

**Draft Minutes  
Bioethics Committee Meeting  
Friday, February 8, 2019  
8:30 to 11 AM**

**Present**

Jeffrey Berger, MD, Chair  
Maria Basile, MD  
Patricia Bomba, MD  
Stanley Bukowski, MD  
Robert Milch, MD  
Charyl Ann Morrow, MD  
Anthony Pivarunas, DO  
Joel Potash, MD  
Peter Rogatz, MD  
Charles Rothberg, MD  
Corinne Salanson-Lajos. MD  
Renee Solomon, MD  
Sally White, MD  
Janine Fogarty, MD, Commissioner  
Joshua Cohen, MD, Commissioner

**Excused**

Joseph Maldonado, MD  
John O'Brien, MD

**Absent**

Wen Dombrowski, Vice-Chair  
Gregory Bennett, MD  
Matthew Bonanno, MD  
Gino Bottino, MD  
Paul Burcher, MD  
Arthur Cooper, MD  
Stanely Pietrek, MD

1 **1) Welcome**

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3 **2) Approval of minutes** . November 2, 2019 . accepted

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5 **3) Presentation by Robert Swidler, Esq., counsel to St. Peters Health Care** . 2019  
6 legislative bills/proposals to improve surrogate decision-making laws in NYS. Following Mr.  
7 Swidler's presentation there were comments that included:

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- 9 • Concerns whether %icensed master social worker+should be added to the list of people  
10 under NYS Healthy Care Proxy Law. In nursing home settings, most social workers  
11 know the patients very well. Should school personnel be listed under this also? It was  
12 pointed out that schools do not honor DNR law because it has not been entered into law,  
13 therefore the state board of education will not consider this. Can support be obtained  
14 from pediatricians to amend the education law?
  - 15 • There is DNR law in mental hygiene, there is no need for additional DNR law.  
16 What is actually meant by %futility+and who determines when things become futile. The  
17 subject of futility demands an ethics consult. It can be difficult to define. The question is  
18 what goals can be accomplished.
  - 19 • Extend the FHCDCA to Home Health Care Agencies. Agencies can choose to %opt in+  
20 When there is the ability for a person with intellectual disabilities to assign a health care  
21 proxy, what additional protections would be provided?

22 **4) Medical Aid in Dying Bill** . There was general discussion of the bill. Bill a2694 is similar to  
23 last year's bill. It would authorize the providing of medication to patients who wish to end their  
24 life. As of this date it has not been introduced into the senate. It is anticipated that it will be  
25 introduced shortly. Members of this committee received copies of the Advocates for Dying  
26 survey. It was pointed out that although the response to the MSSNY's survey was low,  
27 MSSNY's survey was tailored toward physicians that might have more exposure to terminally ill

28 patients. It was not sent to everyone. It was sent to primary care physicians and physicians who  
29 take care of patients in need of palliative care. It was noted the MSSNY survey included  
30 physicians on both sides of the issue. The Compassionate Choice Survey also had a low  
31 response rate. It would be helpful in reviewing the Advocates in Dying survey to know who and  
32 how many were surveyed. Dr. Milch will provide information to the Committee on this. The new  
33 bill that has been introduced has several amendments which address concerns over last year's  
34 bill.

- 35 • It clarifies the definition of capacity
- 36 • Ensures that hospice is included in the definition of health care facility
- 37 • Restricts the type of health care professional that can participate in aid in dying

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39 A recommendation was made that this committee assume a neutral stance similar to other  
40 states. Ms. Clancy indicated that the Task Force on End of Life Care was created in response  
41 to end of life issues and will consider this measure in the future.

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45 **For future discussion:**

- 45 -Care of undocumented patients
- 46 -RHA
- 47 -Parents taking children to another state to get a more
- 48 precise diagnosis
- 49 -Legislation allowing PAs to participate in End of Life
- 50 care decisions