



## What is the California End of Life Option Act?

The California End of Life Option Act<sup>1</sup> authorizes medical aid in dying in the state of California. The law allows a mentally capable, terminally ill adult with six months or less to live to request aid-in-dying medication from their doctor. The medication, which brings about a peaceful death, must be self-administered. On January 1, 2022, amendments to the End of Life Option Act<sup>2</sup> will go into effect, removing several barriers to access that terminally ill individuals have been facing.

## Who is eligible for medical aid in dying?

To be eligible for medical aid in dying under California's End of Life Option Act, an individual must be:

- > An adult
- > Terminally ill
- > Given a prognosis of six months or less to live
- > Mentally capable of making their own healthcare decisions

An individual must also be:

- > A resident of California
- > Acting voluntarily
- > Making an informed decision which includes being given information about all other end-of-life options
- > Informed that s/he may choose to obtain the aid-in-dying drug, but not take it
- > Capable of self-administering and ingesting the aid-in-dying drug

Two California physicians must agree that you are eligible to use the California End of Life Option Act. One physician prescribes the medication, and the other physician gives a consulting opinion. If either physician is unable to confirm whether you have medical decision making capacity, a mental health professional (psychiatrist or psychologist) must evaluate you and ensure that you are capable of making your own healthcare decisions.

In addition to the requirements listed above, steps must be followed in order for a person to qualify for a prescription for aid-in-dying medication. Please see *Compassion & Choices' California End of Life Option Act - Information for State Residents*.

## Is the practice of medical aid in dying trusted?



Yes. Medical aid in dying is a trusted medical practice. The eligibility requirements ensure that only mentally capable, terminally ill adults with six months or less to live are able to request and obtain aid-in-dying medication. In California, the law specifically states that no person can qualify for aid-in-dying medication based solely on disability or age.

In the 24 years of experience since the law was first enacted in Oregon and decades of combined evidence from the laws passed in other jurisdictions, there has not been a single instance of documented abuse. In Oregon, end-of-life care has improved overall since its medical aid in dying law was implemented in 1997, in large part because it encourages conversations about end-of-life care between people and their doctors. Over two decades of rigorously observed and documented experience in Oregon shows us the law has worked as intended, with none of the problems opponents predicted.

### How does the public feel about medical aid in dying?

The American public consistently supports medical aid in dying by large majorities in independent national and state surveys. Polling outlets such as the California Healthcare Foundation (75% support in November 2019) report strong support for medical aid in dying.

### How does the medical profession feel about medical aid in dying?

A 2020 Medscape survey of 5,000 doctors found that a majority of physicians (55%) support a terminally ill patient's decision to end their life.<sup>3</sup> In California, the End of Life Option Act and the improvements to the law were endorsed by more than 120 organizations including the American Nurses Association/California, California Psychological Association and California Primary Care Association. Additionally, a growing number of state and national healthcare professional organizations accept medical aid in dying as an end-of-life option for mentally capable, terminally ill adults including the California Medical Association, the American Public Health Association and the American Association of Hospice & Palliative Medicine.

### What can I do to make sure my doctor will support me if I ever want to access medical aid in dying?

Ask your doctor and medical providers now whether they will support your end-of-life choices, including medical aid in dying. This will encourage your medical providers to listen to your priorities and determine whether they are prepared to provide you with your treatment of choice in the future. If your medical providers are unable or unwilling to support your end-of-life choices, you always have the option to change your care to a healthcare team that puts your wishes first. If your doctor is unable or unwilling to support your decision to obtain a prescription for aid in dying medication, they must: inform you of their inability or unwillingness, document the date of your request for aid in dying



medication and their stated inability or unwillingness to carry out your request in your chart, and transfer your medical records upon your request. Our [Finding a Partner Doctor](#) brochure may be helpful.

My doctors want to better understand medical aid in dying; where can they learn more?

Doctors can call Compassion & Choices' Doc2Doc consultation line at 800-247-7421 for a free, confidential consultation and information on end-of-life care with our medical directors who have extensive medical aid-in-dying experience.

How long does the process take to request and obtain the aid-in-dying medication?

The process to request and obtain aid-in-dying medication can be a lengthy one (and may not be successful) if you do not have a supportive healthcare team. Individuals who are going through the process to obtain a prescription must go through a multi-step process, which includes at least two doctor visits and a 48 hour waiting period. Therefore, it is very important for individuals who may want to access the law to talk to their doctors early.

If I qualify for medical aid in dying and receive a prescription, where can I take the medication?

Most people who choose the option of medical aid in dying prefer to take the medication at home. The law states that patients should be counseled on not taking the medication in a public place. However, it is important to note that a hospital is not considered a public place. Should a person want to take the medication in a hospital, they should speak with their medical provider about doing so.

Are there other resources available to learn more about medical aid in dying?

You can call Compassion & Choices End-of-Life Consultation at 1-800-247-7421 ext. 2 or visit <http://www.EndOfLifeOption.org> for more information and resources.

Do all doctors have to participate in medical aid in dying?

No. Doctors and medical providers are not required to participate, so it is important to ask your healthcare team whether they will support your end-of-life choices. Some



healthcare entities may actually prohibit their employees from participating in medical aid in dying. However, any physician who is unable or unwilling to participate in medical aid in dying must still inform you of their inability or unwillingness, document and date your request for aid in dying and their inability or unwillingness to carry out your request, and transfer your relevant medical records upon your request. Additionally, healthcare entities are required to publish their policies about medical aid in dying on their websites. Our [Finding a Partner Doctor](#) brochure may be helpful if you are looking for a new doctor who is supportive of your end-of-life wishes.

What cause of death is listed on the death certificates of individuals who have accessed medical aid in dying?

The underlying illness should be listed as the cause of death. The law specifies that a death resulting from self-administering aid-in-dying medication is not suicide.

Does accessing medical aid in dying affect a person's will or insurance?

Accessing medical aid in dying does not adversely affect a person's will or insurance. The law specifically mandates that wills, insurance, contracts and annuities are not affected if a qualified individual shortens their dying process by ingesting aid-in-dying medication.

### Resources

1 California End of Life Option Act. ABX2-15 End of life. Enacted October 2015.

Available from:

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201520162AB15](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520162AB15)

2 Improvements to the California End of Life Option Act. SB380 End of life. Enacted October 2021. Available from:

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220SB380](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB380)

3 Medscape, "Life, Death, and Painful Dilemmas: Ethics 2020, Nov. 13, 2020.

Available from: <https://www.medscape.com/slideshow/2020-ethics-report-life-death-6013311#2>