

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



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Reason #53

Because a daughter who is a doctor shouldn't have to risk her medical practice to help her father avoid needless suffering.

In June of 2017 when my father's pancreatic cancer returned, I promised him that if the pain or suffering he was experiencing became too unbearable, I would help him to end his life

Over the next two months as he slowly declined on hospice, I realized I had made a promise that would be very difficult to keep without risking losing my medical license or even worse, a prison sentence. My mother and three siblings were all in agreement with him that there was no need to prolong his life past what he felt was acceptable. That summer we all spent as much time as possible with him and watched as his ability to do simple things like walk to the bedroom became feats of endurance. In the beginning I figured he would just take an overdose of his pain medications but unlike most people with pancreatic cancer, he had no pain, so did not have a stock of medicine available to him. As a family doctor who specializes in hospice, I knew I could prescribe him more pain medications but since he hadn't been using any, this would likely raise alarms. I even contemplated prescribing them to my mom or another family member. When it came down to it in real time though I realized I couldn't do it. It was just too risky.

We discussed voluntarily stopping eating and drinking (VSED) yet when it came down to it he couldn't do that. This was a man who lived to eat and drink. Even though he could barely tolerate anything, having to give up his one joy was impossible.

Two days before he died my uncle called and asked him what he could bring over and my dad, always the comedian, said, "A sledgehammer." We all know that with every joke there is an ounce of truth and the fact was that my dad had enough of being sick. He could barely eat, was too tired to do much other than lie in bed and resented needing help with simple tasks like getting to the bathroom. It wasn't the pain. It was the inability to live a dignified life.

Fortunately for all of us, the next evening he began having difficulty breathing and died peacefully the following afternoon in his bed, surrounded by his family. My experience in hospice allows me to realize how lucky he was as I have seen many patients linger for weeks once they get to the same point. My dad's death was beautiful and exactly how he would like but I suffered tremendously that last week trying to figure out how I could keep my promise to him without risking my future. If medical aid in dying were available, he may never have used it but knowing he had that option would have been a comfort to all of us, him most of all.

To be clear, while many people want the option of medical aid in dying because, like my father, they don't want to suffer indignities that sometimes come at the end of life, there are others who fear uncontrollable pain. There are limits to what I can do to ease the pain of someone who is dying and there are sometimes trade-offs people are unwilling to make: the higher the doses of pain medication, the less able the patient is to communicate with their families. National studies show that despite the wide availability of hospice, palliative care and pain management, between 65% and 85% of patients with cancer — by far the most common disease among people who request medical aid in dying — experience significant pain.

Medical aid in dying is a choice. Some people would never consider it and that is their choice. Even many who are prescribed lethal medications never use them, but at least they know they have that option. Lawmakers have the power to relieve suffering now by making sure that everyone has a choice.

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