Gov. Hochul should sign Medical Aid in Dying now

BE OUR GUEST

BY MANDI ZUCKER

Every week in New York, another person dies without the option to choose the compassionate death that they deserve, often dying alone or in a hospital surrounded by doctors trying to aggressively treat an illness that has no more options for a cure. These same people could have had a legal choice to die peacefully, surrounded by loved ones in the place of their choosing – if only Gov. Hochul would act.

In June, the Legislature overwhelmingly passed the Medical Aid in Dying Act (A.136/S.138). Four months later, it still sits on the governor's desk. Every day of inaction denies terminally ill New Yorkers the ability to make the most personal choice of all: how their lives should end.

Eleven jurisdictions, including our neighbors in Vermont and New Jersey, already allow medical aid in dying. The law is clear, careful, and compassionate: a mentally competent, terminally ill adult may request a prescription for life-ending medication. Only the patient can administer it.

Consider ALS, often called "Lou Gehrig's disease." It robs people of their freedom, mobility, voice, and – within just a few years – their lives. There is no cure, no treatment, no reprieve. For some patients, the only measure of control left is to decide how and when to say goodbye.

At End of Life Choices New York, we have seen countless families endure the slow, devastating decline of ALS, advanced cancers, and other diseases with no hope of recovery. We have also seen what happens in states where medical aid in dying is legal: it is used rarely, and yet it provides immense relief to patients and their loved ones. Just knowing the option exists often brings peace of mind, even to those who never ultimately use it.

It is important to underscore that Medical Aid in Dying (MAID) is not an alternative to palliative care or hospice. It is an additional safeguard for patients who – despite the best that medicine can offer – continue to face unbearable suffering, both physical and psychological. Doctors and nurses in other states have worked closely with patients who make this choice, ensuring that comfort and compassion guide every step of the process.

New Yorkers support this option by overwhelming margins. Democrats, Republicans, independents – even most Catholics (a group traditionally opposed to such measures) – agree that individuals should be able to make this decision for themselves. A recent poll found that physicians in our state support the bill more than three-to-one, because they know that sometimes the most compassionate care is giving patients the freedom to choose.

Opponents raise concerns about coercion or abuse. That is why the legislation, championed by state Sen. Brad Hoylman-Sigal and Assemblywoman Amy Paulin, includes some of the nation's strictest safeguards. In fact, if coercion exists, it's often the case that patients are coerced not to use the option, rather than the other way around.

There is also a question of fairness. Wealthy New Yorkers who want this option can relocate to Vermont, New Jersey, Oregon, Delaware, or somewhere else. But most people cannot simply uproot their lives, especially at the very end, leaving behind friends, family, property, pets, doctors, and communities. Should only the affluent be able to die on their own terms?

The governor has spoken often about compassion, about dignity, about standing with New Yorkers in their most difficult moments.

If Hochul signs, the law would take effect immediately. We are ready to work with doctors, nurses, hospice providers, attorneys, and – most importantly – the patients and families who urgently need this option.

This is not a partisan issue. It is not a religious issue. It is a human issue.

The governor has spoken often about compassion, about dignity, about standing with New Yorkers in their most difficult moments. There is no moment more difficult than facing the end of life without relief from suffering. Signing this bill would be an act of mercy and leadership, giving New Yorkers control over their final days.

New Yorkers have spoken. Their elected representatives have spoken. The evidence from across the country is clear: medical aid in dying is safe, rare, and profoundly meaningful to people who use it and to those who just know it's an option if they need it.

Now it is Gov. Hochul's turn.

No law can stop death. But the governor can decide whether it comes with needless suffering – or with dignity and grace.

Zucker is the executive director of End of Life Choices New York, a 501(c)(3) organization dedicated to improving awareness and options for end-of-life care for New Yorkers and the people who assist them through support, education, outreach, and advocacy.

SUNDAY OPINION

THE FIGHT OVER

Gov. Hochul should sign Medical Aid in Dying now

BE OUR GUEST

BY MANDI ZUCKER

Every week in New York, another person dies without the option to choose the compassionate death that they deserve, often dying alone or in a hospital surrounded by doctors trying to aggressively treat an illness that has no more options for a cure. These same people could have had a legal choice to die peacefully, surrounded by loved ones in the place of their choosing – if only Gov. Hochul would act.

In June, the Legislature overwhelmingly passed the Medical Aid in Dying Act (A.136/S.138). Four months later, it still sits on the governor's desk. Every day of inaction denies terminally ill New Yorkers the ability to make the most personal choice of all: how their lives should end.

Eleven jurisdictions, including our neighbors in Vermont and New Jersey, already allow medical aid in dying. The law is clear, careful, and compassionate: a mentally competent, terminally ill adult may request a prescription for life-ending medication. Only the patient can administer it.

Consider ALS, often called "Lou Gehrig's disease." It robs people of their freedom, mobility, voice, and – within just a few years – their lives. There is no cure, no treatment, no reprieve. For some patients, the only measure of control left is to decide how and when to say goodbye.

At End of Life Choices New York, we have seen countless families endure the slow, devastating decline of ALS, advanced cancers, and other diseases with no hope of recovery. We have also seen what happens in states where medical aid in dying is legal: it is used rarely, and yet it provides immense relief to patients and their loved ones. Just knowing the option exists often brings peace of mind, even to those who never ultimately use it.

It is important to underscore that Medical Aid in Dying (MAID) is not an alternative to palliative care or hospice. It is an additional safeguard for patients who – despite the best that medicine can offer – continue to face unbearable suffering, both physical and psychological. Doctors and nurses in other states have worked closely with patients who make this choice, ensuring that comfort and compassion guide every step of the process.

New Yorkers support this option by overwhelming margins. Democrats, Republicans, independents – even most Catholics (a group traditionally opposed to such measures) – agree that individuals should be able to make this decision for themselves. A recent poll found that physicians in our state support the bill more than three-to-one, because they know that sometimes the most compassionate care is giving patients the freedom to choose.

Opponents raise concerns about coercion or abuse. That is why the legislation, championed by state Sen. Brad Hoylman-Sigal and Assemblywoman Amy Paulin, includes some of the nation's strictest safeguards. In fact, if coercion exists, it's often the case that patients are coerced not to use the option, rather than the other way around.

There is also a question of fairness. Wealthy New Yorkers who want this option can relocate to Vermont, New Jersey, Oregon, Delaware, or somewhere else. But most people cannot simply uproot their lives, especially at the very end, leaving behind friends, family, property, pets, doctors, and communities. Should only the affluent be able to die on their own terms?

> The governor has spoken often about compassion, about dignity, about standing with New Yorkers in their most difficult moments.

If Hochul signs, the law would take effect immediately. We are ready to work with doctors, nurses, hospice providers, attorneys, and – most importantly – the patients and families who urgently need this option.

This is not a partisan issue. It is not a religious issue. It is a human issue.

The governor has spoken often about compassion, about dignity, about standing with New Yorkers in their most difficult moments. There is no moment more difficult than facing the end of life without relief from suffering. Signing this bill would be an act of mercy and leadership, giving New Yorkers control over their final days.

New Yorkers have spoken. Their elected representatives have spoken. The evidence from across the country is clear: medical aid in dying is safe, rare, and profoundly meaningful to people who use it and to those who just know it's an option if they need it.

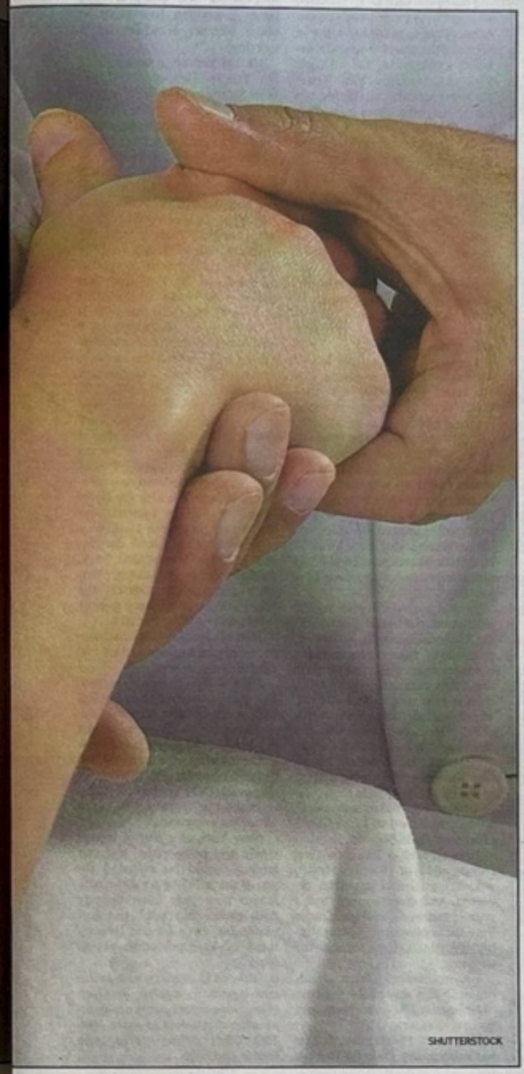
Now it is Gov. Hochul's turn.

No law can stop death. But the governor can decide whether it comes with needless suffering – or with dignity and grace.

Zucker is the executive director of End of Life Choices New York, a 501(c)(3) organization dedicated to improving awareness and options for end-of-life care for New Yorkers and the people who assist them through support, education, outreach, and advocacy.



DOCTORS & DEATH



SHUTTERSTOCK

Albany's suicide advocates avoid too many issues

BE OUR GUEST

BY ROBERT J. BELLAFIORE

Physician-assisted suicide advocates say that if there were any problems in other states with letting doctors help patients kill themselves, "we would have seen them already and we haven't."

If that's true, it's only because they're so blinded by suicide ideology they won't hear facts that would expose their "safeguards" narrative as a fraud.

As Alexander Raikin, who has reported extensively on assisted suicide programs in other states, Canada and Europe, wrote: "This systematic disregard of safeguards is happening as the process is being fast-tracked."

Indeed, the New York bill was jammed through the Legislature by remarkably narrow margins that did not go unnoticed in Albany. Twenty-one Assembly Democrats and six Senate Democrats, mostly Black and Latino lawmakers from poorer communities, broke ranks with leadership and voted no. The last public hearing on the suicide bill was in 2018.

"Violations of assisted-suicide laws are rampant in the states with the largest and oldest programs. Yet I have found no suspensions or revocations of clinician licenses, even when patients were endangered," Raikin, a visiting fellow at the Ethics and Public Policy Center, wrote in Unherd last month. ("How America abandoned its suicide safeguards.")

Raikin found:

- In 2020, a 29-year-old Colorado woman with eating disorders was "provided with lethal drugs ... in the midst of a mental-health crisis," according to a new lawsuit. The suit says Jane was approved for assisted suicide even though hospice considered her no longer competent to consent to medical treatments.
- After Oregon waived waiting periods in 2020, assisted suicides have routinely occurred within a day or two of the patient's request. Since it can take up to five days for a patient to die from ingesting the death cocktail, "it is possible that it will take a patient longer to die than to receive lethal prescriptions," Raikin wrote.
- Oversight is a nightmare. Washington state doctors failed to meet reporting requirements in a third of all assisted suicide deaths. Washington is missing 515 compliance forms for 2009 to 2023, as well as 293 forms patients must sign attesting to their wish to die by suicide. Colorado is missing some 1,800 compliance forms since 2017, he calculated.
- Official reports in Colorado and California found that state authorities have no record of the type of suicide drugs that were prescribed to more than 1,000 patients.
- States can't answer the most basic question: how many physician-assisted suicides have been facilitated in America? Oregon's health authority has records on 376 assisted suicides completed in 2024, but for another 178 cases in which medications were prescribed, authorities don't know if the patient died from the drugs or if they even died at all.

Doctor-aided suicide advocates call these findings "fear mongering" and "scare tactics." But they are all true and directly apply to the bill before Gov. Hochul.

The New York bill has no waiting period, making same-day suicides entirely possible.

Not only does it fail to require a mental health evaluation, but doctors aren't even required to ask if the patient has ever contemplated or attempted suicide before, or if they've ever been treated for depression, paranoia, dementia, anxiety, anorexia or any other mental health condition.

> Hochul's signature would give New York the most extreme, permissive and guardrail-free assisted suicide law in the nation.

Doctors would be required to falsify death certificates by listing the underlying illness as the cause of death and not the ingestion of lethal drugs, meaning we'd never know how many people killed themselves this way.

New York pharmacists normally must report to the state any time they dispense controlled substances. But the suicide bill contains no such requirement.

The fact is nobody would know what happens to the suicide drugs once they leave the pharmacy. As Assembly Majority Leader Crystal Peoples-Stokes and Brooklyn Assemblywoman Latrice Walker said in voting no, these lethal drugs could easily end up on the streets in their communities.

Hochul's signature would give New York the most extreme, permissive and guardrail-free assisted suicide law in the nation. And one that's a nightmare to regulate, impossible to control and destined to have otherwise well-meaning policy makers wondering what they unleashed.

Let's hope the governor looks past the advocates' distorted rhetoric of "compassion" and "autonomy," grasps the reality of suicide laws, and decides assisted suicide is so rife with co-morbidities that it should be rejected outright.

Bellafiore is a public affairs consultant and former political reporter who has worked for two years to defeat the assisted suicide bill in New York.