Elizabeth Whitefield
End of Life Options Act

2021 STORYBOOK
Elizabeth and I were married 33 years when she lost her 11 year battle against five different cancers. In those last 11 years, she had eight major episodes from various cancers. She had surgeries, chemotherapy, radiation treatments, and procedures in Albuquerque, Phoenix and MD Anderson Medical Center in Houston.

Throughout her life and illness, Elizabeth lived with grace, courage and strength, always positive and cheerful. Even with a tracheostomy tube to help her to breathe and a feeding tube, she was always thankful for yet another day. She happily returned to her beloved job as a presiding judge in family court in Albuquerque. She loved her work and the opportunity to help so many families.

In 2017, we came to the sad realization that her illness required all her energies, so she made the difficult decision to retire. What followed were many difficult weeks and months. She was not able to eat, drink or breathe without assistance, took medications three times a day, and pills to keep the pain at bay. Finally, our oncologist told us the cancer had returned, further treatments would not help, and she had three to six months to live. Elizabeth went on hospice, and 11 days later left this world.

Elizabeth wanted to leave on her terms and in her own way, surrounded by family and friends. Unfortunately that wasn’t an option in New Mexico. Passage of the Elizabeth Whitefield End of Life Options Act will help so many who desperately need this option.
Death did not scare my suegro (father-in-law), Pablo. His worst fear was the brutal way that cancer was going to end his life. My suegro was diagnosed with an aggressive cancer in February, just before we celebrated his 79th birthday. Unfortunately, the cancer had already spread to his bones.

Pablo died March 8, 2018, after suffering extreme bone and back pain, difficulty walking, incontinence and weakness throughout his frail body. A devout Catholic, he was grounded in his faith to the last moments of his life, but he wanted to die peacefully without needlessly suffering. “This is not living,” he said. “Please give me something to stop the pain and to end my suffering.”

I strongly believe New Mexicans should have the option, in consultation with their families, doctors and faith leaders, of medical aid in dying. As a minority-majority state, New Mexico has a long tradition of respecting all people in our state, our families, our young people and our elders. I understand this end-of-life option may not be for everyone. As a Catholic who respects other people’s faiths, I believe that until one walks in another person’s shoes, it’s wrong for anyone to stand in the way of this compassionate option being available for someone else.
Today, I honor my suegro’s life to support his desire for anyone facing a terminal illness to have this end-of-life option. I urge my Hispanic brother and sisters to join me in supporting this legislation, so terminally-ill New Mexicans don’t have to suffer and die painfully the way my suegro did.

A version of this testimony appeared in the guest column section of the Albuquerque Journal on May 13, 2018.

Our legislators have the opportunity to vote in support of the End of Life-Options Act once again and bring hope to other terminally ill New Mexicans. Councilor Benton and I sponsored the City of Albuquerque resolution urging the New Mexico legislature to pass such legislation. It ultimately passed unanimously by Council and was signed by Mayor Keller. I was honored to promote the End of Life Options Act that will ensure the dignity and self-determination of terminally ill persons. Medical aid in dying is a personal decision and it’s one that we wouldn’t want someone else making for us. I urge the lawmakers of New Mexico to put humanity before politics – and in honor of Judge Whitefield’s memory - pass the End of Life Options Act.
My father died in 2018. As a witness to his dying process, it became clear to me that people should have the option to legally choose medical aid in dying when their suffering becomes unbearable.

I have worked within the health arena for 30 years plus, beginning my career as a tribal Community Health Representative (CHR) and currently as a Health Educator. In these years I have seen for myself our native pueblo populations endure various health ailments.

Our Elder populations are diagnosed at high rates of cancer, diabetes, dementia and Alzheimer’s. As a pueblo woman, and as pueblo people, we tend to take matters as a part of what life bestows upon us, no questions asked. We are blessed if we have the courage to advocate for oneself or that of a family member. In the end, the acceptance of death becomes natural. I believe that in the end allowing a person and family the dignity and respect to make choices is what allows peace to take place.

Please support peace at the end of life by supporting the Elizabeth Whitefield End of Life Options Act.
2018 was a tough year for our family with overwhelming emotions, heartbreak and loss. I returned from a business trip the night before and when the phone rang early the next morning I let it go to voicemail. On that voicemail were the final words I would ever hear from my mom. Shortly after her call to me, my mom shot herself.

Just days before, my mother was diagnosed with a massive brain tumor that had already taken over 40 percent of her brain. She had hardly any symptoms for being so sick — playing golf and running four times a week just 60 days prior to her death. However, the last 30 days were rough. She was going blind, couldn’t eat, couldn’t sleep and struggled to walk. There was no path forward, no cure and no medicine other than to keep her “comfortable.”

As successful as my mother was in her life, this was a tragic and horrific ending. It breaks my heart to think of her alone, scared and pulling the trigger. Her final decision doesn’t define who she was in life. Those who knew her, remember her as a strong, courageous and funny person who would do anything for her family and dearest friends.

I tell this story not for sympathy but in the hopes of change. Mom asked for help, asked for a dignified death, begged doctors and hospice for a cocktail so she could go to sleep, but was rejected at every turn. In the end she was suffering, the path forward was too much for her to handle. Mom didn’t want to be a burden — I think she felt this was the only way to expedite her ending and was feeling boxed in and desperate.

Human suffering with a terminal illness with no path forward shouldn’t be the only path. People of sound mind should have a right to die free of suffering and surrounded by their family — a dignified death.
A member of my family in California exercised his option to end his life. We knew he was very ill but of sound mind. He had informed us in advance that he had completed the paperwork and made all the proper arrangements to exercise this option. When we finally got the call requesting our presence that upcoming weekend, I had trepidations. It made me nervous, the whole idea to a certain extent, but when I got there and I saw how happy he was, it was remarkable. He and we were all able to say meaningful goodbyes and enjoy mutual comfort as a family.

I co-sponsored our municipal resolution calling upon the state to act, because everyone deserves the right to have a dignified end to chronic physical suffering, as long as they retain their full mental faculties.

Isaac Benton
Albuquerque City Councilor, Sponsor of City Resolution Supporting the End of Life Options Act

I support the Elizabeth Whitefield End of Life Options Act because it will allow terminally ill adults who are mentally capable to bring about a peaceful death should their suffering become unbearable. Now is the time for the state of New Mexico to join the District of Columbia and 9 other states that have authorized medical aid in dying and provide ALL New Mexicans equal access to this compassionate end-of-life option.

Dr. Harold Bailey
President of the NAACP - Albuquerque
I’ve lived an incredible life. I served 20 years in the United States Military in hospital administration. After an honorable retirement I moved to New Mexico and became the CEO of the Bernalillo County Medical Center (now the University of New Mexico Medical Center). I also continued to find opportunities to serve both the local and national communities. Most notably, I served as Secretary of the New Mexico Human Services division under Governor Gary Johnson. I’ve raised a family of whom I’m very proud.

Now at 83-years-old I face a terminal illness. In February 2018, after almost a year of experiencing symptoms, I was diagnosed with Amyotrophic Lateral Sclerosis (ALS). As the disease progresses it becomes obvious that the end stages of this illness present symptoms and suffering that I do not wish to experience. I am now wheelchair bound and each day I experience new losses in my abilities.

I have watched many individuals at the end of life. I cared for my father at the end of his life as he suffered from terminal cancer. My experience in healthcare even led me to chair the American Hospital Association’s Committee on AIDS. I have seen the realities of end-of-life care and not only do I personally want the option of medical aid in dying, I know it is necessary to prevent unnecessary suffering in our state.

Throughout my career I have advocated for a whole host of issues. I realize this may be the last law that I work to help pass. I urge you to empathize with those who like me need and deserve this important option. Please pass the Elizabeth Whitefield End of Life Options Act.

The former secretary of the New Mexico Human Services Department and CEO of the University of New Mexico Hospital, Bill Johnson advocated for medical aid in dying while facing an ALS diagnosis. Bill died on October 29, 2019.
I would like to share the perspective I’ve gathered from having had the privilege to help care for thousands of cancer patients in Oregon, where medical aid in dying has been legal for more than twenty years, and in New Mexico.

The first patient who asked me for medical aid in dying under the Oregon law had metastatic bile duct cancer. The first thing she said after I told her of the cancer’s return was, “You know what I’m going to ask for Dr. M. I understand if you can’t help me in this way, but if not, know that I will find a doctor who will.” With this wish firmly in mind, and after much soul searching on my part, she got her prescription from me. She then went on to enjoy many wonderful months with her beloved family before her incurable disease progressed. She had excellent palliative care.

I also had the honor to care for Mr. Mark McEwen here in New Mexico. I can tell you his name because his wife asked me to when I asked her for permission to share his story. Mr. McEwen was an animal lover, a devoted husband, and he had an unmatched passion for the amazing wildlife we have here in New Mexico. Unfortunately, I was not able to meet him under those circumstances. I met him roughly 60 days before he died.

He had developed such a large liver tumor that it had nearly obstructed the drainage of blood from his lower extremities, causing swelling so severe he was only able to wear stretched out slippers. The advanced nature of the disease had taken him to a point where there were no treatment options. He was a fully competent adult man with a supportive family who loved him dearly and did not want him to suffer. He came to clinic with his wife, and asked me to provide medical aid in dying. While I was not able to offer him this option, I did my best to help his wife bear witness to his inability to get even the slippers on his feet due to swelling, to the blisters that formed on his overstretched skin, to his rapidly swelling abdomen, and to the temporal wasting on his face as the tumor took all the minimal nutrition he could barely take in. She called me 36 hours before he died, sobbing. “He has terminal delirium Dr. Morris. He keeps getting out of bed and falling and I can barely pick him up. He is suffering so much and the medications just increase his agitation.” All I could offer was reassurance that this generally means the end of life is approaching rapidly. It was of little comfort.

We did not honor this man’s wishes. That, to me, is doing harm. So to those who say the duty of medical professionals is to “first do no harm,” I say, you’re right, allow this option, even as it is painful for the physician, challenging for our society, and certainly no easy choice.

Every single patient I have cared for as they go through their dying process has approached it differently and because of that, I fervently believe that every single one of us requires the full complement of options open to us as we face that end. Please support the Elizabeth Whitefield End of Life Options Act.

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Dr. Kate Morris
Surgical oncologist, co-plaintiff in Morris vs. New Mexico
My sister and her life partner, George Douglas Byers, lived in Oregon when Doug was diagnosed with Amyotrophic Lateral Sclerosis (ALS) in 2012. Doug was an active outdoorsman who had spent summers as a young man working at Ghost Ranch in New Mexico. After a career as a photographer, he continued to revel in the beauty of the natural world as a goatherder and environmentalist.

With incredible support from friends, family, and health professionals, Doug lived as long and as well as he could with ALS. Pain and weakness kept him in bed most of the day during his final months, and this strong man wasted away to almost a stick figure. Still, he encouraged others, ending all messages with, “Steady on, with courage and love.”

In September 2014, Doug decided his life’s journey was complete. Thanks to Oregon’s Death with Dignity Act, he was able to leave this earth on a day he chose, full of joy and surrounded by loving family. The family doctor was present for my sister’s comfort.

Knowing he had some say over when and how his life would end enabled Doug to embrace life while he could, facing only the pain of each day. He did not have to fear inescapable, unbearable pain. He did not have to find a way to die alone before his time if he wanted to avoid complete paralysis while protecting his family.

We miss him, but we rejoice that Oregon’s law gave Doug the power to determine his life’s meaning. He was free. We ask that the same be true for New Mexico and encourage your support of the Elizabeth Whitefield End of Life Options Act.

Cindy Murrell
on the peaceful death of her family member
September 5 is the anniversary of my mother's death. As I celebrate my mother's life, I think back on her death with a smile on my face, knowing the comfort her decision of utilizing Oregon's medical aid-in-dying law has brought me over the years. I am so grateful that she had a choice when her suffering became unbearable.

Mom was 90, living in Oregon, dying of cancer and on hospice, but her pain could not be controlled. She was a quiet, private, shy person and didn’t talk about herself, but it was very clear she wanted to die. I cried when I first heard her tell her doctor she wanted to die.

As her end approached, mom was comforted by my presence and that we were able to share some quality time together. I sat at her bedside the night before and when I put my head down she said, “Adrienne, don’t cry. I am alright!” I also heard her practice her goodbyes for the next day saying, “I love you all.”

In the morning, after quickly drinking the aid-in-dying medication, she had a little smile on her face before becoming unconscious and dying. It was a very profound and positive experience. She died peacefully at home surrounded by her two children, their spouses, her minister and two Compassion in Dying (now Compassion & Choices) volunteers. And, best of all, she was no longer in pain! My brother and I have discussed that this may have been one of the few times she really did something for herself.

Thank you so much for your work toward giving New Mexicans this choice to have some control at the end of their lives. It can be a great comfort to the family and friends of terminally ill individuals too.
When I studied playwriting at the Yale School of Drama I was taught that if there’s a gun onstage, it usually goes off. It did, in my bathroom.

I was a caregiver for my partner for several years. He was in so much pain, physically and emotionally from cancer, that he decided to take control. He died of a self-inflicted gunshot wound to the head.

The irony is, I never knew there was gun in this house. Guns didn’t fit into my lifestyle, or his. He loved music, art, theater, skiing and hiking. Cancer was not part of our life either until he contracted a rare blood disease, Myelodysplastic Syndrome (MDS), formerly called pre-leukemia. Two years after the diagnosis, his white blood cells, red blood cells and platelets plummeted. He developed leukemia. He mentioned asking his doctor about assistance in dying. When I reminded him that it was illegal in New Mexico, he said, “Let’s move to Oregon.” That was the extent of our conversation about aid in dying.

He developed extreme shortness of breath and could barely walk 10 feet. When I saw him tottering on the edge of the bed one morning, I told him I was calling 911. It was time for hospice, I figured. Hopefully, morphine would take care of the pain he had developed in his wrists, hips and knees. After calling 911, I asked him to hurry and put his shoes on. He said he had to use the bathroom. I waited for him to come out, then knocked. No answer. Not wanting to invade his privacy, I cracked open the bathroom door. He screamed, “Get out! Get out! Go wait for the paramedics outside.” So, I did.

When the ambulance arrived, I led the paramedics inside and knocked on the bathroom door. No answer. When I opened the door, I screamed. “Why is there blood if he died of cancer?” The paramedic continued holding my hand and whispered, “I guess you didn’t see the gun on his lap.”

My partner did not want another hospital visit. He did not want hospice, morphine or a long, drawn out death with pain and suffering. With the aging of America and possibility of being faced with a terminal disease, we all need to seriously discuss the issue of medical aid in dying.
Grandpa Vince was a lover of life. He was a teacher before he retired and, throughout his life, donated generously to nonprofits. Far into his 70s he continued to follow his passions of family, painting, cycling and cooking delicious food. It was on a bike ride in March of 2017, at age 77, that Grandpa Vince’s life dramatically changed. While cycling up a familiar hill he became so fatigued that he had to stop and lie on the side of the road. He knew something was seriously wrong.

On March 13, 2017, he was diagnosed with acute myeloid leukemia. His oncologist told him that he would not make it to his 78th birthday in April. Doctors told him that they didn’t even know how he was still alive at that point with the counts that he was at. He was enrolled in hospice and went home. That same day, my grandfather told me about his diagnosis and said he felt like a “dying man grasping at straws.” I held him and told him I loved him.

In the week that followed, my family took turns spending the day with him. I saw him daily and his decline was dramatic. He went from being independent, exuberant and active to completely dependent and in constant pain. His pain was so excruciating that he described it, “like holes being drilled into your bones.” He would scream in pain at almost every movement — even the slightest movement. It was ear-shattering.

Grandpa Vince knew that he wanted to maintain his mental clarity so he didn’t want to be on heavy pain medications. His pain was severe, however, so he decided to give pain meds a try — unfortunately, it just made him feel even more ill and did not alleviate his pain. He also had told...
me before he was sick, that he wished terminally people could have a choice. That if he was ever given a terminal diagnosis, he wanted to die his way, not in a hospital bed because that wouldn’t be peaceful to him.

On the morning of March 28 he called me and told me he could not get out of bed. I told him I would rush over, help him and make him some breakfast. When I got there his doors were locked and he would not answer my calls. I panicked and called the police. An officer arrived in minutes, broke open the door and found my grandpa.

He was sitting on a shower chair in his tub filled with water, his body slumped against the wall, his wrists and ankles slit in the final throes of death. He left a note letting us know that he had chosen to no longer experience the suffering he felt, “I’m not getting better, I hate to do this to loved ones … I want aid in dying but can’t get it in this state. Considered carbon monoxide, slicing artery or gun fire, all have bad consequences. Have to make a decision, too much pain … No reason to be confused, I am so sorry. I love you all.”

He died alone and in pain. This is not how he should have died.

Grandpa Vince was such an incredible human being and cared so much for other people. He meant the absolute world to me. To have him die the way he did shattered my world. I’m angry that he had to die alone.

Grandpa Vince should have been able to spend his final moments surrounded by family, enjoying his favorite show (Seinfeld) while relaxing on his couch, smelling his favorite foods, comforted and loved. I share my story because no one should have to go through what he went through and no family should have to endure what we have endured. He maintained his mental clarity through the very end and knew that, unfortunately, there was not the peaceful option of medical aid in dying in his home state. We need medical aid in dying in New Mexico.
I want to live. I really want to live. I have kids who I want to be here for. However, I know it will be less time than I thought. I will do everything I can to live well. But, what I have learned in the hardest and most painful moments, when my tumors were large and my treatment intense, is that I want to have the ability to end my suffering and avoid a painful, prolonged death.

I was diagnosed with stage 4 breast cancer in February 2018 when I was eight and a half months pregnant with my second child. Four days after diagnosis, labor was induced so that I could quickly begin treatment. I started chemotherapy just two weeks after giving birth to my son.

During my first experience with chemo, my vein collapsed. Due to the urgent need for treatment, they found another vein to administer the incredibly caustic medication, a medication so dangerous the medical staff had to wear hazmat suits. The whole experience was terrifying. Then, it was discovered that the chemo was ineffective.

I could feel and see my cancer growing — the dark shadowy shape under my skin. It was disturbing. I had a biopsy to confirm the type of breast cancer and was told it was triple negative — an aggressive, rapidly growing cancer that is quick to spread and is more likely to come back after treatment than other types of breast cancer.

I tried another chemo, but I didn’t have any luck with that either. We did another biopsy because sometimes they get a false triple negative. Still triple negative. We already knew it was in my lymph nodes, but we learned it was now in my liver and bones.

I moved back home to Arkansas from New Mexico in my fifth year of teaching at New Mexico State University. In Arkansas, I would have the support of my parents during this challenging time.

At the end of 2018, I tried immunotherapy along with chemo, however, I developed severe side effects to the immunotherapy and doctors advised me to stop. I experienced multiple auto-immune issues, including a full body rash, severe arthritis, off the chart hypothyroidism and then hyperthyroidism. This continued for nearly a year after stopping all immunotherapy treatment. The side effects were extremely physically and emotionally difficult.

I’ve tried different treatments, and they would maybe work for a while, but the cancer would become resistant to the treatment or I would have a negative reaction and would have to change, or it wasn’t effective to begin with — but we had to try. I know that could easily happen with my current regimen.
There’s always a new health crisis. There’s always something happening and I’m very lucky that my prognosis is somewhat better for now, but you don’t ever stop having stage 4 cancer. It never goes away.

The psychological symptoms of some of the physiological realities are distressing. I was running half marathons before this. I ran one right before I got pregnant with my son. I thought I was very healthy.

The decision to utilize medical aid in dying should be a decision for me and my family to make. We know my health is going to turn one of these times without turning back around. One cannot truly imagine what it feels like to be face to face with imminent death until you are there. It is such a unique experience and if my last days of suffering—pain, fear, anxiety—can be eased by allowing me the autonomy to decide when enough is enough. I just don’t understand why legislators wouldn’t allow that.

I wish I had endless time to watch my son grow up and watch my daughter continue to flourish in her adulthood, but my time is extremely limited. It’s hard enough to know I’m dying, especially with a toddler and another child in college, but to know that my family might watch me suffer unnecessarily for weeks or months is gut-wrenching. I want the option of medical aid in dying.

I am originally from Santa Clara Pueblo and currently a hospice social worker in Santa Fe County. People who talk to me about assistance with dying are not clinically depressed or socially inept, are not just rich or just poor and are not of just one racial or cultural background. These are people who have lived full lives, recognize they are at the end, and do not want to prolong the agony and despair of dying for both their own sakes and for their beloveds. While the number of people who seek and utilize aid in dying is fairly low, their voices should still matter. Their beliefs about their own lives and deaths should not be held captive by others’ anymore than someone who does not want aid in dying should not be forced down that path. None of us should be denied how we want to die when faced with a terminal illness. No one should make that decision for us.

SENATE DISTRICT 25
HOUSE DISTRICT 46
Sante Fe, NM

Poem Swentzell, LMSW
on her experience as a hospice social worker
In late March 2019 while I was walking on the beach in Mexico, drinking and dancing to the local bands, relaxing and celebrating my 55th birthday, I had no idea that one week later I’d be diagnosed with Plasma Cell Leukemia (PCL), an aggressive and terminal stage of multiple myeloma. When my wife, Kati, took me to the hospital I was 24-48 hours from death. My kidneys had shut down, I was anemic, my liver and my thyroid were failing. Fortunately, my wife saved my life by urging me to go to the hospital. Within hours, I started chemo.

PCL is a rare cancer for which today’s medical community has no solution. It is a terminal diagnosis and I am undergoing chemotherapy to maintain the cancer as much as possible. I have no fear about whatever comes next and I lean into all the possibilities for my best life. The chemo and all that goes with it have stabilized me for the time being but it’s just a matter of time, according to the doctors, until the cancer becomes non-responsive.

My goal is to not become a full time patient. I love my life, but I’m not attached to my time here. I’m focused on my quality of life. I don’t want to be addicted to just one more day, or six more months, or even another year. That’s not important to me because I know what that year can look like. As long as I continue to feel good, I will continue on treatments. As soon as the chemo becomes a struggle, I will stop. Once I stop treatment, I have been told I will transition within 6-12 months.

Regardless of how my situation moves along, I’ve come to appreciate the comfort that a medical aid-in-dying law in my home state would bring to me. There is tremendous, almost inexplicable, comfort in knowing that I wouldn’t have to physically suffer beyond my preferred threshold. It would also provide comfort to my survivors. Terminal illness is very difficult for everyone involved. It stresses every aspect of the patient and their caregiving community. To be able to plan and joyfully move into my transition relieves stress and grief for everyone.

Glenn Buckland
On living with terminal cancer and the peace of mind medical aid in dying would provide.
Before my diagnosis I was in favor of medical aid in dying and I was sorry the bill got so close in the last legislative session but ultimately fell short. I love my life and continue to work with all kinds of modalities to find my perfect health again but I recognize the science behind my condition and accept what is yet to come. However, my wife, children, parents, siblings, friends that are having this experience with me also deserve relief from watching a loved one suffer against their own best preference.

I hope New Mexico legislators make the right decision and make medical aid in dying available to me and its other terminally ill residents. It is simply an alternative for those who feel it is the right choice for them. No one would be forced to choose medical aid in dying but what a gift for those, who for whatever reason, feel this is right for them. It’s not going to be the person who doesn’t support medical aid in dying, but let’s make it available to dying individuals who want to avail themselves of the option to avoid further pain and suffering for themselves and their loved ones. Everyone deserves a compassionate option.

SENATE DISTRICT 6
HOUSE DISTRICT 42
Taos, NM

Dr. Alfredo Vigil
Former Secretary, NM Department of Health

It is understandable that issues related to the end of life cause discomfort and perhaps even a little confusion. Death used to be part of everyone’s experience when it mainly occurred at home in front of the entire family. Now, it usually happens in an institution attended by paid professionals. An unintended result is often a lonely struggle by both the dying individual and their family.

The purpose of the Elizabeth Whitefield End Of Life Options Act is to provide support and choices for all of us as we complete our journey on this earth. There is NO intention of coercion or trying to influence personal beliefs. The model has been proven sound in various parts of the country and other parts of the world. The legislation deserves support from all of us, regardless of our own personal plans. Please join me in supporting an important advance in personal empowerment through your support for the Elizabeth Whitefield End of Life Options Act.
As a hospice and palliative care nurse, I am keenly aware of the need for patient-directed, safe, humane options for those who face intolerable suffering at the end of their lives. The difficult topic of medical aid in dying is often misunderstood, and has even been confused with suicide.

Medical aid in dying has absolutely nothing to do with suicide. Rather than an act of desperation by a troubled individual who is seeking to kill themselves, medical aid in dying is the legal, thoughtful and clearly requested choice of a qualified, dying individual who wishes to live fully until, and if, they decide to end their life on their own terms when they find their suffering is personally unbearable. The fact is, the law is only for those who have been diagnosed with a terminal illness, and of these patients, only those who are mentally capable adults and able to self-administer and swallow medication qualify for medical aid in dying.

No healthcare or hospice organization, family member or other person can make this decision for another or administer the medication, and no health care provider can be compelled or obligated to participate. No one but the terminally ill patient can make the decision and only he or she may self-administer the medication. In the 20-year history of legal medical aid in dying in Oregon, there have been no substantiated instances of misuse or abuse of the law.

L. Hopkins, RN, CHPN
on her experience as a hospice nurse
During my 30 years as a nurse practitioner, I have held many positions in healthcare, the most significant of which was with an Albuquerque hospice. What struck me most was that many of these terminally ill patients wanted to end their suffering in a way they could control and with a level of dignity that was not available to them. They repeatedly would ask the staff: “Can you please help me die?” It was heartbreaking.

Then, I faced the same situation with my sister, Vicki, who was dying from pancreatic cancer. Vicki was diagnosed with pancreatic cancer while she was still living in Washington. She desperately wanted to live. But pancreatic cancer is an aggressive cancer with an extremely low survival rate. Vicki endured high dosage chemotherapy with painful and debilitating side effects, but it eventually became clear that it was not working. Her cancer continued growing and spreading.

It was evident to Vicki and everyone else that she was dying. As a result, she and her husband moved to California to be amongst family — two of her children lived there and I could easily visit from New Mexico. Being in California meant that she would still retain the same end-of-life options as she had in Washington — the option of medical aid in dying. Or so we thought.

Vicki had a physician who refused to honor her request for aid in dying and did not help us find a provider who might honor her request. I took on the task of locating a hospital that would allow for this compassionate option. After a series of unanswered calls to several facilities, I connected with a hospital’s end-of-life program and asked if I could schedule a telehealth visit for Vicki to request medical aid in dying, but was instructed that we would have to physically show up for the appointment.

Vicki’s disease had already progressed significantly, she was suffering from painful and disabling symptoms, she was on hospice and she was frail at just 85 pounds. I drove her to the appointment, but finding an appropriate and close parking spot was nearly impossible. I parked illegally in a loading area, prayed that my car would still be there upon our return, and pushed Vicki’s wheelchair up a steep slope toward the medical buildings. Somehow, we managed to locate the office.

The physician confirmed that this appointment would be filed as the first request but that we would need to return in 15 days, per the law’s requirement. I once again pressed for a telehealth visit, but the idea was rejected.
We scheduled the second appointment, headed back to the car, and we both felt a sense of defeat. Vicki realized she could not go through it all again. It took the wind out of our sails.

The barriers to access California’s law were so onerous, we gave up. My sister experienced another several weeks of suffering that she didn’t need to endure. There was no need for Vicki’s suffering to be prolonged, but the accessibility just wasn’t there.

There should have been a fast track for my sister to get through the process. Even getting to the first appointment was a monumental task for a dying person.

It would be simple enough for medical professionals to create criteria to indicate who would benefit from an expedited process that honors their wishes. Vicki’s was such an obvious case. She was dying, her disease was not going to get better or more tolerable. In an ideal universe, she would have been fast-tracked. Not only was she not fast-tracked, she wasn’t even really helped.

It was only in Vicki’s death that she finally found peace. She suffered excruciatingly through her last weeks.

As I advocate for medical aid in dying in my home state, I ask that lawmakers pay attention to the issue of accessibility. Dying people need, not only this compassionate option afforded to them, but a compassionate process to ease their journey. I am in favor of a shorter waiting period and the use of telemedicine to allow for easier access, especially in a state as rural as ours.

I urge members of the Legislature to stand with the majority of la gente of New Mexico, and work together as a community to hear the voice of terminally ill New Mexicans whose last wish in life is to die peacefully without unbearable, unnecessary suffering. Si Se Puede — Yes We Can.