

# GRAND ROUNDS



**Thursday, February 12, 2026**

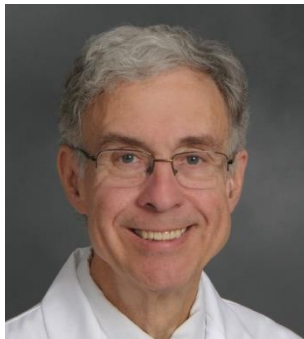
**Location:** Zoom ([RSVP for zoom link](#))

**4:30pm- 6:00pm**

## **Reflections on MAiD in New York and on the Ethics of Physician-Assisted Suicide**

***Michael Egnor, MD***

In this Grand Rounds, Dr. Michael Egnor discusses the ethical implications of the Medical Assistance in Dying (MAiD) Act recently passed by the New York State legislature. MAiD is a radical departure from traditional medical ethics dating back to Hippocrates, who specifically proscribed medically assisted suicide. The four traditional pillars of medical ethics are Autonomy, Beneficence, Non-Maleficence, and Justice. Autonomy emphasizes the right of patients to make informed decisions about their own healthcare. Patients certainly have the right to refuse care, but physicians must exercise professional judgement about the ethics of their acts, and it is unclear how assisted suicide or any form of homicide (e.g., active participation of a physician in judicial execution of a willing prisoner) constitutes healthcare in any meaningful sense. Beneficence is the obligation of physicians to act in the best interest of their patients, which includes the obligation to provide care that reduces suffering. However, MAiD does not reduce suffering— i.e., MAiD no more reduces suffering than cures cancer. Non-existence of the sufferer is not a medical treatment. Non-Maleficence is the principle of First, Do No Harm. In any other medical circumstance, prescribing a lethal dose of medication falls under the category of harm. Justice involves ensuring fairness and equity in healthcare. MAiD singles out a vulnerable class of patients as exempt from the protections of medical ethics afforded to all other patients. MAiD is strongly opposed by advocates for people with disabilities who are concerned that the “right to die” will become “the responsibility to die”. New York State’s Medical Assistance in Dying law raises profound and troubling issues and calls for serious reflection on the ethics of medically sanctioned killing.



Michael R. Egnor, MD, is Professor of Neurosurgery and Pediatrics at the Renaissance School of Medicine at Stony Brook University. He specializes in pediatric neurosurgery. He received his medical degree from the College of Physicians and Surgeons at Columbia University and trained in neurosurgery at the University of Miami. He has been on faculty at Stony Brook since 1991. He is the neurosurgery residency director and has served as the director of pediatric neurosurgery and as vice-chairman of neurosurgery at Stony Brook Medicine. In addition to a full-time neurosurgical practice, he directs a research program on intracranial dynamics, cerebral blood flow and hydrocephalus and has lectured at scientific meetings worldwide and published in leading medical journals including the *Journal of Neurosurgery* and *Cerebrospinal Fluid Research*.

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