



ACLU of New York

Legislative Affairs
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2021-2022 Legislative Memorandum

**Subject: The New York Medical Aid in Dying Act
A.4321-A (Paulin) / S.6471 (Savino)**

Position: SUPPORT

Many New Yorkers living with terminal illnesses endure extensive and often painful treatments in the final months of their lives, including surgeries, radiation, and chemotherapy. When such medical interventions cannot reverse the course of illness, and near-term death becomes certain, some individuals wish to accelerate the dying process with the aid of prescription medication. Others may take comfort in the knowledge that they have a degree of control over how their life will end, even if they do not choose to avail themselves of medical aid in dying.

The New York Civil Liberties Union strongly supports the New York Medical Aid in Dying Act, which would give people who are terminally ill with a prognosis of no more than six months to live the option to request, through a tightly regulated process, medication they can administer themselves to bring about a peaceful death. Ten states and the District of Columbia that have enacted medical aid in dying through legislation, ballot measures, or judicial rulings.

Giving individuals control over how they end their life is both compassionate and in keeping with important civil liberties principles. Though New York's highest court has declined to recognize a right to access medical aid in dying under the state constitution, the Court of Appeals affirmed the prerogative of the legislature to establish a regulated system for doctors to assist patients in bringing about death on their own terms. It is time for the legislature to take that step.

Exercising control over the end of one's life is an important civil liberty that the legislature must act to protect

The right to make choices about one's medical care is rooted in the fundamental civil liberties principles of autonomy, privacy, bodily integrity, and

self-determination. These vital liberty interests are firmly protected under the United States and New York constitutions.

It has long been established in New York that individuals have the right to receive or continue treatment, or to have life-sustaining measures withheld or withdrawn. More than a century ago, Justice Cardozo articulated the maxim that “[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body.”¹ The Court of Appeals has affirmed the right of involuntarily committed patients to refuse antipsychotic medication,² and the U.S. Supreme Court has held that competent persons have a constitutionally protected liberty interest in refusing unwanted medical treatment.³ These same principles undergird the right of a competent adult to seek medical assistance in bringing about death.

In 2017, in a case decided on a motion to dismiss and without a fully developed record, the Court of Appeals declined to hold that those suffering from terminal illness have a fundamental right to medical aid in dying.⁴ Justice Rivera, writing in concurrence, would have held that the state cannot unduly burden access to medication that would bring about death for a subgroup of patients who are in their very final stages of life.⁵ In denying the plaintiffs’ constitutional claims in *Myers*, the court acknowledged that the state legislature could act to establish a regulated system under which medical aid in dying would be permitted.⁶

The NYCLU, which appeared as *amicus curiae* in *Myers*, firmly believes that there is a fundamental liberty interest in a person’s access to medical aid in dying that deserves protection under the state and federal constitutions. In the absence of a judicial ruling recognizing such a right, the legislature should pass, and the governor should sign, the Medical Aid in Dying Act to give New Yorkers the right to make deeply personal choices about how to spend their final moments of life.

Allowing people in the final stages of life to receive medical assistance in dying is compassionate and sensible

Many people nearing the end of life have fought hard to cure their illnesses. The lives of such patients are being taken by the inexorable progression of their

¹ *Schloendorff v. Soc’y of New York Hosp.*, 211 N.Y. 125, 129 (N.Y. 1914).

² *Rivers v. Katz*, 67 N.Y.2d 485, 495 (N.Y. 1986).

³ *Cruzan by Cruzan v. Dir., Missouri Dep’t of Health*, 497 U.S. 261, 278 (1990).

⁴ *Myers v. Schneiderman*, 30 N.Y.3d 1, 15 (N.Y. 2017).

⁵ *Id.* at 18 (River, J., concurring).

⁶ *Id.* at 16-17.

terminal diseases, and medicine cannot change that fact. Some may want to ensure that their final moments are spent in the comfort of those they love, and thus want to control the timing of their death. Others simply want to know they have the option to end suffering as death nears.

The Medical Aid in Dying Act is about giving people a *choice* about how much discomfort to tolerate at the end of life and how they want their last hours to be spent. Those who obtain life-ending medication can choose the time and setting of their final moments – if they decide to bring about their deaths. Indeed, many individuals in states that permit medical aid in dying ultimately choose not to take the medication they are prescribed. Since Oregon’s aid in dying law passed in 1997, roughly one-third of those prescribed life-ending medication never ingested it.⁷

The model followed by this legislation has been shown in other states to lead to a broader awareness and embrace of end-of-life treatment. Health care professionals in California, which passed a similar law in 2016, have reported that the option of medical aid in dying has helped spur conversations between patients and physicians about hospice and other palliative care options, which have in fact led to improved quality of life for terminally ill patients.⁸ More than 85% of those who died after ingesting aid-in-dying medication in California in 2019 were enrolled in palliative or hospice care at the time of their passing.⁹

The choice to accelerate the dying process must be made free of coercion.

The topic of end-of-life care unavoidably conjures strong emotions, and there are those who harbor sincere doubts about the merits of legislation to expand access to medical aid in dying. Some may worry that people will make premature decisions in response to terminal diagnoses or will be pressured by others to request life-ending medication. Others may be concerned that that the bill’s request procedures and requirement that medication be self-administered exclude those with degenerative diseases who wish to accelerate dying but are not able at the end of their lives to request or ingest medication themselves.

⁷ Oregon Health Authority, *Oregon Death With Dignity Act: 2019 Data Summary*, p. 5, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year22.pdf>.

⁸ Soumya Karlamangla, *There’s an unforeseen benefit to California’s physician-assisted death law*, L.A. Times, Aug. 21, 2017, <https://www.latimes.com/health/la-me-end-of-life-care-20170821-htmlstory.html>.

⁹ Cal. Dep’t of Pub. Health, *California End of Life Option Act 2019 Data Report*, p.9, https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CDPHEndofLifeOptionActReport2019%20_Final%20ADA.pdf.

Such concerns are sincerely held and deserve consideration. The decision to accelerate death is deeply personal, and must be made voluntarily. Any legislative enactment or regulatory system that permits medical aid in dying must be designed in a way that guards against the possibility that the decision to request life-ending medication will be coerced or improperly influenced.

The New York Medical Aid in Dying Act reflects a carefully crafted, measured approach based on the practices of other states that permit aid in dying. Its structure is intended to ensure a person's decision to accelerate death is fully informed and guarded against abuse. This is why the bill requires, as a core safeguard, a terminal diagnosis determined by an attending physician and medically confirmed by a consulting physician. The bill also requires that the attending physician discuss with the patient the possibility of not ingesting the medication and of other end-of-life alternatives, including palliative and hospice care. A prescription for life-ending medication can also not be written without the attending physician offering the patient the opportunity to rescind the request.

The Medical Aid in Dying Act addresses the risk of coercion through multiple safeguards to ensure that a person's request for aid in dying is voluntary. Only a qualified individual herself may request life-ending medication, both orally and with a signed written form. A written request for medication must be witnessed by two adults, neither of whom can be the attending or consulting physician and one of whom must not be a relative, be entitled to a portion of the qualified individual's estate, or be an employee of a health care facility where the qualified individual is being treated. If either physician believes the individual may lack capacity, she must refer the patient for a mental health evaluation. And the bill plainly provides that no person shall qualify for aid in dying solely because of age or disability.

Conclusion

Decisions about end-of-life care invoke important civil liberties interests of autonomy, bodily integrity, and self-determination. How a person chooses to face death is a decision only that individual can make. The legislature should protect the rights of individuals to decide for themselves how they spend their last days by passing the Medical Aid in Dying Act.

MEMORANDUM OF SUPPORT: AN ACT TO AMEND THE PUBLIC HEALTH LAW, IN RELATION TO A TERMINALLY ILL PATIENT'S REQUEST FOR AND USE OF MEDICATION FOR MEDICAL AID IN DYING

(A4321A-Paulin, S6471-Savino)

April 2022

The New York Medical Aid in Dying Act (A4321A/S6471) would expand end-of-life care options by allowing terminally ill adult New Yorkers the choice to be prescribed medication they can take to end their life peacefully and on their own terms. This Bill is modeled after the nation's oldest medical aid-in-dying law, Oregon's 1997 Death with Dignity Act¹, and includes more than a dozen safeguards including:

1. Individuals are not eligible for medical aid in dying because of age or disability.
2. The individual must be able to self-ingest the medication.
3. Two physicians must confirm that the person is terminally ill with a prognosis of 6 months or less to live, is making an informed health care decision and is not being coerced.
4. The terminally ill person can withdraw their request for aid-in-dying medication, not take the medication once they have it or otherwise change their mind at any point in time.
5. There is a mandatory mental health evaluation if either physician has concerns about the person's mental capacity to make their own healthcare decisions. The mental health provider must confirm in writing the dying person's capacity before a prescription can be written.
6. Anyone attempting to coerce a patient will face criminal prosecution.
7. No one -- no patient, no doctor, no pharmacist -- is obligated to use or practice under the Medical Aid in Dying law. There is a strong conscience clause protection, and no one whose faith or beliefs would conflict with this law would be affected by it.

As the world's first and largest organization dedicated to improving the lives of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) older people, SAGE supports A4321A/S6471. LGBTQ+ elders face pronounced rates of social isolation, poverty, and a lack of access to culturally competent services and supports.² Many are disconnected from families of origin, have thin support networks, and are disproportionately dependent upon families of choice – non-familial support – when facing terminal illness.³ After facing a lifetime of stigma and discrimination, LGBTQ+ older people know all too well the importance of their bodily autonomy and have their own agency in decisions about their body and health.

¹ Oregon Public Health Division, "Oregon's Death with Dignity Act: About the Death with Dignity Act," <https://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/Pages/index.aspx>

² AARP NY, "Disrupting Disparities: Solutions for LGBTQ+ New Yorkers 50+," January 2021

<https://aarp-states.brightspotcdn.com/ca/eb/c2353b1e45b3a7fa0f15991c47a6/disparities-lgbtq-full-final-spread-v4.pdf>

³ Ibid.

Equipping members of the LGBTQ+ community with information to plan and discuss all healthcare options with their support systems, physicians, and healthcare providers is critical. We learned this during the height of the HIV and AIDS crisis. Within the LGBTQ+ community, many elders are haunted by the memory of loved ones suffering from HIV and AIDS, for whom aid-in-dying became all the more important. In the shadow of the epidemic, advocates pushed to allow same-sex partners to act as healthcare proxies for each other, despite the lack of legal recognition of same-sex marriage at that time. This history serves as a reminder that the LGBTQ+ and end-of-life care options movements are deeply intertwined.

SAGE supports A4321A/S6471 and is committed to ensure LGBTQ+ elders have full access to self-affirming care—including end-of-life care—that reflects their values, priorities, and personal beliefs.

New York State Academy of Family Physicians

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STATEMENT

For Immediate Release

April 25, 2022

Contact: Vito Grasso, Executive Vice President at 518-469-5237/ vito@nysafp.org

Why Family Doctors Support Medical Aid in Dying (S.6471 Savino / A.4321-A Paulin) *James Mumford, MD, President*

“Family Physicians are blessed to care for patients and their families throughout life, quite literally from cradle to grave. Patient empowerment has been a priority of family medicine. Family Physicians have supported patients through the most difficult and heart wrenching periods of their lives and have done so by respecting patient values and judgment. The decision of a patient to end his or her suffering, whether to transition to palliative care or to self-administer life-ending medication, aligns with that patient-physician partnership which has been the hallmark of Family Medicine.

Many medical societies, including ours, have reevaluated their policies regarding medical aid in dying as social values have evolved and the experience of states that have permitted medical aid in dying has been assessed and understood. In 2015, we led our peers within the American Medical Association in withdrawing opposition to medical aid in dying in favor of a neutral stance that would reflect the divergent views of physicians. As we continued to consider the topic, monitored the growing body of literature on the subject and observed the experience of states that allowed medical aid in dying, we realized that neutrality failed to support our patients. Indeed, many among our members concluded that not recognizing and supporting a patient’s right to die was a form of abandonment.

After careful consideration and extensive conversations with our members, the NYSAFP decided, in the spring of 2017 to support New York’s Medical Aid in Dying Act, and we have been educating legislators and working for its passage ever since. The legislation is sponsored by Assemblywoman Amy Paulin and Senator Diane Savino.

As the most trusted voice of Family Physicians in the state, we are obliged to share the reasons that we support medical aid in dying and to address the most common arguments against it. First, there is no evidence that vulnerable groups such as the disabled, elderly, poor or uninsured would be victimized. In fact, evidence suggests that end-of-life care improves overall with more

open conversations and increased use of hospice. Second, New Yorkers support medical aid in dying by more than 2 to 1 (63 - 29 percent) including every demographic group measured.

Polls also show that a majority of New York physicians support medical aid in dying (56%), and an even greater percentage do so when informed about the details (67%). We are also proud that our early efforts have encouraged other medical societies to withdraw opposition, including the American Academy of Family Physicians. In a seminal decision by its Council on Ethical and Judicial Affairs, the American Medical Association, in 2019, confirmed that physicians who provide medical aid in dying to their patients are acting clearly within the Code of Medical Ethics. The foundational principle of medical ethics is to do no harm. Medical aid in dying permits a graceful, dignified and painless end to suffering and the harm caused thereby to terminally ill patients and their loved ones.

Terminally ill New Yorkers are suffering every day without the peace of mind that comes from knowing they are in control should their suffering become extreme. We stand by our patients' freedom to make end-of-life decisions that are best for them and their families. We ask New York lawmakers to join us.”

NYSAFP represents over 7,000 physicians, residents and students in family medicine across the State. NYSAFP Family Physicians are board-certified and specialize in family medicine. Family physicians focus on the whole patient providing care throughout their lifetime. They provide comprehensive healthcare services to treat diseases and injuries in all age groups from newborns to the geriatric population and across all medical fields. Family Physicians focus on prevention, wellness and overall care coordination for patients and family medicine is the only specialty to focus on the care of the entire family unit. Family Physicians are also a main source of primary health care in New York and across the country.



The League of Women Voters of New York State
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**THE LEAGUE
OF WOMEN VOTERS**
of New York State

MEMORANDUM IN SUPPORT OF:
A.4321-A (Paulin)/ S.6471 (Savino)

To: New York State Assembly and Senate
Date: April 25, 2022
Subject: An act to amend the public health law, in relation to a terminally ill patient's request for and use of medication for medical aid in dying.

The League of Women Voters of New York State (LWVNYS) supports the above referenced legislation which would provide that a mentally competent, terminally ill patient may request medication to be self-administered for the purpose of hastening the patient's death provided the requirements set forth in the act are met, and to provide certain protections and immunities to health care providers and other persons, including a physician who prescribes medication in compliance with the provisions of the article to the terminally ill patient to be self-administered by the patient.

The League of Women Voters believes that state laws should grant the option for a terminally ill person to request medical assistance from a relevant, licensed physician to end one's life. We believe such legislation should include safeguards against abuse of the dying and protections for medical personnel who act in good faith compliance with the law.

We feel this bill adequately addresses concerns surrounding consent and accessibility. The League feels this bill has sufficient safeguards in place to ensure protection of vulnerable populations and medical personnel who may be morally opposed to aid in dying. This reform will give terminally ill patients access to safe, comprehensive end of life options.

For the above reasons, the League of Women Voters of New York State urges your support of A.4321-A (Paulin)/S.6471 (Savino).



New York Unitarian Universalist Justice
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MEMORANDUM OF SUPPORT FOR NEW YORK'S MEDICAL AID IN DYING ACT January 2022

NY UU Justice supports the New York Medical Aid in Dying Act (A.4321-A/S.6471). The Act would allow a terminally ill, mentally capable adult to request life-ending medication from a doctor that the person could self-ingest at a time of his or her choosing, or never, to have a peaceful death. It includes many safeguards to ensure that patients requesting this option are free from coercion.

Unitarian Universalists have a proud history of supporting patient-centered end-of-life choice. In 1988, the national Unitarian Universalist Association General Assembly adopted a [General Resolution](#) supporting death with dignity, the only national denomination in the U.S. to have ever done so.

In a time when technology can indefinitely extend biological life only to prolong suffering, we affirm a peaceful and meaningful death as a moral and religious value.

We believe the quality of human life supersedes mere extension of life. Technology has enabled medical care not only to relieve suffering, but also to prolong life even after continued existence is no longer meaningful to a terminally ill patient and even after it has now caused unbearable suffering. We believe every individual faced with a terminal illness should have the right to decide when and how to complete the dying process. It should not be up to technology or the religious views of others.

We believe in reverence for life, which entails spiritual meaning, not simply biological existence. The body should be the temple of the soul and not its prison.

We believe in the moral agency and inherent right of a person to determine how they shall die when facing terminal illness with intolerable suffering. We affirm the last of the human freedoms, the right to die in accordance with one's own values and beliefs. And we acknowledge that existing law already allows patients to legally end their lives through the refusal of medical treatment, food, and hydration.

We believe in a religious freedom that respects the views of all but refuses to let the views of any single religious group determine how others act on their understanding of their faith.

We believe in health care as a human right, and that no one should be forced to decide to end their life because of cost. We support efforts to extend hospice and palliative care to those who wish it. We also believe that society needs to refocus its priorities so that enhancing human life is more important than delaying death.

We say this as we choose life in the face of inevitable death, and a death with dignity when the time comes. We are merely guests of existence, thrown without our consent into the Great Scheme of Things. We are left to make the best we can out of what we are given. All of us are visitors.

We urge the Governor and members of the Legislature to pass the Medical Aid in Dying Act in 2022.



MEMORANDUM OF SUPPORT

New York Medical Aid in Dying Act (A.4321a/S.4671)

The Medical Aid in Dying Act (A.4321a/S.4671) would allow a terminally ill, mentally capable adult to request life-ending medication from a doctor that the person can self-administer at a time of his or her choosing, or never, should suffering become unbearable.

SHARE is a national nonprofit that supports, educates, and empowers anyone who has been diagnosed with women's cancers, and provides outreach to the general public about signs and symptoms. We are a compassionate community of knowledgeable survivors, women living with cancer, and healthcare professionals.

SHARE is dedicated to serving women of all races and cultures, backgrounds and identities. Because no one should have to face breast, ovarian, uterine, cervical or metastatic breast cancer alone.

SHARE provides support services to many people living with Stage IV cancers and has witnessed intense suffering and pain at the end of life. Patients deserve to have a choice to choose a more peaceful death on their own terms.

We support the right of terminally ill individuals to have a full range of choices for dying in ways that provide them comfort. Medical aid in dying provides peace of mind to terminally ill patients. It allows a doctor to write a prescription for medication in response to a request from a terminally ill, mentally capable adult. The person can take the medication so long as they can self-administer it, in order to achieve a peaceful death. The availability of this option, even for those who choose not to take the medication in the end, will improve the quality of end-of-life care for terminally ill New Yorkers.

Medical aid in dying is needed because:

- Too many New Yorkers suffer needlessly at the end of life;
- Too many endure unrelenting pain at the end of life;
- Too many turn to violent means at the end of life when medical aid could help them die peacefully; and
- Too many feel they have little control over their own life (and death) when a terminal illness has taken over.

Expanding choice and care at the end of life provides New Yorkers autonomy. Studies have shown that patients who receive counseling about end of life choices score higher on quality of life and mood measures than patients who do not.

For the aforementioned reasons, SHARE supports New York's Medical Aid in Dying Act and urges the legislature to act swiftly to pass it.

SHARE Cancer Support
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MEMORANDUM OF SUPPORT A. 4321-A/S. 6471

End of Life Choices New York **SUPPORTS** A.4321 (Paulin)/S. 6471 (Savino), legislation that would authorize medical aid in dying for terminally ill adult patients who have decision making capacity.

Life is precious, but it ends 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, if possible, as she or he decides and controls, consistent with his or her values and beliefs. Medical aid in dying should be an available option. It occurs when a terminally ill, mentally competent adult patient, who is likely to die within six months, takes prescribed medicines, which must be self-administered, to end suffering and achieve a peaceful death.

Dying patients with mental capacity 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 also may voluntarily stop eating and drinking. Another option which hastens death is palliative sedation. It is appropriate for patients who have uncontrollable symptoms. Medical aid in dying is another reasonable end-of-life option, a better choice for some terminally ill patients.

It is well documented that medical aid in dying occurs throughout the country, but in jurisdictions other than the 11 where it is now authorized, including, New Jersey and Vermont, it is done underground, is unregulated and may not be legal. The practice should be legal, above ground and reasonably regulated. Physicians and family members should not be at risk of punishment.

Medical aid in dying is not assisted suicide

Terminally ill patients who consume life ending medicines are not suicidal. Stark differences exist. People who die by suicide usually have a mental illness. They could continue to live, but choose not to; they die usually in isolation, often impulsively and violently; their deaths are tragic. To the contrary, medical aid in dying is available only to terminally ill patients who will soon die; the process usually takes at least several weeks after the requests for a prescription are made; it occurs after consultation with two physicians and almost always with family support; and it is empowering. The term “assisted suicide” is rejected by the American Public Health Association, American Academy of Hospice and Palliative Medicine, American Medical Women’s Association, the American Psychological Association, American Academy of Family Physicians, among others, and in the state laws which permit medical aid in dying. And, in 2017 the American Association of Suicidology issued this statement: “Suicide is not the same as physician aid in dying”. <https://suicidology.org/wp-content/uploads/2019/07/AAS-PAD-Statement-Approved-10.30.17-ed-10-30-17.pdf>

The laws allowing medical aid in dying have worked as intended

There is now a large body of evidence, compiled over a half century cumulatively from states which allow medical aid in dying. It demonstrates that medical aid in dying is beneficial to patients and families and causes no harm. No problems have emerged as expected by opponents. There is no evidence of any discrimination against any vulnerable populations, people with disabilities, the elderly, poor people, people of color, etc. There are no substantiated court or administrative decisions finding any abuses, to our knowledge. There is no evidence of a potential slippery slope.

Medical aid in dying is rarely used; only about one in three hundred deaths occur in this manner in states where the practice is legal. And about one third of patients who obtain the medications do not take them. However, dying patients are comforted knowing that this option is available.

New Yorkers support medical aid in dying, according to a poll by 63% to 29% and NY physicians support the Medical Aid in Dying Act 67% to 19.

The Medical Aid in Dying Act has numerous mandated safeguards (which are generally not required by statute for other options where death is hastened). They include, among many others:

1. Patient must be 18 years old, have a prognosis of 6 months or less to live, be diagnosed with an illness that is incurable and irreversible, confirmed by attending and consulting physicians.
2. A patient requesting medical aid in dying (MAID) shall not be considered suicidal, and patients self-administering MAID medication shall not be deemed to have committed suicide.
3. A patient must make an oral and a written request (on a form provided in law) for MAID. The written request must be witnessed by 2 adults who attest that the patient: 1) has capacity; 2) is acting voluntarily, of their own volition; and 3) is not being coerced.
4. One witness shall NOT be: 1) a relative; 2) a person entitled to a portion of the patient's estate; 3) an owner, operator, independent contractor or employee of a health care facility where the patient resides or is being treated; or 4) the patient's attending or consulting physician.
5. If the attending or consulting physician has any doubt about the patient's capacity, or feels the patient has impaired judgement due to a psychiatric or psychological disorder, the physician must refer the patient for evaluation by a mental health professional. Only patients subsequently found to have capacity may proceed.
6. A patient may rescind his or her request for medication at any time without regard to capacity.
7. Patients must self-administer the medication.
8. An attending physician must have primary responsibility for the care of the patient requesting MAID and the treatment of the patient's terminal illness.
9. Attending physician responsibilities include: 1) diagnose that the patient has 6 months or less to live; 2) confirm the patient has capacity, made an informed decision, and requested the medication voluntarily, without coercion, and of their own volition; 3) inform the patient of the need for a consulting physician's confirmation, and refer if requested; 4) if the patient lacks capacity, refer the patient to a mental health professional for evaluation; 5) provide information and counseling regarding the availability of palliative care, hospice, the full range of medical options, and their right to comprehensive pain and symptom management; 6) discuss with the patient the patient's diagnosis and prognosis, potential risks and probable result of the medication to be used...
10. Physicians, nurses, pharmacists and other health care providers and institutions are under no obligation to participate in MAID.

Conclusion

Medical aid in dying should be an option for mentally competent, terminally ill adult patients. It is a matter of personal liberty and autonomy. There are no valid opposing arguments. The Medical Aid in Dying Act, A.4321-A, S.6471 should be passed.

Death with Dignity–Albany
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April 22, 2022

Memo of Support for the Medical Aid in Dying Act (S6471/A4321A)

Death with Dignity–Albany is independent, grassroots organization with over 700 member/subscribers in the Albany region and beyond. Our mission is to provide a forum for education and advocacy relating to end-of-life matters.

Since our founding in 2015, we have strongly supported passage of the Medical Aid in Dying Act for New York. In our advocacy efforts, we often work with, and under the leadership of, Compassion & Choices NY.

Why do we support this bill? Currently in New York, a person who is close to the end of life and is no longer receiving medical treatment can seek hospice and palliative care while waiting to die. When this care is not sufficient to alleviate pain and suffering, the person has two options if they seek to hasten death: they can stop eating and drinking, or they can take their own lives by suicide.

Neither of these two options (stopping eating and drinking, and suicide) is gentle or easy on anyone. In fact, suicide is often violent and has a traumatic impact on the family, the community, and first responders.

The practice of medical aid in dying, pioneered more than 20 years ago in Oregon with its “Death with Dignity Act”, provides another, more compassionate, end-of-life option. The law sets up a procedure by which a

person can ask their doctor for life-ending medication, and the doctor can prescribe these drugs without bearing any professional or legal sanction.

The law includes carefully crafted procedures and safeguards to assure that it operates as intended, for mentally competent adults with a terminal illness. The experience in Oregon and other states, including New Jersey, Vermont, and Maine, shows that the law operates without the potential problems that concern opponents.

Like hospice and palliative care, medical aid in dying provides a medical option to relieve suffering and give comfort at the end of life. Family members whose loved ones have exercised this option have characterized the process as peaceful and humane. They describe it as the kind of death most Americans say they want for themselves when the time comes.

A handwritten signature in black ink that reads "Thad Mirer". The signature is written in a cursive, flowing style.

Thad Mirer, Director

www.deathwithdignityalbany.org

MEMORANDUM OF SUPPORT

TO: New York State Legislature

FROM: 1 in 9: The Long Island Breast Cancer Action Coalition

RE: New York Medical Aid in Dying Act, A.4321/S.6471

DATE: April 25, 2022



Since 1990, The 1 in 9 Long Island Breast Cancer Action Coalition has been an advocate for families affected by cancer across Long Island. For over 30 years, we have been raising awareness and organizing our communities in the fight and have since expanded our focus from breast cancer to all forms of cancer. We are submitting this memo of support in favor of the Medical Aid in Dying Act, which would authorize medical aid in dying for terminally ill adults who have less than six months to live, and have been determined to be mentally capable of making this medical decision.

The 1 in 9 Long Island Breast Cancer Action Coalition stands behind medical aid in dying because we believe that patients should have the option to end their suffering when there are no other options left. After losing family members and coming to terms with my own diagnosis of breast cancer, I decided to dedicate my life to helping those who were also affected by it.

As a founding member of 1 in 9, I have been witness to a lot of joy and a lot of pain. I have spent countless hours talking to patients who have exhausted all of their treatment options and were told that nothing else could be done. Having been a five-time cancer survivor myself, I know there will be a day—hopefully, a long time away—when my time will come and I cannot fight anymore. The Medical Aid in Dying Act would give me the opportunity to live out the rest of my life on my own terms.

Having the option of medical aid in dying is not giving up on life, but allowing patients to make their own decisions when the time comes. This bill will give patients the opportunity to say goodbye to their loved ones. It will also give them the option of a peaceful death at the end of their lives. For the reasons mentioned above, the 1 in 9 Long Island Breast Cancer Action Coalition supports the Medical Aid in Dying Act and we urge you to prioritize this legislation in 2022.



MEMORANDUM OF SUPPORT

TO: Members of the New York State Legislature

FROM: WESPAC Foundation

RE: New York Medical Aid in Dying Act, S.6471/A.4321

DATE: January 28, 2022

WESPAC Foundation has been a leading force for progressive social change in Westchester County, New York, since 1974. We have been educating, agitating and organizing for a more just and peaceful world.

We believe that New Yorkers are free to choose how they live – and when the time comes, how they die. This private, personal decision belongs to all of us – free from government interference.

We support the right of terminally ill individuals to have a full range of choices for dying in ways that provide them comfort. Medical aid in dying provides peace of mind to terminally ill patients. It allows a doctor to write a prescription for medication in response to a request from a terminally ill, mentally capable adult. The person can take the medication so long as they can self-administer it, in order to achieve a peaceful death. The availability of this option, even for those who choose not to take the medication in the end, will improve the quality of end-of-life care for terminally ill New Yorkers.

Medical aid in dying is needed because:

- Too many New Yorkers suffer needlessly at the end of life;
- Too many endure unrelenting pain at the end of life;

- Too many turn to violent means at the end of life when medical aid could help them die peacefully; and
- Too many feel they have little control over their own life (and death) when a terminal illness has taken over.

An overwhelming majority of New Yorkers support the right of mentally capable, terminally ill adults to receive medical aid in dying when their suffering becomes unbearable. In the most recent Quinnipiac poll, 67% of New Yorkers said they would support an aid-in-dying bill that “would allow terminally ill patients to obtain a prescription to end their lives.” Expanding choice and care at the end of life provides New Yorkers autonomy. Studies have shown that patients who receive counseling about end of life choices score higher on quality of life and mood measures than patients who do not.

The Medical Aid in Dying Act would allow a terminally ill, mentally capable adult to request life-ending medication from a doctor that the person can self-administer at a time of his or her choosing, or never, should suffering become unbearable.

For the aforementioned reasons, WESPAC Foundation supports New York’s Medical Aid in Dying Act and urges the legislature to act swiftly to pass it.



**ADIRONDACK UNITARIAN UNIVERSALIST COMMUNITY
28 TRUDEAU ROAD
SARANAC LAKE, NEW YORK 12983**

MEMORANDUM OF SUPPORT

TO: Members of the New York State Legislature
FROM: Adirondack Unitarian Universalist Community
RE: New York Medical Aid in Dying Act, A.4321a/S.4671
DATE: April 25, 2022

The Adirondack Unitarian Universalist Community celebrates a religion that honors diversity of beliefs and is guided by seven basic principles. We gather together to nurture our spirits and put our faith into action through social justice work in our community and the wider world. We support Medical Aid in Dying legislation as does our national organization, the Unitarian Universalist Association.

We believe that Americans are free to choose how they live – and when the time comes, should have options concerning how they die. These private, personal decisions belong to all of us.

We support the right of terminally ill individuals to have a full range of choices for dying in ways that provide them comfort. Medical aid in dying provides peace of mind to terminally ill patients. It allows a doctor to write a prescription for medication in response to a request from a terminally ill, mentally capable adult. The person can take the medication so long as they can self-administer it, in order to achieve a peaceful death. The availability of this option, even for those who choose not to take the medication in the end, will improve the quality of end-of-life care for terminally ill New Yorkers.

Medical aid in dying is needed because:

- Too many New Yorkers suffer needlessly at the end of life;
- Too many endure unrelenting pain at the end of life;



MEMORANDUM IN SUPPORT OF: A.4321-A (Paulin)/ S.6471 (Savino)

TO: Members of the New York State Legislature
FROM: League of Women Voters of Rensselaer County
RE: New York Medical Aid in Dying Act, A.4321a/S.4671
DATE: 4/25/22

The League of Women Voters of Rensselaer County supports the Medical Aid in Dying Act, which would allow a mentally competent, terminally ill patient to request medication to be self-administered for the purpose of hastening the patient's death provided the requirements set forth in the act are met, and to provide certain protections and immunities to health care providers and other persons, including a physician who prescribes medication in compliance with the provisions of the article to the terminally ill patient to be self-administered by the patient.

We believe that state laws should grant the option for a terminally ill person to request medical assistance from a relevant, licensed physician to end one's life. We believe such legislation should include safeguards against abuse of the dying and protections for medical personnel who act in good faith compliance with the law.

We feel this bill adequately addresses concerns surrounding consent and accessibility. The League feels this bill has sufficient safeguards in place to ensure protection of vulnerable populations and medical personnel who may be morally opposed to aid in dying. This reform will give terminally ill patients access to safe, comprehensive end of life options.

For the above reasons, the League of Women Voters of Rensselaer County urges your support of A.4321-A (Paulin)/S.6471 (Savino).



MEMORANDUM OF SUPPORT

TO: Members of the New York State Legislature
FROM: Adirondack Voters for Change
RE: New York Medical Aid in Dying Act, A.4321a/S.4671
DATE: April 25, 2022

Adirondack Voters for Change is a progressive, political organization that supports changes in government and in our society as a whole that give all people equally the right to a safe and adequate standard of living while embracing diversity in all respects. We support a more equal distribution of wealth and income, access to health care for all, a clean, healthy environment, renewable energy and the peaceful resolution of conflicts, both domestic and international.

We believe that Americans are free to choose how they live – and when the time comes, should have options concerning how they die. These private, personal decisions belong to all of us.

We support the right of terminally ill individuals to have a full range of choices for dying in ways that provide them comfort. Medical aid in dying provides peace of mind to terminally ill patients. It allows a doctor to write a prescription for medication in response to a request from a terminally ill, mentally capable adult. The person can take the medication so long as they can self-administer it, in order to achieve a peaceful death. The availability of this option, even for those who choose not to take the medication in the end, will improve the quality of end-of-life care for terminally ill New Yorkers.

Medical aid in dying is needed because:

- Too many New Yorkers suffer needlessly at the end of life;
- Too many endure unrelenting pain at the end of life;

- Too many turn to violent means at the end of life when medical aid could help them die peacefully; and
- Too many feel they have little control over their own life (and death) when a terminal illness has taken over.

An overwhelming majority of New Yorkers support the right of mentally capable, terminally ill adults to receive medical aid in dying when their suffering becomes unbearable. In a 2021 Marist poll, 59% of New Yorkers said they would support an aid-in-dying “legislation which would allow doctors to prescribe a drug dose to an adult who has been told they have less than six months to live so the patient can take their own life if they want to.” Expanding choice and care at the end of life provides New Yorkers autonomy. Studies have shown that patients who receive counseling about end of life choices score higher on quality of life and mood measures than patients who do not.

The Medical Aid in Dying Act would allow a terminally ill, mentally capable adult to request life-ending medication from a doctor that the person can self-administer at a time of his or her choosing, or never, should suffering become unbearable.

For the aforementioned reasons, Adirondack Voters for Change supports New York’s Medical Aid in Dying Act and urges the legislature to act swiftly to pass it.



Dear friends,

I am writing on behalf of all those who are currently suffering with terminal illnesses and would welcome an opportunity to have end-of-life autonomy in consultation with their physician, their family, and their faith.

I am a Catholic, non-Roman, Bishop from the Catholic Diocese of One Spirit an inclusive alternative Catholic faith community who values the teachings of the gospel and the traditions of the Catholic Church which we have our origins. One of the teachings we aspire to is Dissent from Church teaching whereby a person can decide on their own which goes against a teaching of the faith community. One can make this decision only after they have been educated and are informed of the consequences of their final decision even if they are considered wrong by church leaders, family, and society. The decision is not only based on human knowledge but also the depth of the personal relationship the person has with the Divine. The decision one would make when dissenting from a man made law of the church, such as ending one's terminal life, could be made since the decision is not something that would affect the common good of the community and is solely based on a person's desire not to suffer or cause suffering to the family by prolonging the inevitable at a great emotional cost.

The church teaches as the voice of the Divine yet if we truly investigate its roots the community was the voice of the Divine for within each member of the church community is the kingdom as Jesus recalls and therefore the Indwelling Trinity of Spirit. The Spirit who resides in all creation can speak a truth to someone and that truth may be different than the truth of the leaders of the church. As long as the action of a person toward themselves or others is rooted in the gospel of truth and universal love for all people and not done with malintent, psychological illness or as a result of coercion, there should be no reason why a person of sound mind and informed conscience should not be able to take medication and die peacefully if they so choose and still at that moment of death embrace the Divine who in turn embraces the person with eternal love.

Allowing a terminally ill person who is suffering to end his or her life is an act of mercy which allows that person to go peacefully into the kingdom and continue to be an influence by loving memories and spirit to their family and faith community.

Respectfully

Bishop Kenneth Corbin, M.Div, BCCC, BCPC, LMSW-R

Principal Bishop Catholic Diocese of One Spirit

MEMORANDUM OF SUPPORT
New York Medical Aid in Dying Act (A.4321a/S.4671)

The Medical Aid in Dying Act (A.4321a/S.4671) would allow a terminally ill, mentally capable adult to request life-ending medication from a doctor that the person can self-administer at a time of his or her choosing, or never, should suffering become unbearable.

I support the right of terminally ill individuals to have a full range of choices for dying in ways that provide them comfort. Medical aid in dying provides peace of mind to terminally ill patients. It allows a doctor to write a prescription for medication in response to a request from a terminally ill, mentally capable adult. The person can take the medication so long as they can self-administer it, in order to achieve a peaceful death. The availability of this option, even for those who choose not to take the medication in the end, will improve the quality of end-of-life care for terminally ill New Yorkers.

Medical aid in dying is needed because:

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- Too many turn to violent means at the end of life when medical aid could help them die peacefully; and
- Too many feel they have little control over their own life (and death) when a terminal illness has taken over.

Expanding choice and care at the end of life provides New Yorkers autonomy. Studies have shown that patients who receive counseling about end of life choices score higher on quality of life and mood measures than patients who do not.

For the aforementioned reasons, Professor Christopher A. Riddle supports New York's Medical Aid in Dying Act and urges the legislature to act swiftly to pass it.