

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

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Reason #12

So that a young father facing death can create an end-of-life experience that leaves their children with a powerful memory.

To ensure that the many safeguards built into medical aid-in-dying laws are working, states with these laws have been tracking patients who obtain lethal medication, starting with Oregon in 1998.

In Washington state in 2011, 103 terminally ill, mentally capable adults obtained medical aid-in-dying medication. 70 of them self-ingested the medication; the youngest of them was 41 years old. That person was my brother, Ethan Remmel.

Ethan was father to two young sons, aged 3 and 8, and he and his partner Grace Wang enjoyed a rich, full, family life. Ethan graduated from Yale and launched a successful Silicon Valley career working for Oracle and Netscape while volunteering for Big Brothers Big Sisters and the Shanti AIDS Project.

Deciding that he found more meaning in research and teaching, he completed a doctorate degree at Stanford and became a professor at Western Washington University, where he taught developmental psychology and studied the language acquisition of deaf children. He possessed a keen analytic mind and loved the competitive challenges posed by crossword puzzles and games. Tall, thin, and athletic, he biked to work and played basketball whenever he got a chance.

In March 2010, Ethan developed a persistent stomachache. By June, he had been hospitalized and diagnosed with terminal stage 4 colon cancer that had metastasized. Ethan had excellent medical, pain management and hospice care; he was neither depressed nor mentally compromised. Indeed, he taught a college course that ended just three days before his death.

When my brother obtained the medical aid in dying prescription, he did not know if he would use it but found it comforting to know that he had that option if his suffering became intolerable as death approached.

Ethan detailed his decisions and struggles in his personal and Psychology Today blogs. In April 2010, Ethan filled his lethal medication prescription, responding to critics commenting on his blog as follows:

"I do not view it as 'suicide' (although that is a convenient term), because I would not really be choosing between living and dying. I would be choosing between different ways of dying. If someone wishes to deny me that choice, it sounds to me like they are saying: I am willing to risk that your death will be slow and painful. Well, thanks a lot, that's brave of you."

"Right now, I am achieving neither of my two goals (acceptable levels of pain relief and mental clarity) and I'm worried that these goals are slipping further away over time, as the cancer continues to grow and spread and impinge on nerves."

I was and remain grateful for the peace of mind possessing the medication gave Ethan. I was and remain grateful that ingesting it spared him additional suffering; he suffered enough. I never doubted then or since that he knew exactly the right time to ingest the medication.

I recognize, as did Ethan, that medical aid in dying is not the right option for everyone. However, it is an option that should be available to everyone.

Should I ever be unlucky enough to receive a terminal cancer diagnosis as my brother did, I very much hope I would also have access to medical aid in dying should my suffering exceed my endurance.

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

