



## THE ISSUE: ASSISTED SUICIDE / END OF LIFE

**SB 1002 (Monning) End of Life Option Act: Telephone Number.** This bill would require the California Department of Public Health to establish and maintain a toll-free telephone number for the purpose of receiving and responding to inquiries regarding the End of Life Option Act. **(Oppose)**

**2016-17 State Budget Act. Aid-in-dying prescription drugs: coverage for Medi-Cal beneficiaries.** This budget item, would require coverage for an aid-in-dying drug prescription to be provided to a Medi-Cal recipient who meets the qualifications of the End of Life Option Act and who requests a prescription in accordance with that act, and would require the cost for those services to be provided with state-only funds. **(Oppose)**

### HISTORY & BACKGROUND

The End of Life Option Act, AB X2 15 (Eggman), which legalizes physician-assisted suicide in California, was passed by the legislature in a special session. It will go into effect on June 9, 2016. This “travesty of compassion” invites patients to consider false choices and provides illusionary safeguards.

### CHURCH TEACHING

We believe we are created in the image of God and hold life to be sacred from conception to natural death. We believe that we are stewards, not owners, of this gift of life from a loving God. We support patient-focused, quality and compassionate end-of-life care, and responsible patient autonomy. We oppose assisted suicide or euthanasia, which ruptures the physician-patient relationship and puts our most vulnerable patients, particularly the elderly and poor, at risk of coercion and abuse. The healing art of medicine, which includes palliative and hospice care, should combine medical skill with attention to the emotional as well as spiritual needs of those facing the end of life.

### TALKING POINTS

- ▶ **SB 1002** would allow the state to intervene in what was originally promoted as a private and personal decision between patient and doctor, resulting in an inappropriate and conflicting role for the state, and potentially exposing the state to liability.
- ▶ **SB 1002** Utilizing state resources in order to establish an EOLO Act “information” line instead of devoting a much needed increase of funds for suicide-prevention is poor public policy, and in effect, contradictory to what the state’s response has been for many decades, which is to aid in the prevention of suicides.
- ▶ **The related budget item** would newly authorize the state of California to purchase lethal drugs for an estimated 443 Medi-Cal patients who want their physician to help them commit suicide. California would pay an estimated \$5,400 per patient for the drugs alone. The cost estimate also suggests that the State will pay for the two required doctor visits to obtain the lethal drugs but that only nine of the expected 443 cases will be sent for mental health evaluations since none is required by the new law.
- ▶ **The related budget item** does nothing to help Medi-Cal patients gain increased access to high quality palliative or hospice care, which was designed to improve the quality of life for patients and their family facing serious illnesses. Even more astounding is the fact that a recent study has shown that Medi-Cal recipients have only a one in three chance of even getting cancer treatments under the system and often cannot obtain second doctor’s opinions.

*“All life has  
inestimable  
value, even the  
weakest and  
most vulnerable,  
the sick, the old,  
the unborn and  
the poor...  
deserv[e] the  
utmost  
reverence and  
respect.”*

*~Pope Francis*