

From: Arthur Flickinger arthur.flickinger@gmail.com
Subject: Other states have pioneered death with dignity. Maryland should follow suit. - The Washington Post
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To: Arthur Flickinger arthur.flickinger@gmail.com



Other states have pioneered death with dignity. Maryland should follow suit.

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THE MARYLAND General Assembly is considering legislation that would allow medical assistance in dying for people who have been diagnosed with a terminal illness. It is not the first time Maryland lawmakers have considered the issue, but previous efforts never got any real traction. This year may be different. That is due in large measure to the experience of other states that have pioneered death with dignity and shown there are benefits with none of the dire outcomes predicted by opponents.

A bill that would make Maryland the seventh state, along with the District, to enact legislation allowing terminally ill patients to end their own lives is pending in Annapolis, the fourth time it has been introduced since 2015. Sponsored by Sen. William C. Smith Jr. (D-Montgomery) and Del. Shane E. Pendergrass (D-Howard), the End-of-Life Option Act [would allow Maryland residents](#) who have six months or less to live, and with the mental capacity to make medical decisions, to obtain and self-administer life-ending medications.

Committees in the House and Senate recently held public hearings on the legislation, and testimony was — not surprising given the deeply held emotions that surround this fraught issue — heart-wrenching. “I sat by my husband’s side day and night for 10 days as he slowly died,” said former NPR host [Diane Rehm](#), “. . . why did our laws infringe on an individual’s decision to die peacefully when dying was inevitable within a few months?” Dr. Ellen McInerney, who practices internal medicine in Edgewater, warned that doctors could give up on their patients when they are most in need of care.

Most persuasive, though, was testimony about how similar end-of-life laws have worked in Oregon — the first state to enact one, in 1997 — and other states. Fears about abuse of the elderly or those with disabilities have not materialized, and, with those states having more than 40 years of combined experience with assisted death, there have been no instances of documented abuse or coercion. Dr. David Grube, medical director of Compassion & Choices, stressed that medical aid in dying is one component of end-of-life care, not an alternative to palliative or hospice care. Indeed, the vast majority (more than 90 percent) of patients who use the Oregon law are enrolled in hospice. “More Oregonians have not died, but fewer have suffered,” he told the state Senate’s Judicial Proceedings Committee in written testimony.

The Maryland legislation is modeled after Oregon’s law. There are increased safeguards, including the requirement that a person make three requests (one must be made with the individual alone with his or her doctor) for a life-ending prescription. A recent poll by Public Policy Polling showed that Marylanders support medical aid in dying by a 3-to-1 margin. It is time for Maryland lawmakers to vote on this bill; we hope they agree that people should have the right to choice when it comes to their own deaths.

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