William S. (Bill) Samuel III
11445 Neelsville Church Road, Germantown, MD 20876-4145 E-mail: billsamuel3@gmail.com
301-943-6406 (cell), 240-801-6245 (Google Voice) Fax to E-mail:413-485-2881

March 3, 2025

Testimony opposing SB0926, End-of-Life Option Act

If passed, this dangerous bill would allow doctors to prescribe lethal drugs to patients diagnosed as terminally ill who want to end their lives. Patients can pick up these drugs at their local pharmacy. While the legislation euphemizes what it is allowing and legally classifies it as not suicide, the actions authorized constitute suicide by normal definition. While the bill calls it "aid in dying," I use the more accurate term "physician-assisted suicide." Legalizing physician-assisted suicide endangers vulnerable populations, such as the elderly and people with intellectual and developmental disabilities, opening the door for abuse and coercion.

I am standing up in opposition to physician-assisted suicide legislation for a number of reasons:

1. The key guideline is a medical "prognosis for an individual that the condition likely will result in the individual's death within 6 months." However, such prognoses are notoriously unreliable. For example, my mother received such a prognosis from her primary care physician. She lived 12 years after that prognosis. I was with her the day preceding her dying peacefully in her sleep. She was able to carry out all the physical tasks of a normal life without any assistance. I engaged in a number of activities with her that day, including attending religious services, going out for lunch, and shopping. She had no cognitive deterioration and was able to converse normally. Although no autopsy was performed, so the cause of death is not certain, her doctor believed the cause to be the condition that resulted in the original prognosis of death within 6 months. The legislation is based on a false unstated assumption that prognoses of a terminal illness leading to death within 6 months are reliable. Basing legislation on known false assumptions is irresponsible.
2. The safeguards in the bill are not reliable. While most physicians oppose prescribing "medications" for the purpose of the patient killing themselves, there are physicians who believe anyone should be able to kill themselves for any reason and will certify those coming to them under this kind of legislation. Those craving death can physician shop until they find a doctor who will cooperate. While the bill requires a witness who will not benefit from the patient's death, this is purely a matter of self-certification. There is no verification that the certification of the witness is accurate.
3. Providing the means of death is not health care. Major medical associations, such as the American Medical Association (AMA) and the National Association of Nurses, oppose this kind of legislation. The AMA says that "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." Politicians overriding the considered opinion of medical professionals is dangerous.
4. Disability rights groups are among the most active opponents of such legislation wherever it is proposed. They know that such legislation results in pressure from others to use its provisions, and that insurers often refuse to pay for needed treatment because

the death of the patient would cost them much less than treatment to alleviate the pain and symptoms of underlying conditions. Some with disabilities have felt forced to move to another state when their state approved legislation of this type in order to continue to receive appropriate care.

5. Such legislation is often promoted as a way to reduce unbearable pain. Patients who use assisted suicide in states where it is legal do not usually cite pain as the major reason – not even in the top 5 reasons in Oregon. Also, we need to reduce the barriers to providing adequate pain control rather than provide for the death of those experiencing severe pain.
6. The person who commits suicide is not the only person affected. As someone who has a sister who committed suicide and another sister who several times attempted unsuccessfully to commit suicide, I can attest to the profound effects suicide has on family members and friends.
7. Allowing suicide (even if it is not called that) in certain cases encourages others to commit suicide. In Oregon, non-assisted suicides went up 49% after the enactment of legislation similar to this bill. It also makes the means more easily available. Both pending use of the drug and in the many cases in which patients obtain prescriptions but never use them, the suicide drug is in the household vulnerable to use by someone other than the one obtaining the prescription. Passage of this bill would result in the deaths of many people of various ages, including teens who are of the age most vulnerable to suicide, and misery for huge numbers of family members and friends of these suicide victims. Do you want this on your conscience?
8. Maryland has adequate protections for those at the end of life to determine what medical intervention they do or do not want. No one is forced to endure "futile care." This is the real worry of many people about the end of their lives. They want to die natural, not artificially prolonged, lives. This is already a right under Maryland law. My wife used this right to prevent the artificial extension of her life and ensure she only received palliative care when death was near. Due to such legal protections, people such as my wife are enabled to have a natural death.

This or similar legislation has been considered repeatedly by the Maryland legislature in session after session. There are sound reasons why it has never been able to obtain the necessary support from legislators to be enacted. I urge you to vote against moving this legislation to the floor for consideration.