

MARYLAND

AGAINST PHYSICIAN ASSISTED SUICIDE

Legislation has been filed in the Maryland General Assembly HB 404 (Pendergrass)/SB 418 (Young) to allow doctors to legally prescribe a lethal dose of medicine to a patient who has received a six-month terminal diagnosis. The bill, referred to by its proponents as “death with dignity” but more accurately called “physician assisted suicide or PAS”, is unnecessary, flawed, and lacks safeguards for Maryland’s most vulnerable populations.

The potential for abuse and coercion of vulnerable populations like the disabled and the elderly is too high – we can’t allow them to become victims to the unintended consequences of this legislation

- No doctor, nurse, or independent witness is present when the lethal dose is taken
- There is no requirement to notify family members that you plan on taking a lethal medication
- The legislation does not require doctors to give patients a screening for depression before providing physician assisted suicide

Suicide contagion is a real problem that proponents refuse to answer for

- A new study in the Southern Medical Journal shows a direct link between legalizing physician assisted suicide and an increase in non-physician assisted suicides statewide

Physician assisted suicide is seen as a cost savings measure for insurance companies, including state Medicaid programs

- In states like Oregon where physician assisted suicide is legal, both private and public insurance cover the cost of assisted suicide drugs. This increases pressure on insurance companies and the state to offer PAS instead of life saving treatments that are likely much more expensive

Maryland residents already have excellent options for end of life care including hospice and palliative care

- Palliative care is available to all patients dealing with a serious illness, whether terminal or not, and is a multidisciplinary approach to providing relief from pain, stress, etc. that comes with serious illness
- Hospice care is available to all with a terminal illness and provides pain relief and symptom management – all of which is paid for by Medicare/Medicaid and almost all private insurance plans

Already other states are considering legislation that would allow health care providers to “facilitate” self-administration of the lethal prescription. This could include placing medication in the mouth of a incapacitated person so they may swallow

- New York is considering legislation that includes this provision that allows for the direct assistance in committing suicide. It’s clear the bill’s supporters want a huge expansion of so-called “Death with dignity” to those who cannot commit suicide on their own

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