

## 5 truths about New York’s Medical Aid in Dying Act (Commentary)

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By Special to Syracuse.com

*Corinne Carey is the New York Campaign Director for [Compassion & Choices](#). She is based in Troy.*

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The late, great New York Sen. Daniel Patrick Moynihan famously said: “Everyone is entitled to his own opinion, but not his own facts.”

This wise saying is particularly applicable to the debate about New York’s Medical Aid in Dying Act. This compassionate legislation would give terminally ill adults the end-of-life care option of medical aid in dying to peacefully end their suffering when no other option provides relief.

Opponents have stoked fear about the bill. It’s time the public and lawmakers learned the truth.

**Truth #1:** Medical aid in dying is not “assisted suicide.”

Opponents call this compassionate, time-tested medical practice “suicide” to sensationalize what should be a rational discussion.

The most prominent professional society in the United States that addresses issues at the intersection of law and medicine – [The American College of Legal Medicine](#) – rejects calling medical aid in dying “physician-assisted suicide.”

People who commit suicide want to die; those who are terminally ill want to live; but they know the illness will take their lives. They simply want the option to peacefully end their suffering – if it becomes unbearable – and to decide how and when they die.

**Truth #2:** The reasons people want the option of medical aid in dying are as varied as people themselves, but at the core is a desire to avoid suffering and leaving loved ones with the enduring memory of their suffering.

[Oregon Health Authority](#) statistics show that people who use medical aid in dying cite an average of about four reasons, including pain, for requesting this end-of-life care option. Palliative medicine and hospice provide tremendous relief, but even the best care can't relieve all suffering at the end of life. Only the terminally ill person can determine what kind of suffering and how much they can bear.

**Truth #3:** There has not been a single case of abuse or coercion in 40-plus years of combined experience in seven states and Washington, D.C., where medical aid in dying is authorized.

A [Journal of Medical Ethics](#) report about the Oregon Death with Dignity Act concluded: "Rates of assisted dying in Oregon ... showed no evidence of heightened risk for the elderly, women, the uninsured ... people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities, compared with background populations."

The executive director of [Disability Rights Oregon \(DRO\)](#) confirmed in a February 2019 letter that the agency has never "received a complaint that a person with disabilities was coerced or being coerced to make use of the Act." In fact, the only complaints DRO has received have been from those living with disabilities who have had trouble accessing the law because of restrictive safeguards.

A report published in the March 2018 [Journal of the American Medical Association](#) showed that one-third of eligible Californians who requested medical aid in dying either died before completing the laborious, time-consuming process or were too ill to complete it. The report also showed that about one-fifth of the people who requested medical aid in dying did not qualify to receive it, demonstrating these laws' core safeguards work.

**Truth #4:** Medical aid in dying laws in this country have passed the test of time.

There has never been a serious attempt to expand, or a need to fix, the core eligibility criteria of Oregon's 25-year-old, first-in-the-nation medical aid-in-dying law. New York's Medical Aid in Dying Act, and every other state law that authorizes the practice, mirrors the core provisions of Oregon's law.

Only mentally capable, terminally ill adults with a prognosis of six months or less to live, who are able to self-ingest the aid-in-dying medication, which must be confirmed by two doctors, would be eligible for this end-of-life care option in New York.

**Truth #5:** New York voters and doctors overwhelmingly support medical aid in dying.

Polling from 2018 shows [63 percent of New Yorkers](#) support it, including virtually every demographic group the survey measured: party affiliation, ethnicity, religion, sex, region, education level and age group.

New York doctors support proposed legislation to authorize medical aid in dying by an even greater margin: [67-20 percent](#).

This body of evidence is why a growing number of state and national medical organizations, including the American Academy of Hospice and Palliative Medicine, have either endorsed or adopted a neutral position regarding medical aid in dying for terminally ill adults. And that's why 1 in 5 Americans now has access to this option.

Each day the Legislature delays passing the Medical Aid in Dying Act, each day it gives credence to the fear-mongering predictions that have never come true, is one more day that terminally ill New Yorkers suffer because they are denied this compassionate end-of-life option.

It's time for our lawmakers to pass the Medical Aid in Dying Act.

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