

**Senate Bill 926 - End-of-Life Option Act (The Honorable Elijah E. Cummings
and the Honorable Shane E. Pendergrass Act)**

Judicial Proceedings Committee
March 5, 2025

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OPPOSE

I am writing to express my ***strong opposition to SB 926***.

I have a family member who struggles with her mental health. She has battled periods of depression, but with help she is able to live a relatively normal life. If SB 926 becomes law, I am concerned that my family member and others like her will be placed at a greater risk of suicide. Here are my specific concerns:

Data from other states and countries show that this law will quickly expand once enacted - SB 926 makes suicide a legally-recognized medical treatment. As a result, it will quickly expand from patients who are deemed terminally ill to those with chronic illnesses, uncomfortable lifestyles and mental health challenges. You can't give a "right" to only a certain class of people. Depression and other mental health problems are treatable - ***suicide is not a solution***.

There are no safeguards for the poison - My family member has lived with roommates. Suppose her roommate brings home a prescription for suicide pills? If she becomes depressed, she could find the poison in the medicine cabinet and ingest it. These drugs will pose a danger to anyone in the household. This has already happened in Australia, where a man killed himself by ingesting the poison prescribed for his wife.

Insurance companies will push suicide to save money - My family member will likely need psychological help for the rest of her life. These treatments cost money. As our society ages and our health care systems become more financially strained, people who struggle with mental illness - and others whom our society deems too costly to treat - will be pushed to commit suicide. Advocates for physician-assisted suicide readily admit this.¹ And people with mental illness are already discriminated against by our healthcare system.²

There are no safeguards against coercion - The bill requires witnesses when someone requests suicide, but no witnesses are required ***at the time of the suicide***. Because of her illness, she can be easily influenced by people who don't have her best interests in mind. What is to stop someone from coercing her into taking her own life?

I respectfully ask that you oppose this bill. The state of Maryland has some of the best doctors and hospitals in the world. We should work to alleviate suffering - not to eliminate the sufferer. ***I urge an unfavorable report.***

Respectfully submitted,
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1. Derek Humphry and Mary Clement, *Freedom to Die*, St. Martin's Press (New York, 1998).
2. Stigma and discrimination against people with schizophrenia related to medical services. *Int J Soc Psychiatry*, 2014.