

DYING WITH DIGNITY YOM KIPPUR 5776

On Yom Kippur, we read this challenge from God in the Torah:

“This day I call the heavens and the earth as witnesses
that I have set before you life and death, blessings and curses.
Now choose life, so that you and your children may live.”

Of course we would choose life, right?

But what if you had a terminal illness and you knew that,
in the last months, weeks, or days, you will suffer terribly
physically and/or mentally. You are going to die and it will be
a terrible death. In such a case, do you still have a choice?

What if you had the choice of dying with dignity
by ending your life a little early rather than living
a little longer in horrible pain?

This is the difficult topic I would like to talk about this morning.

Now I am not talking about euthanasia where a third party
makes a decision for you. Nor am I talking about suicide,
because that is not a rational choice, but one brought on by depression

or another form of mental illness. What I mean is a very clearly thought out choice by a perfectly well balanced human being.

A person such as Brittany Maynard.

This name may be familiar to you. 29-year-old Brittany made headlines last year when she moved from California to Oregon to take advantage of that state's Death With Dignity law. Suffering from an aggressive form of brain cancer, Brittany did not want to spend the last days or weeks of her life in horrible pain and under heavy sedation, in a hospital setting. In her words: "After months of research, my family and I reached a heartbreaking conclusion: There is no treatment that would save my life, and the recommended treatments would have destroyed the time I had left.

I considered passing away in hospice care at my San Francisco Bay-area home.

But even with palliative medication, I could develop potentially morphine-resistant pain and suffer personality changes and verbal, cognitive and motor loss of virtually any kind. Because the rest of my body is young and healthy, I am likely to physically hang on for a long time even though cancer is eating my mind. I probably would have suffered in hospice care for weeks or even months...I...decided that death with dignity was the best option for me and my family...When my suffering becomes

too great, I can say to all those I love, 'I love you; come be by my side, and come say goodbye as I pass into whatever's next.' I will die upstairs in my bedroom with my husband, mother, stepfather and best friend by my side and pass peacefully. I can't imagine trying to rob anyone else of that choice."

Brittany ended her life on November 1, 2014 surrounded by her loved ones.

Most religious leaders and religious institutions are opposed to laws such as the one in Oregon. After all, God says choose life, and isn't it up to God to make the decision as to when we die?

Several years ago, the Reform movement appointed a task force to examine this question. The resulting report makes just this argument:

"...life is a gift from God and...to destroy it is to reject God.

In fact...the traditional perspective is that God owns our bodies, not us.

Thus we are enjoined to take care of ourselves and to keep ourselves from harm."

In this vein, the report also cites the prohibition against suicide in Jewish law as well as the commandment to break the Shabbat laws even for the *possibility* of saving a life. To quote: "The classic case is of the victim buried under a collapsed building for whom every effort is to be made on Shabbat,

even if the victim cannot survive for long. Less well-known is the perspective that life in pain is preferable to no life at all..." On that score, the report cites a legal opinion that rejects: "the idea that 'the existence of pain and suffering constitutes a sufficient Jewish justification for killing a human being in the name of compassion.' Similarly the 'quality of life' argument is found to be unhelpful because it is too subjective. Any person, for whatever reason, may judge their life not worth living.

Not only the terminally or chronically ill but those suffering from psychological or emotional distress may equally deem themselves devoid of 'quality of life.'...[This] leads to the application of such a principle to those who cannot make such a judgment for themselves: the psychotic, the senile, the defective newborn for whom we might confidently say 'no one should have to live like this.'" End quote. In other words, there is the problem of the slippery slope – you allow mentally competent terminally ill patients to end their life, and the next step is abuse where those who cannot choose for themselves will have the decision made for them.

The Reform movement's task force concludes:

"pain and suffering are part and parcel of the human condition...

Judaism bids us to respond to the challenges of life by *choosing* life...

Even in debilitating illness, when our freedom of action is severely limited, we yet sanctify the divine name by *living* our relationship with God ... by confronting our suffering with courage.”

These are well reasoned arguments and come from a place of deep integrity. But there are equally well reasoned arguments on the other side, such as those made by Brittany Maynard.

Oregon’s law has been in effect for the past decade so it provides us with a laboratory to see how this kind of legislation has worked and whether the fears of the slippery slope are justified.

Before anyone can request medical aid in dying there, a person has to meet the following criteria:

- must be terminally ill
- must have 6 months or less to live
- must make two oral requests for assistance in dying
- must make one written request for assistance
- must convince two physicians that he/she is sincere and that the decision is voluntary
- must not have been influenced by depression

- must be informed of “the feasible alternatives, including, but not limited to, comfort care, hospice care and pain control
- must wait 15 days.

It is hard to see how someone could be forced to make use of this legislation against their will. In fact, this has not occurred in Oregon.

The data collected in Oregon shows this end of life option is used sparingly with fewer than 1 in 500 deaths -- that is, 60 or 70 a year out of a total of over 30,000 deaths. Washington State has comparable numbers.

A recent study in Oregon also shows that a third to a half of individuals who obtained the prescription never ingested the medication in the end.

The main reason people requested the medication was to ease their fears about undergoing excruciating pain in their final days.

I witnessed this with two of my former congregants: one who had lung cancer, the other, ALS. Both were terrified of dying from asphyxiation.

Having medication to ease their passage went a long way towards reducing their level of anxiety and allowing them some measure of peace before the end.

And what about the religious question? Of course, life is our primary value

in Judaism. However, if someone is suffering horribly or is deeply sedated, and if this is unbearable and unacceptable to that person, can we really assert that this person has no alternative but to face their predicament with courage?

If we believe that it is up to God to decide when to take a life, why do we engage in medical research, finding ways to prolong life, to cure illness, to relieve pain? Shouldn't that be up to God too?

And while our tradition condemns suicide and places a premium on saving lives, I believe it also recognizes when suffering is no longer our burden to bear. The case of Judah Ha-Nasi, the editor of the Mishnah, illustrates this point. The Talmud tells us that when Rabbi Ha-Nasi was dying, his students began praying fervently for him.

At first his maidservant, standing on the roof of his house, prayed with them. But when she saw that, every time he went to the privy, he was in great pain when taking off and putting on his tefillin, she prayed that he would die. Seeing his suffering continue with the prayers of his students, she dropped a jar from the roof.

The shattering of the pottery scared them long enough to stop praying and Judah Ha-Nasi died.

Efforts have been made over the past decade to pass a law in California similar to the Oregon Death With Dignity legislation. Currently, the End of Life Option Act

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The authors of the bill recognize that we should always provide quality end-of-life care for people who have an incurable and irreversible terminal illness. Yet if a person has only months, weeks or even days to live, and there is nothing that medicine can do to treat the illness or to provide relief from pain, then another option is provided.

The California bill would allow that person the possibility of ending their suffering by requesting medication to shorten the dying process.

Just like Oregon's Death With Dignity Act, this legislation requires two physicians to confirm a prognosis of six months or less; the patient must make a written request and two oral requests a minimum of 15 days apart, and two witnesses must attest to the request.

The two physicians must also ensure that the person has the mental competency to make health care decisions for him or herself. And the medication must be self-administered. The bill includes safeguards for physicians, pharmacists and health care providers to ensure they will be immune from civil or criminal liability or professional disciplinary action when a patient exercises this option.

In addition, participation by physicians, pharmacists and health care providers in this law is voluntary with the ability to opt-out. Measures to protect vulnerable patients are also included by establishing felony penalties for coercing someone or forging a request. The attending physician of the terminally ill patient who wishes to engage in the End of Life Option Act is required to discuss feasible alternatives or additional treatment opportunities, including but not limited to comfort, hospice, and palliative care, as well as pain control. Finally, the patient can decide not to use the prescription and can rescind his or her request for the drug at any time.

I have great respect for those on both sides of this argument.

Today, I would like us to seriously consider the benefits of legislation such as the End of Life Option. I, for one, am in favor of making such an option available. Before her death, Brittany Maynard released a video for California legislators urging them to pass this bill.

Explaining the reason for her daughter's support, Brittany's mother, Debbie Ziegler, quoted her daughter: "She said no one should have to leave their home and community for peace of mind, to escape suffering and to plan for a gentle death."

Let us help the Brittany Maynards of our state have the option of exiting as she did – in peace, at home, and surrounded by those she loved.

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