

End of Life Choice



Newsletter on current debates

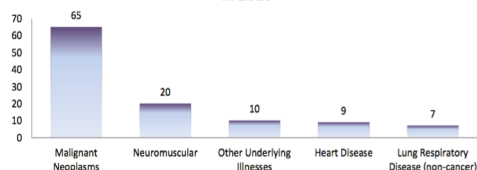
California: the first six months

SAVES Newsletter 22 'California Wins: 2016 brings choice' noted that on October 6, 2015 Californian Governor Jerry Brown signed into law the *End of Life Option Act* which took effect on June 6 2016. Thirty nine million Californians then gained access to assisted dying under prescribed circumstances, joining the citizens of Oregon, Washington, Vermont and Montana. Since then, Colorado and Washington DC have also legalised assisted dying - **providing almost 1 in 5 people in the USA the option of assisted dying at the end of their life.**

Data collected in California for the first six months (June to December 2016) show that 111 terminally ill patients used the Act to end their life. More than 250 patients had initiated the "end-of-life option process," which requires the patient to make two verbal requests and meet specified criteria. Of this group, 191 people received prescriptions written by 173 different physicians. As a spokesperson for Dying Right North Colorado highlights:

That suggests that as many as 42% of those who went through the application process to the extent of having the prescription filled, used the medicine not to end life, but to provide a sense of autonomy and control at a time when a disease has robbed them of almost everything which makes life worthwhile: hope and self-direction.

Figure 2: Major Illness Categories for EOLA Individuals in 2016



The largest group was cancer patients (65), which is statistically similar to other states that allow assisted dying. The next largest group had neuromuscular disorders (22), while smaller numbers reported

cardiovascular or pulmonary disorders or unspecified conditions (see Fig 2 from California Dept of Public Health report). Another similarity to other states was the patient profiles: primarily white, college-educated, and already receiving hospice or palliative care. (See Table below)

California is home to more than 14% of the US population and is much more diverse demographically than any other state. Fears of a 'slippery slope' relating to social inequality in end-of-life decisions, or that vulnerable people would be over-represented, has not eventuated. This is also consistent with data from other states.

California: first 6 months

Characteristics	2016 (N=111)
Age	N (%)
Under 60	14 (12.6)
60-69	25 (22.5)
70-79	30 (27.0)
80-89	29 (26.1)
90 and Over	13 (11.7)
Median Year (range)	73 (41-99)
Gender	N (%)
Male	51 (45.9)
Female	60 (54.1)
Education	N (%)
No High School Diploma	6 (5.4)
High School Diploma or General Educational Development	25 (22.5)
Some College no Degree	16 (14.4)
Associate, Bachelor or Master Degree	51 (45.9)
Doctorate or Professional Degree	13 (11.7)
Race/Ethnicity	N = 114* (%)
White	102 (89.5)
Asian	6 (5.3)
Black	3 (2.6)
Hispanic	3 (2.6)

A comparative analysis between California and Oregon for the period June-December 2016 shows that

- 59% had cancer compared with 79% in Oregon
- 45% were male compared with 54% in Oregon
- 90% were white, 3% were Latino, and 5% were Asian; whereas in Oregon, 96% were white, 1.5% were Latino, and 1.5% were Asian
- 57% had some form of government insurance; 31% had private insurance and 4% were uninsured. This compared with 70% with government insurance; 30% with private insurance and under 1% without insurance in Oregon.

One difference, however, was that at this very early implementation stage, assisted deaths in California accounted for only 6 per 10,000 total deaths, compared with Oregon with 20 years of legal access, at 37 per 10,000 total deaths.

A national advocacy group for assisted dying, Compassion and Choices, advises that from its data for the full first year, at least 500 Californians received life-ending

prescriptions. Approximately 500 hospitals and health systems and more than 100 hospice organizations now provide aid-in-dying in that jurisdiction. Eighty percent of insurers cover related expenses. Dr Matt Whitaker from Compassion and Choices argues "What the numbers are showing is that the law is working incredibly well,"...[and] as the lawmakers intended."

However, for some patients, finding a doctor willing to provide a prescription can be difficult. This is in part because the law allows doctors to 'opt out' of prescribing even if the hospital has agreed to assist eligible patients. It is early days, and it is a 'very nuanced decision' for doctors according to Dr Elizabeth Dzeng, assistant professor of hospital medicine at the University of California, San Francisco. Most of the resistance comes from the Catholic Church and faith based organisations; but also some secular hospitals and other providers.

Dr Catherine Forest, who is committed to taking time to assist patients who seek the prescription, argues **'It takes a while for people to train, to feel comfortable and to provide'**. She maintains that assisted dying is a transitional moment for medicine and it will take time for California to catch up with other states that have well established training and resources. **'Until that happens, some terminally ill patients who want a lethal prescription may find it challenging to get one'**.

When enacting the law in 2016, Governor Jerry Brown said:

"I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn't deny that right to others."

References

- Nelson, R 'Physician Aid in Dying in California: the First Six Months Medscape June 30, 2017
- O'Neill, S 'California's Aid in Dying Law Turns 1 but Not All Doctors Have Adopted it' Medscape June 12 2017
- O'Neill, S 'Aid-In-Dying Requires More Than Just A Law, Californians Find', Health News from NPR, June 8 2017
- Dying Right North Carolina, 'California's End of Life Option Act: One Year In' June 28 2017
- California Dept of Public Health, California *End of Life Option Act* 2016 Data Report



Compassion for suffering
The freedom to choose
Add your voice to the call



SAVES was established in 1983 to campaign for legal, medically assisted choice in end-of-life arrangements. The aim is to relieve suffering by providing choice for people at the end of their life. SAVES works in the community and with Members of Parliament to achieve law reform.

Kennett and Bracks agree on assisted dying

Conservative, Catholic, Labor, former Premier Bracks and Liberal, economic conservative, former Premier Kennett are in agreement: assisted dying should be legal.

Mr Bracks, the Labor premier in Victoria from 1999 to 2007, revealed he was a long-term supporter of the reform but said he didn't propose it while he was in power because the timing wasn't right. "It really wasn't a matter that came up as an issue during our term of office (and) I wasn't in a position to propose such a change," Mr Bracks said.

His support follows that of political rival Jeff Kennett, Liberal premier in Victoria from 1992 to 1999, who has also backed the government's push to legalise assisted dying by the end of the year. "If it had come up (in my time in Parliament), I would have had a similar position to what I am expressing now," Mr Kennett said.

"I think it would be a sensible and appropriate change, done well and considered well," Mr Bracks said.

"I think it's good timing, it is an appropriate and sensible reform, one which is not without controversy but one which should go ahead.

The Australian understands a Bill could be tabled in the Victorian Parliament as early as the second sitting week of August, which starts on the 22nd. The legislation will be based on recommendations in Victoria's *Inquiry into end of life choices* and the 66 recommendations of the Ministerial Advisory Panel, which reported on July 21. The Bill is expected to be among the most conservative euthanasia models in the world.

Mr Bracks said he supported a conservative model with lots of safeguards to ensure vulnerable patients are not put at risk. He rejected claims from St Vincent's Health Australia chief executive Toby Hall that no model could properly protect vulnerable patients from being coerced by their families into assisted dying.

"If it is done well and effectively with proper and appropriate referrals that will not be the case and I think that is the experience internationally," he said.

Mr Kennett said yesterday he had been a long-term supporter of euthanasia "under the right conditions". He does not believe there should be any "time to die" conditions attached to the legislation, saying it should be eligible to anyone with a terminal illness and of sound mind. Mr Kennett said that there should be three people who approve a patient's decision to access voluntary euthanasia: a doctor, a family member and an independent person provided by the state.



GREG BROWN *The Australian*, July 13, 2017

Voluntary Euthanasia Advocacy Groups

Christians Supporting Choice for Voluntary Euthanasia
christiansforve.org.au

Doctors for Assisted Dying Choice
drs4assisteddyingchoice.org

South Australian Nurses Supporting Choices in Dying
facebook: [SA Nurses Supporting Choices in Dying](https://www.facebook.com/SA-Nurses-Supporting-Choices-in-Dying)
My Body My Choice

facebook: [facebook.com/pages/MY-BODY-MY-Choice-VE](https://www.facebook.com/pages/MY-BODY-MY-Choice-VE)

Voluntary Euthanasia Youth Advocates
facebook: [Support SAVE-YA Law Reform](https://www.facebook.com/Support-SAVE-YA-Law-Reform)

Lawyers for Death with Dignity
saves.asn.au/lawyers

Resources

Andrew Denton's GoGentleAustralia website

<http://gogentleaustralia.org.au>

SAVES End of Life Choice Newsletters

<http://www.saves.asn.au/newsletters.php>

The Wheeler Centre podcasts Better Off Dead

<http://www.wheelercentre.com/broadcasts/podcasts/better-off-dead>

The Voluntary Euthanasia Story: the epic journey to make it legal - Adelaide forum, June 2015

<http://www.saves.asn.au/resources.php>

