

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

Rev. Dr. Richard Gilbert

A retired Unitarian Universalist minister, Reverend Gilbert supports medical aid-in-dying legislation.

Rochester, New York



Reason #17

Because sometimes the greatest reverence for life is to end human suffering.

As a minister, I have welcomed the increased discussion of preparation for death among members of my congregations. My denomination, the Unitarian Universalist Association, passed a resolution affirming the right to die with dignity in 1988.

However, I speak to you out of my personal experiences. Having been a parish minister for 57 years, I have shared life's final exit with hundreds of people. I've often been amazed at the dignity with which death is faced.

However, too many times I have been saddened by needless suffering, as people facing imminent death through disease are kept alive through what has been called the "tyranny of technology."

As a person of faith, I believe that what is important is not mere prolongation of biological life. What is vital is the freedom to live a meaningful life and to die a dignified death. We're all terminal; just penciled in. All of us are sentenced to die; the questions are when and how and who decides. The 'when' is a factor over which we have limited control. The 'how' is a question for which we wish to have some choice. Who decides is important, because we wish to maintain our moral agency to the end of our days.

While everyone wants death with dignity, we have our differences with the meaning of that phrase, and I fully respect those of different views, religious or otherwise. However, I do not believe that any group which opposes medical aid in dying has the right to deny that option to those of a different religious faith or view who support it. If you don't believe in it, don't do it.

Having officiated at nearly 500 memorial services, I know something of the distinction between death with dignity and suicide.

I have spent many hours by the bedsides of the dying and marvel at their courage, but I find myself unable to answer those who tell me they wish to die rather than face prolonged and unnecessary suffering which serves no meaningful purpose.

I think of Margaret, my 95-year-old grandmother, curled in a fetal position for months in a nursing home, able only to cry like a baby. I think of Lou, a man of 85, who, facing inevitable death by disease, literally starved himself to death at home — a slow and agonizing process — because he could not access medical aid in dying.

There is a real difference between medical aid in dying — death with dignity; and suicide — which is death with despair and anger. Physician assisted suicide is not the same as medical aid in dying. The American Public Health Association, American Academy of Hospice and Palliative Medicine, American Medical Women's Association, and American Association of Suicidology all agree on this.

As people of faith, we affirm the right to live in dignity. It stands to reason that we also affirm the right to die with dignity. Death is part of the life process. Sometimes death is a friend, not an enemy.

Health care is a universal right for all people. That right should include a continuum of care from pain management to comfort care to hospice to medical-aid-in-dying. We already grant persons the freedom to refuse treatment at the end of life. Medical aid in dying is an extension of that freedom. Ethically, I see no difference. Autonomy is honored in both cases. It is the last right of a human being.

The quality of life, not the mere prolongation of biological life, is decisive.

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I am in my 80s and while I am healthy and hope to live for some time yet, I know my days are numbered. At one time I thought of ending my life on a triple-diamond slope, skiing my way to oblivion on my 100th birthday; more recently I have pictured my death bed surrounded by friends and loved ones, giving out some last gems of wisdom.

I don't know how I will end my days, but I would be comforted by the assurance they do not have to be spent in a painful, lingering dying process.

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

