

April 22, 2024

The Honorable Richard Roth  
Chair, Senate Health Committee  
1021 O Street, Room 3310  
Sacramento, CA 95814

Dear Senator Roth:

On behalf of the nearly 50,000 physician members and medical students of the California Medical Association (CMA), we must respectfully oppose SB 1196 by Senator Blakespear. We recognize the range of views and deep feelings about this incredibly complex issue but believe that the current law appropriately balances respect for end of life and critical patient safeguards. Physicians take an oath to do no harm and allowing patients to access life ending medication creates serious ethical, clinical, and professional concerns which are appropriately addressed in the current law.

SB 1196 is an alarming and expansive change to the End of Life Option Act. CMA changed its position to neutral on the original End of Life Options Act, ABX2-15 (Eggman) after negotiating critical patient safety protections. SB 1196 undoes nearly all of these protections.

The bill removes the requirement that a patient be near the end of their life, meaning six months or less, in order to be prescribed life-ending medication stating that “a specific prognosis as to the length of time the person has left to live shall not be required to meet this criteria.” CMA believes requiring a six month terminal diagnosis is an essential safeguard and its removal fundamentally alters the current law by decoupling eligibility for the medication from being near the end of one’s life and is a program more akin to euthanasia. We are opposed to any change to the terminal diagnosis definition.

Instead of requiring a terminal illness diagnosis, SB 1196 allows patients with a “grievous and irremediable medical condition” which is defined as any physical medical condition that may lead to an individual’s death without any time frame. This definition is vague but would include many conditions that might ultimately be terminal but immensely treatable like cystic fibrosis, diabetes, and many other genetic or developmental conditions. This definition raises significant ethical concerns from the medical profession and would cause enormous disruption in the current program because of the lack of clarity around what conditions would constitute eligibility for life ending medication.

This definition also raises significant liability concerns especially when coupled with the subjective standard that an individual has “a grievous and irremediable medical condition” only when the condition “is causing the individual to endure physical suffering due to the illness, disease, or date of decline that is intolerable to the individual.” This requires the physician to make a subjective determination as to whether the condition constitutes suffering that is intolerable to the patient. This is not a medical or clinical standard and creates significant liability concerns. The vagueness of this definition will disrupt the current program, increase liability risks for physicians providing this care, and has the potential to actually discourage physicians from participating in the program.

The bill also allows individuals with dementia to access life ending medication. As noted above, we are opposed to removing the terminal illness diagnosis but the requirement allowing individuals with dementia access also raises moral issues as to whether or not an individual has the capacity to make the decision to end their life. CMA believes that individuals must be of sound capacity to access life ending medication to ensure that it is the individual’s true choice. This provision raises significant moral, ethical, and clinical concerns that cannot be adequately addressed without sacrificing patient safety.

As noted above, CMA removed opposition to AB 2X15 (Eggman) after negotiating significant patient safety amendments including:

- Physician Checklist
- Sunset date
- Requirement that medication be taken orally

SB 1196 eliminates all of these protections.

We want to thank the author for ongoing dialogue but unfortunately we believe that are significant policy differences that cannot be bridged. For these reasons, CMA must respectfully oppose SB 1196

(Blakespear). If you have any questions, please do not hesitate to contact me at (916) 215-1723. Thank you for your consideration.

Sincerely,



Alexis Rodriguez  
Legislative Advocate  
California Medical Association

cc: The Honorable Catherine Blakespear  
The Honorable Members of the Senate Health Committee  
Teri Boughton, Principal Consultant, Senate Health Committee  
Tim Conaghan, Consultant, Senate Republican Consultant