



ROMAN CATHOLIC DIOCESE of ORANGE

PASTORAL CENTER: COMMUNICATIONS DEPARTMENT
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California's Physician-Assisted Suicide Law

Background Information

The End of Life Option Act (ABX2-15), signed by California Gov. Jerry Brown on Oct. 5, 2015 and due to be implemented June 9, 2016, makes it legal for physicians to prescribe a lethal dose of drugs to assist terminally ill patients to take their own life. Originally known as SB 128, the bill was pulled from consideration in July, 2015 by the Assembly Health Committee when its sponsors conceded that it didn't have enough support. Soon thereafter it was considered and quickly passed in a special session, so lawmakers did not have time to consider the complex financial, medical, ethical, and public policy questions involved in terminal illness and end-of-life care.

Messages

How the law works

- California's new state law states that in certain circumstances a doctor can assist in another person's suicide without being prosecuted for a crime. This applies to persons who are diagnosed with a terminal illness (projected to live six months or less), and are judged by two doctors to be able to make medical decisions. To receive lethal drugs a person must make two oral requests 15 days apart, and one witnessed written request. All involved are exempt from liability if they are in "good faith compliance," which is the weakest legal standard.
- Only the doctor or those who assist in a suicide are safeguarded under the law. There is no requirement that the person requesting assisted suicide or the doctor receiving the request notify the person's next of kin, and there is no requirement that the doctor refer a person requesting assisted suicide for psychiatric or psychological evaluation. The latter is particularly troubling, because research on suicide demonstrates that most suicidal thinking arises from treatable clinical depression or other psychiatric disorders.
- Under the new law, two witnesses are required to witness a person's request for assisted suicide, but they are allowed to have a personal or financial motive for hastening the person's death, such as being a relative or heir, or an employee of the health care facility taking care of the person.



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- The new law does not require the person planning to kill themselves to be in the presence of a doctor when the attempt is made. This constitutes a grave loophole in the law and raises disturbing questions about its use.

The Church and majority of the medical establishment continue to oppose this law.

- While the Church, other faith-based groups and pro-life organizations oppose the new law, the American Medical Association holds that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.” The AMA, along with the American Nurses Association, American Psychiatric Association and dozens of other medical groups, have urged the Supreme Court to uphold laws against assisted suicide, arguing that the power to assist in taking patients’ lives is “a power that most health care professionals do not want and could not control.”
- What most people don’t realize is that a simple prescription from a doctor is all that’s needed for an individual to take advantage of the new law. The person ahead of you in line at the corner drugstore could be holding his “death prescription” in his hand.

Church teaching on aggressive care at the end of life

- The Church teaches that it is acceptable at the end of one’s earthly life to refuse advanced medical care if this is in the patient’s best interests. What can be refused is extraordinary or advanced care involving medical interventions that provide minimal benefit to the patient and are expensive or burdensome.
 - “The approach to the gravely ill and the dying must therefore be inspired by the respect for the life and the dignity of the person. It should pursue the aim of making proportionate treatment available but without engaging in any form of “overzealous treatment” (cf. CCC, n. 2278). One should accept the patient’s wishes when it is a matter of extraordinary or risky therapy which he is not morally obliged to accept. One must always provide ordinary care (including artificial nutrition and hydration), palliative treatment, especially the proper therapy for pain, in a dialogue with the patient which keeps him informed. At the approach of death, which appears inevitable, “it is permitted in conscience to take the decision to refuse forms of



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treatment that would only secure a precarious and burdensome prolongation of life” (cf. Declaration on Euthanasia, part IV) because there is a major ethical difference between “procuring death” and “permitting death”: the former attitude rejects and denies life, while the latter accepts its natural conclusion.” -- Pontifical Academy For Life, “Respect For The Dignity Of The Dying,” 12/2000

Catholic Alternatives to Physician-Assisted Suicide

It's usual for patients and their loved ones to focus on medical issues and care. But a person is much more than their diagnosis. Whole Person Care is the collaborative work of professional health care providers and members of an individual's community to minister to an individual's and the families' physical, psychological and spiritual needs. Whole Person Care allows the individual to be fully engaged in his/her own care.

Palliative Care:

One significant discussion with your loved one can center on the great gifts palliative care can offer. Palliative care is health care that makes patients as comfortable as possible and which prevents and relieves suffering. Emotional, physical, and spiritual care seeks to improve the patient's quality of life. In some locations, palliative care services can be offered to the patient's loved ones as well, including

- Family psychosocial support and intervention
- Support groups for siblings or children
- Respite care allowing the family to rest.

Prayer and Accompaniment:

Your loved one or friend is looking for reasons to continue forward with their life. Words of prayer and accompaniment are important to assist you in the tough dialogue with someone considering assisted suicide.

Consider using phrases such as these:

1. “I am here to be with you.”
2. “You are not alone in this dark time of your life.”
3. “I am lifting you in prayer and I am willing to join you in your prayer.”
4. “Hope says you have a choice.”



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Human Dignity:

Remind your loved one or friend of the sacredness of life. Remind them they are loved, wanted, worthy and dignified. We are each made in the image and likeness of God. Born with dignity, we are called to die with dignity. The love of a community can allow someone to die with such dignity. Each of us plays a special role in another's life. Only God decides when our work is finished.