

**New York Medical
Aid in Dying: Legal
History, Status,
and Safeguards**

1

Thaddeus Mason Pope

JD, PhD, HEC-C

2

2025

3

3,500,000

total deaths

4

210,000

NY

5

control

timing & manner
of their death

6

why

7

physical
suffering

8

pain
nausea
dyspnea
paralysis

9

existential
suffering

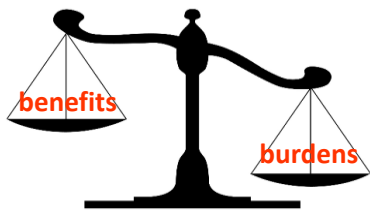
10

psychic pain
loss of control
anxiety
delirium
despair

11

control
timing & manner
of their death

12



13

lost ability to
enjoy activities

14

fear illness
related suffering

15

fear losing
control &
independence

16

AUGUST

18

17



18

control

timing & manner
of their death

19

how?

20

5 end-of-life options

21

1

22



Advance Directive for Health Care

23

decline life-sustaining treatment

24

dialysis
antibiotics
ANH
mech. ventilation

25

2

26



27

3

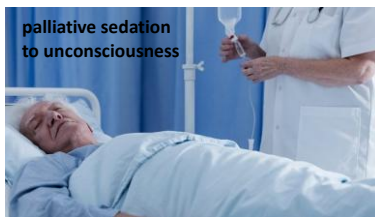
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29

4

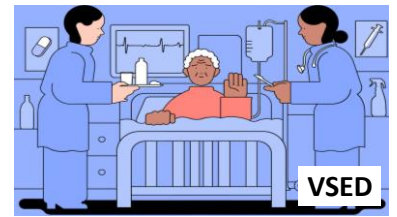
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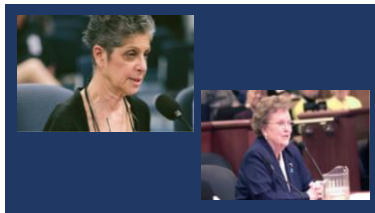
31

5

32



33



34

patients **already**
use these 5 EOL
options **in NY**

35

EVERY
SINGLE
DAY

36



37



38

make Nyers
aware of
their rights

39

control

timing & manner
of their death

40

Palliative Care Information Act
Palliative Care Access Act
A.B. 8880 (July 2022)
A.B. 7872 (Nov. 2024)

41

why

42

value
congruent
care

43

NYer **get** Tx
they want

44

avoid Tx they
don't want

45



46

New Yorkers
already have
5 EOL options

47



48

6th option
medical aid in dying

49

MAID
medical aid in dying

50

not yet
available
in New York

51

Assembly Bill A136

2025-2026 Legislative Session

Relates to the medical aid in dying act

52



53



54



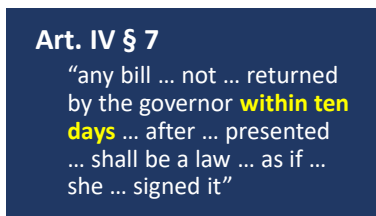
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56



57



58



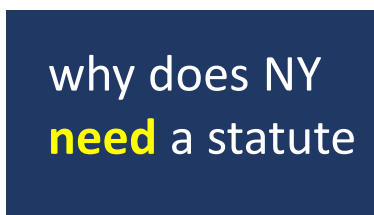
59



60



61



62



63

experience
with MAID in
other states

64

variations in
other states

65

patient **safety**
protections

66

**what is
MAID?**

67

end-of-life
option

68

for **small**
number of
patients

69

who

70

1

71

adults

72

18+ years

73

2

74

decisional
capacity

75

competent

76

mentally
capable

77

understand nature
& consequences

78

nobody can
request MAID
for another

79

~~guardian~~

80

~~healthcare
agent~~

81

~~surrogate~~

82

~~parent~~

83

patient
themselves

84

3

85

terminally ill

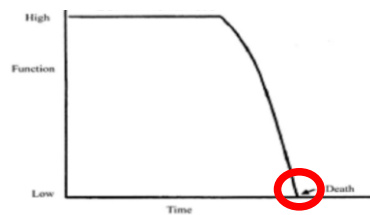
86

final stage of an
**incurable &
irreversible** physical
medical condition

87

will cause death
< **6** months

88



89

4

90

able to
self-ingest

91

drink from cup
or straw
press plunger

92

recap

93

adult
competent
terminally ill
able to self-ingest

94

what

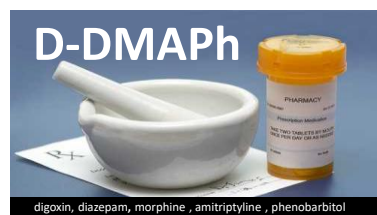
95

ask & receive
prescription
drugs

96

self-administer
to hasten death

97



98

sleep	dead
3m	45m

99

quick
peaceful
painless

100

3 ways
to take

101

by mouth

102

press plunger on feeding tube

103

press plunger on rectal tube

104



105

only those
3 routes

106



107

others may help
prepare meds

108



109

may not help
administer meds

110

patient alone
takes final overt act

111



112



113



114

but

115



116

nobody administers
drugs to the patient

117

patient does it

themselves

118

that's

what MAID **is**

119

**why need
a statute**

120

“medicine has long
been recognized as
a **self-regulating**
profession”

In re North Carolina State Board of Dental
Examiners, No. 9481 (7/15 Nov. 8, 2019)

121

so, why can't
physicians **just**
start offering MAID

122



“assisted suicide
prohibitions are
deeply rooted
in our nation's
legal history”

123

across USA, since
1800s, helping
someone commit
suicide is a **crime**

124



125

**New York
Consolidated
Laws**

Penal Law

2025

126

N.Y. Penal Law § 120.30

127

“A person is guilty of
[class E felony] when he
intentionally causes or
**aids another person to
attempt suicide**”

128

N.Y. Penal Law § 125.15

129

“A person is guilty of
manslaughter in the second
degree [class C felony]
when ... he intentionally
causes or **aids another
person to commit suicide**”

130



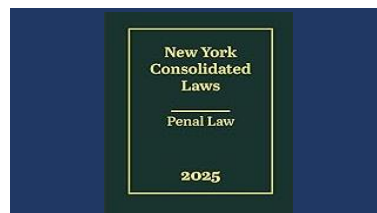
131



132

all 56 U.S.
jurisdictions
prohibit
assisted suicide

133



134



135



136



137

SOUNDING BOARD

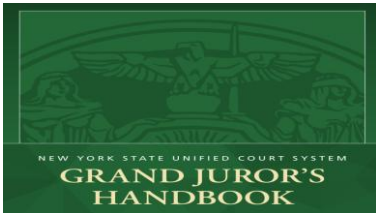
DEATH AND DIGNITY

March 7, 1991

A Case of Individualized Decision Making

DIANE was feeling tired and had a rash. A common scenario, though there was something subliminally worrisome that prompted me to check her blood

138



139



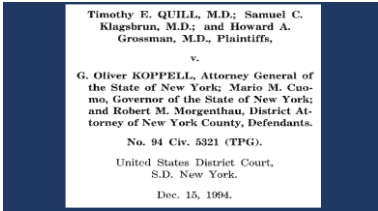
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141



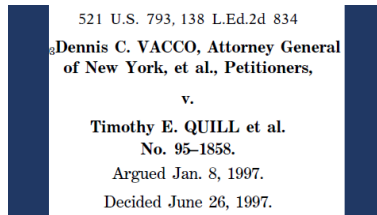
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143



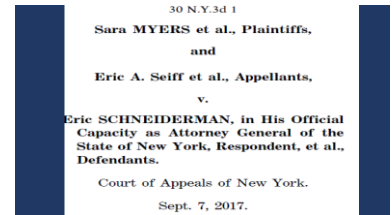
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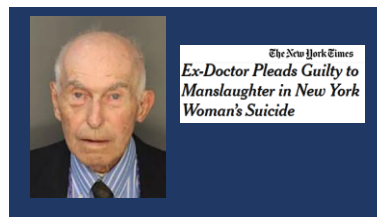
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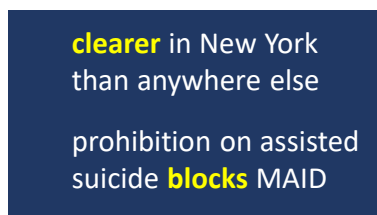
148



149



150



151



152



153

“aid in dying
falls **squarely**
within ... the
statutory
prohibition”



154

MAID = AS

155

AS = felony

156

MAID = AS
AS = felony

MAID = felony

157

SO...

158

no MAID
in NY

159

Assembly Bill A136

2025-2026 Legislative Session

Relates to the medical aid in dying act

160

redefinition

161

N.Y. Pub. Health L. § 2889-N

“action ... in accordance
with this article **shall**
not ... constitute suicide,
assisted suicide”

162

MAID $\neq$ AS

163

assisted
suicide

aid in
dying

164

paths to
legalization

165

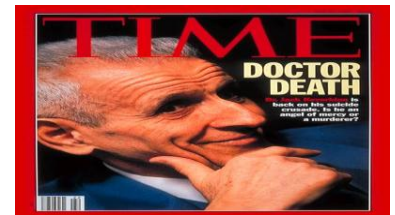
4 paths

166

path 1

litigation
US Constitution

167



168

1994

169



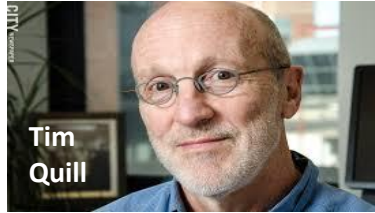
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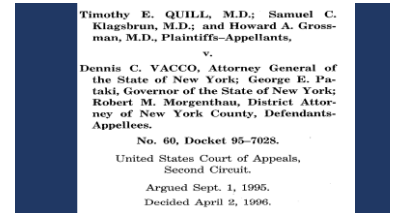
171



172



173



174

“New York statutes criminalizing assisted suicide **violate** the Equal Protection Clause”

175

TI NY Pt on MV **may** stop MV and die
TI NY Pt not on MV **may not** hasten their death

176

1997

177



178

“no”

179



180

SO...

181

focus on rights
at **state** level

182



183

"entrusted to ...
laboratory of
the **states**"

184

MAID | **abortion**

185

In the
Supreme Court of the United States

THOMAS E. DOBBS, STATE HEALTH OFFICER OF THE
MISSISSIPPI DEPARTMENT OF HEALTH, ET AL.,
Petitioners,

v.

JACKSON WOMEN'S HEALTH ORGANIZATION, ET AL.,
Respondents.

186



187

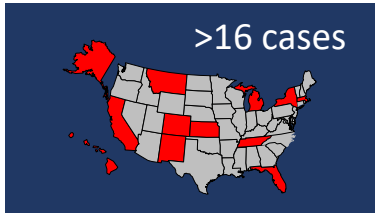
path 2

litigation
state constitutions

188

state constitutions
broader stronger
individual rights

189



190

all 16
failed

191



192

30 N.Y.3d 1
Sara MYERS et al., Plaintiffs,
and
Eric A. Seiff et al., Appellants,
v.
Eric SCHNEIDERMAN, in His Official
Capacity as Attorney General of the
State of New York, Respondent, et al.,
Defendants.
Court of Appeals of New York.
Sept. 7, 2017.

193

followed SCOTUS on
both equal protection
and due process
arguments

194



195

no right under
US constitution

196

no right under
state constitutions

197

path 3
state statutes

198

early efforts

1988	California
1991	Washington
1992	California
1994	Michigan

199



200

problem

201

legalize **both**
euthanasia
and MAID

202

different



203

MAID

204

self ingestion
patient takes the
final overt act

205

euthanasia

206

clinician makes
the final overt act

207

46/54

208

all U.S. bills
focus on
MAID **only**

209

limited to patient
administered
(**self** ingestion)

210

1994

(1997)

211



212

numerous
safeguards

213

multiple requests
multiple screenings

214

prescribing MD
consulting MD
mental health MD

215



216

voluntary
informed
enduring

217



218



219

2008

220



221

2013

222



223

2015

224



225

2016

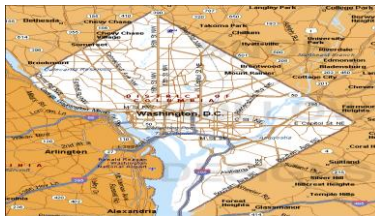
226



227

2017

228



229

2018

230



231

2019

232



233



234

2021

235



236

2025

237



238



239

path 4
statutory interpretation

240

MAID $\neq$ AS

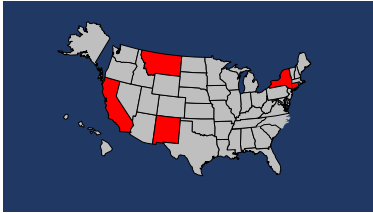
241

not by expressly
excluding MAID
from scope of
assisted suicide

242

statutes do not apply
to MAID because it is
different from
assisted suicide

243



244



245

30 N.Y.3d 1
 Sara MYERS et al., Plaintiffs,
 and
 Eric A. Seiff et al., Appellants,
 v.
 Eric SCHNEIDERMAN, in His Official
 Capacity as Attorney General of the
 State of New York, Respondent, et al.,
 Defendants.
 Court of Appeals of New York.
 Sept. 7, 2017.

246

all but 1
failed

247

2009

248



249

no MAID
 statute

250

but

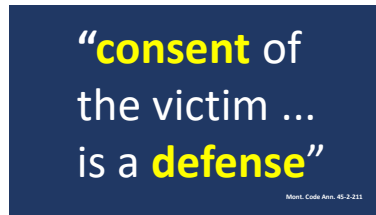
251

considered
 legal

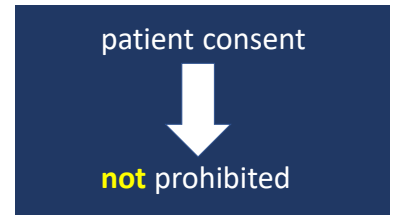
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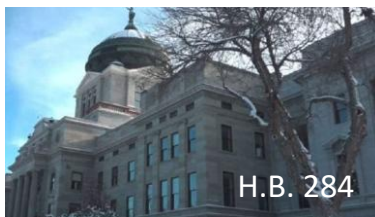
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254



255



256



257



258



259



260



261



262



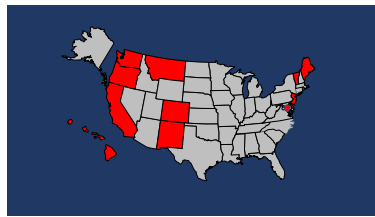
263

US constitution (1997)
 NY constitution (2017)
 statutory interpretation (2017)
 enact statute (2025)

264

12 states

265



266

75,000,000
 Americans live in
 a MAID jurisdiction

267

“1 in 5
 Americans”

268

75^m / 340^m

269

experience in
other states

270



271



272

OR	27	DC	8
WA	16	HI	6
MT	15	ME	5
VT	12	NJ	5
CA	9	NM	4
CO	8	DE	0

273



274



275



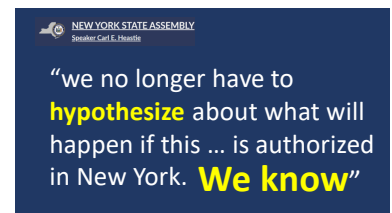
276



277



278



279

what the
data show

280

who

281

terminal
illness

282

76%

cancer

283

14%

neuro / ALS

284

10%

cardiovascular

285

demographics

286

95%

insured

287

72%

some college

288

95%

white

289

50/50

male / female

290

age

291

76%

> age 65

292

8%

< age 54

293

finally

294

93%

hospice

295

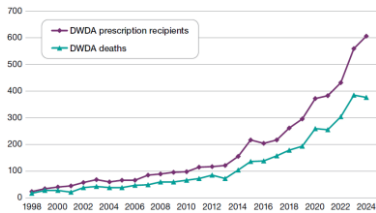


IMPORTANT

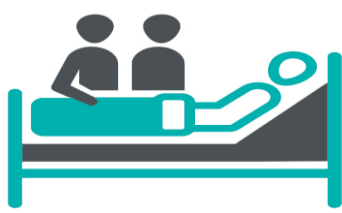
296

>1/3 who get
MAID prescriptions
never take them

297



298



299



300



301

that's **who**
uses MAID

302

how
many

303



304

1997 - 2024

305

3240
MAID deaths

306

1,000,000
total deaths

307

0.2%

308

per year

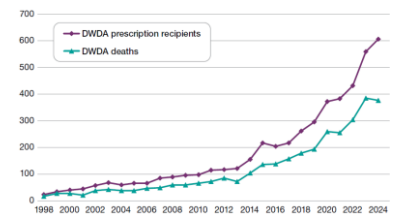
309

2024

310

607 Rx
376 ing

311



312

376
MAID deaths

313

45,000
total deaths

314

0.8%

315

<1%

316



317

OR 4m
NY 20m

318

OR x 5

319



320

3035 Rx
1880 ing

321

1880
MAID deaths

322

210,000
total NY deaths

323

<1%

324

high
estimate

325

2024 was
Oregon's
27th year

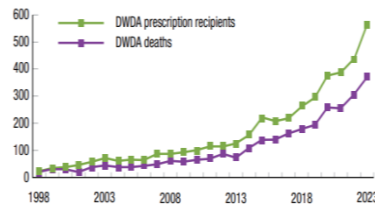
326

implementation
takes **time**

327



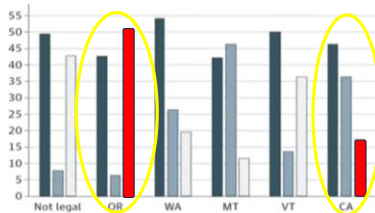
328



329



330



331

usage also
impacted by
access rules

332

growing
variations in
MAID laws

333



334



335



336



337



338



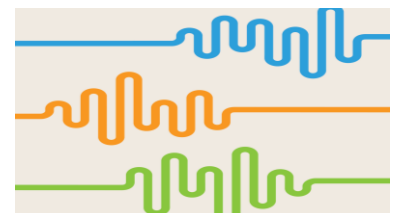
339



340



341



342

2019

343

MAID has been changing



344



345

more focus on

access

346

can patients
get it?

347



348



349

5

variations

350

variation

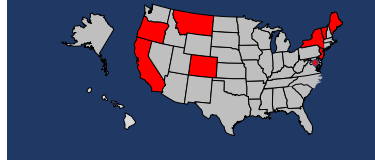
1

351

who can
prescribe

352

8 states



353

including
New York

354

physicians
only

355

MD *or* DO

356

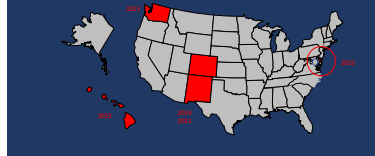
but

357



358

5 states



359

also

APRN *or* PA

360

IN IA KY MN
NH PA VA WI

361

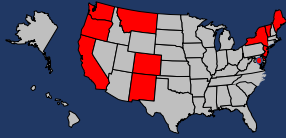
variation **2**

362

how **many**
capacity
assessments

363

12 states



364

including
New York

365

2

366

attending
+
consulting

367

refer to mental
health specialist
only if unsure

368

but

369

1 state



370

3 always

371

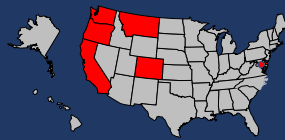
variation 3

372

who can make
3rd capacity
assessment

373

7 states



374

psychologist
or
psychiatrist

375

but

376

6 states



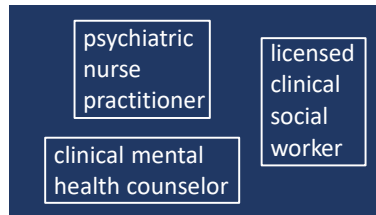
377

including
New York

378



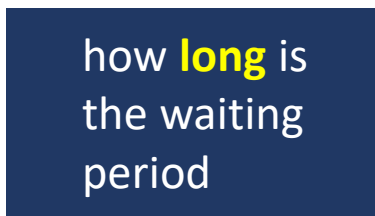
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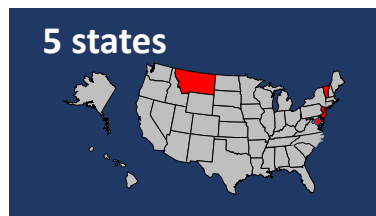
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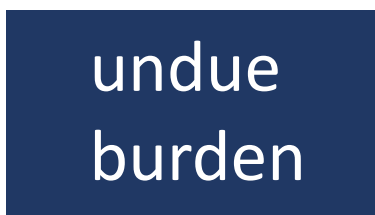
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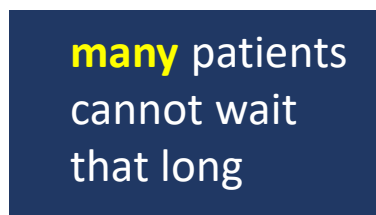
383



384



385



386



387

8 states



388

including
New York

389

shortened
wait period

390

or

391



392

AZ IL IA MN
FL IN KY VA

393

variation **5**

394

residency
requirement

395

“resident
of ____”

396

CA permits
MAID for **only**
CA patients

397

but

398

2023

399

~~“resident
of _____”~~

400



401



402



403

IA MI MN
NH NY WI

404



405



406

"citizens of each state
shall be entitled to **all
privileges ... of citizens**
in [other] states"

407

SO ...

408

NJ **may not**
limit MAID to
New Jerseyans

409

CO **may not**
limit MAID to
Coloradoans

410



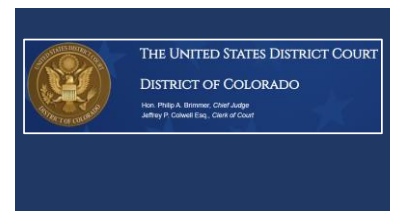
411

UNITED STATES COURT OF APPEALS
for the Third Circuit

412



413



414



415

New Yorkers
already
get MAID

416

2 ways

417



418



419

DIGNITAS
To live with dignity
To die with dignity

420



421



422



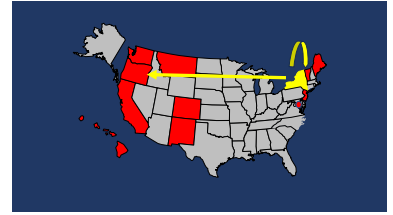
423



424

SO ...

425



426



427



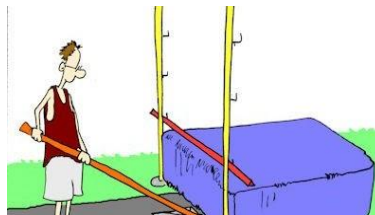
428

residency
requirements
in others **easy**

429



430



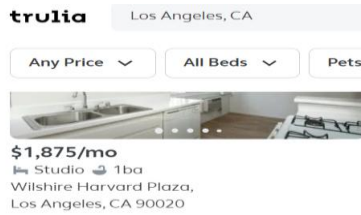
431

driver license
voter registration
tax return
own / **lease property**

432

no minimum
duration

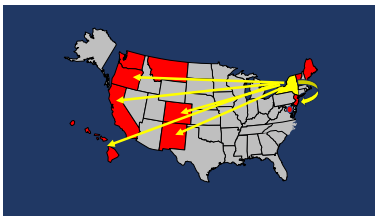
433



434

SO ...

435



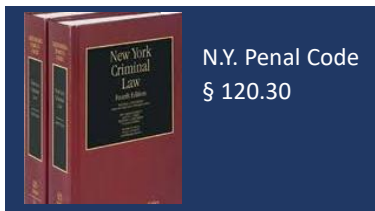
436



437

don't take MAID
meds to NY

438



439



440



441

variation **6**

442

**opt-out
transparency**

443

**voluntary
& optional**

444

no clinician

must participate
who does not want

445

no facility

must participate
who does not want

446

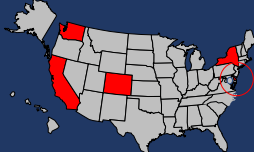
but

447

how does
Pt identify

448

5 states



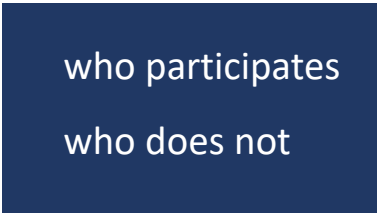
449

including
New York

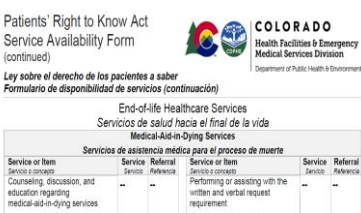
450



451



452



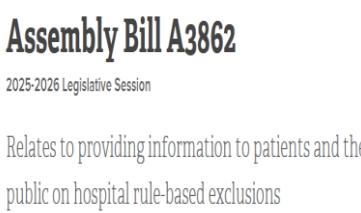
453



454



455



456



457



458



459

6 variations MAID laws

460

1. type att/con clinician
2. # capacity assessments
3. type MH clinician
4. waiting period
5. residency
6. opt-out transparency

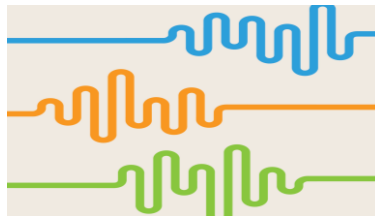
461

2026

462

MORE MORE MORE

463



464

COMING UP NEXT

465



466

~~6-month prognosis~~
~~ingestion, not IV~~

467

patient safety

468

numerous
safeguards

469

multiple requests
multiple screenings

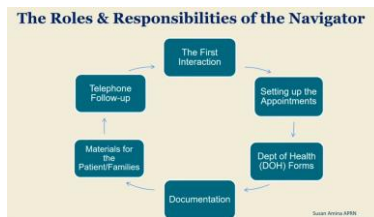
470

prescribing CLIN
consulting CLIN
mental health CLIN

471

terminally ill
capacity
consider alternatives

472



473

voluntary
informed
enduring

474



475



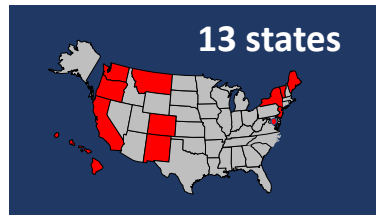
476

no abuse

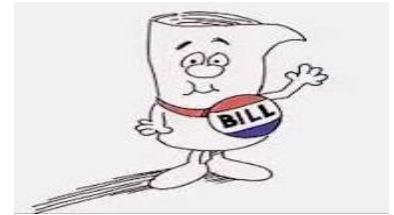
477



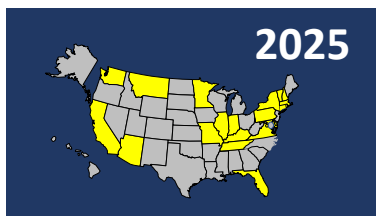
478



479



480



481



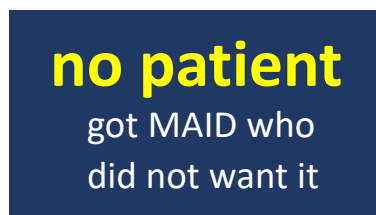
482



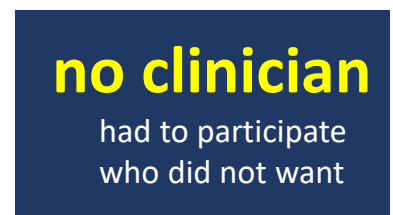
483



484



485



486

no facility

had to participate
who did not want

487

opt-**in** only

488



489

**respond to
objections**

490



491

objection **1**

492



493

Be precise.
Vague
doesn't
work.

494



495

risk > 0 → ban

496



497



498

0 in 20,000

499

even if concerns
were evidence-based
we **accept** some risk

500



Economic and Policy Insights

Moving in the Wrong Direction

Traffic Fatalities are Growing in New York State

June 2024

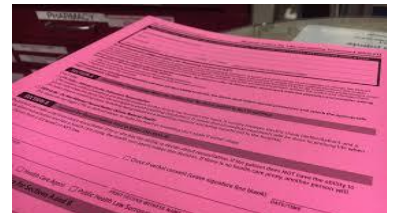
501

every day in New York
>3 fatalities
>30 serious injuries

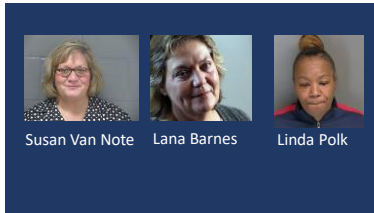
502



503



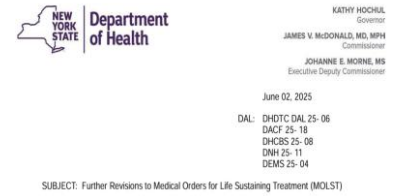
504



505



506



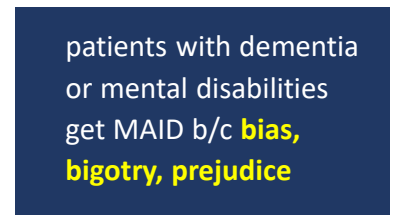
507



508



509



510



511



512



513

person electing
MAID must have
decision making
capacity

514

person electing
MAID must
request **herself**

515

attending MD
consulting MD
2 witnesses

516

nobody can
choose MAID
for another

517

person electing
MAID must be
terminally ill

518

nobody can say Pt
should have MAID
because their life is
not worth living

519

only **the Pt** is entitled
make that judgment
about their **own** life

520

objection **3**

521

**driven by
money**

522

financial
incentive to
steer to MAID

523



524

no evidence
pushing or driving

525

plus

526

premise **false**

527

MAID does **not**
save money

528

MAID patients
are **already**
on hospice

529

95%
hospice

530

MEDICARE
& YOU
Hospice

531

already stopped
curative directed
treatment

532

70%
cancer

533



534

objection **4**

535

**fail assure
capacity**

536

MAID available only
**decision-making
capacity**

537

capacity assessed
attending MD
and
consulting MD

538

2 assessments

539

sometimes 3

540

must refer mental
health specialist
only if **unsure**

541

Characteristics	2024 (N=376)	2023 (N=388)	1999-2022 (N=2,481)	Total (N=3,243)
Referred for psychiatric evaluation	3 (0.8)	3 (0.8)	74 (3.0)	80 (2.5)

542

1st 25 years –
only **3%** referred
to MH clinician

543

last 2 years
<1% referred to
MH clinician

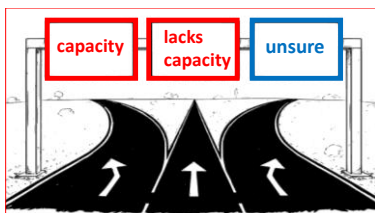
544



545

no evidence
patient with impaired
judgment got MAID

546



547

physicians
determine
capacity
every day

548



549

no evidence

making 3rd assessment
automatic adds safety

550



Mandatory Mental Capacity Evaluations for Patients Requesting Medical Aid in Dying: Are They Necessary?

Brian Goodyear*

Private Practitioner, Clinical Psychology, Honolulu, Hawaii, USA

551



The California End of Life Option Act at UCSF: Examining the Utility of the Mandatory Mental Health Assessment

Michael T. Dinw, M.D., Brieze Bell, M.D., James A. Bourgeois, O.D. M.D., Eric Weaver, M.D., Jordie Martin, M.D., David L. O'Riordan, Ph.D., Michael Rabow, M.D., Lawrence Kaplan, D.O., Brian Anderson, M.D.

Pii: S2887-2960(24)00120-4

DOI: <https://doi.org/10.1016/j.jaclp.2024.11.008>

552

objection 5

553

**fail assure
terminal illness**

554

MAID available
only patients with
terminal illness

555

“incurable and
irreversible disease
... produce death
within **six months**”

556

**< 6-month
prognosis**

557

“inexact”
“often mistaken”

558

ability prognosticate
 “sorely **lacking**”
 “outlive ... diagnosis”

559



560

3 responses

561

1 vetted
 tested

562

56008 Federal Register / Vol. 48, No. 243 / Friday, December 16, 1983

DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 408, 409, 418,
 420, 421, and 489

Medicare Program; Hospice Care

intervention is required to control pain
 or palliate symptoms, or when the
 family needs a rest from the tedium and
 stress involved in caring for the
 individual (respite care).
 Section 122 of the Tax Equity and
 Fiscal Responsibility Act (TEFRA) of
 1982 (Pub. L. 97-248, enacted on
 September 5, 1982) expanded the scope

563

since
 1983

564

~40 years

565

>1,000,000 / year
 qualify for hospice based
 on the **6-month** prognosis

566

hospice election
consequential

567

waive Medicare
coverage for
terminal illness

568

95%

MAID patients already on hospice

569

2 prognosis
accurate

570

2020

» Oregon Death
with Dignity Act
2020 Data Summary

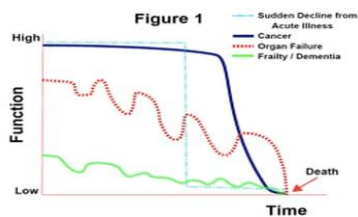
571

underlying
illness

572

Ca & ALS
85%

573



574

2020

» Oregon Death
with Dignity Act
2020 Data Summary

575

1998 - 2020
4% outlived
6mo

576

3 imprecision
irrelevant

577

TI is **only** an
eligibility
requirement

578

TI is **not**
reason to
hasten death

579

qualify →
prescription

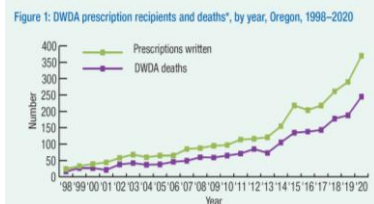
580



581

ingestion
later, if at all

582



583

nobody
ingests
b/c 6-mo

584

ingest when
burdens TI
too much

585



586

objection **6**

587

abuse of
vulnerable

588

vulnerable
disadvantaged
pressured

589



590

worries **not**
manifested

591

95%

Graduated HS

592

73%

College, grad school

593

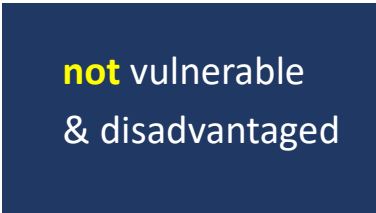
99%

insured

594



595



596



597



598



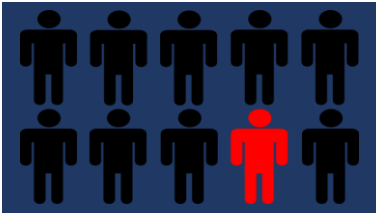
599

Characteristics	2024 (N=576)	2023 (N=388)	1998-2022 (N=2,481)	Total (N=3,545)
Seizures	1	1	3	5
Other	1	1	18	20
None	112	93	917	1,122
Unknown	255	283	1,499	2,037
Other outcomes				
Regulated consciousness after ingesting DMDA medications	0	0	9	9
Complications ^a (Difficulty ingesting/Regulated)				
	7	8	44	59

600

Duration between ingestion and death				
Median	53	53	30	36
Range	7min-28hrs	3min-137hrs	1min-104hrs	1min-137hrs
Patients with information available	261	255	1,372	1,888
Patients with information unknown	115	131	1,109	1,355

601



602



603

every healthcare
intervention has
potential
complications

604

address with
informed
consent

605

objection **8**

606

**coerced
ingestion**

607

safeguards all
focus on the
prescription

608



609

**NO
EVIDENCE**

610

0 in 20,000

611

risk no higher
than for **other**
hospice patients

612

Daughter indicted for allegedly killing mother with morphine in Evans



Rachel Waters, left, is facing a murder charge in the 2023 death of her mother, Marsha Proctor. (Poster photo)

613



Christopher
Balter

614



615



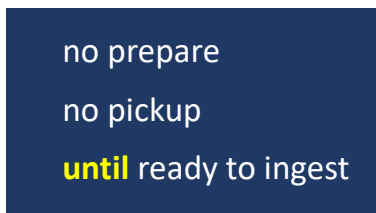
616



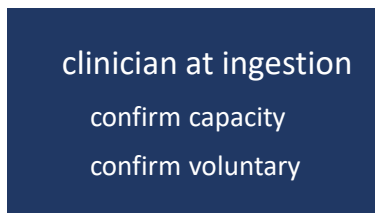
617



618



619



620



621

conclusion

622



NEW YORK STATE ASSEMBLY

Speaker Carl E. Heastie

A.B. 136

623

MAID “**protects** patients, **affords** dying people autonomy, and **improves** care across the end-of-life spectrum”

624



625



626

patients **already** control timing & manner of death

627

EVERY
SINGLE
DAY

628

MAID is **one** more option

629



630

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631