

OPPOSITION STATEMENT SB926

END-OF-LIFE OPTION ACT

(The Honorable Elijah E. Cummings and the Honorable Shane E. Pendergrass Act)

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I strongly oppose SB926 and urge an unfavorable report.

***The Code of Medical Ethics* from the American Medical Association 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.”**

The CDC website states, “Suicide is a serious public health problem and has far-reaching impact.”

According to the CDC (Centers for Disease Control), in 2022, there were 49,476 suicides which breaks down to **136 suicides per day. 1.6 million Americans attempted suicide, 13.2 million thought about suicide and 3.8 million people made a plan for suicide** (<https://www.cdc.gov/suicide/facts/data.html>), See also the Suicide Fact Sheet and the *CDC Facts About Suicide*). This demonstrates that people can commit suicide without forcing others to help.

My father suffered emotionally, psychologically, and physically at the hands of his father. In spite of the trauma of his childhood, he pursued his talents, opened a business, met my mother and started a family. Underlying this outward success, my father battled depression and alcoholism. For a time, we experienced the loving father and husband Dad was meant to be. By middle school, alcoholism and depression controlled his life. He lost his business and was increasingly violent. My mother worked one job, then two, then three. When old enough, my siblings and I worked and contributed. Due to my father’s violence, the police were called to our home many times. He sought treatment several times with no success. Treatment back then did not address the psychological underpinnings of alcoholism and depression.

Finally, in October of 1986, my father took an industrial strength electrical cord and hung himself.

We wanted our father to get effective treatment and get well. That suicide opened a pandora’s box of emotional trauma. It’s not easy but both alcoholism and suicide are treatable.

Suicide is not a cure for depression. Suicide is not a cure for alcoholism. Suicide is not a cure for pain. Suicide is not a cure for anything.

Suicide is a health crisis, not a solution.

This bill normalizes suicide and removes OPTIONS. Do not turn suicide into a legitimate healthcare choice. Killing yourself is a result of despair, not a decision of a healthy mind. As has happened in Canada, passing this bill will result in suicide becoming part of healthcare. Suicide will be the cheaper option over actual treatment, and insurance companies will cover the cost of suicide but limit the coverage of life-saving treatment options.

There are millions of people in healthcare dedicated to helping those who are suffering whether it is emotional, psychological or physical. **Do not turn these professionals into executioners.**

In contrast, I cared for my mother during her battle with cancer. She was bedridden for the last 3 months of her life. The cancer had spread to most of her body, and she required total care. Although I had 2 toddlers and was pregnant with our third child, it is something I am grateful I was able to do. Her pain was well managed. The last weeks of her life she was prescribed morphine drops because she had difficulty swallowing. Although she was in pain, my mother started refusing the morphine. She stated, "I don't want to sleep my life away. I would rather have pain and spend time awake with my family." Her desire to live remained strong even though she knew she was dying. **While her death caused great sadness, it was not traumatic like our father's suicide because she didn't choose it. The length of her illness gave us time to spend with her.**

The American Clinicians Academy on Medical Aid in Dying has put out a manual on Assisted Suicide, *Medical Aid in Dying, A Guide for Patients and Their Supporters* (<https://www.acamaid.org>). This is supposed to be a positive guide for assisted suicide, but it reveals the unpleasant reality of prescribed death. Between the barbiturates, the anti-emetics and the analgesics, the prescription can be as much as 100 pills. The length of time it takes to die varies from one person to another. **Death can take hours or even days.** No one can say for sure if death is pleasant because the person is dead. Once the person is dead, they cannot report on their death or whether they voluntarily took the medication.

Many proponents of Assisted Suicide express fear of pain or fear of suffering. Fear is not a good reason for suicide. **There is no good reason to encourage suicide. That's cruelty.**

This bill is not compassionate. It is the opposite. When our fellow human beings are suffering, they need appropriate treatment for what ails them along with emotional support and reassurance.

I urge you to promote compassion and appropriate treatment for those who suffer and turn away from this inhumane bill that legitimizes killing another human being. I ask you for an unfavorable report on SB926.