

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

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Reason #2

Because those who are chronically subjected to health disparities deserve to learn about and have access to end-of-life options that can help them achieve peace, comfort, and dignity at the end of life

I am a lifelong New Yorker and a clinical psychologist who has worked in many parts of the globe. Decades of experience with people I've aimed to help lead me to urge our state leaders to make 2020 the year that New York joins New Jersey, Vermont and seven other states in authorizing medical aid in dying as an end-of-life option and human right for terminally ill, mentally capable adults with less than six months to live.

As a clinical psychologist and ordained minister in New York, I have met with, talked to and counseled countless older people, as well as terminally ill people and their families. None of these patients I've counseled wants to die, but they know that one day this will be their fate, and for those who are terminally ill, it will come sooner rather than later.

Many, due to their distinguished history, courage and spirit, are less afraid of the end arriving than they are frightened about what the end of their lives will look and feel like. As they move closer to their final days, concerned about their quality of life, they seek peace, comfort and most importantly, dignity. For those who believe in the afterlife, they want a perfect setting for a glorious transition. For those who see it as the final step of existence, they want a restful reward for a life well-lived.

Medical aid in dying provides that peace, comfort and dignity — and it does so by ensuring patient autonomy and control, two key components of respect and adulthood. Aid in dying is not the right end-of-life choice for every mentally competent, terminally ill patient with less than six months to live.

However, it should be an option, a human right available to independent, well-informed New Yorkers facing this terminal phase of life.

In addition to my private practice as a psychologist, and now an ordained minister, I am also an associate professor at a New York medical school. There, I teach medical and pharmacy students about the sanctity and quality of their patients' lives, especially those who have been most ignored and the victims of severe health disparities — black and brown people and other under-represented minorities.

While some who oppose this legislation create fear, baselessly claiming or mistakenly believing that people will be pressured to end their lives, I promote facts. We know from more than 20 years of experience in Oregon, where the nation's first death-with-dignity law was implemented, and the experience of other states that have authorized it, that there has not been one single instance of abuse or coercion. And the legislation proposed in New York contains more than a dozen safeguards.

Here's the bottom line. There is a two-decade history showing that medical aid in dying works as intended — used by very few but granting great peace of mind to many.

There are too many terminally ill, dying New Yorkers who are unnecessarily suffering at the end of life. There are too many New Yorkers who passed away advocating for passage of this law. We owe it to all of them to provide an end-of-life option that offers peace, comfort and dignity.

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

