I'm a New York Voter

compassion & choices
Care and Choice at the End of Life

#EndOfLifeOptions
#MedicalAidInDying

A Chosen Transition

"Our grieving is mixed with admiration for her courage and determination and with pride that we, as a family, came together in mutual support of her decision."

NANCY MURPHY, VERMONTVILLE, NY

Joan Kline utilized Vermont's medical aid-in-dying law to experience a peaceful end of life after she was diagnosed with terminal ovarian cancer. Vermont's law allowed Kline to approach her death in the same way she lived – with determination and in a clear-eyed and practical manner.

After Joan was diagnosed with terminal ovarian cancer and had months to live, "She immediately asked her rather skeptical doctor to prescribe medication that would give her the choice of ending her life if the appropriate moment arrived," said Nancy Murphy, Joan's sister. "At that point, she did not know how her disease would progress, but knowing that the option would be available to her gave her great comfort."

Two months later, in consultation with her now-supportive doctor, Joan made her decision. Her family gathered and each person expressed what she had meant to them and thanked her with a champagne toast.

Joan said that she was content and grateful for a wonderful life, a long and happy marriage, her children, and all the places she had lived and the things she had done.

While Joan took the medication herself, her family held onto her hands and body as she slowly drifted into a deep sleep and died two hours later.

"That loving, beautiful, peaceful, and chosen transition allowed us to bond with (Joan) and she with us in a way that is beyond description," Nancy said.

A Gentle Death

Rabbi Rachel Timoner, Senior Rabbi with the Congregation Beth Elohim in Park Slope, Brooklyn, was at the side of her 92-year-old father, Eli Timoner, when he decided to use California's medical aid-in-dying law to peacefully end his suffering from congestive heart failure and COPD.

"Once my father knew that he was at the end of his life, he desperately wanted to be able to take matters into his own hands," Rabbi Timoner said. "California's End of Life Option Act was a gift to him and to our family, enabling us to surround him with love as he said goodbye."

RABBI RACHEL TIMONER, BROOKLYN, NY

Despite having suffered a debilitating stroke that paralyzed him 40 years earlier, Eli Timoner maintained a zest for life until doctors told him death was imminent. When he learned of his terminal diagnosis and prognosis, he was clear with his family about what he wanted: to end his life on his own terms.

His daughter, Rabbi Rachel Timoner, understood the laws of Judaism but also wanted to honor her father's wishes. She began to inquire more deeply into tradition and theology and discovered there was no consensus in the Jewish community on the issue of medical aid in dying.

Said Rabbi Timoner: "I have cared for others who desperately wished for this choice at the end of their lives, and I think it might be time for the Jewish people to reconsider our views on this important matter."

In fact, the Central Conference of American Rabbis (CCAR) issued a Responsum — a written response by a rabbinic authority to a submitted question — addressing medical aid in dying. The rabbinic authority argues that the concept is in accord with the life-affirming and realistic perspective of our tradition.

You can read the full Responsum here

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For more stories about New Yorkers interacting with medical aid in dying

People Living with Disabilities Support Medical Aid in Dying

Fundamental Shared Values

When individuals face life's inevitable end, they must have options and autonomy over their care – **including medical aid in dying.**

This legislation has gained support from a broad base of voters, including those living with disabilities, who have long advocated for autonomy over their healthcare decisions.

The movements to expand end-of-life care options and for disability rights share important core values:

AUTONOMY INDEPENDENCE SELF-DETERMINATION

Among people living with disabilities, support for medical aid in dying is widespread and nonpartisan:

79% People living with a disability support

65% Republicans living with a disability support

79% Democrats living with a disability support

83% Independents living with a disability support

Source: Susquehanna Polling and Research, February 2023

The Arc New York

"Individuals with intellectual and developmental disabilities are, first and foremost, citizens, and are entitled to all the fundamental rights, both explicit and implied, that are guaranteed and enjoyed by all people under federal and state laws. Therefore, The Arc New York asserts that any rights included in any laws legalizing medical aid in dying should be guaranteed to people with intellectual and developmental disabilities."

Source: https://www.thearcny.org/advocacy/position-statements/aid-dying

"I arrive at the conclusion that if we respect and value people with disabilities, we ought to permit assisted dying... Ultimately, I conclude that upholding respect for the disabled requires the legalization of assisted dying, rather than the denial of access in a misguided effort to protect people with disabilities."

Christopher A. Riddle
Professor and Chair of Philosophy, Utica University

"My life's value cannot be diminished by medical aid in dying. To the contrary, my life would be empowered by passage of the Medical Aid in Dying Act. It would give me the autonomy I've worked so hard to maintain since my very first day in a wheelchair."

Gene Hughes
1959 – 2021
Disabilities Rights Advocate

"I've always felt that one should have a choice at the end of their lives. That has not changed because I have an ALS diagnosis. What's more important for a dying person than to have control at the end of their life?"

Sara Myers
1954 – 2016
Terminally Ill person with disabilities and an ALS patient, New York City

"I think those who have a terminal illness and are in great pain should have the right to choose to end their lives and those that help them should be free from prosecution."

Stephen Hawking
1942 – 2018
Renowned Cosmologist and theoretical physicist, who lived with Lou Gehrig's disease

"Based on my 23 years of clinical practice, as a person with a disability, and as an individual whose family members have experienced very difficult end-of-life challenges, I am in strong support of authorizing medical aid in dying."

Dr. Seth Morgan
Board-Certified fellow of the American Academy of Neurology, leader for the National Multiple Sclerosis Society, and chair of Montgomery County's Commission on People with Disabilities

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For more information, visit

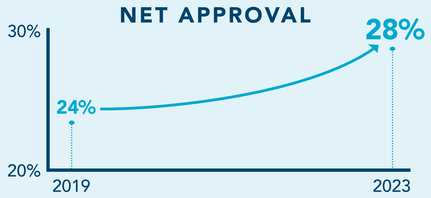
Medical Aid in Dying, By The Numbers

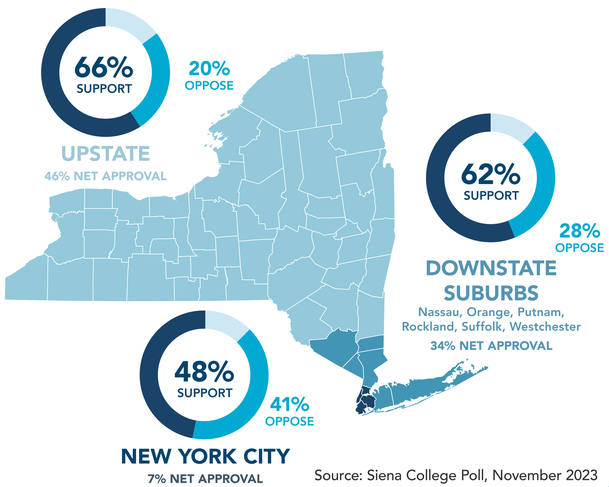
New York State Supports Medical Aid in Dying

58% SUPPORT

30% OPPOSE

A Siena College poll shows that nearly 60% percent of New York voters support legislation to allow terminally ill patients to end their own lives if they choose





Source: Siena College Poll, November 2023

Physician Support for Medical Aid in Dying

SUPPORT **67%** | OPPOSE **19%**

When New York physicians learned about how medical aid in dying would be implemented in the bill pending in the State Legislature, the margin of **support jumped 18 points**, from a 30-point margin **(56%–26%)** in support to a 48-point margin **(67%–19%)** in support.

63% of New York physicians said they would like to have the option of medical aid in dying if they become terminally ill.

Dr. Robert Milch, MD, FACS
Co-founder of Hospice & Palliative Care Buffalo and longtime surgeon

"Because of my life's work in end-of-life care, I know that medical aid in dying is a natural extension of the options patients should have as they think about end-of-life care. The data from states where medical aid in dying is authorized shows that the vast majority of terminally ill adults who decided to use it were receiving hospice and/or palliative care services."

People of Faith Support Medical Aid in Dying

More than seven out of 10 voters surveyed (72%)

said they "think a mentally sound adult with an incurable, terminal illness – who only has six months or less to live – should have the legal option of medical aid in dying to get prescription medication they may take to pass peacefully in their sleep."

This supermajority support includes:

75% of Catholic voters

69% of Christian voters

68% of Protestant voters

83% of Jewish voters

Source: Goodwin Simon Strategic Research Survey, 2023

Source: Susquehanna Polling and Research 2021

Father Luis Barrios, Ph.D
Pastor at Holyrood Episcopal Church in Upper Manhattan and Professor of Psychology at John Jay College of Criminal Justice

"My God is a God of love and compassion. A God who would not abandon a dying person who is suffering and refuse that person the means to die peacefully. I believe that our state should adopt a law that would allow terminally ill New Yorkers to die without suffering in whatever way is consistent with their own individual faith, values, and beliefs."

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For more information, visit

What Is Medical Aid in Dying?

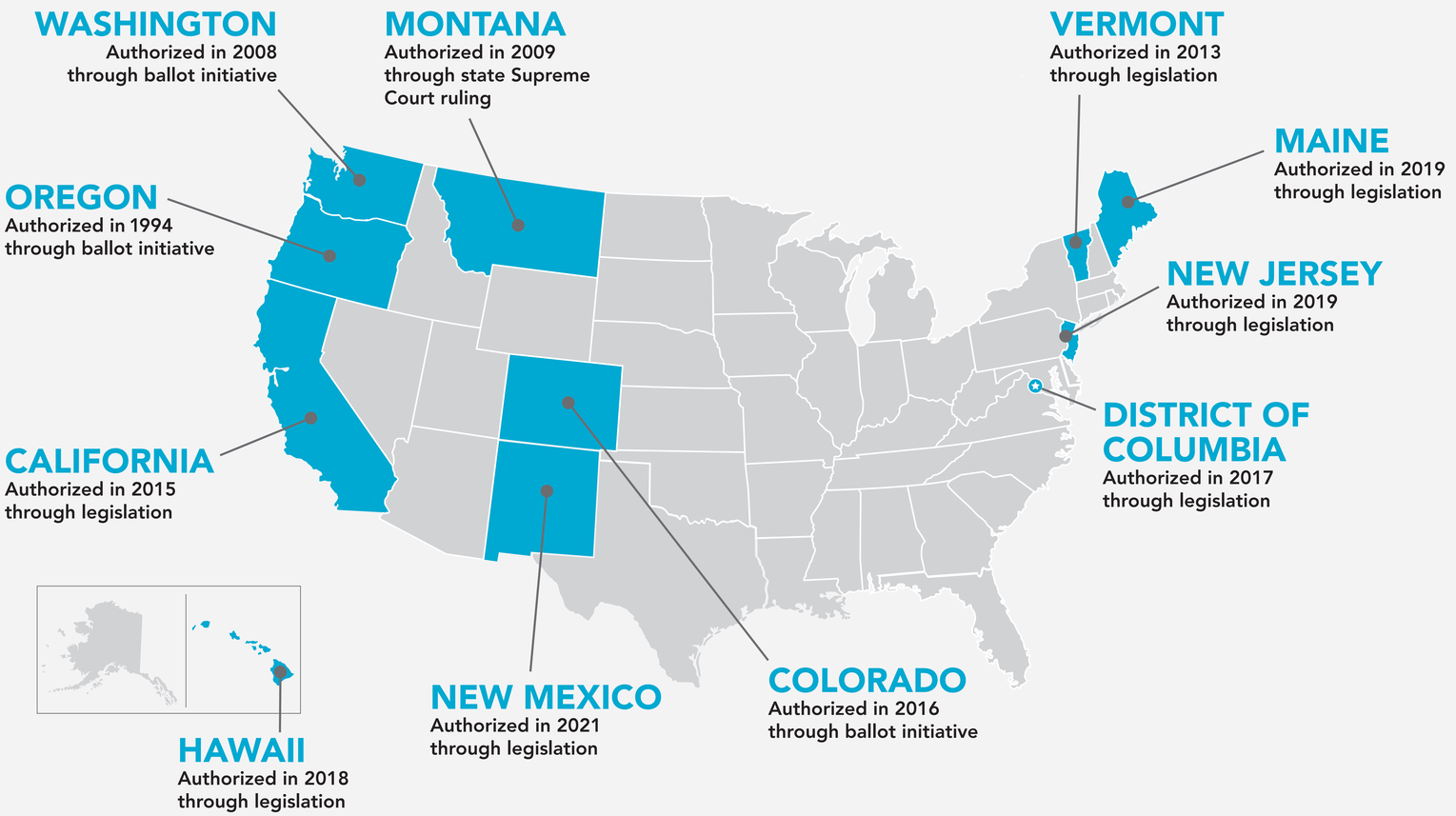
A trusted and time-tested medical practice that allows a terminally ill, mentally capable adult with a prognosis of six months or less to live to request from their doctor a prescription for medication they can decide to self-ingest to die peacefully in their sleep. Medical aid in dying is part of the full range of end-of-life care options, including hospice and palliative care.

The bill is modeled after the Oregon Death with Dignity Act, which has been in effect for more than 25 years without a single substantiated accusation of abuse or coercion.

More than One in Five Adults (22%) Now Lives in a Jurisdiction that Allows Access to Medical Aid in Dying

Where Is Medical Aid in Dying Authorized?

Compassion & Choices has led or supported campaigns to authorize medical aid in dying and implement this medical practice in **10 states and Washington, D.C.**



How Medical Aid in Dying Would Work in New York: One Woman's Journey

New York resident Jane has been receiving treatment for an incurable, terminal illness. Her physicians recently told her that she has six months or less to live. Jane would like to die peacefully, on her own terms, in the comfort of her own home, and in the company of her loved ones.

If New York's Medical Aid in Dying Act was passed, this is what the process would look like for Jane.

STEP 1

Jane Makes a Verbal Request

Jane asks her attending physician for medical aid in dying, who then documents Jane's oral request in her medical chart.

STEP 2

Jane's Attending Physician Confirms Eligibility

After documenting her verbal request, Jane's attending physician must examine Jane and her relevant medical records to confirm that she meets the law's strict eligibility requirements. The attending physician must ensure that Jane is making an informed decision, advise her of all requirements, and refer her to a consulting physician to confirm eligibility.

STEP 3

A Consulting Physician Corroborates Eligibility

The consulting physician must review Jane's medical records, confirm her eligibility, confirm that Jane has the mental capacity to make this healthcare decision, and provide the opportunity for Jane to rescind her request.

STEP 3A

A Mental Health Provider Can Be Brought in to Consult

If either physician is uncertain about Jane's mental capacity, no prescription can be written until a mental health provider determines that Jane has the mental capacity to make an informed decision. The mental health provider must then provide a report, in writing, to the attending and consulting physician.

» If Jane's capacity is confirmed, she must go back to her attending physician.

» If the health care professional believes that Jane does not have the requisite capacity, she does not qualify for medical aid in dying.

STEP 4

Jane Must Put Her Request in Writing

Jane's physician must advise Jane that she must make a written request for the medication, which must be witnessed by two additional people.

STEP 5

Jane's Attending Physician Writes the Prescription

Before writing a prescription for aid-in-dying medication and after confirming that Jane meets the necessary criteria, the attending physician must discuss with Jane the protocols for taking the medication and ensure she is aware of all of her end-of-life care options, including hospice and palliative care.

STEP 6

Jane's Physician Gives Her Opportunity to Rescind Her Request

The attending physician must offer Jane an opportunity to rescind her request for medical aid in dying at any time.

If Jane decides to ingest the medication, she can gather those she loves around her and take the medication to pass peacefully.

Jane must ingest the medication on her own.

No one, including her attending physician, may administer it to her.

If Jane dies before she uses the medication, any unused medication must be disposed of in accordance to state and federal laws, in the same way as other controlled substances.

In Memoriam

Every year, we lose more terminally ill advocates who are deprived of a peaceful death as they wait for New York's legislature to pass the Medical Aid in Dying Act. We continue our work to pass the legislation in their honor. You can provide the gift of end-of-life care options and ensure the end of life is as beautiful as the beginning.

Youssef Cohen
1947-2016
New York City

Joan Gundrum
1937-2016
Albany

Sara Myers
1954-2016
New York City

Jay Kallio
1947-2016
New York City

Jim Wiggins
1935-2017
Syracuse

Lisa Brittieri
1965-2018
Lakewood

Bernadette Hoppe
1964-2019
Buffalo

Barbara Hammer
1939-2019
New York City

Fay Hoh Yin
1932-2020
New York City

Joan Haberman
1931-2020
Westchester

Anne Allbright Smith
1933-2020
Westchester

Deborah Panitch
1947-2021
Albany

Dr. Bob Milch
1943-2021
Buffalo

John Flynn
1943-2021
Albany

Zachary Cohen
1949-2021
Long Island

Zoe O.
1952-2021
Long Island

Susan Barra
1950-2021
Rochester

Jennifer Milich
1963-2022
Buffalo

Ayla Rain Eilert
1998-2022
New York City

Raymond Stark
1936-2023
Adirondacks

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Read the passionate personal stories of incredibly brave New Yorkers:

Medical Aid in Dying and Suicide Are Fundamentally Different

Suicide is a public health crisis that requires collective efforts to address. **The conflation of medical aid in dying with suicide — intentional or accidental — perpetuates false, harmful, and stigmatizing information.**

It can also have tragic consequences, leading to suicide contagion, meaning exposure to the suicide or the suicidal behavior of one or more persons influences others to commit or attempt suicide. More than 100 studies have found that the risk of contagion is real.

The most responsible way to address this misinformation is for everyone to discontinue references to medical aid in dying as suicide. The law distinguishes between the two, and so should communication. Until that transition happens, we must work to highlight their distinctions using as much care as possible, without further stigmatizing people already harmed by suicide.

Suicide	Medical Aid in Dying
With effective treatment, a person may find relief from the feeling they want to take their own life.	Death is inevitable due to the expected outcome of a person's terminal illness.
A person typically struggles with mental health in silence or alone.	A person is able to have discussions with their health care team and typically with their loved ones and community.
A preventable and traumatic outcome.	A compassionate and respectful option at the end of life.
No involvement with healthcare providers. Typically no family involvement. Often carried out alone and in secrecy.	An accepted medical practice in which at least two healthcare providers confirm terminal diagnosis and prognosis and that the person can make an informed healthcare decision.
Death is often sudden, unexpected and violent, traumatizing loved ones and communities.	Allows for a peaceful death, often at home, where loved ones can be present and have greater closure.
Many factors can lead to suicide, including mental health conditions.	Only patients who have an incurable, irreversible, terminal illness have the option to go through the qualification process.
Proper medical intervention may prevent death by suicide.	Medical intervention will not prevent death, but the availability of the option allows patients to get the appropriate help they need, including, when appropriate, medical aid in dying to avoid prolonged end-of-life suffering.

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To learn more about the distinction between medical aid in dying and suicide, visit:

End of Life Care Options in New York

People who are dying in New York currently have limited options. They can:

- Utilize all available medical treatments and interventions, limited by their ability to pay for those treatments
- Discontinue or refuse medical treatment
- Decide to voluntarily stop eating and drinking (which is referred to as VSED)
- Access palliative care, including hospice services
- Opt for palliative sedation and withdrawal of nutrition and fluids and die slowly in a hospital

All New Yorkers should have the ability to chart an end-of-life experience that is consistent with their faith, values, and priorities, and healthcare providers should be able to offer comprehensive care that includes a full range of end-of-life care options.

New York's Commitment to Bodily Autonomy

At a time when bodily autonomy is under siege across the nation, New York remains a beacon of choice and progressive thought. It is time to extend that to provide terminally ill New Yorkers with the ability to plan and make decisions about their deaths in the same way they do about their lives.

New York lawmakers have consistently supported their constituents' rights to bodily autonomy. **Now is the time to extend that support and vote "Yes" on the Medical Aid in Dying Act.**

- The Reproductive Health Act and other bills that affirm abortion rights support the rights of pregnant New Yorkers to make their own reproductive healthcare decisions.
- The Marriage Equality Act affirms the right of New Yorkers to marry who they love and gives them one important way of living the way they want.
- Under existing laws and regulations, terminally ill patients are allowed to decide to accept — or refuse — invasive healthcare interventions that may prolong their suffering.
- The Gender Expression Non-Discrimination Act (GENDA) allows people to live fully expressed lives with agency.

New York Lawmakers:

If you voted "yes" on any of the measures above, your constituents need to see your support for ensuring that New Yorkers who've lived their lives with autonomy can enjoy the same respect for autonomy at the end of their lives.