60 REASONS TO SUPPORT NEW YORK'S MEDICAL

AID IN DYING ACT

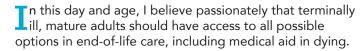
Supporter living with a life-limiting illness

Manhattan, New York

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Reason #32

So that someone who has faced serious illness with resolute dignity and a will to keep living as long as she can is afforded the same dignity of the option to die on her own terms when there are no more treatment options left.



Like many of you, I have witnessed prolonged and excruciatingly painful deaths on the part of friends and family.

In 1994, I was diagnosed with chronic lymphocytic leukemia or CLL. Chronic in this context means no cure. CLL is an autoimmune disease of the white blood cells, which proliferate uncontrollably until they result in internal bleeding and death.

Then I developed complications. The first is ITP, Ideopathic Thrombocytic Purpura, so my immune system mistakenly destroys my platelets, increasing the risk of bleeding. The second is autoimmune hemolytic anemia, when the immune system kills off my own red blood cells.

We are fortunate to live where we have some of the world's foremost hematologists and oncologists, and I have been under the care of two of these doctors.

Over the past twenty-plus years, I have taken every medication known for these diseases, including numerous rounds of chemotherapy. I've been admitted to seven hospitals in the US and Europe. My brilliant physician says I should be dead by now, but for the continuing advances in immunotherapy research.

A couple years ago, I qualified for drug trials, having exhausted all standard options. The first two trials did not work for me. The last drug trial has been a remarkable success to the extent that as of this year, we can say the disease is in remission!

No one knows how long this remission may last.



I am determined to live as long as I can with any quality of life. It makes no sense to me when opponents argue that if the New York legislature authorizes medical aid in dying, people will stop seeking care to extend their lives.

Nor do I understand how authorizing medical aid in dying would relieve New York of the responsibility for improving access to palliative care and hospice.

The third argument from opponents that makes no sense to me is that authorizing medical aid in dying would allow insurance companies to deny coverage for therapy. Of course, I have already needed to argue with my insurance company to authorize the care I needed, as many people have. These denials of payment happen in states with and without medical aid in dying. The two have nothing to do with one another.

I plan to continue to live actively as long as I possibly can, seek additional treatment options when needed, and definitely support palliative care, hospice care and all other available options for end-of-life care when the time comes.

But when my CLL is no longer treatable, the authorization of medical aid in dying would allow me the option to die as we all would wish — at home, surrounded by family and loved ones and on our own terms.

Meanwhile, I will continue to fight against CLL and to work for medical aid in dying, which I believe should be an option available to every terminally ill, mentally competent adult in New York.



