



THE LEAGUE OF WOMEN VOTERS  
OF SCHENECTADY COUNTY  
**BULLETIN**

## Holiday Luncheon

Join us on December 6th, 11:45am-2pm  
at the Van Curler Room  
at the Schenectady County Community College

The lunch will include:

*Sweet potato and apple soup with crispy bacon*

*A choice of entrees-*

*Roast filet of Salmon with honey balsamic glaze*

*BBQ Brisket of Beef with mushroom sauce*

*Rigatoni Pasta with roasted red pepper, wild mushrooms  
and fontina cheese*

*The dessert is a Fall Fruit Crumble*

Our speaker will be Will Rivas, founder of Save Our  
Streets who will present a talk entitled  
Common-Unity: Political Engagement and  
Community Education

*“a conversation on the importance of political engagement  
in coordination with the growth of our communities of  
poverty.”*

The cost of the luncheon is \$25 at the door or with a check to sent  
to Carol Furman, 1269 Ruffner Road, Niskayuna 12309. Please  
make reservations by November 29th by e-mail  
cfurman@earthlink.net or by phone 518 346-2746. We are unable  
to cancel a reservation after Nov. 29th but can add on a small  
number after that date.

**\*\*\*We will be accepting donations to provide materials needed for  
the League Citizenship Mentoring Project at the luncheon.**

**The Health Committee**  
will meet on **December  
13th at 10:30am** in the  
Swanker Conference  
Room in the main branch  
of the Schenectady  
Library to continue  
preparation for the  
concurrence meeting on  
Death with Dignity  
legislation planed or  
January 10th. The  
committee is studying the  
pros and cons and will get  
ready to present material.

### **Concurrence on Death with Dignity Legislation**

We will meet on

**January 10th at 2pm at  
the First Reform Church  
at 8 N. Church Street**

to consider whether the  
League of Women Voters  
of New York State should  
adopt a position in support  
of medical aid in dying  
legislation. It is important  
to hear from our members  
so please plan to attend  
and to read the  
background materials  
published in the Bulletin  
and on our website.

## **President's Letter**

As part of an effort to attract grant funding, the Schenectady Municipal Housing Authority (SMHA) has expanded and formalized its governance structure, with a prominent role for the Schenectady League of Women Voters.

The SMHA has long had Tenant Delegates representing residents on the Board of Commissioners which oversees SMHA operations. In one of our many roles as a good government group, the League has provided oversight of the Tenant Delegate election process. In recent years, Joan Elliott, Dick Shave and Helga Schroeter have reviewed nominating petitions to make sure the petitions were signed by SMHA residents. If there are multiple candidates for the two seats open this year, the League will provide monitors for the election, which would be held on March 27 from noon- 8 PM, at 3 locations.

New this year, the SMHA is forming a Downtown Resident Council, composed of residents of the 420 downtown MHA units. The Resident Councils work to improve the quality of life for SMHA residents, hearing complaints and organizing social events. The SMHA has asked the League to also monitor this process, starting with a meeting to nominate candidates on November 14<sup>th</sup> and then an election, if necessary, on December 18<sup>th</sup> from noon- 8 PM at one location. The League receives a small stipend in return for these services.

The final piece in improving the governance structure of the SMHA is the formation of a 5-member Board of Elections to hear any disputes that may arise in the Tenant Delegate election. The SMHA has asked the League to staff the Board of Elections.

As you can see, this is quite an expansion of the League's role in assisting with SMHA elections and we could use your help! In the past, the Tenant Delegates have generally been unopposed and therefore an election wasn't necessary. The Downtown Resident Council and the Board of Elections are new so we don't know whether there will be an election or any possible disputes. But we want to be prepared and have League members ready to step in as monitors and Board of Elections members.

If you would like to be involved in this process, please contact Joan Elliott, 518-346-4414, [elliottisland@gmail.com](mailto:elliottisland@gmail.com).

Cheryl Nechamen

## **Shop2gether fundraiser at The Open Door!**

**Shop at the Open Door on Tuesday, Dec. 12th from 6-7:30 and The League will receive 15% as a donation from all of our purchases that night. The Open Door Staff will happily talk to us about their favorite new books and gifts**

## **Our Luncheon Speaker William Rivas**

Mr William Rivas is the founder of community movement #Save Our Streets, which is a grassroots organization that hosts a unique blend of programming and engagement opportunities; from random Santa drop offs, to Thanksgiving dinners, to Social Justice Videos (Black: Common Unity), Back to School supply drives and after school and mentorship program and also the #Save Our Streets TV show which can be found on public access TV. Mr Rivas believes in not only preparing the next level of leadership but allowing them to sit amongst us as well. Mr Rivas pursued his passion and ran for Schenectady City School Board in 2015 as well as being involved with the Citizen Action for Equal Funding of Community Schools. Mr Rivas is passionate about the community and its need for educational growth and political awareness and believes that through precise efforts success can be achieved. Mr Rivas's message to the youth that he works with is "You were born for Greatness; mediocrity is not to be accepted".

## **Concurrence on Death with Dignity Legislation**

We will meet on January 10th at 2pm at the First Reform Church at 8 N. Church Street to consider whether the League of Women Voters of New York State should adopt a position in support of medical aid in dying legislation. It is important to hear from our members so please plan to attend and to read the background materials published in the Bulletin and on our website.

### **The position to be considered is:**

1. The League of Women Voters of New York believes state laws should grant the option for a terminally ill person to request medical assistance from a relevant, licensed physician to end one's life.
2. The League of Women Voters of New York believes such legislation should include safeguards against abuse of the dying and medical personnel who act in good faith and compliance with the law.

The LWV of Utah underwent a study of this issue and adopted such a position. The following information is taken from their study. The entire study and other background materials can be found on the League of Women Voters of Schenectady website at [www.lwvschenectady.org](http://www.lwvschenectady.org). Additional information is available on the Death With Dignity Albany Website [www.deathwithdignityalbany.org](http://www.deathwithdignityalbany.org).

### **The Debate Pro/Con**

The argument from autonomy, self determination  
The argument from the intrinsic wrongness of killing  
The argument concerning the integrity of the medical profession  
The argument from mercy or avoidance of pain and suffering  
The argument concerning abuse: The risk of the "slippery slope"  
Courtesy of Margaret Battin, PhD

### **Pro Arguments**

**The argument for autonomy** in end-of-life decision-making advocates for a person being able to determine how she/he lives and dies. Many individuals want to be involved in as many aspects of their end-of-life decisions as possible, including having the option of determining when he/she will die. Advocates for autonomy see no reason why they shouldn't have the right to die "on their own terms," a phrase made famous

by Bill Moyers in his 2000 PBS television mini-series on the end of life, "On Our Own Terms: Moyers on Dying."

Relief from pain and suffering is the other primary argument for the legalization of Death with Dignity. One's quality of life is diminished by pain and suffering in various forms, including mental anguish, loss of physical capabilities and dignity. This argument is often advanced by people who, having personally witness the agonizing death of a friend or family member, do not want themselves or anyone else to suffer in a similar situation. Palliative care and hospice can be very effective in managing pain and other symptoms at the end of life, but these efforts are not effective in all cases and common methods of pain control can have unwanted side effects like reduced cognition.

These two arguments, autonomy and relief from pain and suffering, can be viewed as the necessary criteria to safeguard against abuse. The patient must view accelerating death as the only acceptable way to alleviate his or her intolerable pain and suffering.

### Con Arguments

Most people have a strong conviction about the wrongness of killing. If this conviction were extended to every life and death situation, regardless of circumstance, it would prohibit support of any assistance in dying, even when death is desired by a competent, terminally ill adult to alleviate pain and suffering. Furthermore, it would also prohibit capital punishment and killing in self-defense, in defense of innocent others and in war.

It is also argued that Death with Dignity is suicide and that suicide is intrinsically wrong. This argument is made particularly by religious groups. However others argue that aid in dying and suicide are quite different matters and all the Death with Dignity laws passed in the U.S. so far stipulate that such deaths are not to be construed as suicide for any legal or practical purpose, including insurance. Death certificates list the cause of death as the underlying terminal illness. On this view, aid-in-dying should be seen as the hastening of a death that was already in progress. The distinction between suicide and aid in dying can be distilled as follows: individuals choosing suicide do so because they no longer wish to live; those seeking aid in dying usually want very much to live but have come to realize that death is imminent and potentially fraught with pain and suffering.

Saving lives is ingrained in all healthcare professionals, from physicians and nurses to lab technicians. They are committed to healing and saving lives. Physicians take the Hippocratic Oath. Being asked to help patient end his/her life could put the professional in a position of intense inner conflict.

The possibility that a Death with Dignity law opens the doors for potential abuse raises fears and strong objections. In some situations, it is claimed, family members may want to hasten the death of a sick relative in order to receive their inheritance, or end the cost and burden of care giving. Or a family who wants to be relieved of the stigma associated with having a disabled person might encourage this person to end their life, even though the person is mentally competent.

### What Are the Impacts of End-of-Life Legislation?

To date nearly all information and data about impact on patients, physicians and health care states are based on the Oregon Death with Dignity Law. Since Oregon's law went into effect in 1997, the number of people who have received a prescription (the drugs Secobarbital and Pentobarbital are commonly prescribed) has increased six-fold (from 24 per year to 155 per year) between 1998 and 2014. Likewise, the number of people who died as the result of taking the medication increased six-fold (from 16 per year to 105 per year) during the same time period. Consistently over this 16 year time frame, 60-68% of those receiving the prescription actually took the medication. Overall, 0.2% of all Oregon deaths were associated with the Death with Dignity law.

### Typical Patients Who Received the Prescription

- \* were over age 65 (67.6 %)
- \* had cancer (68.8%)
- \* were white (95.2%)
- \* were well educated (47.5% had baccalaureate degrees)
- \* died at home (89.5%)
- \* were enrolled hospice (93%)
- \* had some form of health insurance (100%)

The reasons people have given for choosing the end-of-life option have been consistent:

- \* loss of autonomy (91.4%)
- \* decreasing ability to participate in activities that made life enjoyable (86.7%)
- \* loss of dignity (71.4%)

### Impact on Vulnerable Groups

A 10 year study showed no evidence that vulnerable populations were disproportionately impacted. Vulnerable groups include the elderly, women, the uninsured, people with low educational status, the poor, the physically disabled, minors, people with psychiatric illnesses and racial/ethnic minority groups.

Reviewing 15 years of data in the aggregate, 1,050 terminally ill patients have received prescribed medications to hasten their deaths, while 377 chose not to take the drug. Over 15 years, only two percent of the people who used the law did not have insurance coverage. In 2012, excluding those few for which insurance status was unknown, all of the participants were covered by some form of insurance.”

### Slippery Slope Effects

D.E. Lee in the Hastings Center Report concluded that there is no evidence of any slippery slope following enactment of the Oregon Death with Dignity Act. Anecdotally, when health care providers have diligently worked to alleviate patients’ pain suffering, the “need” for assistance via Death with Dignity has decreased rather than increased. Data are inconclusive at this time to determine the extent to which improving palliative care might change the number of requests for prescriptions allowing termination of one’s life.

In testimony presented before U.S. Senate Judiciary Committee, Ann Jackson, Executive Director of the Oregon Hospice Association, noted that there had been no evidence of abuse under the Oregon law in its first eight years and that violent suicide among hospice patients is almost nonexistent since the Act was implemented”

## Frequently Asked Questions About Medical Aid in Dying

### Medical Aid in Dying authorized in 6 States

Oregon 1994 by ballot initiative	Vermont, 2013 through legislation
Washington, 2008 ballot initiative	California, 2015 through legislation
Montana, 2008 by court ruling	Colorado, 2016 through ballot initiative
Washington, DC’s Death with Dignity law went into effect on February 18, 2017	

### The Evidence from Oregon

Since Oregon’s Dignity Law passed in 1997:

- \* 1,749 received prescription
- \* 1,127 took the medication
- \* 622 didn’t (35.5%)
- \* Of those who have used Oregon’s Death with Dignity law:
  - 93.4% died in their own homes
  - 90.2% enrolled in hospice
  - 93% involved family in their decision making

Source: Oregon Health Authority, *Oregon Death with Dignity Act: Data Summary 2016, Feb.10, 2017.*

***There has been no attempt to amend, fix, or expand medical aid in dying legislation since adoption of the original Oregon model, in place for over 20 years.***

**Aid in Dying Improves End of Life Care for Everyone**

Each year, the Center to Advance Palliative Care releases a “report card”—how states are doing in terms of access to palliative care in America’s hospitals. 4 out of 5 of the states where Aid in Dying is authorized, received an “A.” New York received a B with 78.1 points. We can do better.

Source: Center to Advance Palliative Care, *America’s Care of Serious illness: 2015 State-By-State Report Card on Access to Palliative Care in our Nations’s Hospitals*, available at [https://reportcard.capc.org/wp-content/uploads/2015/08/CAPC\\_Report](https://reportcard.capc.org/wp-content/uploads/2015/08/CAPC_Report)

**Do People Living with Disabilities Oppose Aid in Dying?**

People living with disabilities support the notion that individuals should have the right to choose aid in dying by clear majorities and often in the same percentages as the general voting population. (2014 Purple Poll of voters in MA, NJ and CT; Harris Poll 2001). There is an increasing level of support among people living with disabilities and the organizations that represent them:

\*Disability Rights Legal Center

\*Legislative Coalition for People with Disabilities supports Utah’s End of Life Options Act

**What about People of Faith?**

74.8% of New York voters who identify as Catholic support aid in dying and even among those who attend church weekly or more than once a week, that number was still 61%. Over 2 dozen diverse faith leaders have signed on to a letter in support of the legislation to NY lawmakers, with more joining every week. When Governor Jerry Brown, a Catholic who had trained as a Jesuit priest, signed CA’s End of Life Options Act, this is what he said:

“In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn’t deny that right to others.”

**A Majority of New Yorkers and Doctors Support Medical Aid in Dying as an Option**

In a 2015 Eagle Point Strategies poll of 1,000 randomly selected New York State voter, 77% said they supported allowing individuals to choose aid in dying; when they learned more about the pending legislation, that number grew to 81%. Support her steady across region, religion and party affiliation.

Responding to a MedScape survey of 17,000 physicians, doctors responded to the statement: “Patients with an “incurable and terminal’ disease should have the option to choose death with dignity, also known as the medial practice of aid in dying” in the following way:

	2010	2014	2016
YES	46%	54%	57%
NO	41%	31%	29%
DEPENDS	14%	15%	14%

**Increasing Numbers of Professional Associations Support Giving Individuals the Right to Make Their Own End-Of-Life Decisions**

***Professional associations in support***

- American Public Health Association
- American Medical Student Association
- American Medical Women’s Association
- American College of Legal Medicine
- National Association of Social Workers
- Denver and Boulder, CO Medical Assoc.
- New Mexico Hospice & Palliative Care Association

***Professional associations taking a neutral position***

- American Academy of Hospice & Palliative Medicine
- New York State Academy of Family Physicians
- California Medical Association
- Colorado Medical Association
- American Pharmacists Association
- American Psychological Association
- American Society of Health-System Pharmacists
- Oncology Nursing Society

Older Women's League (OWL)  
Hospice & Palliative Care Associations in California,  
Missouri, Vermont

The AMA decided this summer to re-examine its position on aid in dying.

More and More New York Stakeholders Support Aid in Dying  
Statewide Senior Action Council      ACT UP-NY  
Breast Cancer Coalition of Rochester      Harlem United  
MPAC-NY (Mobilizing Preachers      Secular Coalition of America-NY Chapter &  
Communities Voters for Change-ADK      Housing Works

For more information, contact Compassion & Choices at  
[NY@compassionandchoices.org](mailto:NY@compassionandchoices.org)

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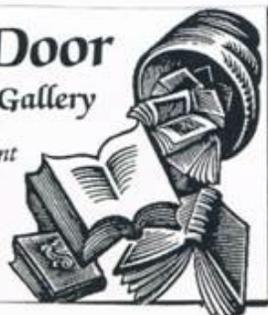
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The Open Door staff will happily talk to us  
about their favorite new books and gifts.**



Mission Statement: The League of Women Voters is a non-partisan organization. We encourage the informed and active participation of citizens in government. We work to increase the understanding of major public policy issues and influence public policy through education and advocacy.