

MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

Physician-Assisted Suicide Legislation in Maryland Know the Facts

Legislation was introduced earlier this year in the Maryland General Assembly (HB 1021/SB 676) allowing doctors to legally prescribe a lethal medication at the request of a patient who has received a terminal diagnosis and been deemed mentally competent. The legislation, referred to by its proponents as “death with dignity” is unnecessary, flawed, and lacking safeguards.

A broad coalition of disability advocates, members of the medical community, patient advocates, and religious organizations, known as “Maryland Against Physician Assisted Suicide,” has formed to fight this bill. The coalition is continually growing and we urge you to join our effort to defeat this dangerous bill. Visit our website at www.StopAssistedSuicideMD.org to learn more.

It’s important to specifically understand why this piece of legislation is so troubling. These are the primary arguments the coalition is raising as it seeks to defeat this bill in 2015 and beyond:

- **No Doctor or Nurse is Present**

In almost all cases, patients will not ingest the lethal dose in a medical setting, and no doctor, nurse, or independently licensed aid worker will be with them in case something goes wrong.

- **The Lethal Drugs Are Picked Up at Your Local Pharmacy**

Patients pick up their lethal medication at their local pharmacies. In most cases, this medication is up to 100 individual pills of secobarbital.

- **No Family Notification is Required**

While the prescribing physician is required to “recommend” that the patient inform family members of his or her intention, there is nothing in the law requiring this notification.

- **No Requirement that an Independent Witness is Present**

There are no safeguards to ensure that a patient is not coerced at the time of death into ingesting the drug, or even to prevent another person from administering the drug, leaving open serious potential for abuse.

- **No requirement for patients to be evaluated by a mental health professional before receiving lethal medication**

The bill does not require doctors to give patients a screening for depression before providing lethal medication. The legislation opens the door for those who are suffering from depression – or even those who are overwhelmed for a short period of time – to choose a lethal course of action.

- **It’s Impossible to Accurately Predict a Terminal Diagnosis**

Patients can request physician-assisted suicide if a doctor has diagnosed them with a terminal illness and six months or less to live. That said, medical prognoses are based on statistical averages, which are often incorrect in determining what will happen to an individual patient. Even doctors will admit that such a prognosis is nearly impossible to accurately predict. The inability to accurately predict life expectancy is among the most compelling reasons to oppose physician assisted suicide. We all know people who have outlived their prognoses, sometimes by several years. The widow of Sen. Ted

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Kennedy, Victoria Reggie Kennedy, publicly opposed a recent statewide referendum in Massachusetts attempting to legalize physician assisted suicide. While doctors predicted her husband had only two to four months to live, she noted, “Teddy lived 15 more productive months,” giving her and his family “15 months of cherished memories.” [*“Question2 insults Kennedy’s memory,” Cape Cod Times, Oct. 27, 2012*]

- **Which states currently allow PAS?**

Since January 1994, there have been more than 140 legislative proposals in 27 states to legalize Oregon-style laws. All but four states, Oregon, Washington, Vermont, and California have adamantly rejected the legalization of physician assisted suicide. In addition, through judicial processes it is legal in Montana and one county in New Mexico.

- **What Other Groups Oppose Physician Assisted Suicide?**

The American Medical Association, the American College of Physicians, the American Nurses Association, the National Hospice & Palliative Care Organization, the National Council on Disability, and numerous other medical, palliative care, and disability organizations oppose physician assisted suicide. The National Hospice and Palliative Care Organization, reflecting its members’ extensive experience in caring for patients facing a terminal illness, states: “When symptoms or circumstances become intolerable to a patient, effective therapies are now available to ensure relief from almost all forms of distress during the terminal phase of an illness without purposefully hastening death as the means to that end.” [*Commentary and Resolution on Physician Assisted Suicide, NHPCO, 2005*]

What You Can Do to Help

1. Contact your Assembly members and tell them you oppose physician assisted suicide legislation:
<http://stopassistedsuicidemd.org/take-action/contact-your-legislator/>
2. Join the coalition by signing up at their website:
www.stopassistedsuicidemd.org
3. Engage in the conversation online by stating your opposition to the bill on Twitter or Facebook. Follow the coalition at @StopPASMaryland and facebook.com/marylandagainstPAS
4. [Sign-Up as a “Parish Point of Contact”](#)

Learn more

www.StopAssistedSuicideMD.org

Email: campaign@stopassistedsuicidemd.org

Twitter: [@StopPASMaryland](https://twitter.com/StopPASMaryland)

Facebook: www.facebook.com/MarylandAgainstPAS