

**MEMORANDUM OF OPPOSITION**  
*A.995 (Paulin) and S. 2445 (Hoylman-Sigal)*

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 support to assist people with disabilities of all ages to live independently and fully integrated in their communities. NYAIL is strongly opposed to A.995/S.2445, which would legalize assisted suicide in New York State.

A major concern for people with disabilities is 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, whether the cause is injury or illness, are often reported by doctors as reasons patients request assisted suicide. The top five reasons Oregon doctors report for issuing lethal prescriptions for assisted suicide are the “less able to engage in activities” (88.8%), “loss of autonomy” (86.3%), “loss of dignity” (61.9%), “feelings of being a burden” (46.4%), and “loss of control of bodily functions” (44.6%). ([Oregon Death With Dignity Act, 2022 Data Summary](#)). These are disability related issues, and “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.

Suicide, including assisted suicide, is never the proper response for dealing with an acute problem or life circumstance, including acquiring a disability. Individuals who contemplate suicide typically suffer from clinical depression or other treatable emotional or mental issues, which frequently go undiagnosed. The proposed bill only provides for an optional referral to a “mental health professional” charged with determining “whether the patient has capacity to make an informed decision.” Many people whose mental health concerns are properly diagnosed and treated change their minds about suicide. According to the Centers for Disease Control, more than 90% of people who attempt suicide and survive never go on to die by suicide.

Moreover, in one study of assisted suicide in Oregon, 46% of patients seeking assisted suicide changed their minds when their physicians intervened and appropriately addressed suicidal ideations by treating their pain, depression, and/or other medical problems. Linda Ganzini et al., "Physicians' Experiences with the Oregon Death with Dignity Act," 342 NEW ENG. J. MED. 557, 557 (2000). Given the prevalence of suicide hotlines and counselors that could save the lives of almost half of those contemplating suicide.

Proponents of assisted suicide often argue it 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 refuse life-sustaining treatment at any time and to create an advance directive to cease treatment under any circumstance they choose if they are no longer able to make and communicate decisions. 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. As a result they may not be educating their patients on all their options. New York must invest in educating the community about these options and focus on promoting and expanding palliative care so 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, much needed in-home services are not always an available option for people facing terminal illness, and hospice is severely underutilized in New York State.

The State is also making it 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 excessive 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 make doctors fearful of prescribing appropriate pain relief for people with terminal conditions or advanced serious illness. Overly broad restrictions to access of opioid pain killers 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.995/S.2445 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 which 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 above, NYAIL is strongly opposed to A.995/S.2445.