to die via physician assisted suicide as opposed to getting treatment for cancer, mental health needs, dementia, or even because they were homeless or suicidal.
- I am concerned that the terminally ill will consider assisted suicide in part because of a decline in a sense of community in our society, leaving many aging individuals feeling lonely and isolated, and questioning their meaning in a society that stresses usefulness to such a high degree, and that perhaps pays too little attention to the lifelong wisdom they have gained.
- A Nevada physician who treated patients from Oregon and California has reported cases of insurance abuse connected to physician-assisted suicide. In a commentary in the [*Las Vegas Review-Journal*](#), he wrote:

"Sadly, such real abuses are already being witnessed in states where PAS is legal. Since PAS became legal in California and Oregon, I have experienced firsthand the abuses that PAS incentivizes.

I cared for two patients in my hospital in Northern Nevada who were seeking transfers to their home states of California and Oregon for lifesaving treatments. With these particular treatment options, both patients had an excellent chance of cure. Without the treatments, both would likely die from their diseases.

When I spoke with the medical directors of the patients' insurance companies, both of them told me they would cover assisted suicide but would not approve coverage for lifesaving treatment. Neither the patients nor I had requested assisted suicide, yet it was readily offered. Instead of the best treatment options, my patients were offered the cheapest option — a quick death through lethal medications. This was perfectly legal to do in those states but certainly unethical." (Dr. T. Brian Callister, M.D., Feb. 9, 2019)

- Assisted suicide encourages people to feel like a burden to their families. According to data from Oregon and California, about half of those dying by assisted suicide reported that they did not want to be a "burden" on their families or caregivers.
- Loneliness and isolation are recognized as significant problems in today's society. Harvard political scientist, author of the influential book *Bowling Alone*, has identified declining social capital as a concern in America as well. Does this increasing isolation lead to worries about being a burden? And should we be making greater efforts to foster inclusion and engagement for our aging citizens to counter worries about becoming a burden? Do those facing end-of-life circumstances feel disconnected due to breaches in community life, or to our society's strong emphasis on usefulness? Our focus should be more centered on solutions to this isolation and disconnect, and on fostering stronger community association, rather than on promoting assisted death.

- The legislation lacks real safeguards to protect people. Where assisted suicide is legal, safeguards like waiting periods are being shortened or waived.
- Assisted suicide sends a confusing message that suicide is OK, even as the state engages in systemic efforts to prevent suicides among the general population through the Maryland Office of Suicide Prevention. States that have legalized assisted suicide have experienced increased suicide rates in general. Young people are particularly susceptible to suicide, and suicide rates also are higher among veterans. Assisted suicide sends a conflicting message to these vulnerable groups. just as it sends a message of less worthiness to those with disabilities, as identified in an earlier point above.
- There is no way to accurately diagnose life expectancy. Individuals can request physician-assisted suicide if diagnosed with a terminal illness and given six months or less to live. However, medical prognoses are based on averages that often prove incorrect, and people frequently outlive these projections.

For these reasons, I strongly urge an unfavorable report on HB1328. Instead, we should give maximum attention to making sure that quality palliative end-of-life care is readily available to all Maryland residents who need it. As a former president of the American College of Physicians (ACP), the medical association named earlier in this testimony, stated: “As a society, we need to work to improve hospice and palliative care, including awareness and access.”

Let us set our sights, therefore, on accompanying terminally ill persons with high-quality palliative and medical care combined with human closeness and a strong sense of community connection that assures them of compassion and meaning throughout the final stage of life.

The previously-cited ACP official well describes the path forward that Maryland, in particular, and society, in general, should follow:

“Through effective communication, high quality care, compassionate support, and the right resources for hospice and palliative care, physicians can help patients control many aspects of how they live out life’s last chapter.”

Please give an unfavorable report on HB1328. Thank you for your consideration of my views.

Sincerely,

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