

April 24, 2017

Memorandum of Opposition
A.2383 Paulin) and S.3151 (Savino)

The New York Association on Independent Living (NYAIL) is a statewide, not-for-profit membership association created by and composed of Independent Living Centers across New York State. Independent Living Centers are unique disability-led, cross-disability, locally administered not-for-profit organizations, providing advocacy and supports to assist people with disabilities of all ages to live independently and fully integrated in their communities. NYAIL is strongly opposed to A.2383/S.3151, which would legalize physician assisted suicide in New York State.

A major concern for people with disabilities is that assisted suicide reinforces negative perceptions about being disabled and the idea 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. Loss of dignity is often cited by proponents of assisted suicide as a reason to end 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 circumstance 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, even in those rare cases in which total palliative sedation is required. Unfortunately, medical schools do not mandate their students learn about end of life options and so may not be educating their patients on all their options. 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.

People vastly prefer to live and die in their homes, as opposed to a hospital. Unfortunately, hospice is not always an available option for people facing terminal illness, and is severely underutilized in New York State. This is largely because people cannot continue to receive equivalent home care services if they elect to receive hospice in their home. This policy prevents many with terminal illness who have faced functional loss from seeking hospice.

New York must change this policy so that people are able to maintain their home care services when receiving hospice.

The State is also making it harder and harder to receive pain relief due to concerns over abuse of opioids. While opioid abuse is a growing problem across the country, the State must not put barriers in place which prevent terminally ill patients from accessing the quality pain relief they require. For example, biweekly visits to a doctor's office by a terminally ill person to secure prescriptions is overly burdensome. These otherwise commendable policies should not be applied to restrict pain relief for people with terminal conditions or advanced serious illness. Overly broad restrictions to access of opioid pain killers, such as limitations on the amount dispensed interfere with effective palliative care.

Finally, the disability community is deeply concerned about coercion and abuse. The proposed legislation is based on the laws in Washington and Oregon, which have proven to have ineffectual safeguards against abuse. A.2383/S.3151 does not 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. Because no independent witness is required at the death, there is no assurance of self-administration or even consent.

Due to all of the concerns described above, NYAIL is strongly opposed to A.2383/S.3151.

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