

Why You Should Support Medical Aid in Dying in Maryland

Marylanders need 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**.

No one 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 your loved ones want? 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 24 years in Oregon and is authorized in 10 states plus 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. Life insurance policies must be paid out as if the patient died of the underlying disease.

Despite high-quality healthcare, some patients still suffer.

Data from the states allowing medical aid in dying show that virtually all **patients who use these laws 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.

Statistically valid surveys show that **67% of adults nationwide support medical aid in dying**, as do **60-66% of Marylanders** and **63-75% of disabled populations**.ⁱⁱ A majority of Maryland physicians support medical aid in dying, as do physicians in many states and in a national physician survey.ⁱⁱⁱ

There has been no coercion or abuse of patients.

During the 70 years of collective experience in Oregon and other states, **there has never been a credible, documented case of coercion or abuse of terminally ill patients under these laws.**

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 experience shows that it can work effectively. No one 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; Public Policy Polling, 2019. 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.



Marylanders for End-of-Life Options

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