Life ends eventually for all of us, including some 150,000 people yearly in New York State. Many people die protracted deaths with terrible suffering, even some patients who are receiving excellent hospice care, which the vast majority of patients in New York do not receive. Studies, including the 2015 Dying in America Report of the Institute of Medicine, consistently show that too many people die badly, in ways inconsistent with their wishes.

Dying patients with mental capacity have a legally recognized right to end their suffering by having life sustaining treatment withheld or withdrawn, such as a feeding tube, ventilator or dialysis. Patients also may voluntarily stop eating and drinking. And they may be sedated to unconsciousness to end their suffering, a process termed palliative sedation. Each of these methods results in death and may hasten death. Yet patients and physicians in New York do not now have a clearly protected legal right to engage in the process of aid in dying.

Aid in dying is the practice of a physician prescribing medication to a terminally ill, mentally competent patient who may choose to ingest it to end suffering he or she finds unbearable, and achieve a peaceful death. Aid in dying is legal in six states, Oregon, Washington, Vermont, Montana, Colorado and California. Recently, it was legalized in Canada in a unanimous ruling by the Canadian Supreme Court.

The laws allowing aid in dying have worked as intended. There is now a large body of evidence, compiled over two decades from Oregon and Washington, which demonstrates that aid in dying causes no harm and is beneficial to patients and families.

Aid in dying is rarely used; only about 1 in 300 deaths occur in this manner in states where the practice is legal, and about one-third of patients who obtain the medications do not take them.

There has been no evidence of disproportionate impact on vulnerable populations, such as the disabled, the poor and the elderly. None. Nor is there any evidence of any coercion or abuse.

There is evidence, according to one study, that family members of those who request aid in dying feel better prepared and accepting of the death, and that there are no negative effects.

About 90% of those who end their lives by using aid in dying are receiving hospice care; almost all have health insurance, and most are college educated.

There is no evidence at all of any "slippery slope". Aid in dying is only for the terminally ill, and only for the mentally competent who can clearly express their wishes.

Aid in dying is not assisted suicide. Those who commit suicide could continue to live but choose not to, while people who achieve a peaceful death by using aid in dying are terminally ill. Those who commit suicide usually do so impulsively and in isolation, and their deaths are tragic. Aid in dying is a thoughtful process involving consultation with doctors and with family support.

77% of polled New Yorkers favor aid in dying as do physicians across the country by a very wide margin, 57% to 29%.

End of Life Choices New York is working diligently to bring aid in dying to New York pursuant to a lawsuit which we initiated, Myers v. Schneiderman, and bi-partisan legislation, the Medical Aid in Dying Act. More information on both are on our website.