Death with Dignity

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# Death with Dignity in California

## Fact Sheet

### THE LAW

TITLE: ABX2-15, End of Life Option Act

DATE ENACTED: October 5, 2015
EFFECTIVE DATE: June 9, 2016

WHAT IT DOES: Allows qualified terminally ill people to request and obtain medications to hasten their imminent death at a time and place of their choosing.

### BENEFITS OF DEATH WITH DIGNITY LEGISLATION

AUTONOMY AND CONTROL: Death with Dignity allows the terminally ill to decide for themselves what's best for them and to regain control over their illness and the conditions of their deaths.

PEACE OF MIND: The option to die a peaceful death at a time and place of their choosing provides the terminally ill with invaluable peace of mind at an extremely private time of their lives.

EXPANDED END-OF-LIFE OPTIONS: Death with Dignity laws improve palliative and hospice care. More than 90% of Oregonians requesting Death with Dignity medications are on hospice, twice the US average.

RESPECTING END-OF-LIFE WISHES: The law allows to die at a place and time of one's choosing. While nationally only 20% of people die at home, 90% of people using Death with Dignity laws do.

> *For those who value control and choice, the peace that Death with Dignity brings is invaluable."*
>
> **—LISA VIGIL SCHATTINGER**

### ACCESSING THE ACT

It is up to patients and physicians to implement the law. Patients make the request to their attending physician who then guides them through the process.

Using the law is *voluntary* for both patients and doctors. Only the patient can make the oral requests for medication, in person. The patient can rescind the request at any time.

ELIGIBILITY REQUIREMENTS: Only adult California residents who are mentally competent and have a terminal illness that will lead to death in 6 months or less qualify. Patients must be capable of taking the medication themselves, without assistance.

CONFIRMED DIAGNOSIS AND PROGNOSIS: Two licensed physicians must verify the patient's eligiblity for the law, including their mental competency (ability to make their own healthcare decisions), diagnosis, and prognosis. If a psychiatric or psychological disorder or depression causing impaired judgment is suspected, the patient must undergo an evaluation.

PROCEDURE: The patient must make two oral requests in person, at least 15 days apart. A written request must be witnessed by two people, one of whom is not an heir. Within 48 hours of taking the medications the patient must sign a final attestation form.

FORMS: All forms for the implementation of the law are part of the statute. The forms are also available for download at DeathwithDignity.org/CAforms.

PENALTIES: There are criminal penalties for violations, particularly coercion.

## WHAT YOU CAN DO NOW

DISCUSS YOUR END-OF-LIFE WISHES WITH YOUR DOCTOR: It is important to have this discussion in person and as early as possible to ascertain your doctor shares your values around physician-assisted dying. If they are unwilling to participate in the End of Life Option Act (or if their employer prohibits them from participating), find a new physician who treats your condition and transfer your care to them.

SIGN AN ADVANCE CARE DIRECTIVE: Advance care planning is essential to ensure your end-of-life wishes are honored. Discuss your end-of-life wishes and your advance care directive with your loved ones, and make sure they know and understand your wishes.

ESTABLISH RESIDENCY: Only California residents may use the End of Life Option Act. Before making a request, make sure you have proof of residency to show to your physician. Such proof may include:

- a state issued identification card or driver's license; or
- documents showing you rent or own property in the state; or
- a state voter registration; or
- a recent state tax return.

## THE RIGHT TO CONTINUE BEING THE SAME PERSON

by Nora Miller

My husband Rick and both agreed we'd prefer to control the conditions of our own deaths. In early 1999 Rick's diagnosis of lung cancer left no room for doubt or hope for something less final. He said, "I will be using the Oregon law."

We were able to keep Rick at home. He made his first oral request under the Oregon Death with Dignity Act, followed by a written request, and the final verbal request in early November. Rick's oncologist was reasonable and sympathetic; he agreed Rick was of sound mind, not depressed, and definitely terminal, and wrote the prescription on a cold, rainy Friday in early November.

Rick told me he thought he'd be a lot sicker when he'd be making the decision to use the prescription. He was, in fact, a lot sicker than he thought. The day he made his decision had been a hard one. He was ready to go. I challenged his intention. He was sure, calmer than he'd been in weeks, almost jovial, relieved. He needed the control and the ability to choose, and he needed to know that, in the end, we'd have joy and love in the midst of our sorrow. This was a last loving gift we gave each other. I wanted nothing more than to make that possible for him. I've never once regretted it. It was his life and it was his death—he needed the right to decide how it would happen. To provide real dignity in dying, we must unconditionally respect the unique and inherent personhood of the person at the center of the process.

The dignity people seek in the dying process is unique to them. But for every single person who is dying, Death with Dignity means having the right to continue to be the person they've always been. ■



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