FEBRUARY 25, 2016 CATHOLIC STANDARD 9

EDITORIAL

Prescription to kill is bad medicine in Maryland

ords can illuminate or eclipse the truth, as can be seen in the unfolding debate in the Maryland General Assembly over bills that would legalize physician-assisted suicide in the state. The national advocacy group that is pushing the measure in Maryland and in many other states, Compassion & Choices, promotes the opposite of compassion in its drive to alter the healing nature of the medical profession and to transform some physicians into agents assisting in the suicide deaths of the terminally ill.

Simply put, Compassion & Choices advocates the choice of what it calls "medical aid in dying" – legally enabling doctors to write prescriptions for terminally ill people who request lethal drugs so they can kill themselves. The group is an embodiment of what St. John Paul II called the "culture of death" that is spreading across our society and clouding people's hearts and minds about the dignity of human life in all its stages.

No wonder people use the word "choice" to promote killing people at the frontiers of life, the unborn through abortion and the dying through assisted suicide. Our culture values personal autonomy and choice, but it's important for truly compassionate people to reflect on what impact their choices have on other people and on our society, especially when it involves the deaths of those who are most vulnerable among us.

The people whom this bill threatens include the dying, their family members, physicians, pharmacists, the disabled, depressed, elderly and poor. The choices being promoted by Compassion & Choices put all those groups at risk of being victimized by or of becoming accessories to physician-assisted suicide.

A Washington Post article on last week's hearing in the House of Delegates makes it seem as if the Catholic Church and lawmakers faithful to the Church's teaching on the dignity of life, along with members of the African-American community, offer the biggest roadblock to the passage of this legislation. But the fact is that Maryland Against Physician Assisted Suicide, the broad-based coalition fighting these bills, includes Jewish, Muslim and Baptist groups, in addition to the Maryland Catholic Conference. Also opposing the bill are the Maryland chapter of the American College of Physicians, and disability rights groups including the Autistic Self Advocacy Network and The Arc Maryland.

The national organizations that oppose physician-assisted

What you can do

Catholics concerned about this and other key legislative issues in Maryland are encouraged to sign up for the Maryland Catholic Conference's online Catholic Advocacy Network at

www.mdcathcon.org/joinCAN, which offers legislative alerts and gives people a quick way to communicate with their elected officials.

For more information on taking action against the proposed assisted suicide bill, follow the efforts of the Maryland Against Physician Assisted Suicide Coalition at www.stopassistedsuicidemd.org.

suicide include the American Medical Association, the National Council on Disability, the American Nurses Association and the National Hospice & Palliative Care Organization. These are groups that live out the virtue of compassion every day in their care of the elderly, the sick and the dying, and in their work with people with disabilities.

Opponents have warned that legalizing physician-assisted suicide could change the economics of medical care, because lethal prescriptions are often significantly less expensive than life-prolonging measures. Such a dynamic could threaten the sick and elderly, especially those of limited financial means.

Among those submitting testimony against the proposed bill was Dr. William Toffler, the national director of Physicians for Compassionate Care, who practices medicine in Oregon, which legalized assisted suicide 20 years ago.

"In Oregon, I regularly receive notices that many important services and drugs for my patients – even some pain medications – won't be paid for by the state health plan. At the same time, doctor-assisted suicide is fully covered and sanctioned by the state of Oregon and by our collective tax dollars," he said.

Advocates for physician-assisted suicide also like to mischaracterize it as "death with dignity," but what they propose does not respect human dignity. Maryland Against Physician Assisted Suicide has noted that the bills' many flaws include: no doctor or nurse need be present when the patient ingests the lethal dose at home; the lethal drugs can

be picked up at your neighborhood pharmacy; no family notification is required; and patients aren't required to receive a screening for depression. Also, patients can request a prescription for lethal drugs if a doctor has diagnosed them with a terminal illness and six months or less to live, but it is almost impossible for doctors to accurately make such a prediction on a dying person's life span.

Cristine Marchand, executive director of The Arc Maryland, issued a statement opposing the bill, warning, "People with intellectual and developmental disabilities have historically and presently face discrimination and lack of access to medical care based on their perceived value."

She noted that the bill does not require a medical professional or independent witness to be present when an individual takes the lethal dose of physician prescribed medication. "Given the disproportionate levels at which people with intellectual and developmental disabilities are the victims of coercion and abuse (including by caretakers), this is concerning since there is no one present to verify that the individual taking the medication did so without being forced, and of their own free will."

Addressing the issue of death and dignity, Mary Ellen Russell, the executive director of the Maryland Catholic Conference, testified, "While some may view this legislation as a response to the understandable fears about pain and a loss of 'dignity' that someone diagnosed with a terminal illness might face, we insist firmly that the answer to those fears should be a demand for appropriate medical treatment that provides adequate pain management and excellent palliative or hospice care." The dying deserve to be surrounded by love, care and compassion, "not handed a prescription to take his or her life," she said.

Vigilance on this issue is crucial, because the Feb. 19 hearing on the physician assisted suicide bill before a committee in the Maryland House of Delegates is being followed by a committee hearing on a companion bill on Feb. 25 in the Maryland State Senate, and if the bills pass their committees, they could be approved by the General Assembly and then could be signed into law by the governor, who has voiced opposition to such a measure.

With this legislation, Maryland is at a crossroads, and its legislators face the truly compassionate choice of choosing life over death, and rejecting physician-assisted suicide. The measure's prescription to kill is bad medicine for our state and its people, especially the most vulnerable.

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Russell stressed that under the proposal, patients seeking to kill themselves do not have to undergo a mental examination by a psychologist or psychiatrist.

The decision to refer to a mental health professional a patient seeking life-ending drugs, Russell said, "is entirely up to the discretion of the patient's attending physician or consulting physician. "Neither the attending or consulting physician are required to have any expertise in evaluating a patient's mental health," she said.

The Maryland Catholic Conference was not the only religious-based group testifying against the measure. The MCC has joined with a broad-based coalition of other religious groups, advocates for the disabled, doctors and other health professionals to oppose physician-assisted suicide.

Among those who have voiced

reservations about the proposal are: the Maryland chapter of the American College of Physicians, the Maryland Psychiatric Society, the Maryland Board of Physicians, the Maryland Disability Law Center, the Muslim Community Cultural Center of Baltimore, the Jesse Klump Memorial Fund suicide awareness and prevention program, the Not Dead Yet disability advocacy group, the Maryland Chapter of Agudath Israel of America Orthodox Jewish public policy group, the Baltimore Jewish Council, Maryland Right to Life, Maryland Legislative Lobby for Life, and a host of individuals.

"The (Maryland Catholic) Conference joins many in the faith community who oppose this legislation not only because it violates the most basic tenet of our belief in the sacredness of life, but also because of the many dangers this legislation poses to vulnerable populations," Russell said. Pastor Nathaniel Thomas of New Redeemer Baptist Church in Forestville, testified that "moral argument against this proposal extends beyond religion."

"It is our fear that, should the 'End-of-Life Options Act' pass, then this could become another way in which the disadvantaged and uneducated in our society are abused," he said. "We have to consider the potential for unimaginable harm to people and families who are already challenged for the value of their lives in so many ways and could be subject to another form of discrimination in healthcare."

Dr. Kevin Donovan from the Georgetown University School of Medicine doctor also criticized the proposal as "discriminatory and not progressive."

"It creates, by law, a class of people whose lives should no longer be preserved," he said. Samantha Crane, director of public policy for the Autistic Self Advocacy Network, said, "This legislation would lead to many unintended consequences for individuals with disabilities who are often targets of coercion and abuse... It would endanger many more lives for people with disabilities who already feel like a burden to family and loved ones."

Currently five states permit physicianassisted suicide. Vermont, California, Oregon and Washington State approved the action either by ballot initiative or through passage of a law by state legislators. In Montana, a judge ruled that physicians prescribing life-ending drugs do not face criminal penalties. The issue is currently before the courts in New Mexico.

A year ago, lawmakers in Colorado voted down a proposal to make assisted suicide legal in that state.

For more information, visit www.StopAssistedSuicideMD.org.