“Kris, I have bad news,” Mark launched his 2012 post-Thanksgiving call to me abruptly. “Very bad. Do you remember when I visited you last March and my hand was shaky?” Sure, I remembered. A legendary drinker until that visit, he had stayed as sober as a stone the whole time. “What’s up?” I asked.

“It’s ALS. I have ALS.”

My younger brother, Mark Chambers, was a 1972 graduate of Olean High School. He moved west in 1975 where he lived a full life, eventually rehabbing a run-down boarding house in the Capitol Hill area of Seattle. He collected friends like some people collect books, commemorative T-shirts or coffee mugs. At home with his wife Oda, he hosted mammoth parties where, on a clear morning, guests watched the sunrise over Mount Rainier. Mark led a charmed life.

ALS — Lou Gehrig’s Disease — robs you one piece at a time, first making you walk like a drunk, then not letting you walk at all. Speech slurs, then is lost. Knees buckle. Your facial bones become prominent as the fat under your cheeks disappears. Your lungs fill with fluid and you can’t catch your breath.

By January 2015, all that my baby brother Mark retained was the ability to type with his right index finger and his fully conscious brain. It was a dreadful progression to witness and imaginably worse to live through.

If he’d been a resident of New York, Mark would have drowned in the fluids collecting in his lungs. Fortunately, he lived in Washington, a state that allowed him to decide when enough was enough. He was reluctant. He moved his date back several times. On April 20, 2015, he used his feeding tube to self-administer a fatal dose of barbiturates, attended by a hospice nurse and Oda. I had been expecting and dreading the call. Instead, I received an email from Mark: “Goodbye, I love you. Goodbye, I love you.” He died peacefully.

Terminally ill New Yorkers should have the same options Mark had. That’s why I support the Medical Aid in Dying Act.