HB 643/SB 701

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Archdiocese of Washington

Position: OPPOSED

Good afternoon, my name is Fr. John J. Dillon and I am the pastor of St. Francis of Assisi Catholic Church in Derwood, MD, located in Montgomery County. My parish is comprised of about 1,500 faith-filled families who live largely in the communities of Derwood, Rockville and Gaithersburg, MD.

I come to you today to submit testimony in opposing HB 643/SB 701, the End-of-Life-Option Act. In my ministry as a Catholic priest, one of my key roles is to serve as the on-call priest for Casey House, the only all-hospice, acute care inpatient medical facility in Montgomery County. In that capacity, I am often called to offer the Sacrament of the Anointing of the Sick to patients very near death; this is a holy rite in the Catholic Church whereby the requestor receives the Holy Spirit’s peace and courage to bear the challenges of their last hours on Earth. Yet, I go to Casey House to provide more than a sacrament. I am also there to pray with the individual and his or her family, offer him or her comfort, and, in some cases, simply remind the patient of the mercy and compassion of Jesus Christ with my presence.

When I arrive at Casey House or any hospital where I’m called, I never know into what type of situation I am walking. If a patient is conscious, then I introduce myself and we may pray together. I ask the patient if he or she really wants the Anointing of the Sick and I try to be sensitive to what I am observing. If a person is agitated, I try to speak very calmly to him and her and tell the patient that the Lord is in our midst. To trust in His mercy.

As I accompany these patients to the end of their journeys on Earth, I’ve witnessed that people often feel like they are worthless or a burden. They often feel this way because they have seen the sacrifices their family members and friends have given and they feel ashamed that they are weak and cannot reciprocate the care they are receiving. But this is not so. They are precious in God’s eyes and in the eyes of their family members and loved ones, who care for them and do so, out of love for them. But these patients, near the end, need this reassurance and this reminder that their lives are valuable and worthy, despite their human condition.

The End-of-Life-Option Act, physician-assisted suicide – whatever name you call it, the effect of this proposed policy is the same: it devalues the lives of people in our state, people who may be wracked with pain, but could also be filled with anguish and guilt at how their human condition has impacted the lives of their loved ones. The antidote to this is not providing these patients with life-ending drugs, but offering them emotional, spiritual and physical comfort in the last hours, days, weeks and months of their lives.
This bill concerns me gravely for many reasons, but mostly because it can go well beyond trying to give people a choice in when they leave this Earth. It could encourage our most vulnerable people – individuals with disabilities, mental illness and other special needs – to take their own lives. It could allow for insurance companies to pressure individuals to take a cheaper, life-ending drug, rather than extend their lives with more expensive medication prolonging their lives. It could compel doctors and health care workers to take part in an act that they oppose doing for ethical reasons. The bill changes the entire equation of how we view life in this state. It would move us to a place where we begin believing that some people’s lives are more valuable than others – and that is a dangerous place to be.

I want to close with this: I sincerely hope we are in a position where someone listening to me, a Catholic priest with the sole purpose of guiding my parishioners closer to Jesus Christ, will be listened to. We need to listen to where all residents of this state stand on this bill. And we must be careful about listening to outside pressure groups arguing for legislation, which in the end, can be very corrosive and destructive to us as a society.

Thank you.