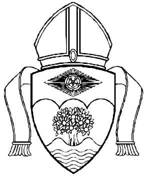

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Messaging and Talking Points / California's Physician-Assisted Suicide Law

Background Information

ABX2-15, signed by California Gov. Jerry Brown on Oct. 5, makes it legal for physicians to prescribe a lethal dose of drugs to assist terminally ill patients to take their own life. Originally known as SB 128, the bill was pulled from consideration in July by the Assembly Health Committee when its sponsors conceded that it didn't have enough support. Soon thereafter it was considered and quickly passed in a special session, so lawmakers did not have time to consider the complex financial, medical, ethical and public policy questions involved in terminal illness and end-of-life care. A referendum effort is now underway in an effort to overturn the law.

Messages

Message No. 1

California's new state law states that in certain circumstances a doctor can assist in another person's suicide without being prosecuted for a crime. This applies to persons who are diagnosed with a terminal illness (projected to live six months or less), and are judged by two doctors to be able to make medical decisions. To receive lethal drugs a person must make two oral requests 15 days apart, and one witnessed written request. All involved are exempt from liability if they are in "good faith compliance," which is the weakest legal standard.

Message No. 2

Despite the new law's disturbing nature, it was swiftly passed with little consideration from lawmakers and immediately signed by Gov. Jerry Brown. There was no time for serious discussion or the attention Californians expect from their elected officials. Thus many organizations opposing this new law are supporting a referendum to force reconsideration. More information is available at www.stopassistedsuicide.com.

Message No. 3

Only the doctor or those who assist in a suicide are safeguarded under the law. There is no requirement that the person requesting assisted suicide or the doctor receiving the request notify the person's next of kin, and there is no requirement

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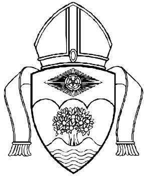

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that the doctor refer a person requesting assisted suicide for psychiatric or psychological evaluation. The latter is particularly troubling, because research on suicide demonstrates that most suicidal thinking arises from treatable clinical depression or other psychiatric disorders.

Message No. 4

Under the new law, two witnesses are required to witness a person's request for assisted suicide, but they are allowed to have a personal or financial motive for hastening the person's death, such as being a relative or heir, or an employee of the health care facility taking care of the person.

Message No. 5

The new law does not require the person planning to kill themselves to be in the presence of a doctor when the attempt is made. This constitutes a grave loophole in the law and raises disturbing questions about its use.

Message No. 6

While the Church, other faith-based groups and pro-life organizations oppose the new law, the American Medical Association holds that "physician-assisted suicide is fundamentally incompatible with the physician's role as healer." The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, have urged the Supreme Court to uphold laws against assisted suicide, arguing that the power to assist in taking patients' lives is "a power that most health care professionals do not want and could not control."

Message No. 7

What most people don't realize is that a simple prescription from a doctor is all that's needed for an individual to take advantage of the new law. The person ahead of you in line at the corner drugstore could be holding his "death prescription" in his hand.

Message No. 8

The Church teaches that it is acceptable at the end of one's earthly life to refuse advanced medical care if this is in the patient's best interests. What can be re-

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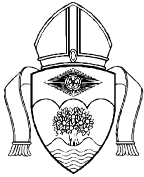

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fused is extraordinary or advanced care involving medical interventions that provide minimal benefit to the patient and are expensive or burdensome.

- "The approach to the gravely ill and the dying must therefore be inspired by the respect for the life and the dignity of the person. It should pursue the aim of making proportionate treatment available but without engaging in any form of "overzealous treatment" (cf. CCC, n. 2278). One should accept the patient's wishes when it is a matter of extraordinary or risky therapy which he is not morally obliged to accept. One must always provide ordinary care (including artificial nutrition and hydration), palliative treatment, especially the proper therapy for pain, in a dialogue with the patient which keeps him informed. At the approach of death, which appears inevitable, "it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life" (cf. Declaration on Euthanasia, part IV) because there is a major ethical difference between "procuring death" and "permitting death": the former attitude rejects and denies life, while the latter accepts its natural conclusion." -- Pontifical Academy For Life, "Respect For The Dignity Of The Dying," 12/2000

Message No. 9

Our society can be judged by how we respond to our fears of dying, of suffering, of the limits of our control over bodily functions, of abandonment or becoming a burden on others. Palliative care can alleviate pain and meet a patient's basic needs, as well as his emotional and spiritual needs. It allows those facing the end of life to be comforted in mind and spirit.

- "Palliative care is why I went into medicine in the first place. It allows me to take care of those who are in pain and suffering and be a companion to them. I am sad when patients die. But what brings me happiness as a Catholic physician is that I help patients find hope and healing. I relieve their pain and assure them that I am with them. A miracle of healing takes place in the process of dying. It is an honor to care for those who are on this journey." Dr. Vincent Nguyen, palliative care physician, 2/2015

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Talking Points

What This Means for Vulnerable Populations

- This law has serious policy implications for the poor, disabled and elderly who may be pressured to end their lives because of medical expenses and their so-called "burden" on loved ones.
- The Catholic Church is not alone in opposing the new law. Senior groups, advocates for the elderly, medical experts, suicide-prevention professionals and others who are knowledgeable about the complicated and troublesome implications are all part of Californians Against Assisted Suicide.
- The practice of assisted suicide sends the message that some lives are not worth living. Now that it is legal, this message will be heard and possibly believed by everyone who is afflicted with suicidal thoughts or tendencies, and especially by the young. These at-risk individuals need compassion and hope.

Studies Show Legal Physician-Assisted Suicide Boosts All Suicide Rates

- Key findings of a recent study published in *Southern Medical Journal* suggest that physician-assisted suicide is associated with a 6.3 percent increase in total suicide rates, and is associated with a significant increase in non-assisted suicide particularly in patients 65 and younger.

Dangerous "Branding" Terminology and Misleading Language

- A misleading, decades-long "branding campaign" by proponents paints hastening death as an extension of personal freedoms.
- Groups such as Compassion and Choices redefine words to mean what they want them to mean and repeat key points until they acquire an unquestioned air of truth. Suicide is distasteful, so they promote "physician aid-in-dying," "death with dignity," and "the right to die."
- "Physician aid-in-dying" makes it sound like giving someone a lethal drug is an extension of hospice and palliative care.
- "Death with dignity" implies that frail or physically dependent people aren't already dignified.

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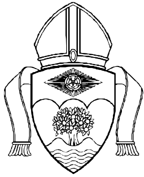

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- The phrase "right to die" is brilliant branding. Americans have a constitutional right to refuse life-prolonging treatments. But there's a big difference between being allowed to die and having a doctor intentionally end your life.

Dangerous Precedents

- In countries that have used this idea of personal autonomy to justify voluntary assisted suicide and euthanasia, physicians have gone on to take the lives of adults who never asked to die. They have developed their own concept of when life is not worth living that has little to do with the choice of the patient. ("We Should Think Twice About 'Death With Dignity,'" Ira Byock, *Los Angeles Times*, 1/30/15)
- In the Netherlands, euthanasia has been available for several decades. People have been euthanized at their request for pain, tinnitus and blindness in non-terminal cases. More than 4,800 people were euthanized in 2013, more than 40 of them for psychiatric illness.
- The mission of Final Exit Network is to enable all competent adults to end their lives whenever they decide their physical quality of life is unacceptable.

End-of-Life Options

- As a society, we should strive for better options to address the fear and uncertainty of patients like Brittany Maynard, who chose to end her life rather than suffer a certain decline and death from brain cancer.
- Any benefits from assisted suicide are simply not worth the real and significant risks of this dangerous public policy.
- With proper palliative care, the dying have their symptoms treated and are helped through the difficult tasks of completing their lives.
- The reality is that legalizing assisted suicide is a deadly mix with the broken, profit-driven health care system we have in the United States.

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