Allow terminally ill to end their intolerable suffering

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California Gov. Jerry Brown just signed a law to allow terminally ill, mentally competent patients to achieve a peaceful death. California is the fifth state—along with Oregon, Washington, Vermont and Montana—to allow aid in dying. Collectively, 52 million Americans—nearly one in six of us—now possess this right.

New York should be the next state to legalize aid in dying, the process by which dying patients may obtain a prescription of medicines which they must self-administer, if they choose to take them, to end intolerable suffering.

Life is precious, but it ends eventually for all of us, including about 150,000 New Yorkers each year. No dying person should have to endure more suffering than he or she is willing to endure. Every dying person who is mentally competent should have the right to die in a way that she or he decides and controls, consistent with his or her values and beliefs. For those who are dying, the issue is not whether they are going to die, but rather how they are going to die, and who makes the decision. Aid in dying should be an available option.

While some opponents characterize aid in dying as a measure inconsistent with medical practice, it is actually quite consistent with existing medical practice in New York. Dying patients with mental capacity already have a legally recognized right to end their suffering by having life sustaining treatment withheld or withdrawn, such as a feeding tube, ventilator or dialysis. Patients in New York may also refuse to eat or drink. Another option available to patients in New York is palliative sedation, which is the administration of drugs to help dying patients with uncontrollable symptoms manage their death.

All of these actions — legal in New York, and practiced in virtually every medical setting, including those run by the Catholic Church — are taken with a clear understanding that they will lead to the patient’s death.

Aid in dying is simply another reasonable end-of-life option. For terminally ill patients, it's one more option for maintaining control of their dying process. And, it is not assisted suicide, according to the California law, bills in New York and a number of health care organizations.

There’s now a large body of evidence, compiled over almost two decades from Oregon and Washington, demonstrating that aid in dying causes no harm and is beneficial to patients and families. None of the problems that opponents predicted have emerged. While data show that aid in dying is rarely used — only about 1 in 300 deaths occur in this manner in states where the practice is legal, and about one-third of patients who obtain the medications never take them — dying patients are comforted knowing that the option is available. And, of those who take the medicines to end their suffering,
almost all have health insurance and 80 percent are receiving hospice care, the best care
at the end of life.

As aid in dying becomes legal in more states, and the public and the medical community
become more aware of it, support for aid in dying has grown rapidly. A May 2015 Gallup
survey found that 68 percent of adults in the U.S. support aid in dying. Among adults
ages 18-34, Gallup found a support rate of 81 percent.

Physicians also support aid in dying. A 2014 poll of 21,000 doctors by Medscape — the
same folks who run WebMD — found that 54 percent of physicians support it. And in
California, over the objections of numerous opponents, the state medical society
removed opposition to the law this year.

In February, End of Life Choices New York filed a case in New York State Supreme
Court, raising statutory and constitutional claims to establish access to aid in dying.
Legislative efforts are also under way in New York, with members of the majority in
both houses sponsoring legislation (A. 5261-B / S. 5814), sponsored by Assemblywoman

Support is growing for aid in dying in New York and across the country. It is a matter of
personal liberty, self-determination, and respecting the right of a dying person to
control the circumstances of his or her death. New York should be the next state to
provide dying patients the right to die on their own terms.

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