

Tuesday Jul 26 2016 | 0 comments

6

'Right to Die' law explained at free seminar

Technology leaves us 'twisting in the wind'

By: Trina Kleist

People facing terminal illness have a new choice – the possibility to end their own lives legally and humanely – under California's End of Life Option Law that went into effect in June.

Doctors, lawyers, patients and people of faith are working to understand what could become a new social norm around dying and death, experts said.

Legal, medical and ethical leaders will discuss the End of Life Option Law during a free public forum, "To Be or Not to Be," at 10:30 a.m. Saturday at Lincoln United Methodist Church, 629 I St., Lincoln.

"Issues surrounding life and death are not always clear-cut. We live in the gray where decisions are often difficult and gut-wrenching," wrote seminar organizer the Rev. Judith Morgado, of Grace Lutheran Church in Lincoln.

"As pastor, I am called to offer a safe place where people can explore and discern tough questions that keep them awake at night," Morgado added.

A question-and-answer period follows the presentations. For more information, visit glclincoln.org or call 645-9655.

This event is funded by the Lutheran Development Society of Sacramento, Thrivent Financial and the Beulah Foundation of United Methodist Women.

New legal niche

Technological advances in medicine create new hope for extending life. But when the suffering of a terminal illness makes life unbearable, our technology leaves us "twisting in the wind," said bioethicist Margaret McLean, associate director of the

Markkula Center for Applied Ethics at Santa Clara University.

Patient autonomy to end suffering motivated the End of Life Option Law, McLean added. She will discuss the ethical struggles surrounding the law during “To Be or Not to Be” Saturday in Lincoln.

People make choices about medical care their entire lives, according to those who advocated the new law.

“I should be able to make decisions about when and how I die. It’s a logical extension of my decision-making authority. It’s arguably the most important medical decision I will ever make,” McLean summed up that argument.

Legal aspects surrounding the End of Life Option Law, and its extensive requirements, will be discussed by Newcastle attorney Paul Comiskey. The former Jesuit has been an advocate for prison and juvenile justice reform.

Law regarding the end of life is inconsistent, according to Comiskey. California law generally limits personal autonomy in cases when a person endangers oneself or others. The End of Life Option law “carves out a new niche” by allowing terminally ill people to obtain a drug they can give themselves to bring death, he said.

The new law requires a patient to ask a doctor twice over two weeks for a prescription for a life-ending drug, then ask a third time in writing – all three times directly to the doctor. A second doctor must review the patient’s record.

These requirements, Comiskey said, “imply that the doctor have face-to-face, personal contact to judge, not only the content of the words, but, is this person depressed? Or under duress from friends and family?”

Doctors ‘struggle’ between demands

Doctors and hospitals have both new choices and new obligations under the law. Dr. Michael Mulligan, of Chapa-De Indian Clinic in Auburn, will discuss this new medical landscape, which he called “possibly changing a social norm around death and dying.”

“Individual physicians struggle between two seemingly conflicting demands: to do no harm and to relieve suffering,” Mulligan wrote. At first, organized medicine opposed the law but now largely has taken a neutral stance.

“Large health systems now are figuring out how to provide patients access to this option, but at the same time, not forcing their physicians to do so,” Mulligan added.

Sutter Health has embraced the new law. A page on the group's website explains in detail how a terminally ill patient can obtain a life-ending drug. (The corporation owns Sutter Faith in Auburn, Sutter Roseville Medical Center and other hospitals and medical groups throughout northern California.)

Ethical questions surrounding death under this law should encourage institutions to "provide a robust palliative care program," McLean said.

Oregon passed the first "Death with Dignity" law in 1997. There, patients who receive an aid-in-dying drug report reduced stress and greater peace with their dying process, Comiskey said. That was the experience reported by Brittany Maynard, a 29-year-old Californian whose experience with Oregon's law prompted California's legislation in 2015.

Some of those patients later decide not to take the life-ending drug as a result of that newfound peace and they instead die naturally, Comiskey said.

PROVISIONS of the End of Life Option Law:

- Allows a doctor to prescribe an "aid-in-dying drug" to a patient with a terminal illness (expected to die within six months).
- Patient must be mentally competent and able to administer the drug personally; no one is authorized to administer the drug on a patient's behalf.
- Patient must ask verbally twice (two weeks apart) and in writing once, each time directly to the doctor. Act includes a written form for patient request.
- Checklist for doctors; includes review of medical records and documenting informed consent.
- A second doctor must review the patient's case, see the patient and give an opinion.
- Requirements for informed consent: Witnesses must affirm the patient's wishes; witnesses are restricted in how they are related to patient or would benefit from patient's death.
- Death achieved under the actions covered by the law is not considered suicide.
- Health care providers and institutions may not be forced to prescribe aid-in-dying drug; they may prohibit their doctors and contractors from prescribing; they may not punish a doctor or contractor for referring patients to another doctor who can prescribe.
- Doctors and institutions that do prescribe aid-in-dying drugs are protected from lawsuits alleging negligence and elder abuse, etc.
- Insurance companies may not offer information about drugs and drug prices unless requested by patient; no insurance policy may be conditioned on agreement to take

aid-in-dying drugs; a letter regarding the denial of medical treatment may not include information about availability of these drugs.

- Provisions for disposal of drug not used or left over.
- Forgery, coercion, etc., are felonies.
- Statistics would be collected but patient privacy protected.

Keywords:

California's End of Life Option Law Lincoln United Methodist Church

**CONTRIBUTE
TO THIS STORY**

SEND LETTER TO THE EDITOR SEND STORY IDEAS SEND CORRECTIONS SIGN UP FOR OUR EMAIL NEWSLETTER

0 Comments

Sort by **Oldest**



Add a comment...

Facebook Comments Plugin



Quick Links

- Submit a Letter to the Editor
- Submit a Story Idea
- Submit a Wedding Announcement
- Submit a Birth Announcement
- Submit an Anniversary Announcement
- Submit an Obituary
- Contact Us
- Privacy Policy

Visit our other Publications

- Auburn Journal
- Colfax Record
- The Loomis News
- Placer Herald – Rocklin
- Lincoln News
- Messenger
- Press Tribune – Roseville & Granite Bay
- Folsom Telegraph
- El Dorado Hills Telegraph

View our other websites

- Classifieds
- Coupons & Deals
- Automotive
- Business Directory
- Real Estate
- Granite Bay View
- Placer Sports
- Wine Country This Week
- Special Sections