

**Holly Ryerson Dahlman, MD, FACP
Green Spring Internal Medicine, LLC
2360 W Joppa Road – Suite 210
Lutherville, MD 21093**

Senate Judicial Proceedings Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

March 3, 2025

Dear Honorable Senate Judicial Proceedings Committee Member:

My name is Dr. Holly Dahlman. I am owner and one of the physicians at Green Spring Internal Medicine, a small independent primary care practice in Lutherville. I am a graduate of the Johns Hopkins University School of Medicine and trained in internal medicine at the Johns Hopkins Hospital.

The Trump Era is no time for Maryland to legalize doctor-prescribed death. Proponents of PAS keep neutralizing terminology which I believe make it more acceptable to the public. After all, who would not wish for aid; however, this legislation is dangerous, especially at a time like this. Medical killing was a key signature of far right regimes. Even if one has a progressive view of history, the current proposed bill is dangerous for a variety of reasons.

I am writing in opposition to SB 0926 for the following reasons:

- It is a straw man argument to say that those who oppose PAS are denying suffering at the end of life. Suffering is both a part of living and a part of dying. Our physician role is to relieve suffering.
- Legalizing PAS will worsen health disparities by producing distrust in the doctor-patient relationship.
- PAS puts vulnerable populations at risk.
- PAS produces a threat to access to care in cost-conscious healthcare environments
- Conflicts of interest are unavoidable for physicians, our practices, hospitals and health systems due to healthcare models which financially incentivize cost-saving.
- This bill aims to legally redefine terms like “aid in dying” and “suicide” in ways which confuse the public.
- Amidst an opioid overdose epidemic, this is not the time to release more dangerous drugs into society.
- Amidst a suicide epidemic, this is not the time to signal that ending one’s own life as a favorable option.
- The bill requires physicians to lie on death certificates about actual cause of death, making these deaths impossible for officials to track and nefarious acts impossible to investigate.
- The largest physician organizations oppose PAS, and physicians will not participate in PAS.

My role as a physician is to heal and not to kill and when there is no remedy to provide comfort. Hospice care has improved over the last several decades. Nobody who opposes PAS denies the fact that some suffer at the end of life. At the same time, suffering is involved in living, as those of us who have fought cancer diagnoses could attest. I am currently being treated for breast cancer, and it has not been easy. Our job as physicians is to relieve suffering but seldom do we eliminate it entirely.

To relabel physician-assisted suicide as “Medical Aid in Dying” is deceptive. What is being debated is a prescription for death. In primary care, we help our patients throughout their lives, even to the end. “Medical Aid in Dying”, now “AID” masks the real topic of this legislation. To legally redefine “aid in dying” when describing prescriptions for death is not only misleading but harms public trust in physicians, particularly for populations most at risk to suffer the consequences of distrust. Trust in the doctor-patient relationship is vital if we are ever going to reduce health disparities.

Vulnerable populations would be at risk if physician-assisted suicide is legalized in Maryland. There are no safeguards in this legislation to protect them. Your own autonomy could come at the expense of others. This should not be. Autonomy must be weighed against other medical ethics such as beneficence, non-malevolence, and social justice. There is no way to prevent a patient from being coerced by a family member or a healthcare provider, as this legislation creates opacity in its processes and allows for an estate beneficiary to serve as a witness in favor of ending a patient's life. If physician-assisted suicide were to be legalized in Maryland, the following individuals would be at greatest risk of harms: people unable to afford healthcare or medication, elders believing they are a burden, those wanting to avoid health costs in order to leave an inheritance, the lonely, chronically ill, patients with weary caregivers, and people living with disability.

Health insurance companies have profited handsomely by *not* spending money on healthcare. Significant obstacles to patient care already exist in the form of prior-authorizations and denials. For example, insurance companies are broadly denying coverage for medications which are proven to treat obesity. Life-saving care is often expensive.

Here in Maryland, the Total Cost of Care Model began in 2019 and carries through to 2026, a model which incentivizes hospitals and health systems to reduce healthcare costs. ACO models throughout Maryland are also incentivizing physician practice groups to achieve shared savings in healthcare by lowering the cost-of-care. In other words, practices like mine are rewarded for reducing costs across a population of patients. This is not the time for the low-cost death option! To permit medically-prescribed death would be to open the way to an entirely unmanageable set of financial conflicts of interests for insurance companies, hospitals, and medical practices.

It is ironic that there is a push to enable physicians to prescribe death at a time when our great State of Maryland is reeling from opioid overdose death and suicide epidemics, both of which preceded but worsened during COVID times. We should not allow dangerous medications to be released into communities where the risks of accidental overdose or misuse abound. The desire to end life is often a symptom of severe mental illness. The desire to die may be transient, as my clinical experience has taught me. Legalizing PAS would signal to young, healthier people that choosing to die is an acceptable way to alleviate suffering.

Finally, it is not only wrong to ask physicians to falsify death certificates, but this runs counter to the profession's ability to use data to study the impact of PAS in contrast to other potential causes of death. This also shields information necessary for criminal investigation, opening the door wide

for misuse. Furthermore, there is limitation of liability written into the bill where such limitation exists almost nowhere else in healthcare.

Medical professional organizations oppose physician-assisted suicide. I am a member of the American College of Physicians (ACP), representing over 161,000 internal medicine specialists in the US. The ACP opposes physician-assisted suicide. The American Medical Association also opposes PAS. The AMA Code of Ethics states, "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."

What is just, what is good, what avoids wrong, what is safe, and what is wise must be at the forefront of every consideration in healthcare. Though other states have legalized physician-assisted suicide, this would never be good for Maryland and definitely not now when the Trump Administration is undoing access to healthcare and gutting public health resources.

I am asking for an unfavorable report for SB 0926!

Professional regards,

Holly Ryerson Dahlman, MD, FACP
CEO, Owner, Physician
Green Spring Internal Medicine, LLC