Proponents of physician-assisted suicide face tough questioning in Maryland Senate hearing

By Erik Zygmont

ezygmont@CatholicReview.org

Twitter @ReviewErik

The Maryland State Senate Judicial Proceedings Committee posed tough questions to proponents of physician-assisted suicide Feb. 25, with some lawmakers suggesting that supporting the practice might contradict the reasoning behind the state’s 2013 ban on the death penalty.

“We could never be 100 percent sure somebody was guilty,” said Sen. Justin Ready, a Republican representing Carroll County, “and once we killed them, it was over.”

In the same way, Ready said, it would be impossible to determine with 100 percent certainty that a terminal patient requesting a prescription for deadly drugs had come to that decision with complete independence and without any measure of subtle coercion.

As lead sponsor of the End-of-Life Option Act, which would allow terminal patients with a six-month prognosis to obtain lethal medication, Sen. Ronald Young, a Democrat representing Frederick and Washington counties, gave the first testimony in favor of the bill Feb. 25.

Responding to Ready, Young said that he didn’t believe “you can ever have 100
percent certainty” with most things.

“We’ve got laws against murder,” he said. “Some people still murder.”

Comments from Sen. Victor Ramirez, a Democrat representing Prince George’s County, echoed Ready’s argument.

“We’re passing something that maybe innocent people would be caught up in,” he said.

While Ready had focused on the coerced, Ramirez said those “innocent people” might include the clinically depressed, as the bill does not require a screening by a mental health professional, but an affirmation by two medical doctors that the patient has the capacity to make medical decisions.

That point irked several, including Sen. Robert Cassilly, a Republican representing Harford County.

“I’m just curious how these medical doctors are making a psychological determination about this person’s mental state,” he said to Young. “Do you feel that’s appropriate?”

“Yes, I do,” Young replied.

Cassilly pointed out what he saw as irony – while the End-of-Life Option Act places great confidence in doctors, the Judicial Proceedings committee earlier that day had heard witnesses argue in favor of allowing higher medical malpractice awards.

Some committee members commented on what they saw as positive aspects of the bill. Sen. Jamie Raskin, a Democrat representing Montgomery County, said that some people he had spoken with about the idea had suggested that the very existence of an option to end their lives “empowers them and helps them get
through an illness.”

Sen. Lisa Gladden, a Baltimore City Democrat and vice-chair of the committee, said that the bill, known by some as the “right to die,” could also be called the “right to live, because people should be able to keep control of their own life and the end of their own life.”

As in the previous week’s hearing before House of Delegates committees, the Feb. 25 hearing pondered the effects of the proposed legislation on people with disabilities.

In his initial testimony, Young had called it “irresponsible” to speculate that physician-assisted suicide could be a danger to the disabilities community.

Disabilities advocate Virginia Knowlton Marcus, however, noted that patients’ end of life concerns – including no longer being able to engage in enjoyable activities, the loss of autonomy and losing control of bodily functions – were disturbingly similar to “euphemisms for having a disability.”

“There’s a widely-held bias that life with a disability has less value, which this bill reinforces,” she said.

Peg Sandeen, executive director of the Death with Dignity National Center, devoted her testimony to refuting a report that an Oregon woman had been denied further cancer treatment but offered lethal medication.

Sen. Michael Hough, a Republican representing Frederick and Carroll counties, did not comment on that case but noted that according to Oregon statistics, 62.5 percent of patients who had obtained lethal drugs in 2015 were on public healthcare, either Medicare or Medicaid, while 36.7 percent had private insurance. Those numbers, Hough said, might indicate that those with lesser means were more
likely to opt for assisted suicide.

Sandeen disputed that.

“So I think the statistic shows a good thing, and that’s that 99 percent of people in Oregon have coverage,” she said, adding that surveyed patients’ education levels would better indicate their means.

In response, Hough again pointed to the 2015 statistics, which state that 43.1 percent of patients had a bachelor's degree or higher.

Though there were none who explicitly cited Catholic teaching in their testimony, there were religious witnesses both in favor and against the bill.

Speaking against it, Imam Earl El-Amin of the Muslim Community Cultural Center of Baltimore said: “Everything in our Scripture says ... if you take a life, it’s as if you’re taking the life of all of humanity.”

Mary Ellen Russell, executive director of the Maryland Catholic Conference, the legislative lobbying arm of the Maryland bishops, who are against the bill, said that the issue likely wouldn’t be resolved on religious grounds.

However, she noted, the Catholic Church and other religious groups who were opposing it were acting consistently with their historic advocacy “on behalf of the vulnerable and people who need help.”

Discussion on End-of-Life Option Act lasted approximately five hours. No vote was taken.

Also see:

[Physician-assisted suicide sees first major public debate of 2016](#)
Bigger fight against assisted suicide in Maryland expected in 2016