What Is Medical Aid in Dying?

A trusted and time-tested medical practice that allows a terminally ill, mentally capable adult with a prognosis of six months or less to live to request from their doctor a prescription for medication they can decide to self-ingest to die peacefully in their sleep. Medical aid in dying is part of comprehensive end-of-life care alongside hospice and palliative care.

With 1 in 5 adults living in a state that allows access to medical aid in dying, New Yorkers are watching as loved ones living in other states experience the peace offered by medical aid in dying.

Where Is It Authorized?

Compassion & Choices has led or supported campaigns to authorize medical aid in dying and implement this medical practice in 10 states and Washington, D.C.

- **OREGON** Authorized in 1994 through ballot initiative
- **WASHINGTON** Authorized in 2008 through ballot initiative
- **MONTANA** Authorized in 2009 through state Supreme Court ruling
- **VERMONT** Authorized in 2013 through legislation
- **MAINE** Authorized in 2019 through legislation
- **NEW JERSEY** Authorized in 2019 through legislation
- **CALIFORNIA** Authorized in 2015 through legislation
- **COLORADO** Authorized in 2016 through ballot initiative
- **NEW MEXICO** Authorized in 2021 through legislation
- **DISTRICT OF COLUMBIA** Authorized in 2017 through legislation
- **HAWAII** Authorized in 2018 through legislation

Don Southworth
Don, an ordained minister and former hospital chaplain, was his father’s primary caregiver during his last year. Don’s father, Harry Southworth, used California’s law to peacefully end his suffering from cancer.

“My dad was able to celebrate his life, see his friends, be conscious, have a goodbye toast and be sent out with love. To send him off with tears in our eyes, but also with joy and laughter, it was peaceful—not just for him, but also for those who love him.”

Nancy Murphy
Nancy’s sister, Joan Kline, utilized Vermont’s medical aid-in-dying law to attain a peaceful death after being diagnosed with terminal ovarian cancer.

“That loving, beautiful, peaceful and chosen transition allowed us to bond with Joan and she with us in a way that is beyond description. Our grieving is mixed with admiration for her courage and determination, and with pride that we as a family came together in mutual support of her decision.”

Mary Klein (1948-2018)
Mary spent her final months courageously advocating for the option of medical aid in dying in Washington, D.C. She died in 2018, availing herself of the option to end her suffering from ovarian cancer.

“For me this was a final act of love after 37 1/2 happy, happy years together. Respecting the autonomy of the individual and their will for agency in that final moment of living is a gift.”

–Mary’s wife, Stella Dawson

Andrea “Mimi” Ankerholz (1972-2021)
Mimi passed away peacefully on her own terms, with her husband and sons at her side, on August 6, 2021.

“I wrestled with the idea of pursuing medical aid in dying. I was raised Catholic, and I struggled with the thought that I may not go to heaven as a result. Was this suicide? No. Cancer is killing me. My God does not want me to suffer needlessly. He would not force me to endure such pain when a peaceful option exists.”

–Andrea “Mimi” Ankerholz (1972-2021)

With 1 in 5 adults living in a state that allows access to medical aid in dying, New Yorkers are watching as loved ones living in other states experience the peace offered by medical aid in dying.
Healthcare Providers and People of Faith Support Medical Aid in Dying

David Pratt, M.D.
Rexford, New York
Internist, lung specialist and primary care physician with experience in outpatient palliative care; former commissioner of Public Health Services in Schenectady County.

“Medical aid in dying honors autonomy, gives options, affords dignity and is true to the ethical principle of beneficence. This is an urgent matter for many New Yorkers...let’s honor their autonomy and provide them this crucial option.”

Sonja Richmond, M.D.
Washington, D.C.
Board certified internist, board certified hospice medical director.

“I treated a terminally ill man in intractable pain who was able to pass away on his own terms surrounded by the people who loved him most. This experience made me a passionate supporter of giving terminally ill people the option of a gentle death that medical aid in dying affords.”

Victoria Casper, MSN, RN, CNML
Central New York
A nurse manager for more than a decade.

“My 34 years working as a nurse in acute care, including hospice, has shown me that end-of-life experiences can be profoundly religious for patients and their families. As a medical professional, it’s important for me to honor patient choice and allow them to approach death in a way that is consistent with their beliefs. My own faith as a Catholic has taught me to lead with compassion toward all who are suffering. That is why I support New York’s Medical Aid in Dying Act.”

Frederick A. Davie, M.Div.
New York, New York
Former executive vice president and current senior strategic advisor, Union Theological Seminary in the city of New York.

“I support New York’s Medical Aid in Dying Act because allowing terminally ill people the option of medical aid in dying when all hope for curative treatment is gone is an expression of grace. This compassionate end-of-life option allows family members and close friends to be present and support the last wish of a loved one in their final hours. Those who oppose medical aid in dying do so from an inappropriate choice of the end of life, not passing the law changes nothing for those who don’t agree with medical aid in dying. New York’s Medical Aid in Dying law simply allows everyone to die in a way that is consistent with their priorities, values and faith beliefs.”

Rev. Dr. Richard Gilbert
Rochester, New York

“Medical aid in dying is the last right of a human being...the greatest reverence for life is to end human suffering.”

Physician Support for Medical Aid in Dying

| TOTAL SUPPORT: 67% | TOTAL OPPOSITION: 19% |

When New York physicians learned about how medical aid in dying would be implemented in the bill before the state Legislature, their level of support jumped 18 points, from a 30-point margin (56%-26%) in support to a 48-point margin (67%-19%) in support.

New York state physicians said they would like to have the option of medical aid in dying if they become terminally ill.

People of Faith Support Medical Aid in Dying

Surveyed by a leading evangelical research firm, two-thirds of Americans agree that “When a person is facing a painful terminal disease, it is morally acceptable to ask for a physician’s aid in taking his or her life.”

<table>
<thead>
<tr>
<th>OF CATHOLICS</th>
<th>OF PROTESTANTS</th>
<th>OF ALL CHRISTIANS</th>
<th>OF PEOPLE IN OTHER RELIGIONS</th>
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<td>70%</td>
<td>53%</td>
<td>59%</td>
<td>70%</td>
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Source: WebMD/Medscape 2019

Source: 2016 National LifeWay survey
New York State Supports Medical Aid in Dying

Nationally, Nearly 3 Out of 4 Adults Agree ...

“When a person has a disease that cannot be cured ... doctors should be allowed by law to end the patient's life by some painless means if the patient and his or her family request it.”

The poll showed majority support in every demographic group Gallup surveyed, including gender identity, religion, age, level of education and party affiliation.

Majority Support Across New York

56% UPSTATE

57% NEW YORK CITY

63% DOWNSTATE SUBURBS

Source: Gallup 2020

Source: Marist Poll, October 2021

59% SUPPORT 36% OPPOSE

New York State Registered Voters Support ...

“A Broad Array of Groups That Represent Every Aspect of Civil Society Support End-of-Life Autonomy

- 1 in 9 Long Island Breast Cancer Action Coalition
- ACT UP-NY
- The Arc New York
- Adelphi NY Statewide Breast Cancer Program
- Black Nonbelievers of NYC
- Congregation B’hai Yisrael
- Death with Dignity National Center
- Death with Dignity - Albany
- End of Life Choices New York
- Gay Men’s Health Crisis (GMHC)
- Harlem United
- Hispanic Health Network
- Housing Works
- Jim Owles Liberal Democratic Club
- Latino Commission on AIDS
- Latinos for Healthcare Equity
- League of Women Voters of NYS
- Mobilizing Preachers & Communities (MPAC)
- New York Civil Liberties Union (NYCLU)
- New York Society for Ethical Culture
- New York State Academy of Family Physicians
- New York State Public Health Association
- New York Unitarian Universalist Justice (NYUUJ)
- NOW-NY
- Planned Parenthood Empire State Acts (PPESA)
- Rochester Breast Cancer Coalition
- SAGE (Advocacy & Services for LGBT Elders)
- Sadhana: Coalition of Progressive Hindus
- Secular Coalition of America - New York Chapter
- StateWide Senior Action Council
- United University Professors - Committee on Active Retiree Membership & New Paltz Chapter
- Village Independent Democrats
- Voters for Change-ADK
- WCLA-Choice Matters
- WESPAC Foundation

Source: Quinnipiac Poll, May 2018

Source: Marist Poll, October 2021
The legislation allows:

A terminally ill, mentally capable adult with a prognosis of six months or less to live the option to obtain prescription medication they can decide to take to die peacefully in their sleep if their suffering becomes unbearable.

The bill is modeled after the Oregon Death With Dignity Act, which has been in effect for more than 20 years without a single substantiated accusation of abuse or coercion.

It includes over a dozen safeguards:

- The individual must be able to self-ingest the medication.
- Two physicians must confirm that the person is terminally ill with a prognosis of six months or less to live, is making an informed healthcare decision and is not being coerced.
- The terminally ill person can withdraw their request for aid-in-dying medication, not take the medication once they have it or otherwise change their mind at any point in time.
- The attending physician must inform the requesting individual about all of their end-of-life care options, including palliative care and hospice.
- There is a mandatory mental health evaluation if either physician has concerns about the person’s mental capacity to make their own healthcare decisions. The mental health provider must confirm in writing the dying person’s capacity before a prescription can be written.
- The individual must make an oral and a written request (requiring two witnesses – one cannot be a relative or someone who stands to benefit from the person’s estate) for aid-in-dying medication.
- Health insurance benefits are unaffected by the availability of medical aid in dying, and life insurance payments can’t be denied to the families of people who use the law.
- No physician, health provider or pharmacist is required to participate in medical aid in dying.
- Those who comply with all aspects of the law receive civil and criminal immunity.
- Anyone attempting to coerce a patient will face criminal prosecution.
- Unused medication must be disposed of as required by state and federal laws.
- The New York health commissioner is required to issue a publicly available annual report about the usage of the law. Patient and physician identifying information is kept confidential.
- The underlying illness — not medical aid in dying — will be listed as the cause of death on the death certificate.
We’ve lost dozens of supporters — many of whom suffered needlessly at the end of their lives — while the Legislature has failed to take up this measure. These are just a few from across the state.

**Bonnie Edelstein** (1941-2021)  
*Albany*

Bonnie founded Death With Dignity-Albany, which includes more than 700 members. Since 2015 the organization has provided free educational programming and still serves as a hub for advocacy on end-of-life options.

“The cause has become, in part, a spiritual mission for me driven by my experience and my faith. I saw my mother through the end of her life, which was miserable and painful and prolonged. It didn’t have to be that way. I see being a part of this movement as part of my obligation as a human being and a primary Jewish value of *tikkun olam*, to make a difference in the world.”

**Bernadette Hoppe** (1965-2019)  
*Buffalo*

An attorney, Bernadette urged legislators to authorize medical aid in dying while facing terminal cancer.

“We plan for births, even though it’s going to happen when it’s going to happen, so why can’t we do that for this last piece of our lives?”

**Eugene “Gene” R. Hughes** (1959-2021)  
*Utica*

A longtime advocate for the rights of those living with disabilities and former director of advocacy for RCIL (Resource Center for Independent Living), Gene believed that personal autonomy should also apply to end-of-life decisions.

“Allowing people with disabilities to make this decision at the end of life would empower us and legitimize our autonomy. We want control in life, and we want control at the end of life. My life’s value cannot be diminished by medical aid in dying. To the contrary, my life would be empowered by passage of the Medical Aid in Dying Act. It would give me the autonomy I’ve worked so hard to maintain since my very first day in a wheelchair.”

**Fay Hoh Yin** (1932-2020)  
*Brooklyn*

Fay lived with her daughter Monona Yin in Brooklyn while in treatment for lymphoma. She did not want to suffer needlessly at life’s end and advocated for the option of medical aid in dying.

“Quality of life, to me, means to live the best you can, while you can, and then when you cannot do this anymore, I should have the legal right to say that’s it. I support medical aid in dying because I think it will give so many terminal patients some sense of control when pain becomes unbearable.”

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Medical Aid in Dying Is NOT Suicide

Suicide is a public health crisis worthy of our collective efforts. But medical aid in dying is different from suicide.

Leading medical groups have rejected the term “suicide” to describe medical aid in dying.

- The American Academy of Hospice and Palliative Medicine
- The American Academy of Family Physicians
- The American Academy of Neurology
- American Medical Women’s Association
- GLMA: Health Professionals Advancing LGBTQ Equality
- The American Medical Student Association
- American Public Health Association
- The American College of Legal Medicine
- New York State Academy of Family Physicians

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<tr>
<th>SUICIDE</th>
<th>VS</th>
<th>MEDICAL AID IN DYING</th>
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<tr>
<td>Often carried out alone and in secrecy, leaving loved ones with devastating grief.</td>
<td>An accepted medical practice in which at least two healthcare providers confirm terminal diagnosis and prognosis.</td>
<td>Allows for a peaceful death at home where chosen loved ones can be present.</td>
</tr>
<tr>
<td>Death is often violent and has a traumatic impact on communities.</td>
<td>There are many factors that can lead to suicide, including mental health conditions.</td>
<td>There is only one factor that can lead to medical aid in dying: incurable terminal illness.</td>
</tr>
<tr>
<td>Proper intervention can prevent suicide.</td>
<td>Prohibiting medical aid in dying will not prevent death; it prolongs end-of-life suffering.</td>
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Those opposed to medical aid in dying describe it as ‘suicide,’ but I am not suicidal. I’d like nothing more than to live for as long as I can, but I know that my breast cancer will someday end my life. I want to live to see my first grandchild take her first steps. But I also don’t want to suffer needlessly at the very end of my life. That’s why I’m begging lawmakers to authorize medical aid in dying in 2022.”

– Susan Rahn, Rochester resident, longtime medical aid-in-dying advocate living with a stage 4 breast cancer diagnosis

Lawmakers who are committed to reducing the incidence of suicide in their communities can support legislation authorizing medical aid in dying without compromising their commitment to suicide prevention. Medical aid in dying is not suicide, and authorizing New York’s Medical Aid in Dying Act will allow qualified terminally ill adults to consult with their own trusted healthcare professionals to make decisions that are best for them and their families at the end of their lives.”

– Dr. Jeff Gardere, M.Phil., M.S., D.Min., Ph.D., ABPP, board-certified clinical psychologist/associate professor, Touro College of Osteopathic Medicine

Scan this QR code for more on the differences between medical aid in dying and suicide.
The Desire for Patient Autonomy at the End of Life Is Universal

Dolores Huerta

Civil rights icon Dolores Huerta joined a bilingual education campaign promoting legislation to expand end-of-life care options in New Mexico, Nevada, New Jersey and New York. Today 69% of Latinos nationwide support medical aid in dying. Huerta holds the Presidential Medal of Freedom award, the nation’s highest civilian honor.

“I watched my mother suffer and die in agony from cancer, so I know first-hand about the desperate need for expanded choice at the end of life. That is why I spent long hours in California working to pass the state’s End of Life Option Act, authorizing medical aid in dying, that took effect in 2016.”

Elijah Cummings (1951-2019)

Maryland Congressman Elijah Cummings endorsed Maryland’s medical aid-in-dying legislation before his death. This excerpt of a letter by Rep. Cummings was read by Maryland Delegate Shane E. Pendergrass at a 2019 hearing of the state’s Joint Committee on Health and Government Operations.

“... I have experienced the loss of far too many people ... some of whom suffered for months knowing they were about to die ... There are those among us whose conscience can never accept that any person should have the right to choose the manner and timing of their passing [but] at the end of life, an individual’s right to self-determination about one of the most personal decisions that anyone could make supercedes the moral sensibilities of others.”

Janet Duprey

Retired Republican NYS Assemblymember Janet Duprey spoke about her mother, who ended her life by choosing to surrender her feeding tube. Her death by voluntarily stopping eating and drinking, known as VSED, took 11 days.

“My dad, Peter Lacy, died in 1994 of mesothelioma ... At the end he had excruciating pain, and even the great care from hospice and the prescribed morphine didn’t touch the pain. Five years later my Mom died following a series of strokes ... Without any food or even a sip of water, my mother lived for 11 long days. I hope none of you ever have to go through it ... I want the ability to choose my own destiny.”

Stephen Hawking (1942-2018)

Dr. Stephen Hawking was a theoretical physicist, cosmologist and author who was director of research at the Centre for Theoretical Cosmology at the University of Cambridge at the time of his death. Diagnosed with ALS at 21, Hawking once opposed the idea of medical aid in dying, but changed his stance to support the right of terminally ill people who are suffering to end their lives.

“I think those who have a terminal illness and are in great pain should have the right to choose to end their lives and those that help them should be free from prosecution,” he told an interviewer in 2015. He also told the BBC in 2014 that it would be “discrimination against the disabled to deny them the right [that] able bodied people have.”

Tina Turner

Legendary singer Tina Turner wrote about her own end-of-life planning following several serious medical issues — including a kidney transplant — in her 2018 memoir My Love Story.

“You were surviving, but not living ... Once you live this long, there’s not much more ahead. If my kidneys were going, and it was time for me to die, I could accept that ... I didn’t mind the thought of dying ... but I was concerned about how I would go.”

SCAN THIS QR CODE TO HEAR
DOLORES HUERTA SHARE HER
SUPPORT FOR MEDICAL AID IN DYING
THANK YOU to New York State lawmakers who have sponsored the Compassionate Medical Aid in Dying Act

PAST BILL SPONSORS

2021–2023
A.4321a - Khaleel Anderson, Jeffrion Aubry, Edward Braunstein, Chris Burdick, Kenny Burgos, Pat Burke, Robert Carroll, Sarah Clark, Catalina Cruz, Taylor Darling, Maritza Davila, Carmen De La Rosa, Inez Dickens, Jeffrey Dinowitz, Harvey Epstein, Charles Fall, Nathalia Fernandez, Phara Souffrant Forrest, Emily Gallagher, Eddie Gibbs, Deborah Glick, Jessica Gonzalez-Rojas, Andrew Hevesi, Alicia Hyndman, Chantel Jackson, Kimberly Jean-Pierre, Anna Kelles, Charles Lavine, Jen Lunsford, Donna Lupardo, Zohran Mamdani, Melissa Miller, Marcela Mitaynes, Amy Paulin, Victor Pichardo, Gary Pretlow, Phil Ramos, Karines Reyes, Robert Rodriguez, Linda Rosenthal, Nader Sayegh, Rebecca Seawright, Amanda Septimo, Gina Sillitti, Phil Steck, Steve Stern, Yudelka Tapia, Fred Thiele, Clyde Vanel, Carrie Woerner

2019–2020
A.2694 - Michael Blake, Ellen Jaffe, Anthony D'Urso, Michael Miller, Felix Ortiz, Carmen Arroyo, Aravella Simotas, Walter Mosley, Barbara Lifton
S.3947 - Velmanette Montgomery, Jen Metzger

2017–2018
A.2383a - Phil Steck, Billy Jones, Clifford Crouch, William Magee, Frank Skartados
S.3151a - Marisol Alcantara, Martin Dilan, Jesse Hamilton

2015–2016
A.10059 - Janet Duprey
A.2129a - Earlene Hooper
S.5814a - John Bonacic

Will you take a stand for compassion & add your name as a bill sponsor this year?

Dr. Milch co-founded Hospice Buffalo, believed to be one of the first 11 hospices in the country, in 1978. He served as both its first volunteer medical director and later its first full-time director. What became the hospice model that he helped to nurture grew steadily across America starting in the late 1970s.

An internationally renowned surgeon and palliative care pioneer, Dr. Milch was named Citizen of the Year by The Buffalo News in both 1993 and 1999; he was awarded the Hastings Center’s first-ever Cunniff-Dixon Physician Lifetime Achievement Award; and he won UB Medical School’s Berkson Memorial Award for his compassionate patient care and excellent teaching.

In his final days, Dr. Milch penned an opinion piece to accompany a video message to lawmakers. In it, he said:

“Suffering is something to be defined by each patient, by each person, in the context of their lives, their families and what they are enduring. I would not presume to dictate to another human being what they must endure. I truly believe that had medical aid in dying been allowed in New York when I was practicing, I would have been a better physician.

The inaction by the Legislature to make medical aid in dying available to New Yorkers has become punitive. We have all the data we need from decades of experience in other states. Legislators, you need not endorse this end-of-life care option, but for goodness sake, don’t prohibit it. And by not acting on it, that’s exactly what you’re doing.”

Dr. Milch’s family is committed to honoring his advocacy by continuing to fight for New York’s Medical Aid in Dying Act.

“I’m picking up where [my grandfather] left off. I’m going to work on an issue that will help suffering New Yorkers, and I’m going to see it through to the end. I promised Papa I would get this law passed for him. And that’s exactly what I’m going to do. Look out, legislators, I’ll be coming to visit you in Albany in January. It’s time for you to get this done.”

– Ari Klein, Dr. Robert Milch’s grandson
Ayla was a dedicated ballet dancer in New York City and continued to work, teach and dance as long as she could after being diagnosed with squamous cell carcinoma of the tongue, an extremely aggressive and dangerous form of cancer. There are some forms of brain cancers with higher survivability rates. She fought valiantly throughout treatment, and she never wanted to suffer needlessly at the end of her life. Tragically, she spent her final days in agony because New York State lawmakers failed to authorize medical aid in dying in New York State.

Following Ayla’s diagnosis, she exhausted every treatment option available including removal and rebuilding of half of her tongue, aggressive radiation concurrent with multiple types of chemotherapy — it was an intensely painful, nauseating, and distressing three months. Even after her terminal diagnosis, she tried immunotherapy. Sadly, nothing helped. And in another month, she’d be dead. The pain of the cancer far exceeding the pain of treatment, and outpacing the ability of the medical team to manage it.

Thirty-two days before she died; the day she was pronounced terminal, she started asking for Medical Aid in Dying and pleaded with every doctor, nurse, social worker, or aide, “Please help me die.” Crying when they could not.

“Please have mercy, provide grace, and practice compassion. Please pass the Medical Aid in Dying Act.”

Every family’s story is different, but what they share is a desire to safeguard the dignity of a loved one stricken by terminal illness — to let them end their lives without agonizing pain, on their own terms... If Ayla had been afforded the option of medical aid in dying, she could have avoided weeks of needless suffering and those last excruciating moments. No parent should have to witness their child pointlessly suffer while begging for help to die.”

Ayla’s family is honoring her memory by continuing to advocate for medical aid in dying to ensure no terminally ill New Yorker is forced to endure the same needless suffering. And no surviving family should have to also reconcile the memory. “It’s bad enough to lose someone, without also having to process needless trauma. Death in itself, is peaceful. It’s the disease that causes pain.”

Following Ayla’s death, her parents Amy and Daren Eilert penned an op-ed urging lawmakers to pass the Medical Aid in Dying Act.

“Ayla’s family is honoring her memory by continuing to advocate for medical aid in dying to ensure no terminally ill New Yorker is forced to endure the same needless suffering. And no surviving family should have to also reconcile the memory. “It’s bad enough to lose someone, without also having to process needless trauma. Death in itself, is peaceful. It’s the disease that causes pain.”

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Advocates of New York’s Medical Aid in Dying press for passage in Plattsburgh.

Commentary: Medical aid in dying is about humanity, not dystopia.

Legislation gaining ground in NY that would authorize terminally ill medical aid in dying.

Statewide Tour to Urge Legislature to Do the Right Thing & Pass the Medical Aid in Dying Act in 2023.

Campaign to pass Medical Aid in Dying Act comes to the North Country.

Group to discuss medical aid in dying.
Did someone you love suffer at the end of their life?

Share your story here and tell lawmakers why they should sponsor and pass the Medical Aid in Dying Act.