

# NO on SB128

**THEY SAY; WE SAY**

***SB 128 – Legislation legalizing physician-assisted suicide***

**THEY SAY:**                    ***PROPONENTS’ ARGUMENTS FOR LEGALIZING AID IN DYING (“COMPASSIONATE CHOICE”)***

**WE SAY:**                    ***ASSISTED SUICIDE OPPONENTS***

<b>THEY SAY:</b>	<b>WE SAY:</b>
<b><i>If I am diagnosed with a “terminal” illness, it is my choice to control my own form of death. My Life, My Death, My Choice.</i></b>	<p>SB 128 takes choice away from those without health care access and shifts it to insurance companies. HMO's get to decide what they will pay for and at \$100 prescription cost - assisted suicide is their cheapest option.</p> <p>If SB 128 is about “choice”, then assisted suicide should be equally available to everyone regardless of prognosis or disease type. Anyone suffering and experiencing their own pain due to chronic mental illness, severe rheumatoid arthritis, or muscular dystrophy should have the “right to choose” to end their suffering and pain as much as a presumably terminal cancer patient.</p> <p>If one has the choice at six months to live, why should that same choice not extend to seven months to live? Or a year, or five years?</p> <p>On a practical level, families will have one less argument to dissuade a chronically depressed or manically diagnosed loved one from taking his or her life, since it’s really a matter of “personal choice”. Pain and suffering are in many ways subjective scales. How can we say a veteran with a war time paralysis isn’t a lot more miserable than Brittany Maynard was, who chose to end her life <i>before</i> the pain got worse?</p> <p>We can’t.</p>

<p><b>THEY SAY:</b> <i>California can look to Oregon as an example of how this choice might affect their state.</i></p>	
<p><b>WE SAY:</b> Where else would California legislators look to states like Oregon, Washington, and Vermont for legislative direction? These are three states with relatively homogenous populations that could not look more different than California.</p> <p>Why Californians shouldn't look to Oregon:</p>	
<p><b>California</b></p> <ul style="list-style-type: none"> <li>▪ California has a population of more than 38 million people</li> <li>▪ Over 15.3 million Californians speak a language other than English at home</li> <li>▪ Of those, nearly 6.8 million speak English less than “very well”</li> <li>▪ California is home to more than 2.2 million African-Americans, 14.2 million Hispanics, and 5 million Asians. There are 4.8 million other minorities that also live in California.</li> <li>▪ Over 8.1 million individuals are below poverty level, according to the Public Policy Institute of California</li> <li>▪ There are over 3.7 million individuals with disabilities</li> <li>▪ 11.3 million Californians are on Medi-Cal, according to the CA Department of Healthcare Services</li> </ul> <p>[Population, ethnic &amp; language data taken from the 2010 US Census]</p>	<p><b>Oregon</b></p> <ul style="list-style-type: none"> <li>▪ Oregon has a population of 3.9 million people; slightly larger than Orange County.</li> <li>▪ 538,368 Oregonians speak a language other than English at home</li> <li>▪ Of those, 225,703 speak English less than “very well”</li> <li>▪ Oregon is predominately Caucasian, with only approximately 70,000 African-Americans, 390,000 Hispanics, and 147,000 Asians.</li> <li>▪ 640,000 Oregonians are below poverty level, according to the Oregon Center for Public Policy</li> <li>▪ There are 526,868 individuals with disabilities</li> <li>▪ 1 million Oregonians are on Medicaid, according to the Center for Medicare and Medicaid Services</li> </ul>
<p><b>THEY SAY:</b> <i>This bill is primarily opposed by people with moral objections or by religious organizations</i></p>	<p><b>WE SAY:</b> It is not new that various faith-based organizations oppose this issue. However, the broad majority of organizations opposing assisted suicide is secular and opposes the bill on social justice, professional, public policy, and civil rights grounds. Organizations opposing assisted suicide in California and nationally include (but are not limited to):</p> <ul style="list-style-type: none"> <li>• Disability Rights Education and Defense Fund</li> <li>• Independent Living Resource Center of San Francisco</li> <li>• Medical Oncology Association of Southern California</li> <li>• Association of Northern California Oncologists</li> <li>• Coalition of Concerned Medical Professionals</li> <li>• FREED Center for Independent Living</li> <li>• Communities United In Defense of Olmstead</li> </ul>

	<ul style="list-style-type: none"> <li>• Independent Living Center of Southern California</li> <li>• California Foundation for Independent Living Centers</li> <li>• Placer Independent Resource Services</li> <li>• The Arc of California</li> <li>• Patients Rights Action Fund</li> <li>• Silicon Valley Independent Living Center</li> <li>• Disability Action Center (Formerly Independent Living Services of Northern California)</li> <li>• Communities Actively Living Independent and Free</li> <li>• California Disability Alliance</li> <li>• Disability Rights California</li> <li>• National Council on Independent Living</li> </ul> <p><i>(partial list)</i></p>
<p><b>THEY SAY: “Death with dignity” is a safe and peaceful alternative</b></p>	<p><b>WE SAY:</b> No doctor, nurse, or medical professional is required to be present at any time after the lethal prescription is prescribed.</p> <p>In 2013, Pharmacist Bob Orleck testified before the Vermont House Human Services and Judiciary Committees:</p> <p><i>If not dosed properly, the patient might have problems such as gasping or muscle spasms, causing them to suffer greatly. The drug may cause them to feel panic or terror. It can cause confusion.</i></p> <p><i>The drug can cause them to vomit. They can inhale the vomitus, causing much suffering and complications. If they vomit before the medication is absorbed, they may now not have the sufficient death dose and the major side effects can kick in. Vomiting is not an uncommon side effect for many drugs including drugs like secobarbital.</i></p> <p><i>People do have varying responses to different drugs and that is a very real possibility for those who take drugs like secobarbital, get an overdose, don't die and then become conscious.</i></p> <p><i>It really is hard to cause death sometimes. There will be those times when the body will not allow it to happen. The lungs and heart will keep working, the drug will wear off and the horror of the overdose side effects will begin. Then what will the loved ones who are with the patient do?</i></p>
<p><b>THEY SAY: Legalized assisted suicide only applies to terminally ill patients.</b></p>	<p><b>WE SAY:</b> We all likely know someone that has been given a terminal prognosis. Many individuals with chronic illnesses or disability have been given incorrect initial prognosis or have been misdiagnosed as terminal. Any choice in this instance is made with incorrect information.</p> <p>Laurie Hoirup of Sacramento, who lives with a severe form of multiple sclerosis, has been misdiagnosed as “terminal” three times.</p>

<p><b>THEY SAY:</b> <i>There are sufficient safeguards in the bill to protect the vulnerable in society</i></p>	<p><b>WE SAY:</b></p> <ul style="list-style-type: none"> <li>• SB 128 would not require a psychiatrist to evaluate a patient before he/she decides to end their life.</li> <li>• SB 128 would not require anyone to be present when the patient takes his/her lethal prescription.</li> <li>• SB 128 would allow the patient, or designated agent, to pick up their lethal prescription at the local pharmacy.</li> <li>• SB 128 would not require a patient considering physician assisted suicide to notify a family member.</li> <li>• SB 128 would not require a trained medical person to be present when the patient takes his/her lethal prescription.</li> </ul>
<p><b>THEY SAY:</b> <i>Patients are of sound mind and given a psychological evaluation.</i></p>	<p><b>WE SAY:</b> Psychiatrists and psychologists specialize in subtle nuances of mental health evaluation. Just as you may not want your psychiatrist to perform heart surgery, similarly a heart surgeon may not be ideal to fully evaluate mental health. There is no requirement in SB 128 for an evaluation by a mental health professional.</p> <p>The Arc of California, an organization that represents individuals with intellectual and developmental disabilities and their families, <b>opposes SB 128</b>. They wrote, “Based on long and shameful history and on recent experience, people with developmental disabilities and their families simply do not believe that any regulations and safeguards will actually protect them adequately from being pressured or even forced into ending their lives prematurely. They believe that every step in this direction increases the pressures and the lethal risks to those they love.”</p> <p>Many of us know a family or individual that has felt pressure or influence by the healthcare system or provider. SB 128 would magnify that pressure when patients are most vulnerable.</p>
<p><b>THEY SAY:</b> <i>This bill protects people from coercion</i></p>	<p><b>WE SAY:</b> Disability Rights California, in a letter to the California State Senate opposing SB 128, said, “[SB 128 does not] ensure and document how the physicians and witnesses determined whether the patient is clear in her or his wishes, is not under duress or experiencing coercion or undue influence, and if the decision conflicts with a previous statement or document, such as one requesting continuing treatment or extraordinary life-sustaining treatment.”</p> <p>Furthermore, no safeguard can protect against the implicit pressure levied by SB 128, particularly those without access to quality care.</p>

<p><b>THEY SAY:</b> <i>There is no such thing as a "slippery slope"</i></p>	<p><b>WE SAY:</b> Before voting to oppose a bill similar to SB 128, Former State Senator Joe Dunn said, "If the power of money were to weigh in on this issue next year, five years from now, 10 years from now, would we be able to hold this simply to the terminally ill and suffering?" (Fmr. Senator Joe Dunn D-Santa Ana, Associated Press 6/27/2007)</p> <p>If, as proponents say, assisted suicide is just a personal choice, then the logical conclusion is that there is no reason to restrict this right. One example, House Bill 3337 recently introduced in Oregon would expand the 6 month terminal prognosis to 12 months.</p>
<p><b>THEY SAY:</b> <i>This law would strengthen the doctor-patient bond and open up discussions about end of life care.</i></p>	<p><b>WE SAY:</b> California legislators already approved Assembly Bill 2747 (Berg) in 2008. AB 2747 bill requires that doctors discuss end-of-life care options like hospice if requested by the patient.</p> <p>In encouraging the Governor's signature of AB 2747, the Los Angeles Times editorialized, "The bill would ensure that patients get the information they need to make decisions about their medical care."</p> <p>And The Times specifically urged approval because, "It provides for no new options -- no lethal drugs, no suicide instructions."</p>