

October 5, 2015

Governor Jerry Brown
c/o State Capitol, Suite 1173
Sacramento, CA 95814

Dear Governor Brown:

I am writing on behalf of United Spinal Association in opposing AB2x15, the Assisted Suicide bill. United Spinal Association is the largest disability-led national non-profit organization founded by paralyzed veterans in 1946 and has since provided service programs and advocacy to improve the quality of life of those across the life span living with spinal cord injuries and disorders (SCI/D) such as multiple sclerosis, amyotrophic lateral sclerosis (ALS), post-polio syndrome and spina bifida. United Spinal represents over one million individuals with spinal cord injuries and disorders, 47 chapters, 105 rehabilitation hospital members and close to 200 support groups nationwide. Throughout its history, United Spinal Association has devoted its energies, talents and programs to improving the quality of life for these Americans and for advancing their independence. United Spinal Association is also a VA-recognized veterans service organization (VSO) serving veterans with disabilities of all kinds. United Spinal has 5 chapters, 28 supports groups and 2 member rehabilitation hospitals (Casa Colina Hospital and Centers for Healthcare in Pomona and Community Regional Medical Center in Fresno) in California.

This assisted suicide bill, “until January 1, 2026, would enact the End of Life Option Act authorizing an adult who meets certain qualifications, and who has been determined by his or her attending physician to be suffering from [living with] a terminal disease, as defined, to make a request for a drug prescribed pursuant to these provisions for the purpose of ending his or her life. The bill would establish the procedures for making these requests. The bill would also establish specified forms to request an aid-in-dying drug, under specified circumstances, an interpreter declaration to be signed subject to penalty of perjury, thereby creating a crime and imposing a state-mandated local program, and a final attestation for an aid-in-dying drug. This bill would require specified information to be documented in the individual’s medical record, including, among other things, all oral and written requests for an aid-in-dying drug.”

But who actually has choice and control under assisted suicide laws? Anyone can ask their doctor for an assisted suicide but the law gives the authority to doctors to determine who is eligible. Doctors make the determination that a person is terminally ill and likely to die in six months, and that the request for assisted suicide is voluntary and informed. The advertised “safeguards” in assisted suicide bills are entirely in the hands of doctors, from the diagnosis, prognosis, disclosures, request form, to the decision whether to refer for psychological assessment, prescription and report after death.

The prescribing doctors fill out a final report after the death. Among the top five reasons given for the request for assisted suicide are feelings of being a “burden on others” (40%) or feeling a “loss of autonomy” (92%) or “loss of dignity” (79%). These are not about pain from a terminal disease, but are psychological and social issues that cry out for meaningful supports and genuine assistance. Yet the assisted suicide law does not even require disclosures about consumer-directed home care options to

address feelings of loss of autonomy or being a burden, much less require that those services be provided.

The bill specifically provides that depression is not a barrier to getting a lethal prescription. All that is required is that the depression is viewed as not impairing the person's judgment, a subjective and speculative assessment at best. Psychiatrists and psychologists are not immune from prevailing social biases against people whose illnesses make them dependent on others for basic physical care. In some cases, they are just as likely as anyone to say, "If I were in your shoes, I might want to die," and render an opinion that treatment for depression is not necessary, paving the way for a lethal solution.

The majority of people with disabilities acquire their disabilities through traumatic injury or a chronic illness, such as a stroke or multiple sclerosis. The practical economic and mobility losses associated with acquiring a disability are multiplied exponentially by the societal discrimination and internalized stigma of disability. In the early and uncertain phase of a disabling event, many advocates, friends and colleagues, have been viewed as potentially terminal. On behalf of the 12,500 new cases of spinal cord injury a year and the 276,000 individuals living with spinal cord injury in the United States, United Spinal Association can attest to the months of depression that newly-injured individual experience immediately after they have sustained a spinal cord injury and what United Spinal Association provides to those individuals is resources and support at this critical time and helps them integrate back into their communities and society. Providing an option to assist their suicide continues the prejudice that individuals with disabilities are considered less, unworthy. I must thank you, on behalf of United Spinal Association, in appointing Ed Roberts as State Director of Rehabilitation back in 1976, and what that meant to the disability community and the disability movement. Please recall that time and think twice before moving forward with this horrifying bill.

I hope that when you examine how this assisted suicide bill, that was pushed through a special legislative session, affects the disability community, you will see that the dangers to the many far outweigh any alleged benefits to a few. I appreciate your consideration of vetoing AB2x 15. For additional questions, please contact me at abennewith@unitedspinal.org or (202) 556-2076, x7102.

Sincerely,

A handwritten signature in black ink that reads "Alexandra Bennewith". The signature is written in a cursive, flowing style.

Alexandra Bennewith
Vice President, Government Relations
United Spinal Association