Marie-Alberte Boursiquot, MD, FACP

RE: Senate Bill 926/House Bill 1328:-"End of Life Option Act (The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)
Oppose

Dear Honored Senate and House Committee Members

My name is Marie-Alberte Boursiquot. I am a Board certified Internist and have been licensed to practice Medicine in the state of Maryland for over twenty five years. In that time I have managed thousands of adult patients. I am also a Fellow of the American College of Physicians (ACP). The ACP[1]and the American Medical Association (AMA)[2] remain opposed to the legalization of physician assisted suicide under any title.

I maintain my personal opposition to the "End of Life Option Act". Medicine is a noble profession. Physicians are trained to be healers and not the agent of harm to patients. Suicide as defined, in the Merriam-Webster dictionary, is *"The act or an instance of taking one's own life voluntarily and intentionally".*[3]

Suicide is neither medical care nor an "option" in medical care. It has now become a public health crisis, it is the tenth leading cause of death in this country, and its' rates are rising.[4] In a civilized society suicide should not be promoted.

Assisting a patient in doing harm to themselves is not part of the medical training of a physician. This Bill supports the harming of patients. It is natural that a patient and their families may experience fear and anxiety at the end of life and/or as a serious illness progresses. Even in this circumstance a physician must first fulfill his or her obligation to always act in the best interest of the patient as healer, comforter and trusted advisor.

The term "Aid in Dying" as defined in this bill is not a medical practice. The true "Aid in Dying" already exists in the forms of palliative care and hospice care.

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[1] American College of Physicians Ethics Manual: (online) www.acpjournals.org/doi/pdf/10.7326/M17-0938
[2] Code of Medical Ethics of the American Medical Association: (online) code-medical-ethics.ama-assn.org. See Opinion 5.7 and 5.8.
[3] www.merriam-webster.com
[4] American Foundation for Suicide Prevention: www.afsp.org

There are a number of flaws in this bill including, but not limited to:

1. Placing our most vulnerable populations (i.e. the poor, those with disabilities, those who suffer from mental illness, members of minority groups, etc.) at risk.
2. Bills such as this one create an incentive for insurance companies and other medical plans to deny life saving care to our patients.
3. Bills such as this one can potentially make suffering patients feel that they are a burden and coerce them to consider suicide.
4. The determination of a "terminal illness" resulting in the individual's death within six months is seldom accurately predicted.
5. There are no guarantees that even if a patient is prescribed a lethal dose of medications for the purpose of committing suicide that they will avoid suffering before they finally die.
6. There are no guarantees that the patient will die immediately after ingesting these drugs.

Under this bill a suffering patient essentially asks an "attending physician" to assist them in committing suicide. Following a mental evaluation with a "consulting physician", the "attending physician" writes a prescription for a cocktail of drugs with the intention that the patient commits suicide by self administering/ingestion of the cocktail.

Drugs are developed for their therapeutic value and not intended to be misused or abused to harm patients. It's conceivable that any drug that is misused can serve to harm a patient. Drug overdose is the leading cause of unintentional death in the United States. Opioid addiction is driving this epidemic of drug overdose.

What message are we sending to young adults and society in general when on the one hand we discourage substance abuse in the form of Opioids and other illicit drugs but make the exception for its' abuse when physicians "assist" their patients in committing suicide. These are the same drugs that are often found in the drug cocktails prescribed to patients involved in assisted suicide.

In the event that the patient succeeds in committing suicide, the "attending physician" is then selectively protected by law to falsify the death certificate by

listing an underlying medical condition as the cause of death instead of the true cause—Physician Assisted Suicide.

This is absolutely appalling especially in a day and age when transparency is expected of our political leaders, physicians, and anyone in the position of authority. This act undermines the integrity of the medical profession.

The legalization of Physician Assisted Suicide will eventually lead to the more disturbing practice of Euthanasia. In this instance it's the physician who decides that the patients' life is no longer worth living and ends the life of the patient.

We need only look north to our neighbors in Canada to see the disastrous effects of this practice.[5]Safeguards such as waiting periods, terminal illness restrictions and residency requirements which were originally assured as Physician Assisted Suicide was accepted were rescinded. Particularly disturbing is what happens with the expansion of Euthanasia to include patients suffering with mental illness.[6]

As I alluded to earlier, there are already "end of life" options available to suffering patients. Palliative Care[7] for instance is designed to prevent and alleviate the suffering associated with a chronic or advanced medical condition. This includes such conditions as:

- Lung Disease (i.e. COPD)
- Heart Disease
- Liver or Kidney Disease
- Cancer
- Dementia, ALS, or other neurologic conditions.

It can and should be introduced as early as possible in one's care. It is life affirming and addresses the physical, psychosocial, and spiritual needs of a patient and their family. It properly regards dying as a normal and natural process.

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[5] (2022)70(3) World Medical Journal 27-25. (online) www.wma.net/wp-content/uploads/2022/11/WMJ_2022_03_final-1.pdf

[6] (2022)71(4) World Medical Journal 72-82.

[7] www.nhpco.org/palliative care/explanation-of-palliative care

Psychosocial/emotional conditions such as Depression and Anxiety can already be effectively managed. Physicians are already trained to recognize, manage, and refer to subspecialists those who suffer from these conditions.

Physical suffering at the end of life can already be effectively managed with palliative sedation and narcotics. Patients already have a right to discontinue medical care when such management has become futile.

Hospice Care[8] is available and provides humane and compassionate care for those in the last phase of their serious ailment. It facilitates having the patient live as comfortably and as fully as possible.

It should be the desire of all physicians that all patients know that they will be well cared for throughout their lives including the end of life. The "End of Life Option Act" ultimately undermines the patient-physician relationship. A relationship based on trust.

In closing I wish to quote as is so eloquently expressed in the AMA Code of Ethics: "Physician Assisted Suicide is fundamentally incompatible with a Physicians role as healer".[9]

Physician Assisted Suicide under any name (i.e. "End of Life Option", "Medical Aid in Dying", "Aid in Dying", etc.): is unnecessary, is dangerous, and is not medical care. Thankfully the majority of physicians will not participate in this act.

Thank you for reading my testimony as you consider this bill.

Sincerely,
Marie-Alberte Boursiquot, MD, FACP
Columbia, MD 21046
mariealberte1115@gmail.com

[8] Nia.nih.gov/health/frequently-asked-questions-about-hospice-care

[9] Code of Medical Ethics of the American Medical Association. (online)code-medical-ethics.ama-assn.org. See opinion 5.7