

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

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Reason #46

Because health justice means allowing people agency at the end of their lives.

My name is Naomi Edmondson and I am a Black, Queer grief guide and end-of-life doula.

Even before I learned of the roles of doula and grief guide, I have always been interested in the space where death, mortality and humanity intersect.

I was called to the work of death, dying and grief in 2014, after the death of a very close mother figure. In that space with her, I was blessed to be able to provide her with an open, loving space to express her thoughts around dying. I held her hand and sat with her in silence. I listened to her fears, stories, and reflections when she was in the mood to share. Inhabiting that tender space with her and her family was tremendous. Years later, once I had time to feel and move through my grief at her loss, I wanted to provide that same open, loving space to others. With this in mind, I completed training to become a hospice volunteer and an end-of-life doula.

The phrase, "a good death" has become more and more prevalent in the public conversations around death and dying. But in many ways, that phrase creates a narrow focus that excludes issues of justice that are tightly woven into death as they are into life.

The coronavirus pandemic has brought to the forefront the issue of racial disparities in healthcare. These inequalities constantly put Black people at risk of dying before our time. It has also highlighted the idea of what a "good death" entails, and how we go about ensuring that. For me, it means providing patients with agency, believing them when their medical concerns are brought to doctors, giving them all the information necessary to make informed choices. The pandemic has laid bare the importance of being surrounded -- and touched -- by loved ones. These are all elements that begin to touch on just what a "good death" can be.

I believe that people should have the full range of healthcare options at the end of their lives, and among those options, there should be a place for medical aid in dying. Death is a difficult topic to engage with. However, I believe that if we take the time to work through our own, personal complex feelings around death and dying, we can then stop gatekeeping and policing other's feelings around death. From there, maybe we can stop policing those who are dying, and give them the freedom to choose how they would like to go.

There are so many misconceptions about medical aid in dying. I wish people would take a moment to learn what it would mean to a dying person to have this option, what it takes to access it, and what it takes for someone to go from expressing an interest in having the option, to fast-forwarding to a place where they may say: "I'm on my deathbed and I'm now taking this medication that is going to end my life." It's not an easy decision for someone to make, nor is it a rapid-fire process. There are so many steps, safeguards, and conversations in between; by the time someone qualifies for medical aid in dying and is in a position to use it, they've thoroughly explored other end-of-life care options, such as hospice, palliative care and pain management, without getting significant relief from their suffering. They understand what lies before them, and they always have the power to change their minds.

Some people see medical aid in dying as a way out. From my work with dying people and my observation of how the law has worked in nine other states and Washington, D.C., I know it takes so much strength, so much courage, and so much wherewithal to choose to die on your own terms.

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