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AB 2747: End of Life Care

AB 2747 (Berg, D-Eureka) End of Life care mandates that a terminally ill patient who receives a prognosis of one year or less to live is provided information and counseling regarding legal end of life options. Among the options available would be VSED (voluntary stopping of eating and drinking) and Palliative Sedation (making patient unconscious while withholding artificial food and hydration).

HISTORY & FACTS: Three times in the past four years the grassroots coalition, [Californians Against Assisted Suicide](#) (CAAS), has been successful in stopping the “Compassionate Choices Act,” a bill sponsored by *Compassion in Choices* (formerly the *Hemlock Society*), that would have legalized physician-assisted suicide in California. In their attempts to pass the legislation, the proponents used “individual rights” arguments, redefined “compassion” to mean pity rather than solidarity, and intentionally blurred the line between caring and killing at the end of life. In 2008, Compassion in Choices has turned most of its attention to Washington state where they hope to place an initiative to legalize assisted suicide on the November ballot.

This year, Assemblywoman Berg, the author of the three failed assisted suicide bills, introduced AB 2747—a “stealth” bill which creates a framework for the implementation of her “Compassionate Choices Act,” should it ever become legal. The bill also mandates that healthcare providers offer a “menu” of end of life choices to patients who receive a terminal diagnosis and places in law a definition of VSED and palliative sedation.

CAAS as well as Northern California Oncologist Association (ANCO) are opposing AB 2747 unless amended to remove the definition of palliative sedation and the mandated “presentation of a menu of end of life choices” to terminally ill patients.

Talking Points

- ◆ Communication between physicians and patients—particularly in an area as significant as end of life care—is extremely complex because it involves cultural, religious, and psychological factors as well as family dynamics. This legislation will irritate the physicians.
- ◆ End of life care options are already provided to patients by licensed health care providers.
- ◆ Often patients who have received a terminal diagnosis sink into depression. Rather than offering such patients options to immediately “end it all” they ought to be offered counseling.
- ◆ AB 2747 dangerously links cost considerations to life and death decisions. Presenting patients who have just received a “terminal diagnosis” with a list of options for end of life care that include VSED and palliative sedation would put incredible pressure on them to “choose to die”—especially those who are uninsured, ill, disabled, old or poor.
- ◆ If those patients who receive a “terminal diagnosis” are offered comfort and compassion, they will not be interested in hurrying their death, but will relish and live their last days well.

CHURCH TEACHING:

“True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear. Moreover, the act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those, such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages.

—John Paul II, *Evangelium Vitae*, No. 66 (1995)