

## HEALTH & SCIENCE

### Physician Assisted Suicide



There are two physician assisted suicide bills currently in committee in the NYS Legislature: A.5261B (Paulin) / S.5814 (Bonacic) and A.2129A (Rosenthal) / S.3685 (Savino). A lawsuit has also been filed by an assisted suicide advocacy organization to overturn NY's ban. New York's current law prohibits assisting in suicide by anyone, including doctors who prescribe lethal doses of drugs. This law was challenged in 1994 and upheld as constitutional by the US Supreme Court in *Vacco vs. Quill* in 1997.

The 2011 Code of Medical Ethics of the American Medical Association states, "Allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks." The 2015 position statement of the Medical Society of the State of New York reads in part, "Compelling arguments have not been made for medicine to change its footing and to incorporate the active shortening of life into the norms of medical practice."

The Memorandum of Opposition of the New York Association on Independent Living (NYAIL) states, "Assisted suicide legislation reinforces the idea that people with disabilities are burdensome and our lives are not worth living. Fears of becoming disabled and facing functional loss are often reported by doctors as reasons patients request assisted suicide. Proponents of assisted suicide often cite a loss of dignity as a reason to terminate one's life. The disability community strongly opposes the belief that requiring the assistance of another individual for activities of daily living such as dressing, bathing and toileting is undignified or a legitimate reason to legalize physician assisted suicide.

"Proponents of physician assisted suicide often argue that this option is necessary to prevent suffering at the end of life. This is not the case as there are alternative options to prevent suffering. It is already legal in New York for individuals to create an advance directive to cease treatment under any circumstances they choose and to refuse treatment at any time. Palliative care is available and can provide pain relief to ensure a person is not in pain...New York should invest in educating the community about these options and focus on promoting and expanding palliative care so that it is an available option to anyone facing a painful illness...The concern arises when a physician is permitted to sanction and actively facilitate such an act. People trust their doctors, yet doctors are sometimes wrong. Certainly there are numerous instances where indi-

viduals have been told they have a terminal illness, only to live long, fulfilling lives. A CBS report last year found that 12 million Americans annually are misdiagnosed. Yet patients tend to trust their doctors and may choose assisted suicide if it is presented as the best option without accurate informed consent, giving up good months or years of life.

"Furthermore, there is a significant risk that people may be steered into this decision for financial reasons. Government and private health insurance companies and health care providers would find physician assisted suicide far less expensive than providing lifesaving treatments. Direct coercion is not even necessary. If insurers deny, or even merely delay, expensive life-saving treatment, the person will be steered toward assisted suicide. People with disabilities and serious illnesses should not be pressured into assisted suicide for economic reasons.

"The proposed legislation is based on the laws in Washington and Oregon, which have proven to have ineffectual safeguards against abuse. There is nothing in the legislation to effectively prevent a coercive family member or caregiver from doctor shopping with the individual to find a physician who will provide the fatal drug. There is nothing in the proposed legislation that would prevent an abusive caregiver or family member from steering the individual toward physician assisted suicide, witnessing the request form, picking up the lethal dose, and even administering the drug. With no independent witness required at the death, there is no assurance of self-administration or even consent.

"Finally, the New York assisted suicide bills contain no reporting requirements aside from a few entries in the medical record and the request form, which are subject to the strict confidentiality requirements of HIPAA. The proposed bills are simple immunity statutes, protecting everyone involved in the death except for the patient, no questions asked."

The NYS Catholic Conference position paper on assisted suicide states, "New York State rightly spends millions of dollars each year in efforts to prevent suicide.... legalizing assisted suicide would send an inconsistent message by saying that *some* lives are not worth living. This double standard would be based entirely on disability, as patients fear "losing autonomy" or "being a burden" to others because of their disabilities from terminal illness. Lifting New York's ban on assisted suicide would provide a deadly, unnecessary option to patients, many of whom fear pain, depression and abandonment. These persons can be significantly helped through pain relief, palliative care, and the hospice environment and compassionate loving care."

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