

Why You Should Support Medical Aid in Dying in Maryland

Maryland needs a new law to authorize **Medical Aid in Dying (MAID)**,ⁱ a process allowing **mentally competent adults** with a **terminal illness** and **less than six months to live** the option to **self-administer a medication to end their lives peacefully, when and where they want**, provided they and their doctors go through a series of **cautionary steps**.

Nobody should be forced to suffer.

Modern medicine provides extraordinary care for the vast majority of those who are seriously ill. **But what about when cure is no longer possible? And when we are suffering?** What would you want? What do you want for your loved ones? Under the proposed law, individuals will have the option to decide for themselves. If you want control over your death, you apply for the program. If not, you don't. Even those who never enter the program, or those who receive a medication and never ingest it, gain comfort knowing that when necessary, relief will always be available.

Strong protections are built into the proposed law.

The proposed Maryland law, like the law that has been in effect for 20 years in Oregon and is authorized in multiple other states and the District of Columbia, requires two physicians to determine that the patient has a terminal illness, less than six months to live, full mental capacity, and the ability to self-administer the medication. The patient must request medical aid in dying three times, including once in writing with two witnesses. And the physician must meet with the patient independently to insure that the decision is truly the patient's wish and to rule out coercion. **Neither patients, physicians, nor pharmacists are required to participate** in the program.

Despite high-quality healthcare, some patients still suffer. Data from the states allowing medical aid in dying show that virtually all **patients are in hospice care programs**, receiving the highest quality care. But some patients, despite medical care's best efforts, continue to suffer. Should patients be forced to proceed with the care that their physicians suggest, or the care they want for themselves?

Medical aid in dying has strong public support.

Well-designed surveys show that **67% of adults nationwide support medical aid in dying**, as do **60-65% of Marylanders** and **63-75% of disabled populations**.ⁱⁱ Most Maryland physicians support medical aid in dying, as do physicians in Massachusetts, Colorado, and Arizona, and in a national physician survey.ⁱⁱⁱ

There has been no coercion or a "slippery slope."

During the 20 years when the law has been in effect in Oregon, and during the years when the law has been operating in Washington, Vermont, California, Colorado and the District of Columbia, **there has never been a credible, documented case of abuse**. And contrary to circulating myths, reports show that **the laws do not target minorities or the disabled**. None of the laws currently in place have been modified since their implementation. There is simply no evidence of a "slippery slope" in which criteria are loosened or patients are forced to participate.

Medical aid in dying should not be considered suicide.

As stated by the **American Association of Suicidology**, there is a clear distinction between a suffering end-stage cancer patient peacefully ending her life and the tragic suicide of a young depressed patient.^{iv} With medical aid in dying, there is an **absence of physical self-violence**, the patient's choices are **not distorted by mental illness**, and the individual **does not die alone** and in despair. Patients die in the circumstances they choose, most often at home with the comfort of family.

End-of-life decisions should be between patients and their physicians.

The proposed law is designed to protect both patients and health care providers, and more than 20 years of experience shows that it can work effectively. Nobody else should be involved in these deeply personal end-of-life decisions. Patients at the ends of their lives deserve the right to die peacefully if they so choose. And the rest of us can gain comfort knowing the law is there if we need it.

ⁱ End-of-Life Option Act (Richard E. Israel and Roger "Pip" Moyer Act)

ⁱⁱ National Gallup survey, 2017; Maryland surveys by Washington Post/Univ. of Maryland, 2015; Goucher College Poll, 2015; Momentum Analysis, Inc., 2016. Disabled population surveys in Massachusetts, Connecticut and N.J. by Purple Strategies, Inc.

ⁱⁱⁱ Physician surveys by state medical societies and a national survey by MEDSCAPE in December 2016.

^{iv} See <https://www.suicidology.org/statements>.



Marylanders for End-of-Life Options

For more information, see www.MDELO.org or facebook.com/mdelo.org

Email us at info@MDELO.org