new york state
RIGHT TO LIFE COMMITTEE, INC.
COMMITTEE
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New York State Right to Life strongly opposes A175 Gottfried/S5327 Rivera. This bill claims to amend the Family Health Care Decisions Act only in "minor" and "technical" ways. However, changes that to the fortunate and privileged are "minor" and "technical" could be the difference between life and death for the unprivileged. Such is the case here.

- Currently, regarding care for an emancipated minor, the Family Health Care Decisions Act states, "If the hospital can with reasonable efforts ascertain the identity of the parents or guardian of an emancipated minor patient, the hospital shall notify such persons prior to withholding or withdrawing life-sustaining treatment." However, this bill would change that to state "If the hospital can with reasonable efforts ascertain the identity of the parents or guardian of an emancipated minor patient, the hospital shall make diligent efforts to notify such persons, and documents such diligent efforts in the patient's medical record, prior to withholding or withdrawing life-sustaining treatment."

    - Furthermore, concerning guidelines for hospital ethics review committees, the Family Health Care Decisions Act currently states, "Following ethics review committee consideration of a case concerning the withdrawal or withholding of life-sustaining treatment, treatment shall not be withdrawn or withheld until" certain persons such as patient surrogates, an attending practitioner, parents and guardians of minors, etc. "have been informed of the committee's response to the case." However, this bill would change that to state that "treatment shall not be withdrawn or withheld until the hospital makes diligent efforts to inform" such persons "and documents such diligent efforts in the patient's medical record."

    - What constitutes a diligent effort? Setting such an imprecise standard makes it very easy for unscrupulous medical practitioners to remove life-sustaining treatment from patients before those who care about those patients the most are even informed. This lack of protection makes it highly probable that patients will have life-sustaining treatment removed prematurely and that their loved ones will be cruelly shocked by learning of their deaths after the fact.

- Furthermore, this bill directs home care services agency personnel to follow nonhospital DNR (do not resuscitate) orders. This provision may sound reasonable at first glance. However, patients sometimes do not understand the full ramifications of medical directives which stipulate no resuscitation.

    - Consider the case of Mr. R. Mr. R. lost his pulse unexpectedly during an outpatient CAT scan. Medical practitioners immediately began CPR until it was discovered that he had an advanced directive asking for no resuscitative measures. Then, CPR was temporarily stopped until his proxy, his son who lived in another state, could be

contacted. The son stated that his father would want to be resuscitated, and after that, CPR was resumed, Mr. R.'s life was saved, and Mr. R. was glad to be alive. (Karan, Dr. Abraar. "Code Blue Confusion: He'd Checked 'Do Not Resuscitate' But Wanted to Live." *Wbur.org*, 30 Oct. 2017, www.wbur.org/commonhealth/2017/10/30/end-of-life-dnr-code-status.) However, so many things could have gone wrong. What if Mr. R.'s son hadn't been contacted fast enough? What if Mr. R.'s son hadn't been sure what his father would want? What if Mr. R.'s son had maliciously said that his father would not want to be resuscitated so that he could get early inheritance money? Mr. R. was fortunate, but not all patients are.

- Directing home care services agency personnel to follow DNR orders is especially dangerous because home care services agency personnel are likely to not have sufficient medical training to identify which cases a DNR order is applicable in and in which cases it is not. This provision makes it more likely that the lives of patients like Mr. R. will not be saved simply because they don't have Mr. R.'s good fortune.

These "minor" and "technical" changes are a matter of life or death to patients when they are most vulnerable. A "diligent effort" is not enough for families at loved ones' funerals, mourning that their loved ones were allowed to die before they could say goodbye. Directing home care services agency personnel to follow nonhospital DNR orders sounds good until one considers a patient like Mr. R. who did not want to die and whose life was only saved because he had a good proxy who was available at the right time. These changes are neither "minor" nor "technical." They are a decision to choose death over life.