


# What Is 'Dying With Dignity'?

Readers respond to a doctor's essay about the drawbacks of medical-aid-in-dying measures.

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Jordanna Kalman

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## To the Editor:

Re "[The Big Flaw in New York's Assisted Suicide Bill](#)," by L.S.

Dugdale (Opinion guest essay, May 15):

Dr. Dugdale knows that to qualify for every Medical Aid in Dying, or MAID, law in the 10 states and the District of Columbia, a patient must be an adult, have a six-month terminal prognosis and be found to have capacity (the patient can describe the condition, list the alternative treatments and give risks and benefits for each).

As a physician, Dr. Dugdale is also aware of the [Patient Self-Determination Act of 1990](#), a federal law granting patients with capacity the right to pursue treatment, refuse treatment, pause treatment, discontinue treatment and receive treatment by advance directive. The law also requires physicians to abide by the decisions of patients or refer them to another provider.

In every MAID law in the U.S. not one but two physicians (as well as one nonmedical witness) must determine and attest to patient capacity. To say that physicians often do not recognize capacity (because of a patient's depression) is simply not true and a slight to the profession.

G. William Knight  
Saline, Mich.

**To the Editor:**

I read about the [New York State Medical Aid in Dying bill](#) in an Orthodox Jewish publication, which correctly opposes it and has many concerns were it to pass. Yes, it can quickly become a tool of malign convenience, never mind those whose family members covet a large life insurance policy payout, sooner rather than later.

The best way to prepare for the unenviable scenario of grueling end-of-life decisions is to clarify both religious and medical expectations ahead of time, in writing. In the case of an agnostic or an atheist, consulting with an ethicist is recommended.

Contrary to what some people would think, according to the Talmud, or Halakha, the intubation of someone with a terminal disease isn't often advised, especially if other substantial comorbidities exist. Insurance companies and hospitals may frown on a feeding tube placement for advanced Parkinson's disease, yet it can extend life for many months. Intubation for A.L.S., or Lou Gehrig's disease, becomes obligatory early on, and many individuals choose to live, with full family support, despite what others would consider poor quality of life.

Let's be honest. Many decisions are based on cost, subjective thinking and unfairly assuming — without knowing — what the sick person really wants.

Rosalie Lieberman  
Chicago

**To the Editor:**

Medical assistance in dying in Canada has a thorough application process with rigorous criteria and safeguards. You cannot be found eligible for such assistance because of a lack of social services. You must have a grievous,

irremediable medical condition, be in an advanced state of decline that cannot be reversed and experience unbearable physical or mental suffering that cannot be relieved under conditions that the sufferer considers acceptable. The choice of an assisted death is about compassion, avoiding suffering and the fundamental rights of an individual.

We know that [there is a strong link between vulnerability and natural death, not deaths with medical assistance](#). If such help is not driving mortality among the vulnerable, then stopping people from accessing help would do nothing to address the disproportionately high rates of premature mortality in vulnerable populations.

This is at best a distraction from addressing the real and fixable issues — poverty, poor housing, inadequate disability benefits, etc. — issues that do need attention in Canada. Remember, the inclusion of those whose deaths are not reasonably foreseeable in the criteria for medically assisted deaths was because two Canadians with disabilities, Jean Truchon and Nicole Gladu, saw the original law as discriminatory, and argued that it violated their rights under the Canadian Charter of Rights and Freedoms.

Helen Long

Toronto

*The writer is chief executive of Dying With Dignity Canada.*

### **To the Editor:**

I lost my spouse, Tom, to Parkinson's disease. He died immobile, with dementia, and totally in my care. But for some reason I missed the memo that said I would be the one responsible for making that ultimate decision about his death.

I had cared faithfully for my beloved in his living, but in his dying, I am the one who felt abandoned. Tom was bathed, fed, touched, hugged, spoken to and deeply loved during his final year of life. He had a smile on his face, laughter as his entertainment and a cheerful disposition for someone who had been so vibrant with life.

He had been a public figure; a gifted, charismatic teacher and speaker. So many people loved and admired this man. The support was all there: hospice, family, friends. Yet that fateful decision about whether to let go or keep him fell on my shoulders and ravaged my heart.

I was the one who fought depression from the impending loss of my amazing husband. He did not have the means or mental capacity to decide when or how to die. That horrific decision became mine. The day came. He aspirated, which so many Parkinson's patients do at the end. He developed pneumonia.

He was in the hands of quite capable and compassionate hospice helpers. They turned the decision over to me — the one person for whom such a decision was devastating. Do we keep the battle going, the fight for every ounce, every precious breath of life? Or is now the time? Isn't there some law or moral guidance to assist me in this decision?

Surely, I'm not alone in this. But I was at that time, and I let go. Quality of life had passed. We were now fighting merely for quantity, and we had both, long ago, nixed that idea for our dying days. Sometimes the abandonment and depression fall on the caregiver, not the cared for. What exactly is the art of dying well? It is knowing how you would want it done for yourself, and screwing up your courage to stick to that place in order to let go. My beloved taught me through his own dying how to die well — he was a teacher until his final breath.

Barbara S. Boyd

Norman, Okla.

*The writer is a retired Presbyterian minister who has a doctorate in religion.*

### **To the Editor:**

As a 67-year-old woman with an incurable form of cancer, I was struck by Dr. L.S. Dugdale's claim that the Medical Aid in Dying bill under consideration in New York State and similar bills passed into law elsewhere are "about relieving society ... of the responsibility to care for those who need the most help: the mentally ill, the poor, the physically disabled."

What about help for the terminally ill?

I have shared my body with progressive neuroendocrine cancer since 2010, and as my metastases increase, I will be hosting more and more tumors. At a certain point I will face liver failure, as well as other debilitating consequences because of my rare and incurable illness.

I have lived well despite my disease by making informed decisions about my health care and cancer treatments. Passing the New York State Medical Aid in

Dying bill would allow me to retain control over my health and well-being up through and including the period of my dying process, which inevitably will bring with it an escalation in physical pain and suffering. It would also help me to ease the suffering I cause my loved ones, for whom seeing me in pain is a source of significant emotional distress.

I hope that the State Senate will consider the rights of, and society's responsibility toward, the terminally ill by bringing the MAID bill to the floor, for a vote on our behalf.

Andrea Kahn  
New York

**To the Editor:**

While I understand the point Dr. L.S. Dugdale is trying to make, I pause at the idea that anyone besides the person who is dying should be making choices about how that person dies. I admire her for speaking out about the need for a better way to die, and I agree that as a society, we need to change how we support those who are dying, but I disagree with much of what he says about Oregon's Death With Dignity laws.

My beloved friend Carly died of cancer at age 40. Because we live in Oregon, she was able to choose the manner in which her life ended. Carly had no treatment options and was actively dying. The day she died was beautiful and she was so at peace that to this day I can't understand it. She was like a magical being who had ascended to a place beyond pain, surrounded by the people she loved. Giving her another depression screening wasn't going to change her choice. She was suffering, and only she knew when it was enough.

Assisted suicide is the wrong term. My friend and many others in her situation are not choosing to die, they are choosing how they die. Medical providers should assist them in making the best choices for them, and mental health care does play a significant role in that. But it is infantilizing to assume that the dying are not capable of making those choices.

Erin Courtney  
Portland Ore.

<https://www.nytimes.com/2025/05/24/opinion/medical-aid-dying.html>