

## **Broaden Access to EOLOA**

I belong to a group of Californians who are asking our legislators to broaden our state's End of Life Option Act (EOLOA) to include thousands who are suffering from grievous and incurable diseases but aren't eligible for Medical Aid in Dying (MAiD) as it is currently written. We want to see California adopt a MAiD law that is as compassionate as laws now found in the most socially progressive countries in the world. There is no sound reason that a frail and sick Californian should be required to continue suffering until they are six months away from dying. Some who can afford it and have the physical ability take a very expensive and exhausting trip to Switzerland where they can achieve a peaceful death. No Californian should have to leave home to have a comfortable and dignified death.

California and nine other states as well as the District of Columbia now have MAiD laws. Much of the credit for passage of these laws rightfully belongs to Compassion & Choices, which has been slowly advancing this legislation in as many states of our country as possible. Unfortunately, the legislation Compassion & Choices has pushed for in California, as well as in the other states that have adopted some variant of it, is modeled on legislation first passed in Oregon 25 years ago! Meanwhile, Switzerland, Belgium, the Netherlands, Luxembourg, Canada, portions of Australia, Colombia, Germany, New Zealand, Spain, and Austria all have more progressive and compassionate MAiD laws than any found in the United States.

We are requesting the following three specific changes to California's EOLOA along with rationale for each of these proposed changes.

**Request #1: Broaden the eligibility criteria for MAiD to allow for inclusion of individuals that are suffering from grievous and irremediable diseases as well as those that are expected to die within six months.**

Rationale: No other country with MAiD requires that the individual has less than six months to live. Instead, the person requesting MAiD must have a grievous and irremediable disease that is causing them unbearable suffering. There are many people who may not be within six months of dying, but who suffer greatly every day from their disease, and palliative care doesn't necessarily alleviate their suffering or if it does, renders them drowsy, dull, and unable to adequately participate in their own life. Because they are not eligible for MAiD, some within this group choose to utilize violent means to end their lives or purposely overdose on their prescription medications.

**Request #2: Allow an individual the choice to self-ingest or receive an IV infusion when utilizing MAiD, in accordance with their personal preferences and medical needs.**

Rationale: There are people who are otherwise currently eligible for MAiD but are unable to ingest or self-administer the medications. Better provisions must be made for this group of people. While having a nasogastric tube placed or an enema with rectal tube placed has been offered as a potential “fix” for those who can’t swallow, these options are physically trying and/or humiliating for the dying individual. In countries that allow either ingestion or IV infusion, the vast majority of individuals and physicians (95% in the Netherlands and 98% in Canada) choose IV infusion as it is more reliable and faster than ingestion.

The decision to utilize oral or IV delivery of MAiD drugs should be left up to the agreed upon preference of the patient and physician as is the case with every other medical decision.

**Request #3: Allow a person with early to mid-stage dementia to be evaluated for and access MAiD when two physicians find that they have sufficient capacity to understand the consequences of their choice.**

Rationale: A recent update to the *Alzheimer’s Disease and Related Dementias Facts and Figures in California: Current status and Future Projections* report showed the number of people living with dementia will more than double from 991,263 estimated in 2019 to over 2.1 million in 2040. One in five Californians over the age of 65 will develop dementia.

Today it is virtually impossible for people with dementia to get MAiD within California; however, many within the early to mid-stages of the disease have the capacity to make their own health care decisions and to understand what they desire when they request MAiD. People living with dementia maintain the right to make medical decisions if they have capacity, so why should it be different when requesting MAiD?

**Key Points**

**Polling results show that a significant number of Americans support MAiD:**

In 2019, **75%** of Californians supported the EOLOA.

In 2020, a Gallup poll showed that **74%** of Americans think that when a person has an incurable disease, doctors should be able to end a patient’s life upon their request.

In 2021, a Susquehanna Polling & Research Poll found that nationally, **voters are eight times “more likely” to vote for a candidate for the state legislature if they sponsor or support MAiD legislation.**

### **Additional compelling reasons to support our three requests:**

Respect for autonomy: Decisions about the time and circumstances of death are very personal. A competent individual should have the right to choose when, where, how, and with whom their death will happen.

Individual liberty vs. state interest: MAiD is health care, and as such should be a private discussion between a person and their health care provider. The state should not interfere with an individual's freedom in this most intimate decision and their constitutional right to privacy.

Cost: Expanding California's EOLOA has no financial impact on California, but potentially saves millions of dollars for constituents and insurance companies.

### **Rebuttals to our opponents' arguments against MAiD:**

The "Slippery Slope": An argument sometimes used against MAiD is that it is impossible to set secure limits and that an individual could be taken advantage of. Since the first MAiD law was passed in Oregon 25 years ago, there has not been a single documented case of abuse. Over two decades of rigorously observed and documented MAiD experiences show that the law works with none of the problems that opponents predicted. In the California Department of Public Health's July 2022 report, the majority of the 486 Californians that utilized MAiD in 2021 were 60 years or older, educated, and had health insurance, with 66.0% having cancer, 13.2% having a neurological disease, 8.4% having cardiovascular disease, 6.6% having a respiratory disease, and the remaining 5.8% having other diseases such as kidney disease, endocrine/nutritional/metabolic disease, immune-mediated disease, or cerebrovascular disease.

The Moral/Religious Argument: Some religious groups are opposed to MAiD; however, their opposition to abortion has not led the state of California to take away a woman's right to choose. Why should it be different with respect to an end-of-life choice?

While some religious groups may not support MAiD, other religious leaders around the world do support MAiD. Archbishop Desmond Tutu said, "Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death." Bishop Shelby Spong said, "I am a Christian whose faith has led him to champion the legal, moral, and ethical right that I believe every individual should be given — to die with dignity and to have the freedom to choose when and how that dignified death might be accomplished."