



## MEMORANDUM OF OPPOSITION

TO: New York State Senate Members  
New York State Assembly Members

RE: Assembly Bill A2129 and Senate Bill S3685

DATE: February 24, 2015

Agudath Israel of America wishes to let you know of our very strong opposition to Assembly Bill A2129 and Senate Bill S3685. These bills allow terminally ill patients to obtain medication that the patient can self-administer in order to bring about the patient's death, in other words, they make suicide legal.

Informed by classical Jewish tradition which teaches that all human life is sacred, and possessed of the firm view that laws that undermine the sanctity of human life send a message that is profoundly dangerous for all of society, Agudath Israel's interest in the issue of legalizing suicide is especially keen. It is a basic principle of Jewish law and ethics that "man does not possess absolute title to his life or body." J.D. Bleich, *The Quinlan Case: A Jewish Perspective*, reprinted in *Jewish Bioethics* 266, 270 (Hebrew Publishing Co. 1979). Agudath Israel believes that recognition of that teaching, as expressed in the historical disapprobation of suicide and euthanasia, has served as one of the pillars of civilized societies throughout the generations. That pillar is now in peril. The general rule is that suicide and its facilitation are strictly forbidden under Jewish law, no matter how unbearable life may have become. See F. Rosner, *Modern Medicine and Jewish Ethics*, 225-239 (Ktav Publishing House, Yeshiva University Press, 1986).

It is another principle of Jewish law and ethics that it is a doctor's role to provide healing, not to hasten death. See I. Jakobovits, *Regarding the Law Whether it is Permitted to Hasten the End of a Terminal Patient in Great Pain*, 31 *Ha-parde* 29 (1956). Doctors who assist in the commission of suicide, even when motivated by the most humane of concerns, exceed the bounds of their own Hippocratic mandate and undermine public confidence in the medical profession. Anthropologist Margaret Mead — herself a supporter of certain forms of euthanasia so long as they are under lay initiative and control — has urged that "the medical profession should not be compromised by participation" in euthanasia; "[t]he physician's dedication to the saving of life is of incalculable value to humanity and must be protected from repeated efforts to involve the doctor in lethal activities." M. Mead, *From Black and White Magic to*

THE RABBI MOSHE SHERER NATIONAL HEADQUARTERS

42 Broadway • New York, NY 10004 • 212-797-9000 • Fax: 646-254-1600

*Modern Medicine*, 22 Proceedings of the Rudolf Virchow Medical Society 131 (1965). Agudath Israel views with considerable alarm the transformation of the physician's calling envisioned by the bill in question, which would enable doctors to provide suicide medication to patients.

Moreover, as representatives of a people whose numbers were decimated little more than half-a-century ago by a society that "progressed" from its "enlightened" practices of "mercy killing" to the mass slaughter of millions of human beings deemed physically or racially "inferior," Agudath Israel is particularly sensitive to the legal assignment of diminished levels of life protection based on diminished levels of life "quality". The bills under consideration reflect this dangerous trend away from the recognition of life's inherent sanctity and present a stark challenge to our nation's social morals.

Agudath Israel takes both moral and legal exception to the notion that a person enjoys unfettered personal autonomy to decide that his life is no longer worth living. Society has the right to compel citizens to submit to vaccination, *Jacobsen v. Massachusetts*, 197 U.S. 11 (1905); to insist that a child receive life-sustaining treatment even over the religiously motivated opposition of his parents, *Jehovah's Witnesses v. King County Hospital Unit*, 390 U.S. 598 (1968); to prevent a pregnant woman in her second trimester from receiving an abortion in an unlicensed facility, *Roe v. Wade*, 410 U.S. 113, 163 (1973), and so on.

There are particularly strong reasons to reject the view that the generally accepted doctrine of personal autonomy in medical decision-making should allow patients to commit suicide. The potential abuses of legalizing suicide have been well catalogued by a host of legal and medical observers. For example, in its landmark report opposing assisted suicide, the 24-member New York State Task Force on Life and the Law, speaking unanimously, noted the following concerns: the pressures patients would feel from their doctors and their families to opt for suicide; the inherent inequalities of our health care delivery systems which tend to discriminate against the poor, the handicapped and the elderly; the psychological vulnerability of the severely ill; the risk of misdiagnoses of the patient's condition; the likelihood in many cases that adequate treatment of pain and depression would dissuade the patient from seeking death. *New York State Task Force on Life and the Law, When Death is Sought: Assisted Suicide and Euthanasia in the Medical Context* 121-34 (1994). Indeed, these risk factors will often raise serious doubts about whether a patient's request for help in committing suicide is truly an expression of the patient's autonomous will. We concur with the Task Force's observation (Report at 121) that "as a society, we have better ways to give people greater control and relief from suffering than by making it easier for patients to commit suicide or to obtain a lethal injection."

In conclusion, we urge the New York State Legislature to reject Assembly Bill A2129 and Senate Bill S3685. Legalizing suicide would be a rapid descent into a moral abyss where the millennia-old rejection of suicide is being cast aside in the name of humanitarian "progress".