



PAUL LACHINE

DEATH WITH DIGNITY ELUDES FAR TOO MANY

BY BARRY L. PRICE

Celebrating the End of Life Option Act? Can I clap with only one hand?

Last month, a three-judge panel of the 4th District California Court of Appeals rejected a challenge to the state's End of Life Option Act (EOLOA) by five independent physicians and the Christian Medical & Dental Associations. Ruling that these parties did not have legal standing to challenge the law, the court avoided ruling on the broader issue of whether the law itself was constitutional. In spite of

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DYING SHOULDN'T BE TIME OF LONELY DESPAIR

BY JOHN P. DOLAN

In my nearly 30 years as a priest, I have had the privilege of visiting the homebound, and those in convalescent homes, hospice and/or in palliative care. I have witnessed many families gathered together, accompanying their parents or grandparents as they died peacefully.

I have also encountered many elderly who had been shuffled off to facilities, where they were lucky to receive a weekly phone call or an occasional visit from their children. In most of these cases, these beautiful people suffered the most, not

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PRICE • Law doesn't cover many horribly debilitating conditions

FROM **B8** their disappointment in the court's failure to directly uphold the broader issue of the law's constitutionality, supporters of California's EOLOA were celebrating the court's decision.

They are right to celebrate this decision because it will allow those Californians facing terminal illnesses that rob them of basic human dignity and impose crushing financial and emotional costs on their loved ones to end their lives peacefully with the aid of a doctor prescribed medication *if they so choose*. Public opinion surveys on this question show overwhelming majorities of Californians are in favor of this End of Life Option.

While supporters of the EOLOA are right to celebrate the recent court decision protecting this act, they should not lose sight of the fact that it covers only a very small part of all those Californians facing illnesses from which there is no possible recovery, and which in their later stages wipe away any sense of personal dignity and impose crushing emotional and financial costs on loved ones.

In 2017, less than 3,000 terminally ill Californians obtained life-ending medications from their doctors under the EOLOA. In that same year over 600,000 Californians were living with Alzheimer's

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disease. Yet neither the EOLOA nor any other law permits Alzheimer's patients to request medical aid in dying when they reach that stage in disease where they don't recognize their own children, can no longer feed or bath themselves, or avoid the indignity of soiling themselves. This is true even if the Alzheimer's patient specifies in their advance directive, written while still competent, that when they reach a particular stage of this dreaded disease they choose to end their own life.

Alzheimer's patients are only one group of Californians not protected by the EOLOA. The act

also fails to provide any relief to the millions of Californians who suffer the ravages of late stage Parkinson disease, congestive heart failure, Huntington's disease or many other lesser known

but equally terrifying illnesses.

So while we should rightfully celebrate the recent court decision protecting California's EOLOA, we should also remember that Californians are still a long way from achieving the right to die with dignity now solidly embraced in countries like Switzerland, Denmark and our neighbor to the north, Canada.

The easiest way to see the gap between these countries and California with regard to End of Life options is to think of a patient with advanced stage Huntington's disease.

Huntington's is a progressive

neurodegenerative disease. In its advanced stage patients, suffer bodily stiffness, teeth grinding and abnormal limb postures. They fall frequently. Their speech can become difficult, and they may go

through periods of confusion and screaming. They often find it difficult to swallow. They require expensive professional nursing care until they die. There is currently no cure for Huntington's disease.

In Canada, this patient has the option of making a request to their physician for medical aid in dying. Once the doctor determines the patient in fact has a *grievous and irremediable medical condition*, has made a voluntary request, has been given informed consent and has waited a minimum of 10 days to assure the patient has not had a change of heart, a doctor or nurse

practitioner will administer a life-ending injection that assures the same kind of peaceful death that many of us witness when we accompany a much loved family pet to the vet's office.

In California, this same advanced stage Huntington's patient almost certainly would not qualify for medical aid in dying provided for in the state's EOLOA. Why? Because as currently written the act limits medical aid in dying to patients that are determined to be within six months of dying. And, as is the case in many neurodegenerative diseases, a patient with advanced stage Huntington's typically suffers many years before dying. This means that even in so-called progressive states like California a patient suffering from advanced stage Huntington's will be required to suffer the terrible ravages of this disease, often as long as a decade or more, before dying.

Now you can see why I'm clapping with only one hand for last month's appellate court decision.

Price is president-elect of the Hemlock Society of San Diego.

DOLAN • We must embrace helping those who are sick and dying

FROM **B8** from their ailments, but from a lack of familial love. They often told me, "I just want to die."

The latter group came to mind when I read how the state's physician-assisted suicide law, the End of Life Option Act, is playing out since taking effect in June 2016.

Some 577 individuals received "aid-in-dying" prescriptions in 2017, and 374 died from taking the drugs, according to the California Department of Public Health.

In my view, individuals choosing to end their life this way are a symptom of a prevailing culture that does not know what to do if someone is sick and dying, other than put them aside.

The Catholic bishops in California opposed the law allowing physician-assisted suicide because they believe the taking of any life is wrong. Their organization did more than argue against it, however.

Working in conjunction with Catholic health care, the bishops developed an approach to help individuals facing the end of their life, called the Whole Person Initiative, the first of its kind in the

nation.

Many believe that the push for doctor-assisted suicide is driven by people afraid of unbearable pain, but in reality data from jurisdictions such as Oregon shows

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that people are more concerned about being a burden to their loved ones and losing control.

If we learn to accompany these individuals facing the end of their life, there will be no need for doctors to help them to commit suicide.

The Whole Person Initiative aims to raise awareness among the state's 11 million Catholics of the need to do just that, and provides training and resources to do that.

What do you say to a dying

person? How do you relate to them? Where do people go for support when they or their loved on is sick and dying?

Those are the types of questions the initiative aims to answer.

The California Catholic Conference is fine-tuning this curriculum, which it plans to roll out to pilot dioceses across the state next year.

The initiative assumes that, while friends, families, health-care professionals, social services, congregations and communities each attend to people's basic health needs, we tend to do so in "silos" rather than working collaboratively.

The initiative, by contrast, will educate and mobilize our parishes

and health-care institutions to ensure that people feel loved, cared for and wanted throughout their illness.

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time than to address their emotional needs through support of their family and friends; accompany them spiritually as they grapple with existential questions; and provide them with outstanding palliative and other medical care?

At the San Diego Diocese, we have parish ministries that reach out to the homebound and to those who are in hospitals and convalescent care facilities. We have priests who offer the Sacrament of the Anointing of the Sick.

We have Scripps Mercy Hospital, Nazareth House, Father Joe's Villages and the School of Nursing at the University of San Diego. The initiative calls for these efforts to come together to help the needs of whole person.

Certainly, "it takes a village" to succeed, as the saying goes. But it also takes family members accompanying each other in sickness and in health. A cohesive village begins with strong family ties based on sincere love, not just in moments of dying and death, but throughout our days on earth.

Death is inevitable, but this passage does not have to be one of lonely despair. Doctors, nurses, even chaplains can't ever replace the love of family.

Perhaps as we approach this New Year, we can all make a resolution to make family our priority. Whole Person Care begins at home.

Dolan, auxiliary bishop in the Roman Catholic Diocese of San Diego, is a native of San Diego. He was ordained to the priesthood in 1989 and consecrated as bishop in June 2017. The diocese's website is www.sdccatholic.org.