



SB 1196: End of Life Option Act

SUMMARY

SB 1196 modifies the [End of Life Option Act](#) (EOLA) to expand options for adults with an incurable illness or disease that will result in their natural death who want, and qualify for, aid-in-dying medicine.

BACKGROUND

Existing law defines terminal disease as “an incurable and irreversible disease that has been medically confirmed and will, within reasonable medical judgment, result in death within six months.”

Under EOLA, the aid-in-dying medicine must be self-administered, meaning the person does the “affirmative, conscious, and physical act of administering and ingesting the aid-in-dying medicine to bring about their own death.” Self-administration is what separates aid-in-dying from euthanasia.

EOLA has several safeguards. These include requiring a doctor to determine that the person has the capacity to make informed medical decisions and is not making the request under undue influence of another. The person must be [reminded](#) of alternative options, such as palliative care or pain control, and that they can change their mind at any time. The diagnosis and prognosis must be confirmed by a second provider.

Additionally, the person must directly make two oral requests, at least 48 hours apart, and submit a written request witnessed by two adults. Only one of the

witnesses can be related to the person or entitled to a portion of the person's estate, and at least one witness must not be the owner, operator, or employee of the health care facility where the person receives treatment. Neither witness may be the person's health care provider.

Existing law also protects a person who is present when the aid-in-dying medicine is ingested from criminal and civil liability, provided they do not assist the person's self-administration of the medicine. Further, no health care provider, entity, or organization is subject to any legal or professional disciplinary action for good faith participation or refusing to participate.

PROBLEM

Since becoming law in 2016, it has become clear two provisions are needlessly excluding many Californians from accessing aid-in-dying medicine.

First is the six month prognosis required to qualify as a terminal illness. Research results are [mixed](#) on the [accuracy](#) of prognostic estimates, with higher accuracy the [closer](#) the patient is to death (within days to weeks). Relying on a faulty metric can result in improper determination of how long a person will live with a terminal prognosis.

Further, people with [dementia](#) and other progressive neurological conditions will likely lose the required cognitive capacity to obtain and the physical capacity to ingest aid-in-dying medication well before they have only six months of life expectancy.

The second issue with the EOLA is limiting how the aid-in-dying drug can be taken; specifically, it must be ingested. Typically that means the medicine must be taken by mouth or otherwise entered into the digestive tract. However, many patients may lose their ability to hold a cup or swallow, and may not have the strength and coordination to use a syringe.

In addition, the aid-in-dying drug can cause painful burning of the esophagus or even vomiting, even if an antiemetic medication is taken first.

SOLUTION

In order to achieve the intent of the original law, SB 1196 will replace "terminal disease" with "a grievous and irremediable medical condition."

A grievous and irremediable medical condition is a serious and incurable illness or disease that meets all of the following:

- Places the individual in a state of irreversible decline in capability and the individual's suffering is palpable;
- Causes the individual to endure physical suffering due to illness, disease, or state of decline that is intolerable to the individual and the physician has determined there is no proven alternative to the patient's situation that the patient has not already attempted or is willing to attempt due to the nature of the treatment; and
- After taking into account all of the individual's medical circumstances, it is reasonably foreseeable that the condition will become the individual's natural cause of death.

In addition, SB 1196 will:

- Expand the EOLA to those with early- to mid-stage dementia

- Allow for aid-in-dying medicine to be received through an intravenous (IV) infusion that is self-administered by the patient
- Remove the 2031 sunset date

Nothing in SB 1196 changes existing safeguards or liability protections contained in the current law.

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