



A Jewish Perspective Opposing Physician-Assisted Suicide in New York State:
Reject the Medical Aid in Dying Act (SI38/AI36)

To the Honorable Members of the New York State Senate:

Our organization, Ematai (www.ematai.org), is a New York-based non-profit organization that helps Jews navigate their healthcare journeys with Jewish wisdom. We assist members of the Jewish community in dealing with the difficult emotional and ethical dilemmas of aging, end-of-life care, and organ donation. We also guide Jewish healthcare professionals in addressing ethical qualms regarding their holy profession. **The potential legalization of physician-assisted suicide (PAS) is of grave concern to the Jewish community. We urge you to vote against the Medical Aid in Dying Act (SI38).**

One of the basic principles of our worldview is that the fundamental goal of medicine is to heal. We all have an obligation to care, in a wide variety of ways, for the ill and those in need. Doctors have a unique responsibility to heal, i.e., to use their skills toward curing their patients to the greatest extent possible. As the Bible teaches, "And you shall surely heal" (Exodus 21:12). Physician-assisted suicide is a distortion of this great calling. It will undermine the unique role of a physician as healer, whose primary responsibility must remain to "Do No Harm." Healthcare professionals did not enter this great field for the sake of actively helping people die. We cannot sully this great profession.

Another great concern is that PAS will be used by the most vulnerable people in society. The National Council on Disability published a [study](#) that detailed the dangers of assisted suicide laws to people with disabilities. It found that "safeguards" in these laws are, "ineffective and often fail to protect patients." On many occasions, they are simply being dismissed as "barriers" to the (cheaper) alternative of helping someone end their life. This is a well-founded fear that should be heeded by conservatives and liberals alike. The introduction of PAS, moreover, can undermine patient trust that their physician always has their best interest in mind. We cannot allow for the breakdown of this sensitive and crucial relationship.

Another area of concern is that the legalization of PAS will trample on the liberties of Jews, Christians, Muslims, and physicians of all faiths or no faith who are conscientiously against helping someone kill themselves. Doctors who entered this holy profession for the sake of healing cannot be asked to participate, even indirectly, in someone committing suicide.

Finally, the introduction of PAS may become an unacceptable "quick-fix" to offering true palliative care measures toward suffering patients. Physicians have made great strides in palliative care and pain control, and only rarely do patients request assisted suicide for intractable pain. In fact, pain does not even make it into the top five reasons that patients seek out assisted suicide. According to [data](#) from Oregon, the state where assisted suicide has been legal the longest, the top five reasons include: being less able to engage in enjoyable activities, loss of autonomy, loss of dignity, being a burden on family/friends, and losing control of bodily functions. These are serious existential concerns that must be addressed - but with multidisciplinary care, not assisted suicide. We should not be terminating life because of these issues. Instead, we must increase the full range of medical and social services, in partnership with faith-based initiatives and other local communal resources.

Let us refuse this technical fix and rise to the occasion by acting humanely in the presence of finitude. The dying need our presence and our encouragement. In the face of death, the treatment of choice is and always will be company and care.

Respectfully,

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