

## Views differ dramatically on 'end of life option'

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**Annapolis, MD** – The End of Life Option Act is likely to be a contentious issue the Maryland General Assembly will deal with during the 2019 session. Here are summaries the two opposing views.

### **The side favoring passage was submitted by Sean Crowley.**

Four years after the original introduction of a medical aid-in-dying bill in Maryland in 2015, Compassion and Choices and 100 of its Maryland volunteers met with state lawmakers to tell them the time to pass the legislation is now after its reintroduction with 60 cosponsors. The bill, the End of Life Option Act (Richard E. Israel and Roger "Pip" Moyer Act), would give mentally capable, terminally ill adults with six months or less to live the option to get a doctor's prescription for medication they can take if their suffering becomes unbearable, so they can die peacefully in their sleep. The lead authors of the legislation are Senator William (Will) C. Smith, Jr., vice-chair of the Judicial Proceedings Committee, and Delegate Shane E. Pendergrass (District 13, Howard County), chair of the Health and Government Operations Committee. Both committees have jurisdiction over the bill.

"After four years of debate, as well as educating lawmakers and the public about this bill, it is time for the Maryland Legislature to pass it now," said Tom Quash, chief Program and Marketing officer, Compassion and Choices. "Terminally ill Marylanders with six months or less are counting on their lawmakers to pass this bill this year, so they do not suffer needlessly at the end of their life."

Other bill supporters include the ACLU, Maryland Libertarian Party, Central Atlantic Conference of the United Church of Christ, and United Seniors of Maryland, whose member organizations reach 2.5 million seniors.

"Seniors are not only living longer but most are dying slower with a host of complex issues that can cause unnecessary suffering at the end of life," said Elizabeth Weglein, president of the United Seniors of Maryland. "For many, this is a time spent in great pain and this law would allow terminally ill, mentally capable patients the option of ending their needless suffering if they so choose. The United Seniors of Maryland urges the Maryland legislature to pass this law this session."

According to 2016 Purple Strategies poll, 65 percent of Maryland voters support medical aid in dying, including a majority of African-Americans (59 percent), Republicans (56 percent), Catholics (53 percent) and a plurality of voters who attend religious services weekly (46 percent).

Neighboring Washington, D.C. and seven states have authorized medical aid in dying: California, Colorado, and Hawaii, Montana, Oregon, Vermont and Washington.

### **The statement of opposition to the measure was submitted by Will Rasky**

Out-of-state interests are again trying to push Maryland lawmakers to legalize the dangerous practice of physician assisted suicide (PAS), despite repeated rejection from the General Assembly. As a growing coalition of local bipartisan opposition to PAS, Maryland Against Physician Assisted Suicide calls on our state leaders to once again reject the dangerous and poorly crafted "End of Life Options Act" when it is introduced and stand up for Maryland's most vulnerable residents.

"Physician assisted suicide is a dangerous proposition for Maryland and there is widespread concern among the medical community at large on the harmful implications of legalizing this unethical practice," said Dr. Joseph Marine, associate professor of Medicine at Johns Hopkins University School of Medicine. "We are already seeing reports of insurance companies in some states declining to cover the cost of life-extending treatments, and instead paying for these drug overdoses that end a patient's life."

Maryland rejected physician-assisted suicide in the late 1990s and again 2015, 2016 and 2017. Both lawmakers and MAPAS members have rightly criticized the bill as dangerously flawed, a risk to vulnerable populations—including the elderly and people with intellectual and developmental disabilities—and a severe threat to efforts to curb our state's opioid epidemic.

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