BACKGROUND

The End of Life Option Act, SB 128, was introduced to the California legislature on Jan. 21. If the bill fails, its supporters promise a ballot initiative in 2016.

WHAT THIS MEANS FOR VULNERABLE POPULATIONS

- This proposed legislation has serious policy implications for the poor, disabled and elderly who may be pressured to end their lives because of medical expenses and their so-called “burden” on loved ones.

- The Catholic Church is not alone in opposing the proposed legislation. Senior groups, advocates for the elderly, medical experts, suicide-prevention professionals and others who are knowledgeable about the complicated and troublesome implications are all part of Californians Against Assisted Suicide.

- Disabled advocates are familiar with the explicit and implicit pressures faced by people living with chronic or serious disability or disease.

- The practice of assisted suicide sends the message that some lives are not worth living. If it is legalized, this message will be heard by everyone who is afflicted with suicidal thoughts or tendencies, and especially by the young. These at-risk individuals need compassion and hope.

- People who are disabled or facing life’s end can be cared for in ways that allow them to feel respected, worthy and valued.
DANGEROUS “BRANDING” TERMINOLOGY AND MISLEADING LANGUAGE

• A misleading, decades-long “branding campaign” by proponents paints hastening death as an extension of personal freedoms.

• Groups such as Compassion and Choices, the nonprofit advocacy group spearheading the bill, redefines words to mean what they want them to mean and repeats key points until they acquire an unquestioned air of truth.

• Suicide is distasteful, so they promote “physician aid-in-dying,” “death with dignity,” and “the right to die.”

• “Physician aid-in-dying” makes it sound like giving someone a lethal drug is an extension of hospice and palliative care.

• “Death with dignity” implies that frail or physically dependent people aren’t already dignified.

• The phrase “right to die” is brilliant branding. Americans have a constitutional right to refuse life-prolonging treatments. But there’s a big difference between being allowed to die and having a doctor intentionally end your life.

DANGEROUS PRECEDENTS

• In the Netherlands, euthanasia has been available for several decades. People have been euthanized at their request for pain, tinnitus, and blindness in non-terminal cases. More than 4,800 people were euthanized in 2013, more than 40 of them for psychiatric illness.

• The mission of Final Exit Network, one of the key groups supporting SB 128, is to enable all competent adults to end their lives whenever they decide their physical quality of life is unacceptable.

• Sixteen states have or will consider assisted suicide legislation in 2014-1025.

END-OF-LIFE OPTIONS

• As a society, we should strive for better options to address the fear and uncertainty of patients like Brittany Maynard, who chose to end her life rather than suffer a certain decline and death from brain cancer.

• Any benefits from assisted suicide are simply not worth the real and significant risks of this dangerous public policy.

• With proper palliative care, the dying have their symptoms treated and are helped through the difficult tasks of completing their lives.

• The reality is that legalizing assisted suicide is a deadly mix with the broken, profit-driven health care system we have in the United States.