

60 REASONS TO SUPPORT NEW YORK'S MEDICAL AID IN DYING ACT

Robert Pardi

Life coach and Adjunct Professor at the
Swiss School of Management in Rome.

Wantagh, New York



Reason #30

So that all New Yorkers can determine how they manage their disease and last days.

My wife Desiree was diagnosed with breast cancer at age 30, and I was her caregiver during her 11-year battle. She managed living with cancer in a way that allowed her to cope with her illness in a unique manner. Following her directive to be as aggressive as possible, she asked that I serve as a buffer between her and her medical providers and make all the decisions for her. She wanted to know as little as possible so that she could focus on becoming the best physician she could.

In 1998, Desiree decided to take a year sabbatical after completing her Ph.D. before finishing the MD portion of her MD/Ph.D. program to join me in The Arab Emirates, where I was working. In order to get her visa so that she could stay, Desiree needed a health screening. The doctor found a lump in her breast that indicated stage 3 breast cancer. Desiree opted for a mastectomy, and we reveled in taking that step to get her healthy. Desiree returned to school the following year with focused determination to finish her MD/Ph.D. program. That surgery was the first of what turned out to be many surgeries and difficult procedures over the years.

Desiree graduated from medical school and did her residency in 2002. Throughout, she would get chemo on Friday, recover over the weekend, and go to work on Monday. Desiree was unstoppable. She drew from her experience living with cancer to become the director of the new palliative care department at New York-Presbyterian Hospital, using her experience as a patient to treat patients with their humanity front and center and to pass along to students the importance of empathy and dignity when dealing with those who are critically ill.

Desiree lived and breathed palliative care. She believed every individual should manage their disease in the way they believe fits their life. She also strongly believed that it was inhumane to ask someone to suffer unnecessarily and that while doctors should endeavor to extend life, they certainly should not prolong death.

We talked a lot about quality of life. For Desiree, quality of life, first and foremost, meant that she was able to maintain her independence and continue working as a physician. In her last year, Desiree's cancer continued to spread and there was no longer any way to control it.

My wife was hospitalized in August of 2009. She had been suffering with tremendous pain and it was becoming uncontrollable. A few days into her hospital stay, she told me that she was "so tired" and I knew what she was telling me: that she was at the end.

There were probably things that would have given her more time, but it wouldn't have allowed her to live as she wanted and be the doctor she wanted to be. She had made it clear that if and when a point came to stop the fight, I needed to accept her decision. That it was her choice and her moment. When the time came, I asked that life-sustaining care be stopped. I had no hesitation; we had talked in detail about her wishes. Desiree went into a coma and passed a short time later.

Desiree's journey taught us the importance of everyone being able to confront their own disease and death as they want. The personal freedoms we hold dear throughout our lives to determine how we want to live should also be afforded at one of the most crucial moments in life -- death.

To join our mission, email Amanda Cavanaugh
at acavanaugh@compassionandchoices.org.

