



Talking Points in Opposition of SB 1196 (Blakespear, D-Encinitas) End of Life Option Act

Background

The End of Life Option Act passed in 2015, allowing competent, terminally ill adults with 6 months or fewer to live to request prescriptions for lethal drugs. Patients were required to make two oral requests at least 15 days apart and have a written request signed by two witnesses and confirmed by their attending physician. A consulting physician had to confirm the patient's diagnosis, capacity to make medical decisions and mental state. The patient would self-ingest the medication. The bill would sunset January 1, 2026.

In 2020, the End of Life Option Act was amended through SB 380, to shorten the waiting period between requests to 48 hours, eliminate the final attestation, and push back the sunset date to January 1, 2030.

SB 1196 eliminates "safeguards" originally included in the End of Life Option Act.

1. Removes the requirement that a patient have a terminal illness
2. Allows patients with dementia to use the End of Life Option Act
3. Allows lethal drug administration via IV
4. Removes the sunset date and enshrines the End of Life Option Act into CA law without any review

Even Compassion and Choices, the sponsors of the initial Act, [oppose this bill](#), believing it to be too extreme. The most vulnerable and underprivileged Californians will be left without alternatives, at risk of abuse, and could be pressured to end their lives because they lack access to care that could relieve their suffering.

Drastic Expansion is Suicide Coercion

Offering lethal drugs to millions of California patients without adequate healthcare is discriminatory and suicide coercion.

- Removing the requirement of six months or less to live means the law no longer matches hospice criteria, offering assisted suicide to patients without ready access to comfort care.
- 14 million Californians with a chronic illness would be eligible for assisted suicide.
- Already, [millions](#) of Californians are uninsured, and [half of insured](#) Californians lack access to doctors due to provider shortages.
- Hospitals are closing, 40% of doctors don't accept MediCal, nursing homes are giving [substandard care](#), and mental healthcare is scarce.



Canadian Nightmare

In Canada, patients with chronic illnesses are often denied treatment, food, and [housing](#) assistance but are offered assisted suicide. **No one should feel compelled to use assisted suicide due to a scarcity of housing, food, pain management, mental health treatment, home health, or psychosocial support.**

- [Amir Farsoud](#) could not afford food or medication for his chronic pain. His application for assisted suicide was accepted when he became homeless.
- Paralympian and veteran [Christine Gauthier](#) was denied a wheelchair ramp for her home for 5 years yet offered lethal drugs.
- The number of Canadians utilizing the law has [skyrocketed 12-fold](#) since it removed patient "safeguards".

New Risks of Abuse to Vulnerable Patients

- Expanding assisted suicide to patients with dementia places a uniquely vulnerable population whose mental state changes day to day at risk of coercion and abuse.
- Permitting IV administration is yet another expansion that is rife for the abuse of patients.

Violates Trust of Legislators and Transparency

- Hesitant legislators passed the law because it was narrowly tailored for terminally ill patients, had "safeguards," and promised a full and transparent review at the sunset date.
- California currently does not publish all the EOLOA data it collects, its reporting physicians are not compliant, and it fails to collect data that similar states such as Oregon and Washington publish.
- Removing the sunset date and other "safeguards" without this review or adequate data is disingenuous and irresponsible policymaking.

Privileged Have Choice, Underprivileged Have No Choice

- Every person, regardless of age, disability, or physical or mental illness, deserves quality healthcare.
- Those who have the privilege of excellent health plans and hospitals have the luxury of choice.
- It is the undocumented, Californians of color, the uninsured and underinsured, people living in rural or health shortage areas, and people with disabilities, chronic and mental illness, and dementia who lack options. They will be pressured to choose assisted suicide because they do not have adequate healthcare options.