



Broadening California's End of Life Option Act (EOLOA)

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OUR MISSION

To broaden California's End of Life Option Act to include individuals suffering from progressive, incurable diseases that are not currently covered under the law, thereby giving them the right to choose a legal and peaceful death with Medical Aid in Dying.

YOUR VOICE MATTERS IN THIS EFFORT!!

Go to our website and click on the "[Join Our Effort](#)" button to support our proposal.

Proposed Changes to Broaden California's End-Of-Life Option Act

REQUEST #1

Grant Patients with Neurodegenerative Diseases the Right to Medical Aid in Dying (MAiD):

Allow those with progressive neurodegenerative diseases (all forms of dementia, Parkinson's Disease, ALS, MS, and other lesser-known neurodegenerative diseases) to request MAiD, as long as they retain their cognitive capacity and their physical capacity to self-administer the medication. These patients would not be required to have a prognosis of six months or less to live.

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. People living with dementia maintain the right to make medical decisions if they have capacity, so why should it be any different when requesting MAiD?

REQUEST #2

Introduce a Self-Administered IV Option:

California's current End of Life Option Act (EOLOA) leaves many with progressive neurodegenerative diseases like ALS (Lou Gehrig's disease), Parkinson's disease, and multiple sclerosis without feasible options for medical aid in dying. As these conditions advance, individuals often lose the physical ability to self-administer medication by mouth or syringe due to difficulty swallowing, or diminished strength and coordination. Additionally, those with gastrointestinal issues may struggle to absorb the medication, leading to prolonged and potentially distressing dying processes.

RATIONALE: To address these challenges, California should adopt an intravenous (IV) option for administering medical aid in dying medication. This would remain self-administered with minimal physical effort, offering a safe and compassionate choice. The current "fix" for those who can't swallow is administering the medication through a feeding tube or a rectal tube. These options are physically trying and/or humiliating for the dying individual. The majority of countries with medical aid in dying provide both oral and IV options.



Notably, in Canada and the Netherlands, over 95% of patients and physicians prefer IV infusion due to its reliability and avoidance of deaths delayed by hours. Ultimately, the choice between oral and IV administration should be based on the patient and physician's preference, as with any other medical decision, ensuring dignity and autonomy at the end of life.

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.**

In 2023, a nationwide poll conducted by Susquehanna Polling found that 79% of respondents with a disability believe that MAiD should be legal for mentally competent adults.

Additional compelling reasons to support our two 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.

Rebuttals to the opposition's arguments:

Rebuttal #1

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 in Oregon nearly 30 years ago, there hasn't been a single documented case of abuse. California's 2023 report found that most MAiD users were older, educated, and insured, seeking a dignified choice amid serious illnesses like cancer and neurological disease.

History shows that many social shifts we now consider fundamental—like ending slavery, granting women's suffrage, and securing LGBTQ+ rights—were once feared as “slippery slopes.” Society has consistently set and upheld boundaries around these rights.



Rebuttal #2-

Respecting Diverse Beliefs at the End of Life - While some religious groups oppose Medical Aid in Dying (MAiD), it's important to remember that California respects personal autonomy in healthcare decisions. Just as a woman's right to choose was upheld even amid opposition, shouldn't end-of-life choices be afforded the same respect? Personal beliefs may shape individual choices, but they should not dictate the options available to everyone.

Not all faith leaders oppose MAiD; some deeply compassionate voices support it as a path to dignity. Archbishop Desmond Tutu advocated for this choice, affirming that "dying people should have the right to choose how and when they leave Mother Earth." Bishop Shelby Spong, another faith leader, 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."

Medical Aid in Dying isn't a requirement; it's an option — one that ensures each person can make the choice that aligns with their values and beliefs. This isn't about diminishing palliative care but complementing it, so each of us can approach our end-of-life journey with dignity, respect, and personal agency.

