

## RESOLUTION 10-06-2014

### DIGEST

#### Health Care: Enabling Dying Patients to Request Aid-in-Dying Medication

Adds Health and Safety Code section 7195 to authorize the provision of aid-in-dying medication to competent terminally-ill adults upon request after medical consultation and informed consent.

### RESOLUTIONS COMMITTEE RECOMMENDATION DISAPPROVE

#### History:

Similar to Resolution 06-01-2003, which was approved in principle.

#### Reasons:

This resolution adds Health and Safety Code section 7195 to authorize the provision of aid-in-dying medication to competent terminally-ill adults upon request after medical consultation and informed consent. This resolution should be disapproved because it is biased in favor of euthanasia over other efficacious humane and dignified end-of-life care alternatives, without ensuring adequate informed consent, and because of numerous errant provisions which would require extensive amendment.

There are three states which have passed “Death With Dignity” legislation – Oregon (1997), Washington (2009), and Vermont (2013). Similar statutes offered in California – AB 654 and AB 651 (2005), and AB 374 (2007) – failed to pass committee. This resolution appears modeled after legislation offered in Montana which failed to pass.

While this resolution is laudable, disapproval is based on a number of concerns. First, the informed consent provision is weighted in favor of euthanasia without an adequate disclosure, ensuring that the patient is advised of the advantages and limitations of alternative care and treatment modalities, and the reasonable expectations for each. Those other modalities can also assure compassion and ultimately death with dignity. Hospice and palliative care, with medication for comfort and pain, have been proven to be an effective and meaningful approach in all but 5-10% cases. The proposed consent form misleadingly, and circularly, implies that euthanasia is the only option for ending life in a humane and dignified manner. The resolution also lacks provision for a waiting or cooling-off period between any decision to end life and the dispensing of the aid-in-dying medication. A waiting period should be included because of the finality of any decision to take aid-in-dying medication, the realities of preconceived notions and biases, emotionality, economics, concern for others, fear and impulsivity – factors which commonly influence decision-making – and an irrevocable decision being made amid the circumstances of the moment, in a condition which, even if terminal, often waxes and wanes and may be susceptible to other medical or therapeutic intervention and modulation. Moreover, there are a number of troublesome provisions included in the resolution, including sections 13 (abrogating contract and will provisions), and 15-18 (regarding seemingly inconsistent rights, prerogatives, immunities and sanctions). Finally, the references to Title 37 and 37-1-308 in Section 15, Title 45-2-101 in Section 18, and Title 50 in Section 22, do not relate to California law, and incorporate inscrutable terms.

### TEXT OF RESOLUTION

RESOLVED, that the Conference of California Bar Associations recommends that legislation be sponsored to add Health and Safety Code section 7195 to read as follows:

1 Section 1. Short title. [Sections 1 through 20] may be cited as the "Death With Dignity Act".

2  
3 Section 2. Definitions. As used in [sections 1 through 20], the following definitions apply:

4 (a) "Adult" means an individual who is 18 years of age or older.

5 (b) "Aid-in-dying medication" means medication prescribed by a physician to a qualified  
6 patient, which the patient may choose to self-administer to bring about a peaceful death if they  
7 find their suffering to be unbearable.

8 (c) "Attending physician" means the physician who has primary responsibility for the care  
9 of a patient and treatment of the patient's terminal illness.

10 (d) "Competent" means that, in the opinion of a court or in the opinion of a patient's  
11 attending physician, consulting physician, psychiatrist, or psychologist, the patient has the ability  
12 to make and communicate an informed decision to health care providers, including  
13 communication through a person familiar with the patient's manner of communicating if that  
14 person is available.

15 (e) "Consulting physician" means a physician who is qualified by specialty or experience  
16 to make a professional diagnosis and prognosis regarding a patient's illness.

17 (f) "Counseling" means one or more consultations as necessary between a patient and a  
18 psychiatrist or psychologist licensed in this state for the purpose of determining that the patient is  
19 competent and is not suffering from a psychiatric or psychological disorder or depression  
20 causing impaired judgment.

21 (g) "Department" means The California Department of Public Health (CDPH), as  
22 identified in the California Health & Safety Code (HSC).

23 (h) (1) "Health care provider" or "provider" means a person licensed, certified, or  
24 otherwise authorized or permitted by law to administer health care or dispense medication in the  
25 ordinary course of business or practice of a profession.

26 (2) The term includes a health care facility as governed by HSC.

27 (i) "Informed decision" means a decision by a patient to request and obtain a prescription  
28 for medication that the patient may self-administer to end the patient's life, that is based on an  
29 understanding and acknowledgment of the relevant facts and that is made after being fully  
30 informed by the attending physician of:

31 (1) the patient's medical diagnosis and prognosis;

32 (2) the potential risks associated with taking the medication to be prescribed;

33 (3) the probable result of taking the medication to be prescribed;

34 (4) the possibility that they can choose to keep the medication, but not self-administer the  
35 medication; and

36 (5) the feasible alternatives or additional treatment opportunities, including but not  
37 limited to comfort care, hospice care, and pain control.

38 (j) "Medically confirmed" means the medical opinion of the attending physician has been  
39 confirmed by a consulting physician who has examined the patient and the patient's relevant  
40 medical records.

41 (k) "Patient" means a person who is under the care of a physician.

42 (l) "Physician" means a doctor of medicine or osteopathy licensed to practice medicine in  
43 this state.

44 (m) "Qualified patient" means a competent adult who has satisfied the requirements of  
45 sections 1 through 20.

46 (n) "Self-administer" means a qualified patient's act of ingesting medication to end the  
47 qualified patient's life in a humane and dignified manner.

48 (o) "Terminal illness" means an incurable and irreversible illness that has been medically  
49 confirmed and will, within reasonable medical judgment, result in death within six (6) months.

50  
51 Section 3. Right to request aid-in-dying medication.

52 (1) A competent terminally ill adult may make a documented request to receive a  
53 prescription for aid-in-dying medication if:

54 (a) the patient's attending physician and a consulting physician, except as provided in  
55 [section 7], has determined the patient to be suffering from a terminal illness; and

56 (b) the patient's has voluntarily expressed the wish to receive aid-in-dying medication.

57 (2) A person may not qualify under the provisions of [sections 1 through 20] solely  
58 because of age or disability.

59  
60 Section 4. Request process -- witness requirements.

61 (1) A patient wishing to receive a prescription for aid-in-dying medication pursuant to  
62 this Act shall submit an oral request and a written request to the patient's attending physician.

63 (2) A valid written request for aid-in-dying medication under [sections 1 through 20]  
64 must be:

65 (a) in substantially the form described in [section 11];

66 (b) signed and dated by the patient; and

67 (c) witnessed by at least two individuals who, in the presence of the patient, attest that to  
68 the best of their knowledge and belief the patient is:

69 (i) competent;

70 (ii) acting voluntarily; and

71 (iii) not being coerced to sign the request.

72 (3) One of the witnesses must be an individual who is not:

73 (a) related to the patient by blood, marriage, or adoption;

74 (b) at the time the request is signed, entitled to any portion of the patient's estate upon  
75 death of the qualified patient under a will or any operation of law; or

76 (c) an owner, operator, or employee of a health care facility where the patient is receiving  
77 medical treatment or where the patient resides.

78 (4) The patient's attending physician may not be a witness to the signing of the written  
79 request.

80 (5) If the patient is a patient in a long-term care facility, as defined in California Health  
81 and Safety Code at the time the written request is made, one of the witnesses must be an  
82 Ombudsman or similar professional designated by the facility and meeting qualifications  
83 established by the department by rule.

84  
85 Section 5. Right to rescind request -- requirement to offer opportunity to rescind.

86 (1) A qualified patient may at any time rescind their request for aid-in-dying medication  
87 without irrespective of his/her mental state.

88 (2) The attending physician shall explain the patient's right to rescind the request prior to  
89 writing a prescription for aid-in-dying medication under [sections 1 through 20].

90  
91 Section 6. Attending physician responsibilities.

92 (1) The attending physician shall:

93 (a) make the initial determination of whether an adult patient:

94 (i) is competent;

95 (ii) has a terminal illness; and

96 (iii) has voluntarily made the request for aid-in-dying medication pursuant to [sections 3  
97 and 4];

98 (b) ensure that the patient is making an informed decision as defined in Section (2)(i).

99 (c) except as provided in [section 7], refer the patient to a consulting physician to confirm  
100 the diagnosis and prognosis and for a determination that the patient is competent and is acting  
101 voluntarily;

102 (d) if appropriate, refer the patient for counseling pursuant to [section 8];

103 (e) ensure that the patient's request does not arise from coercion or undue influence by

104 another person;  
105 (f) recommend that the patient notify the patient's next of kin;  
106 (g) counsel the patient about the importance of:  
107 (i) having another person present when the patient takes the aid-in-dying medication  
108 prescribed pursuant to [sections 1 through 20]; and  
109 (ii) not taking the aid-in-dying medication in a public place;  
110 (h) inform the patient that the patient may rescind the request for aid-in-dying  
111 medication at any time and in any manner;  
112 (i) offer the patient an opportunity to rescind the request for medication before  
113 prescribing the aid-in-dying medication;  
114 (j) verify, immediately prior to writing the prescription for medication, that the patient is  
115 making an informed decision;  
116 (k) fulfill the medical record documentation requirements of [section 12];  
117 (l) ensure that all appropriate steps are carried out in accordance with [sections 1 through  
118 20] before writing a prescription for aid-in-dying medication to enable a qualified patient, and  
119 (m) (i) dispense aid-in-dying medications directly, including ancillary medication  
120 intended to minimize the qualified patient's discomfort, if the attending physician:  
121 (A) is registered as a dispensing physician with the board of medical examiners provided  
122 for in the California Health and Safety Code.  
123 (B) has a current drug enforcement administration certificate; and  
124 (C) complies with any applicable administrative rule; or  
125 (ii) with the qualified patient's written consent, contact a pharmacist, inform the  
126 pharmacist of the prescription, and deliver the written prescription personally or by mail to the  
127 pharmacist, who shall dispense the medications to either the qualified patient, the attending  
128 physician, or a person expressly designated by the qualified patient.  
129 (2) Unless otherwise prohibited by law, the attending physician may sign the qualified  
130 patient's death certificate.

131  
132 Section 7. Consulting physician confirmation -- waiver.  
133 (1) Before a patient may be considered a qualified patient under [sections 1 through 20],  
134 a consulting physician shall:  
135 (a) examine the patient and the patient's relevant medical records;  
136 (b) confirm in writing the attending physician's diagnosis that the patient is suffering  
137 from a terminal illness; and  
138 (c) verify that the patient:  
139 (i) is competent;  
140 (ii) is acting voluntarily; and  
141 (iii) has made an informed decision.  
142 (2) (a) The requirements of this section do not apply if in the attending physician's  
143 opinion the requirements would result in an undue hardship for the patient because:  
144 (i) the patient's terminal illness is sufficiently advanced that confirmation of the illness is  
145 not necessary; or  
146 (ii) an appointment with a consulting physician cannot be made within a reasonable  
147 amount of time or with a physician who is within a reasonable distance of the patient's residence.  
148 (b) An attending physician who waives the requirement for a confirmation by a  
149 consulting physician shall document the reasons for the waiver in the medical documentation  
150 required pursuant to [section 12].

151  
152 Section 8. Counseling referral.  
153 (1) An attending physician or a consulting physician shall refer a patient who has  
154 requested aid-in-dying medication under [sections 1 through 20] for counseling if in the opinion  
155 of the attending physician or the consulting physician the patient may be suffering from a

156 psychiatric or psychological disorder or depression causing impaired judgment.  
157 (2) Medication may not be prescribed pursuant to this Act until the person performing the  
158 counseling determines that the patient is not suffering from a psychiatric or psychological  
159 disorder or depression causing impaired judgment.

160  
161 Section 9. Informed decision required. A patient may not receive a prescription for aid-in-dying  
162 medication pursuant to [sections 1 through 20] unless the patient has made an informed decision  
163 as defined in [section 2]. Immediately before writing a prescription for aid-in-dying medication  
164 under [sections 1 through 20], the attending physician shall verify that the patient is making an  
165 informed decision.

166  
167 Section 10. Family notification recommended -- not required. The attending physician shall  
168 recommend that a patient notify the patient's next of kin of the patient's request for aid-in-dying  
169 medication pursuant to [sections 1 through 20]. A request for medication under [sections 1  
170 through 20] may not be denied because a patient declines or is unable to notify the next of kin.

171  
172 Section 11. Form of request. A request for medication as authorized by [sections 1 through 20]  
173 must be in substantially the following form:

174  
175 REQUEST FOR MEDICATION TO END MY LIFE  
176 IN A HUMANE AND DIGNIFIED MANNER I,....., am an  
177 adult of sound mind.

178 I am suffering from ....., which my attending physician has determined is a  
179 terminal illness and which has been medically confirmed by a consulting physician, unless my  
180 attending physician has waived the confirmation requirement as provided in [section 7].

181 I have been fully informed of my diagnosis and prognosis, the nature of the aid-in-dying  
182 medication to be prescribed and potential associated risks, the expected result, and the feasible  
183 alternatives or additional treatment opportunities, including comfort care, hospice care, and pain  
184 control.

185 I request that my attending physician prescribe medication that, if taken, will end my life  
186 in a humane and dignified manner and authorize my attending physician to contact any  
187 pharmacist about my request.

188 INITIAL ONE:  
189 ..... I have informed my family of my decision and taken their opinions into consideration.  
190 ..... I have decided not to inform my family of my decision.  
191 ..... I have no family to inform of my decision.

192 I understand that I have the right to rescind this request at any time.  
193 I understand the full import of this request and I expect to die if I take the aid-in-dying  
194 medication prescribed. I further understand that although most deaths occur within 3 hours, my  
195 death may take longer, and my attending physician has counseled me about this possibility.

196 I make this request voluntarily and without reservation, and I accept full moral  
197 responsibility for my actions.

198 Signed:.....

199 Dated:.....

200 DECLARATION OF WITNESSES

201 We declare that the person signing this request:  
202 (a) is personally known to us or has provided proof of identity;  
203 (b) signed this request in our presence;  
204 (c) appears to be of sound mind and not under duress, fraud, or undue influence; and  
205 (d) is not a patient for whom either of us is the attending physician.

206 .....Witness 1/Date

207 .....Witness 2/Date

208  
209 NOTE: One witness may not be a relative (by blood, marriage, or adoption) of the person  
210 signing this request, may not be entitled to any portion of the person's estate upon death, and may  
211 not own, operate, or be employed at a health care facility where the person is a patient or where  
212 the person resides. If the patient is an inpatient at a health care facility, one of the witnesses must  
213 be an individual designated by the facility.

214  
215 Section 12. Medical record documentation requirements. The following items must be  
216 documented or filed in the patient's medical record:

217 (1) the determination and the basis for determining that a patient requesting aid-in-dying  
218 medication pursuant to this Act is a qualified patient;

219 (2) all oral requests by a patient for aid-in-dying medication made pursuant to [section 4];

220 (3) all written requests by a patient for aid-in-dying medication made pursuant to  
221 [sections 3 and 4];

222 (4) the attending physician's diagnosis, prognosis, and determination that the patient is  
223 competent, is acting voluntarily, and has made an informed decision;

224 (5) unless waived as provided in [section 7], the consulting physician's diagnosis,  
225 prognosis, and verification that the patient is competent, is acting voluntarily, and has made an  
226 informed decision;

227 (6) the reasons for waiver of confirmation by a consulting physician, if a waiver was  
228 made;

229 (7) a report of the outcome and determinations made during counseling, if performed;

230 (8) the attending physician's offer before prescribing the aid-in-dying medication to allow  
231 the patient to rescind the patient's request for the medication; and

232 (9) a note by the attending physician indicating:

233 (a) that all requirements under [sections 1 through 20] have been met; and

234 (b) the steps taken to carry out the request, including a notation of the aid-in-dying  
235 medication prescribed.

236

237 Section 13. Effect on construction of wills, contracts, and statutes.

238 (1) A provision in a contract, will, or other agreement, whether written or oral, to the  
239 extent the provision would affect whether a person may make or rescind a request for aid-in-  
240 dying medication, is not valid.

241 (2) An obligation owing under any currently existing contract may not be conditioned or  
242 affected by a person making or rescinding a request for aid-in-dying medication.

243

244 Section 14. Insurance or annuity policies.

245 (1) The sale, procurement, or issuance of a life, health, or accident insurance or annuity  
246 policy or the rate charged for a policy may not be conditioned upon or affected by a person  
247 making or rescinding a request for aid-in-dying medication.

248 (2) A qualified patient's act of self-administering aid-in-dying medication may not have  
249 an effect upon a life, health, or accident insurance or annuity policy.

250

251 Section 15. Immunities -- prohibitions on certain health care providers -- notification --  
252 permissible sanctions.

253 (1) A person is not subject to civil or criminal liability or professional disciplinary action  
254 for participating in good faith compliance with [sections 1 through 20], including an individual  
255 who is present when a qualified patient self-administers the prescribed aid-in-dying medication.

256 (2) A health care provider or professional organization or association may not subject an  
257 individual to censure, discipline, suspension, loss of license, loss of privileges, loss of  
258 membership, or other penalty for participating or refusing to participate in good faith compliance  
259 with [sections 1 through 20].

260 (3) A request by a patient for or provision by an attending physician of medication in  
261 good faith compliance with the provisions of [sections 1 through 20] does not constitute neglect  
262 or elder abuse for any purpose of law or provide the sole basis for the appointment of a guardian  
263 or conservator.

264 (4) (a) A health care provider may choose whether to participate in providing to a  
265 qualified patient any aid-in-dying medication pursuant to sections 1 through 20] and is not under  
266 any duty, whether by contract, by statute, or by any other legal requirement, to participate in  
267 providing a qualified patient with the medication.

268 (b) If a health care provider is unable or unwilling to carry out a patient's request under  
269 [sections 1 through 20] and the patient transfers care to a new health care provider, the prior  
270 health care provider shall transfer, upon request, a copy of the patient's relevant medical records  
271 to the new health care provider.

272 (5) (a) Unless otherwise required by law, a health care provider may prohibit another  
273 health care provider from participating in [sections 1 through 20] on the premises of the  
274 prohibiting provider if the prohibiting provider has notified the health care provider in writing of  
275 the prohibiting provider's policy against participating in [sections 1 through 20]. Nothing in this  
276 subsection (5) shall prevent a health care provider from providing a patient with health care  
277 services that do not constitute participation in [sections 1 through 20].

278 (b) Notwithstanding the provisions of subsections (1) through (4), a health care provider  
279 may subject another health care provider to the following sanctions if the sanctioning health care  
280 provider has notified the sanctioned provider prior to participation in activities under [section 1  
281 through 20] that the sanctioning provider prohibits participation in activities under [sections 1  
282 through 20]:

283 (i) loss of privileges, loss of membership, or any other sanction provided pursuant to the  
284 medical staff bylaws, policies, and procedures of the sanctioning health care provider if the  
285 sanctioned provider is a member of the sanctioning provider's medical staff and participates in  
286 [sections 1 through 20] while on the health care facility premises of the sanctioning health care  
287 provider, but not including the private medical office of a physician or other provider;

288 (ii) termination of lease or other property contract or other nonmonetary remedies  
289 provided by lease contract, not including loss or restriction of medical staff privileges or  
290 exclusion from a provider panel, if the sanctioned provider participates in activities under  
291 [sections 1 through 20] while on the premises of the sanctioning health care provider or on  
292 property that is owned by or under the direct control of the sanctioning health care provider; or

293 (iii) termination of contract or other nonmonetary remedies provided by contract if the  
294 sanctioned provider participates in activities under [sections 1 through 20] while acting in the  
295 course and scope of the sanctioned provider's capacity as an employee or independent contractor  
296 of the sanctioning health care provider.

297 (c) The provisions of subsection (5)(b) may not be construed to prevent:

298 (i) a health care provider from participating in activities under [sections 1 through 20]  
299 while acting outside the course and scope of the provider's capacity as an employee or  
300 independent contractor; or

301 (ii) a patient from contracting with the patient's attending physician or consulting  
302 physician to act outside the course and scope of the provider's capacity as an employee or  
303 independent contractor of the sanctioning health care provider.

304 (d) A health care provider that imposes sanctions pursuant to subsection (5)(b) shall  
305 follow all due process and other established procedures of the sanctioning health care provider  
306 that are related to the imposition of sanctions on any other health care provider.

307 (6) For purposes of this section, "participating in" [sections 1 through 20]" means to  
308 perform:

309 (a) the duties of an attending physician pursuant to [section 6];

310 (b) the duties of a consulting physician pursuant to [section 7]; or

311 (c) the counseling function pursuant to [section 8].

312 (7) Suspension or termination of staff membership or privileges under subsection (5) is  
313 not reportable to a licensing board provided for in Title 37. Action taken pursuant to [section 4,  
314 6, 7, or 8] may not be the sole basis for a report of unprofessional conduct under 37-1-308.

315 (8) A provision of [sections 1 through 20] may not be construed to allow a lower standard  
316 of care for patients in the community where the patient is treated or in a similar community.

317  
318 Section 16. Nonsanctionable activities. A health care facility or provider may not sanction  
319 another health care provider under [section 15] for:

320 (1) making an initial determination that a patient has a terminal illness and informing the  
321 patient of the medical prognosis;

322 (2) providing information about the California Death With Dignity Act to a patient upon  
323 the request of the patient;

324 (3) providing a patient, upon the request of the patient, with a referral to another  
325 physician; or

326 (4) contracting with a patient to act outside the course and scope of the provider's  
327 capacity as an employee or independent contractor of a health care provider that prohibits  
328 activities under [sections 1 through 20].

329  
330 Section 17. Liabilities.

331 (1) Purposely or knowingly altering or forging a request for medication to end a patient's  
332 life without authorization of the patient or concealing or destroying a rescission of a request for  
333 medication is punishable as a felony if the act is done with the intent or effect of causing the  
334 patient's death.

335 (2) Purposely or knowingly coercing or exerting undue influence on a patient to request  
336 medication for the purpose of ending the patient's life or to destroy a rescission of a request is  
337 punishable as a felony.

338 (3) Nothing in [sections 1 through 20] limits further liability for civil damages resulting  
339 from other negligent conduct or intentional misconduct by any person.

340 (4) The penalties in [sections 1 through 20] do not preclude criminal penalties applicable  
341 under other law for conduct inconsistent with the provisions of [sections 1 through 20].

342  
343 Section 18. Penalties.

344 (1) It is a felony for a person without authorization of the patient to purposely or  
345 knowingly alter, forge, conceal, or destroy an instrument, the reinstatement or revocation of an  
346 instrument, or any other evidence or document reflecting the patient's desires and interests with  
347 the intent and effect of causing a withholding or withdrawal of life-sustaining procedures or of  
348 artificially administered nutrition and hydration that hastens the death of the patient.

349 (2) Except as provided in subsection (1), it is a misdemeanor for a person without  
350 authorization of the patient to purposely or knowingly alter, forge, conceal, or destroy an  
351 instrument, the reinstatement or revocation of an instrument, or any other evidence or document  
352 reflecting the patient's desires and interests with the intent or effect of affecting a health care  
353 decision.

354 (3) For purposes of this section, "purposely" and "knowingly" have the meaning provided  
355 in 45-2-101.

356  
357 Section 19. Claims by governmental entity for costs incurred. A governmental entity that incurs  
358 costs resulting from a qualified patient terminating the qualified patient's life in a public place  
359 while acting pursuant to [sections 1 through 20] may submit a claim against the estate of the  
360 person to recover costs and reasonable attorney fees related to enforcing the claim.

361  
362 Section 20. Construction. Nothing in [sections 1 through 20] may be construed to authorize a  
363 physician or any other person to end a patient's life by lethal injection, mercy killing, or active

364  euthanasia. Actions taken in accordance with [sections 1 through 20] shall not, for any purposes,  
365  constitute suicide, assisted suicide, mercy killing, homicide or elder abuse under the law.  
366  
367  Section 21. Severability. If a part of [this act] is invalid, all valid parts that are severable from  
368  the invalid part remain in effect. If a part of [this act] is invalid in one or more of its applications,  
369  the part remains in effect in all valid applications that are severable from the invalid applications.  
370  
371  Section 22. Codification instruction. [Sections 1 through 20] are intended to be codified as an  
372  integral part of Title 50.  
373  
374  Section 23. Effective date. [This act] is effective on passage and approval.

(Proposed new language underlined; language to be deleted stricken.)

**PROPONENT:** National Lawyers Guild - San Francisco Bay Chapter

### **STATEMENT OF REASONS**

The Problem: Penal Code section 401 states that “Every person who deliberately aids, or advises, or encourages another to commit suicide, is guilty of a felony.”

The Solution: This resolution would allow physicians to prescribe ethically and legally accepted palliative care treatments for patients to control pain and other symptoms .

The purpose of this proposed legislation is to improve the quality of end-of-life care for terminally ill Californians and their families. Many dying patients suffer, even with the best care and pain management. Others fear their pain will become unbearable. Supporters of compassionate care for the terminally ill believe patients should have a full range of end-of-life choices, whether for curative treatment, palliative care, refusal of life-prolonging treatment or the right to request medication the patient can choose to self-administer to bring about a humane and dignified death.

California is one of at least 34 states that outlaw assisted suicide. Physicians’ fear of criminal and civil liability and professional disciplinary actions can result in the denial of appropriate pain and symptom management and can cause terminally ill patients to suffer prolonged, agonized deaths against their will. Such laws can cause dying patients to turn to violent means to end their suffering or persuade loving family members to risk criminal prosecution. Aid in dying must be legalized to ensure patients receive safe and compassionate end-of-life care, and to protect everyone involved.

The right to ask one’s physician for aid in dying is based on the simple premise that people should be free. Especially when a person is terminally ill and death is near, he should be free to decide whether to prolong life as long as possible, or to end their suffering.

### **LEGISLATIVE HISTORY**

Not known.

### **IMPACT STATEMENT**

The proposed resolution does not affect any other law, statute or rule.

**AUTHOR AND/OR PERMANENT CONTACT:** Richard P. Koch, 268 Bush Street#3237,  
San Francisco, CA 94104; (415) 397-1060; rpkoch1@sbcglobal.net

**RESPONSIBLE FLOOR DELEGATE:** Richard Koch