

*Why should California pass a law that protects aid in dying for terminally-ill patients who are suffering at the end of their lives?*

California is one of the most progressive states in our nation, diverse in culture and opinion. Civil and human rights are held in high regard within the “Golden State” and freedom is fundamentally respected and protected. Therefore it seems appropriate that California should allow terminally-ill individuals the right and freedom to make their own end-of-life decisions, and if they chose, to die on their own terms and with dignity.

The right to die with dignity is not new. The states of Oregon, Washington, and Montana permit a competent, terminally-ill adult the legal right to obtain a prescription for a lethal dose of medication that the patient can self-administer to achieve a peaceful death. Adequate safeguards are in place to ensure that patients are competent and sufficiently informed to make this decision.

Concerns over the potential misuse of such a law in California are unwarranted. Oregon has had the law in effect since 1994 and has not experienced the abuses which have been threatened by opponents. California would certainly incorporate the same safeguards used by other states like Oregon, Montana, and Washington to prevent the abuse of end-of-life legislation. California would require a second medical opinion verifying the patient’s prognosis of a life expectancy of six months or less. A patient would need to make multiple requests; two oral and one written - with a mandatory waiting period between requests. A psychological opinion would be mandatory if the either physician believes the patient is being coerced or is not capable of making an informed decision. Mandatory counseling on alternative treatment and care including hospice, palliative care, pain management and spiritual counseling would also be required.

Opponents to “aid-in-dying” legislation argue that it would encourage people to kill themselves. This is ridiculous. Terminally-ill patients who want to end their own suffering are not killing themselves: they will presumably die within the next six months or less. They just want to die on their own terms, pain free and with dignity. Without aid-in-dying legislation, people who are afraid of suffering and the loss of control over their deaths will be forced to turn to violent deaths like gunshot, hanging, or jumping off bridges. These deaths are far more horrific as they are painful, committed alone without the support of family, often unsuccessful, and traumatic to their loved ones or the person who finds the body. This type of death forces the terminally-ill patient to become a criminal in his final moments and is not humane, peaceful or dignified.

Similarly, giving a terminally-ill patient the right seek help to end his own life is not euthanasia, suicide, or murder. No one is killing anyone. The decision is neither irrational nor impulsive, and is not unduly influenced. Rather, the choice is based on a careful, rational, fully informed decision made by the patient in consultation with his personal physician and often with the consent of his family. The method would be medically approved and based on specific physical needs. A terminally-ill patient, who has met the extensive criteria required for a prescription, would simply make his own decision of where and when to end his life, not whether he will die.

Religious groups are misguided in their opposition to the right to end one's life. If they believe that it should be God's will about death, then God has already determined that the terminally-ill patient will die soon. However, what God would want the patient to be fearful or to suffer? To prolong a person's life and suffering would not be what God wants. A loving God would want the patient to avoid suffering, make peace with their family and make peace with their god.

Politically liberal individuals who have concerns regarding the right of a terminally-ill patient to make end-of-life decisions should recognize that this is really no different than a woman's right to choose. It seems hypocritical that the same people who would support abortion rights would not support the right of terminally-ill individuals to make their own choices about the decision to end their own suffering. Supporters of abortion rights should bristle at the thought that another person or entity could prohibit a terminally-ill patient from making personal choices about his life and death.

Under current law, terminally-ill patients already have the right to refuse medical treatment, food, and water which will hasten their inevitable death. However, this process can take a long time (sometimes more than a week) and may result in the physical suffering of the patient and permanent emotional trauma to the family. Death may not be peaceful and the setting may not be comfortable for the patient. Furthermore, fear of the process of dying and the uncertainty about whether a patient will experience pain or will be able to communicate his wishes can cause great anxiety among the patient and his loved ones. Therefore, the ability for the patient to know that he can choose the circumstances of his death will often improve the quality of his remaining weeks or months. Thus, this precious time can be spent focusing on preparing for death and not fearing it.

Palliative care which addresses the comfort of the patient is an important part of the end-of-life process. Keeping the patient comfortable prior to death is humane. However, the palliative-total sedation of a terminally-ill patient may not be what the patient or his family prefers. Placing someone into a medically-induced coma and allowing the dying process to last for days or weeks is not humane when there is no chance of recovery. The patient may languish for no justifiable reason. Often this experience affects the family, interfering with the healing process and overshadows happier memories of the deceased. The body wastes away and the family must endure the emotionally agonizing process of death. Many patients consider this practice to be inhumane as they are dying anyway and to subject them and their families to this unnecessary experience seems barbaric.

Having the right to make end-of-life choices does not necessarily mean that each terminally-ill patient will hasten his own death. In fact, the mere knowledge that there is an alternative for a peaceful and humane death can provide enormous comfort to terminally-ill patients and their families. Having options would reduce the fear of the unknown and anxiety over making the right decisions during a period of physical and emotional pain and suffering. In fact, studies in Oregon indicate that 90 percent of patients who are initially interested in hastening their deaths actually choose other forms

of treatment or intervention. Of the remaining 10 percent of patients who obtain a lethal prescription, only half actually use it to end their lives.

The discussion of end-of-life issues is something that has arisen in my own family. Two of my grandparents, who were in the medical profession, had discussed with my father their wishes should they become terminally ill. Unfortunately they both died, relatively young, from sudden heart attacks. My other two grandparents, who had not discussed their wishes with my mother, died of terminal cancer. Looking back, had they wanted to consider planning the end of their lives, we would have not known what to do. I know that the thought of doing something illegal would have tormented our family, yet the fear that my grandparents would have suffered unnecessarily would have been unbearable. It could be said that we were fortunate that my grandparent's deaths were relatively swift and were without suffering. But not every patient or family can expect that experience.

It is essential that California passes this type of law now. By legalizing the right of patients to make end-of-life decisions and permitting physicians to help by providing prescriptions to terminally-ill patients would give all of us the knowledge and comfort that we can have control at the end of life. The best time to think about these issues is when we are young and healthy. We need to understand our options and to educate ourselves about what our rights and obligations are regarding our death if we become terminally ill. Refusing to allow terminally-ill patients to seek professional and medically appropriate guidance regarding the desire to die with dignity forces them to suffer unnecessarily or take their own lives in violent and traumatic ways which subject them and their families to needless suffering. We must give our terminally ill the right to a death with dignity, free from suffering. As a civilized society, we owe our loved ones this basic human right.