

MedChi

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TO: The Honorable Bobby A. Zirkin, Chair
Members, Senate Judicial Proceedings Committee
The Honorable Ronald N. Young

FROM: Gene M. Ransom, III, CEO

DATE: February 25, 2016

RE: **Letter of Information** – Senate Bill 418 – *Richard E. Israel and Roger ‘Pip’ Moyer End-of-Life Option Act*
Letter of Information – Senate Bill 873 – *Health Care Decisions Act – End-of-Life Decision-Making Informational Booklet*

The Maryland State Medical Society (MedChi), which represents more than 7,600 Maryland physicians and their patients, submits this Letter of Information regarding Senate Bill 418 and Senate Bill 873.

The American Medical Association has adopted Ethics Opinion 2.211 which is set forth below, and MedChi has likewise adopted this policy:

Physician-assisted suicide occurs when a physician facilitates a patient’s death by providing the necessary means and/or information to enable the patient to perform the life-ending act (e.g., the physician provides sleeping pills and information about the lethal dose, while aware that the patient may commit suicide).

It is understandable, though tragic, that some patients in extreme duress--such as those suffering from a terminal, painful, debilitating illness--may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. 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.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Multidisciplinary interventions should be sought including specialty consultation, hospice care, pastoral support, family counseling, and other modalities. Patients near the end of life must continue to

receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication. (I, IV)

Thank you for the opportunity to share this information with the Committee.