

# LEAGUE OF WOMEN VOTERS OF BROOKHAVEN

## SUMMER VOTER 2025

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### REPORT ON OUR JUNE 24 ANNUAL MEETING

We held our annual meeting with twenty-four members present on Zoom. We presented reports about our activities, including voter registration at the Islip Naturalization ceremonies, where 1,325 new citizens registered to vote, as reported by Judi Bird, who has led the program very ably for many years; Cathy Penna has volunteered to continue in her place. Carole Huston reported that we will be doing registration drives at many libraries in September, but will turn our attention to getting out the vote after people are registered. As reported by our speaker, Leonard Levy, the vote in the suburbs is significant, and often changes the nationwide results. She also hopes to initiate a program called "Running and Winning," which features local candidates who have campaigned and won positions in Suffolk County, and is planned by high school and college students.

Betsy Gaidry reported on her committee's study of our national judiciary; the study shared explanation of judicial procedures and terminology with the members who attended the meeting on March 29. Our results were sent to the LWV of the United States to be included in the gathering of consensus reports from other leagues.

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L ed by the LWV-US, based on reports from 321 leagues representing 45 states and the District of Columbia, our actions will be based on the new support position adopted by the League, using the long-standing League practice of grassroots study to arrive at member understanding and agreement.

**The Federal Judiciary position states that, within the bounds of the US Constitution, the overarching principles of transparency, accountability, independence, and ethics are essential to an effective federal judiciary. It notes that these principles are not only essential for a strong democracy but also foster public trust in the federal judiciary and adherence to the rule of law, which is the essence of our constitutional democracy. This position also covers standards of conduct, criteria around disclosure, and respect for precedent.**

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#### ELECTION OF MEMBERS OF THE BOARD FOR 2025-2027

The Nominating Committee Chairperson, Joan Nickeson, with committee members Judi Bird and Cathy Penna, presented the Board candidates for the 2025-2027 term. The slate for the Board and the Treasurer's budget for 2026 were adopted.

President.....	NANCY MARR
Recording Secretary	LINDA DEVIN-SHEEHAN
Director	JEANNE SOMMER
Director	JUDI BIRD

## MAKING DEMOCRACY WORK: Having the Right to Choose with the Death with Dignity Act

For many years, and in many other states, citizens have asked for legislation to allow terminally ill persons to request medical assistance from a relevant, licensed physician to end their life. In the United States, the issue reached the Supreme Court in 1917 in the case of *Washington v. Glucksberg*, in which the Court ruled that there is no federal law that either legalizes or prohibits medical aid in dying and that it is a states' rights issue.

This year, the legislation – the Medical Aid in Dying Act - was passed in both the Assembly (A.995a) sponsored by Paulin and the Senate (S.2445a) sponsored by Hoylman-Sigel as I. Supporters hope it will be signed by Governor Hochul. (In 2019, Governor Cuomo came out in support of the bill but failed to include it in his budget message.)

The legislation that passed this year includes safeguards against abuse of the dying and protections for medical personnel who act in good faith in compliance with the law. Medical aid in dying is intended to be a thoroughly thought-out and planned decision, not a spontaneous one. A mentally competent, terminally ill patient aged 18 years or older and a resident of New York State may request medication to be self-administered by making an oral and a written request to an attending physician, witnessed by two adults. The attending physician shall examine the patient and his records, determine whether he has a terminal disease and the capacity to make an informed decision of his own volition, as confirmed also by a consulting physician. If the attending physician or the consulting physician believes that the patient may lack capacity, such physician shall refer the patient to a mental health professional. If the mental health professional determines that the patient lacks capacity to make an informed decision, the patient shall not be deemed a qualified individual and the attending physician shall not prescribe medication to the patient.

Nine states (Oregon, Vermont, Washington, California, Montana, Hawaii, Maine, New Jersey and Colorado) and the District of Columbia now allow physician-assisted aid in dying. The legislation would allow it in New York State.

It is important for the healthcare provider to distinguish between medical aid in dying and assisted suicide. A patient who requests medication under the legislation shall not be considered suicidal, and the patient and their beneficiaries shall not be denied any benefits because of it. The attending physician may sign the individual's death certificate; the cause of death will be the underlying terminal illness. Additionally,

patients have the right to rescind their request for medical aid in dying at any time, even if the medication has been administered.

Objections to the legislation have been made on religious and cultural grounds, or because persons with disabilities may feel that they are being targeted. Although persons requesting medical assistance may be seeking relief from the pain of their disease, they may also be reluctant to remain as a burden to their family or doctors.

. A private health care facility may prohibit the prescribing or self-administering of medication while a patient is being treated in or residing in their facility, often because it has religious objections or has been established to provide palliative care. If necessary, the patient shall be transferred to another facility that is reasonably accessible and willing to meet the patient's needs – in its justification the current legislation states clearly that patients should not have to leave the state or the country to control how their lives end. It states that patients should be able to die with dignity, on their own terms, typically in their own homes, surrounded by their family and other loved ones.

Jonathan Treem, MD, of the University of Colorado Palliative Care discussed ethical considerations in *Medical Aid in Dying: Ethical and Practical Issues*, JADPRO, Apr 1, 2023. He reminds us that not all patients who inquire about medical aid in dying intend to end their life with medication. Many see it as an insurance policy for the end-of-life care, to maintain their autonomy. The most common diagnosis among patients is cancer, followed by neurologic disorders such as ALS and dementia. Many are enrolled in Hospice programs. In Colorado, in 2019, Dr. Treem points out, only 20% of those who got prescriptions actually got it dispensed.

The legislation that has been passed would make it possible for a greater number of New Yorkers to seek help as they face the end of life. Please ask Governor Hochul sign it.

By Nancy Marr

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