April 20, 2015

The Hon. Fran Pavley  
California State Senate  
State Capitol, Room 5108  
Sacramento, CA 95814

Dear Sen. Pavley:

The California Disability Alliance (CDA) urges you to oppose Senate Bill 128 (Wolk-Monning). Like its failed predecessors, this dangerous bill would legalize physician-assisted suicide while failing to provide any real protection against the hazards it poses.

SB 128 would make lethal medication available to individuals with "terminal illnesses," defined as those with "an incurable and irreversible illness that has been medically confirmed and will, within reasonable medical judgment, result in death within six months." People with disabilities know all too well how unreliable a prognosis of six months to live can be. Many of us were given such a prognosis years ago—and lived to tell about it! Unfortunately, patients with life-threatening illnesses and/or severe new disabilities may be prone to accept such a diagnosis and to act on options like assisted suicide even though there is a strong possibility that their "terminal" prognosis could be wrong. This is especially true given the fears and stereotypes about disability that abound in the medical profession and throughout society.

CDA has a broad agenda for promoting the health, independence and full community inclusion of persons with disabilities. We are convinced that legalizing physician-assisted suicide or euthanasia in the present environment of increasingly cost-driven health-care and budgeting decisions will adversely affect our efforts to achieve these goals and will result in unnecessary deaths among people in poverty, people with disabilities, and elderly people.

Like many proponents of assisted suicide, we support individual autonomy. Indeed, that is a hallmark of disability rights. We also have compassion for terminally ill patients and their families. However, we would like to remind committee members and staff that current law already allows an informed patient to refuse unwanted medical treatment and to receive appropriate medication for intractable pain, even if death is a possible outcome.

Despite claims by supporters of assisted suicide, a close examination of the experience in Oregon and the Netherlands makes it clear that there are no effective, enforceable safeguards. The truth is that real safeguards aren’t possible, in part because what some see as essential protection is sure to be viewed by others as an unnecessary barrier and ultimately will be ignored (unofficially) and/or loosened (officially). Furthermore, there is an inherent tension between privacy concerns and the need for access to individually identifiable information in order to investigate specific cases and to enforce any written safeguards. People with disabilities are particularly at risk when this happens because of deeply ingrained fears and stereotypes, and because of certain legal decisions that already have equated severe disability with terminal illness. Furthermore, there is no way to legislate safeguards against the perverse financial incentives that legalization would set in motion—financial incentives that would undermine the entire health-care system.

For these reasons and more, we urge you to reject any attempt to legalize assisted suicide or euthanasia. Instead, we need to focus on improving palliative care and pain management for terminally ill patients. It would be very bad public policy to approve a law that might help a small number of people at the expense of a much larger number of Californians.

Sincerely,

Laura Remson Mitchell  
Executive Director  
California Disability Alliance

P.S. Note that House Bill 3337, recently introduced in the Oregon Legislature, would expand the definition of "terminal disease" from one likely to cause death within six months to one causing death within one year.