LEGISLATIVE BRIEF

February 7, 2025

MAD is Bad for Maryland; Say NO to Physician Assisted Suicide (PAS)

By Jonathan Alexandre, Esq. and Paul McCosby, Esq.

KEY TAKEAWAYS
Under this bill, a doctor can prescribe a lethal drug for the patient to take to kill themselves - death is the goal. There is no residency requirement, thus making Maryland a tourist destination for suicide.
The bill will prey on the mentally vulnerable, encourage fraudulent attribution about a patient's "cause of death," and increases access to deadly toxins for ordinary Marylanders.
The bill shuts the door on transparency, restricts access to records, and silences potential whistleblowers.

SB0926/HB1328 entitled the "End Of Life Options Act" has once again[1] brought advocacy of suicide before the legislature. This bill would institute physician assisted suicide under the euphemistic rebranding of "Medical Aid in Dying," (MAD). This agenda is a wolf in wolf's clothing as the title of the bill twists language to paper over the reality of physician-assisted suicide (PAS).[2] The legislature should reject this bill which would undermine respect for human life while producing enormous dangers of deadly misuse – even on its own terms.

Death with Apathy - How this Bill Institutes Physician-Assisted Suicide

Notwithstanding its preferred euphemism "Medical Aid in Dying," this bill's

[1] A similar bill previously filed at SB0443/HB0403 (2024).

[2] Pimentel, Danielle G., J.D. "Opposing Physician-Assisted Suicide in Maryland - Americans United for Life" February 16, 2024 https://aul.org/2024/02/16/opposing-physician-assisted-suicide-in-maryland/

primary function is fairly straightforward. Pursuant to this bill, a doctor can, if a patient requests it in a particular manner, prescribe a lethal drug for the patient to take to kill themselves. Make no mistake, for this proposed law to be successful death is the goal.

This is, of course, what is described as assisted suicide or physician-assisted suicide (PAS). The drafters of this bill, however, not content with the misleading euphemism of "Medical Aid in Dying" include the following language: "actions taken in accordance with this subtitle do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide." Nevertheless, suicide and assisted suicide are precisely what is being performed.

Moreover, this bill, unlike its predecessor,[3] has no residency requirement. It would allow people to come from around the world to kill themselves in Maryland.

Death is the Goal:
How Physician-Assisted Suicide Forces Its False Narrative on the Practice of Medicine

This bill and its supporters give a lot of attention to the process of requesting a suicide prescription. A series of steps purport to guard the patient during the process from giving them the ability to kill themselves. Supporters claim that the so-called "safeguards" ensure the process is safe and ethically acceptable. However, this claim could not be further from the truth. These requirements are, in reality, both irrelevant and frequently misapplied.

To illustrate, consider a bank that decides to post gun safety instructions at its entrance, aimed at limiting accidents by potential robbers. While it may give the illusion of responsibility, it does nothing to address the real threat. This hollow gesture mirrors the safeguards in assisted suicide legislation—measures that appear to protect but ultimately facilitate death.[4]

The core purpose of these bills remains unchanged: to provide individuals with lethal substances intended solely for ending their lives. Far from preventing harm, these so-called protections merely obscure the inherent danger, offering a facade of safety while enabling irreversible outcomes.

---

[3] SB0443 (2024). https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0443?ys=2024RS

[4] Ryan Anderson "Purported Safeguards in Physician-Assisted Suicide Are Ripe for Abuse" *The Heritage Foundation* April 7, 2015, https://www.heritage.org/health-care-reform/report/purported-safeguards-physician-assisted-suicide-are-ripe-abuse

Since when has death been a sign of medical success? Yet that is precisely how the bill treats it. Death is the goal.

The bill actually provides that the victim takes the poison themselves. This is because the bill's authors are still trying to maintain the pretense that "actions taken in accordance with this subtitle do not, for any purpose, constitute suicide, assisted suicide, mercy killing, or homicide." The problem, of course, is that their denials do nothing to change the reality. A patient taking poison for the purpose of ending their life is suicide. Providing them with the poison to enable them to do so is assisting them to commit suicide – hence – assisted suicide.

The whole process serves one purpose and one purpose only: causing the patient's death. Prescribing poison as medication so that the patient can take their own life cannot be morally neutral. It runs entirely contrary to the purpose of the medical profession in preserving people's life and health.[5] The bill inverts this principle, making death the goal and turning the notion of medicine on its head.[6]

All these actions are taken for the express purpose of helping someone take their own life. If it is wrong for a person to take their own life, then it is wrong to deliberately help them do so. The bill's transparently false distinctions are made only to try and obfuscate the fact that if death is medical treatment, then "medical treatment" has no meaning.

Wolves in Wolves' Clothing:
How Physician-Assisted Suicide Forces Its False Narrative on Medical Workers

This proposed law would undermine the integrity of the medical profession by eliminating the physician's fundamental professional role of attending to the sick and debilitated - preserving health and facilitating healing. Instead, it inverts this relationship, turning doctors into accomplices to death and not healers. In the process, it introduces a permanent uncertainty into the doctor-patient relationship, as patients are left to wonder whether their medical advisor is pushing them towards ending their life.[7]

[5] "American Medical Association Code of Medical Ethics: 5.7 Physician-assisted suicide" https://code-medical-ethics.ama-assn.org/sites/default/files/2022-08/5.7%20Physician-assisted%20suicide%20--%20background%20reports.pdf

[6] Ginghină, S. (2023). Principles of biomedical ethics. Logos Universality Mentality Education Novelty: Social Sciences, 12(2), 110-122. https://www.researchgate.net/publication/376064854_Principles_of_Biomedical_Ethics.

[7] Ryan Anderson "Physician-Assisted Suicide Corrupts the Practice of Medicine" *The Heritage Foundation* April 20, 2015,

---

Preys on the Mentally Vulnerable

Take for instance the mental health assessment. This purported safeguard is required only if the attending or consulting physician thinks the patient may be suffering from a condition that causes impaired judgment or otherwise lack capacity to make medical decisions. Even when such an assessment is ordered, it will have limited value since, in another break with last year's version,[8] this bill only directs mental health assessments to determine if the patient lacks capacity to make medical decisions. An absurdly low standard totally unparalleled nature of the decision for assisted suicide. Even though, in any other context where suicide is attempted, a person who wanted to end their life would receive comprehensive mental health examination, and indeed, a full mobilization of the resources of society to help them.[9] This is evidenced by the "Dial 988" bill, a revitalization of Maryland's Suicide Hotline.[10]

But under the assisted suicide proposed law the fact that they are now contemplating it as a medical measure means that rather than receiving this intervention, they are ushered quietly and inconspicuously to their death.

Lying About Cause of Death

Continuing this thread of falsehoods in the bill, consider its blatantly falsifying the patient's death certificate by representing their underlying condition as the cause of death and the death as due to natural causes. This is a sheer fraud.[11] But one which follows the pattern of the bill's underlying deception that "Medical Aid in Dying" means anything other than furthering and pushing a vulnerable person toward doing away with themselves. It has *no* other purpose.

Provides Access to Deadly Poisons and Toxins.

---

https://www.heritage.org/health-care-reform/report/physician-assisted-suicide-corrupts-the-practice-medicine

[8] End-of-Life Option Act 5–6A–01(M) SB0926.
[9] *988 Suicide & Crisis Lifeline* Maryland Courts. https://www.courts.state.md.us/opsc/988 (accessed 1/27/2025).
[10] **SB0036** (HB0421): Public Safety 911 Trust Fund 988 Suicide Prevention Hotline
[11] This deception is, unfortunately, not new. Smith, Wesley J., "Tell Truth About Assisted Suicide On WA Death Certificates" *National Review* January 10, 2012, https://www.nationalreview.com/human-exceptionalism/tell-truth-about-assisted-suicide-wa-death-certificates-wesley-j-smith/

Because the explicit goal and inevitable outcome of this bill is to end patients' lives, it is not surprising that there has been no consideration of how to handle leftover lethal pills. These purpose-prescribed poisons are extremely dangerous and, without proper disposal procedures, can pose a threat to others. They could inadvertently cause harm, be misused, or even be sold on the black market to commit homicides.[12] Given the bill's fundamental disregard for preserving life, the absence of any safeguards for the disposal of unused poison is a glaring oversight that underscores its recklessness. This negligence reflects the lack of interest in preventing further loss of life once the initial objective has been fulfilled.

Whoever happens upon it is to dispose of it "in a lawful manner." Grocery stores treat wet floors with more seriousness and care than this bill treats deadly prescription kill pills. In tort law, there are more stringent protections and liability standards for slip-and-fall cases than the safeguards proposed here for handling lethal drugs. This negligence will inevitably result in increased access to poison and harmful toxins, making them easily available to anyone, including those for whom they were never intended or prescribed.

Guardrails Made of Paper: How Physician-Assisted Suicide Fails to Protect its Victims

Not that the risk of accidents is by any means the primary one. Much of the bill's language is intended to ward off what they describe as "undue influence" the problem is that, having already conceded the idea that a self-inflicted death is a valid option, they no longer have any genuine standard for determining what influence is "undue."

Given how much of the bill is taken up with alleged "safeguards," they are startlingly ill-conceived and frankly unserious. For instance, to guard against the *overwhelming* risks of coercion and undue influence which are inherently present in persuading a sick person to kill themselves, the attending and consulting physicians are directed to talk to the patient about whether the patient thinks they are being coerced or unduly influenced.

Suffice it to say, this is empty. Undue influence is a legal concept that has been described as "excessive persuasion that causes another person to act or refrain from

[12] "The most common lethal drugs used by clinicians to assist suicide were high doses of barbiturates, frequently either pentobarbital or secobarbital" and "patients in the USA have been required to ingest 90 to 100 barbiturate pills" Ana Worthington, Ilora Finlay, Claud Regnard, Efficacy and safety of drugs used for 'assisted dying', *British Medical Bulletin*, Volume 142, Issue 1, March 2022, Pages 15–22, https://doi.org/10.1093/bmb/ldac009.

acting by overcoming that person's free will and results in inequity."[13] If undue influence could be detected merely by asking the person being influenced, then it could hardly have overcome their free will. If the patient knows they are being "unduly influenced," then how is it influencing them?

The mere suggestion by a doctor or even a close family member that the patient should consider ending their life is, in itself, a form of undue influence. Such a suggestion carries immense weight, particularly when coming from trusted authority figures or loved ones during moments of vulnerability.

There is no way to legislate against the risk of an individual succumbing to undue influence because it is a determination often made retroactively by a third-party observer, long after the damage has been done. By definition, undue influence operates subtly, undermining free will without the person's immediate awareness. Tragically, in the context of physician-assisted suicide, such assessments are meaningless because the finality of death precludes any opportunity to reverse or rectify the harm. Death is permanent, and once it occurs, any inquiry into whether the patient's free will was usurped becomes purely academic, offering no solace or justice.

Collateral Damage: How Physician-Assisted Suicide Forces Its False Narrative on Institutions

Trying to palliate its *shredding* of medical ethics, ethics in general, and the lives of vulnerable patients, the bill provides that doctors can decline to give their patients poison, even going so far as to say they cannot be fired for this refusal.[14] A doctor cannot be fired for refusing to collaborate in causing the death of their patient. The fact that such a protection could be needed is as absolute a demonstration of assisted suicide's threat to human rights as could be imagined. This underlying purpose and outcome of this bill is undeniably troubling, especially if it's the type of thing doctors need protection from.

---

[13] Mary Joy Quinn "Defining Undue Influence" *American Bar Association* February 1, 2014 https://www.americanbar.org/groups/law_aging/publications/bifocal/vol_35/issue_3_feb2014/defining_undue_influence/

[14] Picón-Jaimes YA, Lozada-Martinez ID, Orozco-Chinome JE, Montaña-Gómez LM, Bolaño-Romero MP, Moscote-Salazar LR, Janjua T, Rahman S. "Euthanasia and assisted suicide: An in-depth review of relevant historical aspects." Ann Med Surg (Lond). Feb 11, 2022 National Institutes of Health (NIH). https://pmc.ncbi.nlm.nih.gov/articles/PMC8857436/ (noting that, in general, all the Abrahamic religions [i.e. Christianity, Islam, and Judaism] categorically reject assisted suicide).

The bill slips in the real point as well, however. Doctors also cannot be fired for helping to *cause* their patient's death. This mandate would be utterly disastrous for any healthcare organization that takes the position that helping kill your patients is irreconcilable with the principles of the practice of medicine. This exemption demonstrates, once again, just how much is to be sacrificed to the promotion of the patient's suicide. Like medical ethics, common sense, and conscience protections alike, this persistence of exempting a doctor from demonstrates that so much is being repeatedly sacrificed to the bill's insistence on facilitating the patient's suicide.

Moreover, while medical organizations can prohibit their employees or those using their facilities from practicing PAS in the facility and on the clock, they can't prevent them from dealing privately with the organization's patients. This is incompatible with the widely recognized right of organizations, especially religious organizations, to employ people to represent their organization who will act consistently with its purposes and beliefs and compounds the moral hazard of medical organizations employing those who will seek to prey on their patients in this way.[15]

Faith-based organizations' need to employ people who will act in accordance with their principles. It is hardly a satisfactory option to say that you can exclude them from collaborating in poisoning people while they are on the clock. Faith-based organizations – and that includes enormous numbers of hospitals – cannot perform their mission on that basis. They need people who will adhere to the mission of their ministry. The mission of faith is not 9-5. It's 24/7.

This isn't just an issue for faith-based organizations, however.[16] The medical profession as a whole is not just a set of skills. It involves, by design, accepting special responsibilities in obedience to enduring ideals. Among the most vital of these is the ancient precept to "do no harm."[17] All the innumerable euphemisms that are made to obscure this subject fail to conceal the reality that the death of the patient is the ultimate harm to be avoided.

---

[15] Jack Denton "The Ministerial Exception: Why SCOTUS Should Recognize All Employment Decisions by Religious Organizations are Protected from Government Interference by the Religion Clauses" January 22, 2024, First Amendment Law Review https://journals.law.unc.edu/firstamendmentlawreview/the-ministerial-exception-why-scotus-should-recognize-all-employment-decisions-by-religious-organizations-are-protected-from-government-interference-by-the-religion-clauses/

[16] John Harris *Bioethics: An Anthology* Chapter 44: The Value of Life https://www.hansrajcollege.ac.in/hCPanel/uploads/elearning/elearning_document/value_of_life_by_john_harris.pdf (outlining a theory of medical ethics for understanding the value of human life).

[17] "The Hippocratic Oath: First Do No Harm" *International Medical Aid* https://medicalaid.org/the-hippocratic-oath-first-do-no-harm/ (accessed 1/26/2025).

In sharp contrast, pharmacists face extreme uncertainty and may be punished for refusal to provide poison for the purpose of ending a human life. In any other context that would be a crime. Under this bill the law would likely favor it.

"Do as I say, not as I do."
How Physician-Assisted Suicide Forces Its False Narrative on the Public

The falsehood at the heart of this bill pushes to the surface again in the mandate that not only the government but all participants to this affair also uphold the preposterous "this-is-is-not-suicide" line. It even jeopardizes the plain contracting between insurance and benefits providers and their members.

> **(A)** For all legal rights and obligations, record-keeping purposes, and other purposes governed by the laws of the state, whether contractual, civil, criminal, or otherwise, the death of a qualified individual by reason of the self-administration of medication prescribed under this subtitle shall be deemed to be a death from natural causes, specifically as a result of the terminal illness from which the qualified individual suffered[18]

The portion of the bill text relating to future contracts is likely to cause a great deal of confusion. Especially since "influence" is an extremely unspecific description and could – almost randomly - invalidate large sections of contracts -- particularly those concerning insurance and benefits. But even in doing so the proponents give starkest acknowledgement of the overwhelming pressure on patients, medical providers, and insurers - including the government - to cut short the expenses of caring for the terminally ill. This pressure virtually guarantees that, regardless of any attempts to control it, death as an available option must become the preferred option. And furthermore if one is caught participating in this death scheme, they are automatically exonerated because they could never contractually agree to it anyway because this death would always be deemed "natural causes."

This is unjust. It violates a very basic principle of honesty in contracting. The state's legitimate interest is in preserving human life, not destroying it. Death is overwhelmingly final, it cannot be reversed, mitigated or corrected. PAS legalizes the intentional killing of some people whose lives are – apparently - no longer worth living. Hence the feebly defined category of the "terminally ill."

Dr. Death:
How This Bill Leaves the Door Open to Professional Suicide Doctors

---

[18] End-of-Life Option Act 5–6A–11(A) SB0926.

Even the designated category of “terminally ill” is just a layer of obfuscation to conceal the reality of assisted suicide. Experience teaches us that few diagnoses are more heartbreaking than learning that a loved one is terminally ill. Few words are as devastating to hear, and it is not something to be pronounced lightly. What makes this bill so horrifying is that it enables the diagnosis of a terminal illness to become something that can be bought or traded—either by a patient seeking such a determination or by a doctor willing to assign that designation to support their assisted suicide practice.

A doctor making the diagnosis can, and very likely will, be selected - whether or not by the patient - specifically to make such a finding. This is true of the attending physician but it is far more so of the consulting physician who is always going to be chosen specifically to confirm a diagnosis already made.[19]

We can, in fact, look a good deal further than the bias inherent in individual cases. Nothing in this bill would make it even slightly difficult to operate a de facto euthanasia practice without violating any provisions of this bill. People suffering from serious illness - particularly those sufficiently incapacitated that they would require assistance to kill themselves - are extremely likely to be in depressed mental condition and vulnerable to the offer of suicide as an escape.[20]

Even if this is not sufficient, suicidal ideation and various depressive symptoms are well-known side effects of many different medications. It would, in many cases, be easy for an attending physician to influence patients – either by persuasion or by other means - towards seeking to end their lives. If a physician has once internalized the notion that death is a genuinely desirable option for the patient, it will even appear ethically preferable.

Adding to this, as previously noted, there are enormous financial incentives tied to the ability to end the lives of patients or clients. The possibilities are frightening, particularly within the context of Maryland's government-funded health insurance program. With the state facing a deficit of hundreds of millions of dollars for the

---

[19] Herbert Gendin and Kathleen Foley “Physician-assisted Suicide in Oregon: a Medical Perspective” pp.1616-1617
https://dredf.org/wp-content/uploads/2012/08/Hendin-Foley-Michigan-Law-Review.pdf
(illustrating how open-ended physician selection can render requirements of physician approval a dead letter – especially with the aid of groups dedicated to promoting assisted suicide).

[20] Diane E. Meier, M.D., Carol-Ann Emmons, Ph.D., Sylvan Wallenstein, Ph.D., Timothy Quill, M.D., R. Sean Morrison, M.D., and Christine K. Cassel, M.D. “A National Survey of Physician-Assisted Suicide and Euthanasia in the United States” *New England Journal of Medicine* Vol. 338 No.17, April 23, 1998
https://www.nejm.org/doi/full/10.1056/NEJM199804233381706 (finding that the primary reasons for requests for physician-assisted suicide were other than physical pain)

upcoming fiscal year, budget cuts are inevitable.[21] In such an environment, the cost savings associated with physician-assisted suicide may subtly or overtly become a financial motivation – eroding protections for vulnerable individuals. Forced death of the unwanted is now a valid state option as fiscal pressures intersect with life-and-death decisions.

Maryland should prioritize care for its citizens and not offer the option of death. If terminally sick or disabled Marylanders are given the right care, pain relief, and emotional support, they may not want to end their lives early. Maryland lawmakers should realize the importance of providing good care to help patients live worthwhile and fulfilling lives, even when they are facing health challenges and focus more on providing good care to prevent patients from wanting to end their lives.

Physician-assisted suicide (PAS) shuts the door on transparency, restricts access to records, and silences potential whistleblowers.

The inherent exploitability of this system is only compounded by the non-discoverability of all records.[22] The exception for proceedings based on violations of this bill is scant help since – as described above - it is possible to abuse this system - even on its own terms - without violating the provisions of this bill.

A Life Worth Living?
How Physician-Assisted Suicide Specially Endangers Vulnerable Groups

Physician-assisted suicide's impact on vulnerable communities, particularly Black, Latino, and other people of color, raises significant concerns. Historically, healthcare disparities and eugenics ideologies have marginalized these populations. Now, the push for physician-assisted suicide may further entrench these inequalities. Communities of color, already disproportionately affected by healthcare disparities, face the following risks under physician-assisted suicide laws: (1) Limited access to comprehensive healthcare options. (2) Increased likelihood of being categorized as terminal without exhaustive alternatives. (3) Financial barriers to life-saving treatments. (4) Inadequate pain management and palliative care options.

---

[21] Jack Bowman and Emma Tufo "Massive budget deficit looms over Maryland legislative session. Are tax hikes ahead?" *USA Today* January 10, 2025, https://www.usatoday.com/story/news/local/maryland/2025/01/10/maryland-lawmakers-face-massive-budget-deficit-with-new-session/77583447007/
[22] End-of-Life Option Act 5–6A–09(C) SB0926.

These risks echo past practices of eugenics—state-sponsored efforts to selectively determine whose lives are deemed valuable, normalizing premature decisions to end lives in communities where options for sustained, dignified care are limited.[23]

Death in these cases as a "medical" option is not so much a slippery slope as it is a black hole. Everyone involved has reasons to want to pursue it. Private insurers or public health authorities will see it as an obvious cost-cutting method.
If self-inflicted death is a valid option then it is an inescapable option. The whole effort is based on the radically mistaken belief that there must be some compromise between death and life.[24] Many of the purveyors of "medical ethics" have already wholeheartedly espoused this idea. Some go further, arguing that, considering limited healthcare resources, people may have a duty to kill themselves. [25] Indeed, if their supposed "quality of life" is low enough, it may be the duty of others to end their life for them.

All this goes on against a backdrop of thousands of lives lost every year to suicide.[26] These tragedies have touched the lives of millions of people in Maryland and across the country. Suicide is known to be influenced by what is called "social contagion," people are more likely to kill themselves if they know that others have done so.[27] Official condoning of suicide – even in purportedly limited circumstances - can only aggravate this tendency and lead to still more deaths.

A Life Worth Taking:
How Physician-Assisted Suicide Has Led to Ever Worse Abuses

[23] Areeba Jawed, Amber R. Comer, "Disparities in end-of-life care for racial minorities: a narrative review" *Annals of Palliative Medicine* March 31, 2024 https://apm.amegroups.org/article/view/121783/html (Discussing differences in end of life care between racial/ethnic groups).

[24] Lachman, Vicki "Physician-Assisted Suicide: Compassionate Liberation or Murder?" Ethics, Law, and Policy https://anaprodsite2.nursingworld.org/globalassets/docs/ana/ethics/physician-assisted-suicide.pdf (notwithstanding the title, there is no discussion of physician-assisted suicide as murder, indeed, the word "murder" is never used).

[25] Steve Doughty "Old people with dementia have a duty to die and should be pushed towards death, says Baroness Warnock" *Daily Mail Online* https://www.dailymail.co.uk/news/article-1058404/Old-people-dementia-duty-die-pushed-death-says-Baroness-Warnock.html (accessed 1/27/2025).

[26] "Suicide Data and Statistics" CDC https://www.cdc.gov/suicide/facts/data.html (accessed 1/27/2025) (In 2022, over 49,000 died by suicide with the highest rate being in those 85+ years old).

[27] Mary Anne Walling "Suicide Contagion" *Current Trauma Reports* 7(4):103-114 December 16, 2021, https://pmc.ncbi.nlm.nih.gov/articles/PMC8674834/#Sec3

Having adopted the theory that a person can benefit from their death, it has been shown repeatedly that no genuine safeguard exists that can arrest the huge array of interests which press down on the victim. In multiple countries these consequences are already beginning to be displayed with dreadful results.

In Canada this grotesque process has taken the lives of more than 60,000 people and is one of the leading causes of death. Over 15,000 in 2023 alone. Over 90% of those requesting it were found eligible as Canada has taken increasingly broad positions on whose life can be ended, including the mentally disabled.[28] Though Canada's law may have lower standards than those proposed for Maryland, this approval rate nonetheless illustrates the way that restrictions are swept aside by the growth of PAS.

In Canada[29] and parts of Europe[30] PAS has emerged as a virtual purge of the disabled as even infants and the mentally impaired have been deemed fair game for the depredations of PAS and other euthanasia programs. Indeed, the "Medical Aid in Dying" euphemism is the same one used in Canada and for the same reason – to cover up the fact that "aid in dying" means aid in killing.[31]

Even the United Nations has taken notice of the way vulnerable people are being killed off in the name of choice, compassion, and alleviation of suffering.[32] Cases include that of a woman killed based on her chronic anorexia, a 70-year-old who lost her life because she lost her sight, a pair of deaf, twin children who were found to be going blind. Intrinsic to the theory of assisted suicide is the idea that a person's value is based

---

[28] Mairead Elordi, "1 In 20 Canadian Deaths Were Through Assisted Suicide Last Year, Country Says" *Daily Wire* December 16, 2024 https://www.dailywire.com/news/1-in-10-canadian-deaths-were-through-assisted-suicide-last-year-country-says?utm_source=facebook&utm_medium=social&utm_campaign=dwbrand

[29] https://www.cardus.ca/research/health/reports/from-exceptional-to-routine/

[30] Jose Pereira, "Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls," *Current Oncology*, Vol. 18, No. 2 (April, 2011), https://pmc.ncbi.nlm.nih.gov/articles/PMC3070710/ ("more than 500 people in the Netherlands are euthanized involuntarily every year. In 2005, a total of 2410 deaths by euthanasia or pas were reported, representing 1.7% of all deaths in the Netherlands. More than 560 people (0.4% of all deaths) were administered lethal substances without having given explicit consent").

[31] Jonathon Van Maren **"**Canada's Euthanasia Regime: An Interview with Ramona Coelho" *The European Conservative* April 24, 2024, https://europeanconservative.com/articles/interviews/canadas-euthanasia-regime-an-interview-with-ramona-coelho/

[32] "Disability is not a reason to sanction medically assisted dying – UN experts" *United Nations* January 25, 2021, https://www.ohchr.org/en/press-releases/2021/01/disability-not-reason-sanction-medically-assisted-dying-un-experts

on their health. Advocates often try to obscure this with talk about “low quality of life” as if they could compare it to the quality of death they are giving instead.[33]

These killings, often performed without even the fig leaf of consent, are reminiscent of the Nazi extirpation of the disabled,[34] and are the natural result of the kind of policies now being urged in Maryland. These evils flow naturally[35] from the single premise that some people's lives are not worth preserving.[36] That is the premise of all proposals that open the door for ending an innocent person's life. And that is the premise of the present bill.

Medical Aid in Living:
Physician-Assisted Suicide Undermines Morally and Socially Superior, Life-Affirming Alternatives

Instead of “aid in dying,” patients should receive aid in living - even, or especially, when they are, or may be, approaching the end of their lives.[37] Medical technology has, in fact, opened up vast improvements in our ability to care for people in such vulnerable positions. Even chronic pain is now open to great alleviation and much can be done to help people reach the natural conclusion of their lives.[38]

---

[33] Ryan Anderson, “Global Experience Shows that Physician-Assisted Suicide Threatens the Weak and Marginalized,” *The Heritage Foundation* April 14, 2015, https://www.heritage.org/health-care-reform/report/global-experience-shows-physician-assisted-suicide-threatens-the-weak-and

[34] Robert Proctor *Racial Hygiene : Medicine Under the Nazis* p. 177 https://archive.org/details/racialhygienemed0000proc/page/177/mode/1up?q=%22lives+not+worth+living%22

[35] Monica Burke, “On a Slippery Slope, Canadian Hospital Unveils Physician-Assisted Suicide Plan for ‘Sick Kids,’” *The Heritage Foundation* April 14, 2015, https://www.heritage.org/life/commentary/slippery-slope-canadian-hospital-unveils-physician-assisted-suicide-plan-sick-kids

[36] Howard Brody and M. Wayne Cooper, “Binding and Hoche’s ‘Life Unworthy of Life’: A Historical and Ethical Analysis” *Perspectives in Biology and Medicine* September 2014, https://www.researchgate.net/publication/284755576_Binding_and_Hoche's_Life_Unworthy_of_Life_A_Historical_and_Ethical_Analysis (Describing the relationship between some German theory and the later genocidal and otherwise murderous practices in medical science).

[37] Faith Lagay, PhD., “Physician-Assisted Suicide: The Law and Professional Ethics” *American Medical Association Journal of Ethics* January 2003, https://journalofethics.ama-assn.org/article/physician-assisted-suicide-law-and-professional-ethics/2003-01

[38] World Health Organization (WHO). "Palliative Care Fact Sheet." August 5, 2020 https://www.who.int/news-room/fact-sheets/detail/palliative-care

Even the present bill tacitly acknowledges this by specifying that the patient be informed of options for palliative care and hospice. These requirements cannot, however, undo the evil of placing a vulnerable and infirm person in the position where they will be tempted toward taking their own life. The desire to end their own life is, in fact, often the effect of a sense of loneliness, of burdening their families, or simple fear. Rather than open up the Pandora's box of assisted suicide, we should seek to support these people in helping them through their remaining life, however long it may be.[39]

For those with families, the dependence which goes with declining health is an opportunity for growing and strengthening the bonds of the family. Just as the family supports its newest members as they come into the world wholly dependent on others to provide for them, so the problems of illness and advancing age give the family the opportunity to extend the same care to its elder members. For those who lack family to care for them the same opportunity arises for their friends, the members of their church or religious community, their neighbors and, ultimately, the whole community.[40]

Physician-assisted suicide, by contrast, undermines the structure of the family and society. This in turn weakens all the relationships that make human life possible. No one should have the ability to seek the death of the innocent for their own benefit.

Conclusion:
Protect Life

In conclusion, this bill and the physician-assisted suicide which it seeks is a threat to the safety of vulnerable Marylanders; undermines medical ethics and the doctor-patient relationship; provides vast opportunities for misuse, coercion, and undue influence - even on its own terms; and denigrates the value of human life, both in government and throughout society. The members of the Maryland legislature should

[39] Ryan Anderson, "Always Care, Never Kill: How Physician-Assisted Suicide Endangers the Weak, Corrupts Medicine, Compromises the Family, and Violates Human Dignity and Equality" *The Heritage Foundation* March 24, 2015, https://www.heritage.org/health-care-reform/report/always-care-never-kill-how-physician-assisted-suicide-endangers-the-weak

[40] Ryan Anderson, "The Alternative to Physician-Assisted Suicide: Respect Human Dignity and Offer True Compassion" *The Heritage Foundation* May 18, 2015, https://www.heritage.org/health-care-reform/report/the-alternative-physician-assisted-suicide-respect-human-dignity-and

recognize this bill for the threat that it is. Physician-Assisted Suicide has repeatedly been proposed in Maryland and rightly rejected.[41] It should be rejected this time too.

Jonathan M. Alexandre, Esq. is Legislative Counsel and Paul McCosby, Esq. is Legislative Communications Writer for the Maryland Family Institute.

[41] Ryan T. Anderson, Ph.D., "Maryland's End-of-Life Bill Is About One Thing: Killing" *The Heritage Foundation* February 27, 2019, https://www.heritage.org/life/commentary/marylands-end-life-bill-about-one-thing-killing