March 21, 2024

The Honorable Catherine Blakespear

Member of the California State Senate

California State Capitol

Sacramento, CA 95814

**Re: Support for SB 1196 (Blakespear) End of Life Option Act**

Dear Senator Blakespear:

I write in strong support of SB 1196. This proposal will modify the End of Life Option Act (EOLA) in California to expand options for adults with an incurable illness or disease that will result in their natural death who want, and qualify for, aid-in-dying medicine.

[*Optional: Insert personal story / reason why you are in support of SB 1196*]

[*Optional: Use as much or as little of the content below for your personal letter of support*]

California made tremendous progress in adopting the EOLA in 2015. The EOLA currently allows an adult with a terminal disease to request and receive an aid-in-dying medicine under certain conditions. EOLA has several safeguards. These include requiring a doctor to determine that the person has the capacity to make informed medical decisions and is not making the request under undue influence of another. The person must be reminded of alternative options, such as palliative care or pain control, and that they can change their mind at any time. The diagnosis and prognosis must be confirmed by a second provider. Existing law also protects a person who is present when the aid-in-dying medicine is ingested from criminal and civil liability, provided they do not assist the person’s self-administration of the medicine. Further, no healthcare provider, entity, or organization is subject to any legal or professional disciplinary action for good faith participation or refusing to participate.

Since becoming law in 2016, it has become clear two provisions are needlessly excluding many Californians from accessing aid-in-dying medicines. First is the 6 month prognosis required to qualify as a terminal illness. Research results are [mixed](https://doi.org/10.1186/s12904-023-01155-y) on the [accuracy](https://doi.org/10.1371/journal.pone.0161407) of prognostic estimates, with higher accuracy the [closer](https://doi.org/10.1371/journal.pone.0267050) the patient is to death (within days to weeks). Relying on a faulty metric can result in improper determination of whether a person has a “terminal disease.” Further, people with [dementia](https://www.sacbee.com/opinion/op-ed/article281315118.html) and other progressive neurological conditions will likely lose the required cognitive capacity to obtain and the physical capacity to ingest aid-in-dying medication well before they have only six months of life expectancy.

The second issue with the EOLA is limiting how the aid-in-dying medicine can be taken; specifically, it must be ingested. Typically that means the medicine must be taken by mouth or otherwise entered into the digestive tract. However, many patients may lose their ability to hold a cup, swallow, or have the strength and coordination to use a syringe. In addition, the aid-in-dying medicine can cause painful burning of the esophagus or even vomiting, even if an antiemetic medication is taken first. The person may not have enough of the medication to be most effective or even effective at all.

In order to achieve the intent of the original law, SB 1196 will (1) replace “terminal disease” with “a grievous and irremediable medical condition” that is defined by a set of criteria, (2) expand the EOLA to those with early- to mid-stage dementia, (3) allow for aid-in-dying medicine to be received through an intravenous infusion that is self-administered by the patient, (4) removes the California residency requirement, and (5) removes the 2031 sunset date. Nothing in SB 1196 changes existing safeguards or liability protections contained in the current law.

Expanding the EOLA is primarily about maintaining options for those nearing their end-of-life and providing individuals the medical autonomy to make decisions that best serve *their needs*. For these reasons, I am in strong support of SB 1196 (Blakespear). Please contact me at [*insert contact information*] for any questions about my position.

Sincerely,

[*Name*]

[*City*]