

# Statements of Support for Maryland's End-of-Life Option Act

Written and/or Oral Testimony before Committees of the Maryland General Assembly, February 2019

[T]he critical issue addressed by The End of Life Option Act is . . . the question of who has the right to choose. . . As a just and compassionate society, we cannot value life in the abstract and deny to those who are about to die the self-determination that they deserve.

**Elijah Cummings**

**U.S. Congressman from Maryland**

Decisions around end of life are deeply personal for patients and their families. . . only the person confronting their own mortality can decide if their pain is truly unbearable.

**Anthony Brown**

**U.S. Congressman from Maryland**

[W]e need this bill because people, including the disabled [who have full mental capacity], must be empowered to render their own medically related decisions.

**Gary Norman, Esq, LLM**

**Civil Rights Attorney, Journalist and Commissioner, Maryland Commission on Civil Rights**

Hospice Care focuses on physical pain but is often inadequate to address the emotional pain and fear-of-suffering that is characteristic of terminal disease. The emotional toll of powerlessness compounded by the surety of progressive disability often results in emotional suffering equal to or greater than physical pain.

**Ilana Bar-Levav, MD**

**Board Certified Internist, Psychotherapist & Former President of the Montgomery County Medical Society**

I am a family physician . . . recently diagnosed with a glioblastoma multiforme, a terminal . . . brain cancer. This illness is likely to cause me to remain alive long after living has meaning to me. I also fear that the experience of caring for the person who is no longer truly me will radically change my loved ones' relationships with me and also replace many of their memories of me. . . [T]his law will provide people like me a greater chance for a peaceful death.

**David Meyers, MD**

**Family Physician & Cancer Patient**

Suicidal patients and terminally ill patients are fundamentally different. The first suffers from a treatable mental illness; in the latter effective treatment options have been exhausted. In the terminally ill, under conditions of physical suffering . . . patients rationally request . . . the option to end their suffering. Moreover, the presence of depressive, psychotic or other psychiatric symptoms, should they be found in a dying patient, would disqualify them from receiving aid in dying.

**Cynthia Turner-Graham, MD**

**Maryland Psychiatrist & Distinguished Fellow of the American Psychiatric Association**



**Marylanders for End-of-Life Options**

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