

60 REASONS TO SUPPORT NEW YORK'S MEDICAL AID IN DYING ACT

Dr. Jay Federman

A family physician from Saranac Lake and medical director for the Tri-Lakes division of High Peaks Hospice, Dr. Federman supports the New York Medical Aid in Dying Act.



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Reason #42

Because authorizing medical aid in dying brings conversations about end of life out of the shadows and leads to improvements in end-of-life care for everyone, even if they don't use the law.

In my position as a family doctor and hospice medical director, I have had the privilege and responsibility of caring for numerous people at the end of their lives. In the last several decades, hospice and palliative care have made an important and valuable contribution to this inevitable event.

At times however hospice care is not sufficient to meet the needs of every patient and family in all circumstances. For a variety of reasons, some individuals seek more personal control of their dying process and assurance they will not suffer at the end. This is why the Medical Aid in Dying Act should be supported and enacted into law in New York State.

Early in my career, I had the painful but ultimately gratifying experience of providing comfort and oversight in my home for my 31-year-old sister, who was dying from cancer. At the time, no hospice or palliative care was available in our community.

Because of my presence, she and my parents had the peace of mind that her inevitable death would be peaceful. Fortunately, extraordinary measures were not necessary. Over the years patients have requested my assistance in their death. Because of New York's law, I felt helpless. I have witnessed colleagues, who publicly speak against medical aid in dying, make the case that this practice takes place anyhow and therefore legalization is not necessary. They quip, "Let's keep government out of it."

I have heard families state their loved ones received medical aid in dying because of their connections and a long-standing personal relationship with their physician. Such options should be legally available to everyone and not a function of happenstance or personal status. Also, do we really want this practice to happen underground, without any regulatory oversight?

Presently nine states and the District of Columbia have a cumulative experience approaching 50 years of legalized aid in dying. There has not been a single documented instance of coercion or abuse of the law. The enactment of such legislation stimulates much-needed discussion among individuals and families regarding end-of-life issues and makes this difficult and often heart-wrenching process a more positive experience.

Minorities, the disadvantaged, the elderly and the more vulnerable are not coerced into availing themselves of this option but on the contrary, have been less likely to elect using it.

In fact, aid-in-dying laws have led to an improvement in end-of-life care for everyone. According to a report published in the New England Journal of Medicine: Oregon's medical aid-in-dying law has helped spur the state to lead the nation in hospice enrollment.

In California, the passage of the End of Life Option Act has brought conversations about end of life out of the shadows and led to improvements in end-of-life care beyond just those using the law.

Medical aid in dying is one component of end-of-life care, not an alternative to palliative or hospice care. Nearly 20 years of experience in Oregon is revealing: the vast majority of patients (more than 90%) who utilize Oregon's Death with Dignity Act are enrolled in hospice at the time of their request.

Concerns that Oregon's law would conflict with palliative care have not been realized. Hospice use has steadily increased and is now double the national average with more appropriate lengths of stay and with more people dying at home than in health care facilities. End-of-life conversations between doctors and patients in states that have authorized aid-in-dying laws have improved and hospice providers note an increased willingness to discuss and consider hospice care.

Modern medical technology is stunning and advances on a near daily basis. One

downside of this may be the creation of false or unrealistic hopes. I believe this is a

contributing factor to our society's difficulty dealing realistically with death. On an individual level, this often takes the form of pursuing futile treatment.

Hospice and palliative care have gone a long way in correcting this. The addition of medical aid in dying is needed to provide a full range of options for all people seeking end-of-life care.

To join our mission, email Amanda Cavanaugh at acavanaugh@compassionandchoices.org.

