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

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Former Regional Director of the U.S. Department of Health and Human Services and president of Latinos for Healthcare Equality, Dr. Torres supports the New York Medical Aid in Dying Act.

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Because preventing doctors from prescribing medication to a dying patient that they can take to end their lives peacefully causes unnecessary suffering and harm.

or 15 years, I was a provider and administrator in a longterm care hospital, where patients often spent years suffering from chronic diseases, many of them paralyzed or living only with the help of respirators, some in the final stage of life without the possibility of recovery.

These slow and agonizing deaths were one of the most difficult aspects of my call to care for the sick.

Unfortunately, many New Yorkers with terminal illnesses, including my Latino brothers and sisters, suffer unnecessarily because they do not have access to the full range of options for end-of-life care, including medical aid in dying, when no other option provides relief to unbearable suffering.

The need for medical aid-in-dying legislation in New York was evident in the terrible death of Miguel Carrasquillo, a 35-year-old former New Yorker who was dying of brain cancer. Tragically, my Puerto Rican brother died without this option to end his agonizing pain because he was not authorized in our native Puerto Rico, where he moved at the end of his life, so that his mother could take care of him.

Support for medical aid in dying among Latinos has increased greatly since Miguel's death, thanks to advocates like Dan Díaz, husband of the late Brittany Maynard, Hollywood actor Mauricio Ochmann and the growing support of national Latino organizations.

These organizations include the National Hispanic Council on Aging, the Latino Commission on AIDS, Hispanic Health Network and Latinos for Healthcare Equity. Today, 69 percent of Latinos across the country support this compassionate end-of-life option.

All people living in the United States, including 3.7 million Latinos living in New York State, must have equal access to all health care services, including the full range of end-of-life care options.



As a doctor, it is important for me to clarify the difference between medical aid in dying and suicide. Those who seek suicide may be severely depressed. They have the option of living, but they don't want to live.

Medical aid in dying is an end-of-life care option for people with terminal illnesses who want to live, but who are dying sooner than they would like. They are not deciding between life and death. Your final result is predetermined. They will die. Often with a lot of pain and anguish. Their only two options are a prolonged and painful death or a peaceful death.

When I became a doctor, I took the Hippocratic Oath of: "Do no harm." Giving painful and aggressive treatments to patients suffering from a terminal illness, without the possibility of curing them, causes harm.

Preventing doctors from prescribing patients who are dying a medication they can take to end peacefully with intolerable suffering causes unnecessary suffering and harm. Hippocrates, who is often called the father of Western medicine, in ancient Greece, taught his students: "Heal sometimes ... always comfort."

I think that comforting a dying patient and relieving their suffering when there is no possible cure is the best form of healing.

For me, this topic is very personal. My mother died in December 2019 in my beloved Puerto Rico. She had a stroke three years ago, and on December 23 she was hospitalized for pancreatitis and other complications. Fortunately, my mother died quickly and with little pain.

For my "boricua" friend Miguel, and my other dying Latino brothers and sisters, I fully support the New York Medical Aid in Dying Act. And as the legendary civil rights activist and medical aid-in-dying advocate Dolores Huerta says: "Si Se Puede" — "Yes We Can."

