60 REASONS TO SUPPORT NEW YORK'S MEDICAL

AID IN DYING ACT

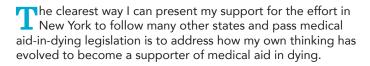
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Professor of bioethics at NYU's Langone Medical Center and founding director of NYULMC's Division of Medical Ethics, Dr. Caplan supports medical aid-in-dying legislation.

New York, New York

Reason #24

Because an ethical review of the evidence and experience of over more than two decades has shown that there is absolutely no cause for concern



When the state of Oregon began debating the legalization of their Death with Dignity Act in the late 1990s I was often asked my opinion on the wisdom of enacting such legislation. I opposed the proposed legislation for one and one reason only. I feared that in a nation without universal basic health care for all, that legalizing aid in dying for the terminally ill would lead to the abuse of the uninsured, the poor and the disabled. I worried they would be seen as not worthy of vigorous end-of-life care, that they would be duped, misled or coerced into ending their lives for the convenience of or reduction of cost to others. I worried that a 'slippery slope' would lead to a moral abyss.

However, since that time more than two decades ago I have closely followed the empirical evidence gathered in Oregon and later in Washington state about the practice of medical aid in dying. I found no cause for my concerns — none.

There is no evidence of coercion or duplicity with respect to people who choose medical aid in dying in either state. Law enforcement, government officials, families of those who have died and the public find no cause or basis for changing the laws due to abuse or misapplication. In fact, the overwhelming

majority of critics of medical aid in dying as practiced in those states do not live in or have any first-hand experience of how the legislation has been implemented. Nor do they present convincing evidence sufficient to undermine official reports and public satisfaction with the legislation is in either state.

In the time since I have become a proponent of medical aid in dying I have witnessed many deaths in hospitals. I have seen families struggle and patients face death with courage, fear, acceptance, and anger.



I know that palliative care and hospice can help many. I also know that they are not interventions that suffice for all. Knowing that Oregon and Washington have not weakened their commitment to palliative care and hospice while implementing medical aid in dying reinforces the shift in my thinking that New York should permit those dying in our state all options.

This conversation has often been framed as whether individuals have a right to die. I think that is a very poor phrasing of the issue.

We all possess, like it or not, the right to die — the legislature's actions have no bearing on this right. The question is, rather, when death arrives, how should we die, what will the manner of our dying be?

Some who are dying seek aggressive medical care. Some wish for hospice, emotional support and a caring, loving environment. Some choose neither.

Once death is certain they wish to control what happens to them including the time of their death and the degree of loss of dignity they endure. I see no reason to deny this decision to those who make it thoughtfully without coercion.

Physicians and our state can legitimately request protections against abuse, limits on who the state deems capable to make end-of-life decisions and permit refusal to participate in medical aid in dying. But, for those who are dying and who wish to die in a manner they believe best for them, permitting them to do so is not a matter of permitting death to be an answer to our individual woes.

It is the creation of a policy that respects how some, likely very few, of the dying who will choose to manage the inevitable. That is a moral option the state of New York should permit for the terminally ill.

