

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



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Reason #9

Because I have had patients who have suffered needlessly at the end of life, despite our best attempts to deliver excellent palliative care.

It has long been established that competent adult patients have the right to decide what treatments, if any, they consent to. And they have the right to refuse such treatments. New York law recognizes a competent adult's right to refuse medical care that may be life-saving or sustaining.

So, a terminally patient on life supportive treatment may refuse such treatment to hasten their death. However, a terminally ill patient who is not receiving life supportive treatment cannot, under existing law, request a physician to prescribe medication that would hasten their death, a procedure known as medical aid in dying, which is currently authorized in eight states and Washington DC.

As an emergency medicine physician for more than 20 years, I have treated thousands of patients in life and death situations. I have seen too many patients die and I have seen far too many suffer at the end, despite the best medical and palliative care available.

Recently, a former professor, who fought for several years with an incurable neurological disease, made the determination to end her life. Her family, although saddened, respected her wishes and left her alone to carry out her decision (ingestion of pills). When they returned, they found her presumably dead and called EMS. Upon EMS' arrival, they found her still alive and brought her to the hospital.

The family immediately explained the circumstances. The treating physicians decided to get an emergency Ethics Consult, which considered her hand-written note detailing her decision to end her life and desire to not be resuscitated, as well as the family's testimony. It was determined her wishes to withdraw life-saving treatment, although not formally documented in a state prescribed manner, were clear and convincing. She peacefully passed later on that evening.



This case emphasizes that despite New York's commitment to respect end-of-life wishes for the terminally ill – and its support of palliative care, hospice medicine and even terminal sedation – the act of self-determined dying sanctioned by a physician was illegal. This is morally wrong and must be changed.

New York's Medical Aid in Dying Act would allow mentally capable adults, with a diagnosis of six months or less to live, to request a medical aid-in-dying prescription from their physician. The patient must make the request verbally and in writing. Two doctors must confirm the prognosis and that the patient is capable of making medical decisions (either doctor can require a psychological exam). And the patient must be able to ingest the medication on their own. The legislation is modeled after Oregon's law in place for more than two decades without any substantiated evidence of misuse.

One can legally die through the "unintentional" auspices of treating pain. One can even legally die through terminal sedation, otherwise known as Palliative Sedation. Dying with dignity may go by many names but the key is to allow the independent and autonomous dignity of the patient to be maintained in their final days.

This is why I support the New York Medical Aid in Dying Act.

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

