

Opinion

PAGE 6 | SECTION B | SUNDAY, MAY 18, 2025 | SANDIEGOUNIONTRIBUNE.COM



ADOBE STOCK

A RIGHT TO DIE?

We must allow the terminally ill to decide their own fate

By Christie Golemb

When my father was diagnosed with terminal prostate cancer in 2006, California had no End of Life Option Act. What he faced — and what our family endured — remains a painful reminder of why we must pass Senate Bill 403.

After being told he had about a year to live, my father made a devastating decision: he planned to shoot himself when the suffering became too great. When I found out about his plan, I was horrified. I begged him to consider a less violent way to take control of his death. Eventually, he decided to quietly stockpile medications, slowly accumulating enough to end his life.

On the day he chose to die, he took my mother to dinner to say goodbye. Afterwards, she checked into a nearby hotel so no one could accuse her of helping. Alone at the dining room table, with his pills and a bottle of Courvoisier, my father ended his life. The next morning, my mother and I found him lying under the table where he had fallen.

No one should have to die like that — alone, desperate, fearful of implicating their loved ones.

Today, thanks to the End of Life Option Act, mentally capable, terminally ill adults in California have a safer, more compassionate choice. Since 2016, more than 4,000 Californians have used this law to end their lives peacefully, often surrounded by those

A California law that allows individuals in certain circumstances to end their own lives will expire in 2031. On this page, a supporter of legislation that would make the law permanent and a critic of assisted suicide debate whether the law has adequate safeguards and is in the public interest.



This shows the 2005 Christmas card from Mission Beach residents Molly and Paul Alexander, the parents of the author of the essay at left. CHRISTIE GOLEMB

Irresponsible policy lacks much-needed oversight

By Jacob Sandoval

California legislators often express a commitment to leading the nation in health policy, equity and progressive reform — and many Californians value leadership that reflects those goals.

To ensure meaningful progress, it is important that policies are supported by clear data and transparent reporting. In matters involving public health and safety, trust in government decisions is strengthened through openness and accountability. Authored by state Sen. Catherine Blakespear, D-Encinitas, SB 403 wrongly and unnecessarily demands blind public trust. It does not ensure that policies are grounded in transparent reporting and reliable data.

The bill prematurely seeks to eliminate the 2031 sunset provision of the End of Life Option Act, cutting off legislative oversight promised to Californians when physician-assisted suicide was legalized. The sunset provision was enshrined in the law to create a window of time for the Legislature to evaluate End of Life Option Act implementation so lawmakers could make any necessary and prudent adjustments. SB 403 would abruptly close that window — more than half a decade before the 2031 sunset arrives — making it difficult or impossible to assess and ensure, now or in the future, that end-of-life decisions are not being badly influenced by potentially coercive dangers, like cost-driven denials of appropriate care by insurers, structural discrimination

CHOICE

From Page 6

they love.

But unless action is taken, that right could disappear. California's End of Life Option Act is the only medical aid-in-dying law in the country with a sunset clause. It's currently set to expire on Jan. 1, 2031 — unless the Legislature acts.

State Sen. Catherine Blakespear, who represents District 38 here in San Diego County, has introduced SB 403 to remove that sunset and make the law permanent. This is a vital step not just for those currently facing a terminal diagnosis, but for the many Californians who aren't sick now but may be someday.

Removing the sunset now doesn't just preserve an option — it provides peace of mind. People who are newly diagnosed with terminal illnesses shouldn't have to wonder whether this right will still exist in a few years. For those living with progressive diseases or those who've watched a loved one suffer, knowing that the End of Life Option Act will be there if they ever need it can bring immense comfort. It restores a sense of control at a time when everything else feels out of their hands.

The data is clear: The law works. In 2023, 1,281 people received aid-in-dying prescriptions, and 835 chose to use them. Nearly 94% were over the age of 60, and almost all were receiving hospice or palliative care. Every patient goes through a careful, multi-step process: two oral requests, a written request signed by two witnesses, and evaluations by two doctors to ensure they are mentally capable and not being coerced. They

must be informed of alternatives like pain management and can change their mind at any time. The medication must be self-administered.

In nearly a decade, there have been no documented cases of abuse or misuse. The law is working exactly as intended — helping people facing unbearable suffering to die on their own terms, with dignity and autonomy.

Medical aid in dying isn't about giving up. It's about ensuring people have the right to choose how their story ends. Not everyone chooses to use the medication, but for many, just having the option brings tremendous relief.

When my father made his choice, he did so without support or legal options. He was forced to act in secrecy, fearing criminal consequences for the people he loved. I often think about how much gentler his death — and our grieving — could have been if a law like the End of Life Option Act had existed.

Passing Senate Bill 403 is more than a legislative decision. It is a moral affirmation of compassion, dignity and trust in people to make deeply personal decisions about their own bodies and lives.

Californians deserve to know that when their time comes, they will have access to the same protections and choices as thousands before them. Let's not wait until the law is at risk. Let's protect it now — for those who need it today, and those who may need it tomorrow.

Let's make compassion permanent.

Golemb is a founder and vice president of A Better Exit and lives in Kensington.

CARE

From Page 6

or bias, predatory conduct, bad actors and more.

Any claim that we can trust what we don't know dangerously overlooks what we do know. For years, California has suffered the worst rate of hospice fraud in the nation — so bad that state legislators were compelled to pause licensing a few years ago and confess mea culpa for failing to perform their duty of oversight. At the same time Medi-Cal has among the worst provider reimbursement rates in the nation — causing health care professionals to be unable to afford providing basic care, let alone crisis care to terminally ill, low-income residents.

These are the circumstances confronting Californians. These are circumstances that make transparent implementation data important and safety evaluations rational.

While the California Department of Public Health is statutorily required to collect and publish data on the use of End of Life Option Act more than a decade after physician-assisted suicide was legalized, major gaps remain. Data submissions from providers are inconsistent and often incomplete, and much of the information promised to the public never sees the light of day.

Sparse, incomplete data reporting is not sufficient, sound or progressive — it unfairly keeps our public in the dark and is irresponsible. Legislators must do better and demand better, especially in matters of life and death.

The Legislature has a responsibility to ensure transparency and prevent discrimination in all areas of health care. Without reliable, publicly available data, we cannot even assess whether people of color, the poor, or those with disabilities are being disproportionately steered

toward physician-assisted suicide because of systemic inequities or insufficient care options. California legislators purport a commitment to equity, transparency and patient-centered care, and, to effect that commitment, legislators must ensure that dignity at the end of life does not become a privilege for those who speak English, are affluent, highly educated or racially homogenous.

At a time when California is grappling with well-documented disparities in health care access, particularly for low-income and diverse communities Blakespear's bill sends the wrong message. The state has not resolved hospice safety. Medi-Cal continues to offer some of the lowest reimbursement rates, driving a shortage of providers even for basic care, let alone palliative or crisis services.

These realities matter because the people most likely to be affected by poor oversight — or worse, by neglect or coercion — are those with the fewest resources and the least access to care. That includes diverse communities, people with disabilities, rural Californians and low-income older adults. These Californians, already facing structural health care barriers, deserve protections, not premature policy rollbacks that remove the tools of accountability.

Now is not the time to make physician assisted suicide permanent in California. Now is the time for legislators to responsibly oversee the End of Life Option Act — to assure complete data collection and transparent reporting. The time for legislative oversight and evaluation of implementation should continue and will benefit all Californians.

Sandoval is state director of the California League of United Latin American Citizens (CA LULAC), and lives in Salinas.

See CHOICE on Page B7

See CARE on Page B7