My husband, Jay Gallagher, was not a famous athlete, entertainer or politician. For decades, he pursued a career that he loved: he was a journalist, and a damned good one. So, while he wasn’t famous, he was fairly well known in the Capital Region, not just from his byline but also from his many appearances on radio and television. And for a quarter-century he was a regular fixture in the halls of the Capitol observing, reporting on, and interviewing everyone from governors to janitors.

Jay was diagnosed with pancreatic cancer in June 2009 while he was at the height of his career as Capitol Bureau Chief for Gannett News Service, covering New York State politics and government.

It was amazing how quickly the cancer overtook Jay’s body. He had radiation then weekly chemotherapy which left him unable to function for three days a week. That left two or three days when he could be awake, alert, and tolerate his pain enough to join Susan Arbetter on her then-new political radio talk show.

After a few months, his tumor grew. Eating became a miserable challenge, and he needed more pain medication just to be able to survive. He experienced a sense of pleasant normalcy for a few hours each week in his new volunteer journalist role. Then he returned home to sleep and cope with pain.

Hoping for a miracle to extend his life, Jay chose emergency surgery in May 2010. It failed. For three days his constant pain and suffering were managed with morphine. He was lucid for a few minutes each hour.

When the end came, Jay was still not ready to die. Throughout Jay’s diagnosis and up until his death, he was allowed to make decisions about the care that he wanted. Now, I must point out that Jay never would have chosen to use medical aid in dying to ease his suffering at the end. That was just not the right decision for Jay, and I certainly respected that. While Jay would not have chosen medical aid in dying if it were legal in New York then (or now), he strongly believed that others who found themselves in his position might want that option – and that they should have that option.

Too many New Yorkers suffer unbearably for months or years before death, and experience no relief, even with excellent hospice or palliative care. And while medical aid in dying is not something that Jay wished for, he recognized that many New Yorkers – both those dying and suffering needlessly, and healthy people who think what might happen to them if they become terminally ill – do want this option. Jay would want them to have it.

Jay was able to make the health care and end-of-life care decisions he wanted for himself. He would want others to have the same ability, including the option of medical aid in dying for those who so choose.